

# EU/CARIFORUM Health National Adaptation Plan Workshop



EUROPEAN UNION



#ClimateHealthAction

**DECEMBER 2-3**

**Pan American Health Organization**



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## Executive Summary

The Health National Adaptation Plans workshop was held virtually through Zoom on Dec 2-3, 2020. The participants attending were from across the Americas with representation from the 16 CARIFORUM countries, the USA, Central and South America. The overarching objective of the workshop was to further the role of the EU/CARIFORUM project in promoting the development of comprehensive HNAPs across the Caribbean.

The workshop provided countries with awareness and motivation to initiate or continue the HNAP process. Very few countries had fully completed the HNAP, with the majority at different stages of the process. Group work was conducted to better understand the barriers and opportunities for carrying out the HNAP. Among the more common barriers were lack of high-level interest in climate and health, insufficient technical capacity in data collection/management/ analysis, financial support, and coordination across sectors. The most common enabling factors listed by countries to complete the HNAP were national plans that promote collaboration and the increase in awareness of climate change in Caribbean Small Island Developing States (SIDS), leading to an increase in awareness and funding.

A group exercise was conducted for participants to provide feedback to the new WHO HNAP Quality Criteria. The main criteria included in this exercise were the following: 1) leadership and enabling environment; 2) comprehensive coverage of climate-sensitive health risks; 3) comprehensive coverage of adaptation options and proposed actions; 4) cross sector policy coherence; and 5) financing for climate and health (resourcing). Among the leading participant determined enabling factors for these criteria at the national level were the following: 1) priority for the MOH; 2) adequate local/national surveillance capacity; 3) existing subregional plan on CC and health; 4) NAP endorsement and CC & health focal point; 5) multisectoral policies for coordination; and 6) linkages to climate financing.

The participants engaged in a discussion about the leading HNAP-related country needs which were listed as the following: 1) support in accessing climate and health

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and accessing external funding; 2) data management and information systems; 3) human resources; 4) training and capacity building in climate and health; 5) national funding support for climate and health programs; and 6) intersectoral meetings for coordination.

Based upon the participant evaluations the workshop objectives and expected results were met. The participants were able to increase their understanding of the HNAP process, status of Caribbean countries and country specific best practices. The main barriers, challenges, and opportunities for HNAP development were discussed in break-out groups. A dialogue was held to generate ideas for climate and health action between the sub-regions, to facilitate the future sharing of ideas and best practices between the Caribbean and Latin America.

## I. Workshop Objectives and Participating Organizations

1. Promote awareness of the national benefits through the development and implementation of the HNAP.
2. Identify common barriers, challenges, and facilitating mechanisms in the Caribbean.
3. Increase understanding of the HNAP process.
4. Reach common understanding of quality criteria for the development of a comprehensive HNAP.
5. Share examples of best practices and resources from the Caribbean

The participants in the workshop represented national ministries, and international and sub-regional organizations from the 16 CARIFORUM countries Peru, El Salvador, Switzerland, and the USA. There was at least one representative from each of the 16 CARIFORUM countries that participated in the workshop. The Ministry of Health had representation from 15 of the 16 CARICOM countries. Most participants represented one of the following organizations:

Ministries of Health	Ministries of the Environment	Governmental Climate Change Divisions	National Designated Authorities
Departments of Sustainable Development	Ministries of Economic Development	Pan American Health Organization	Andean Health Organization
Central American Integration System	University of West Indies	St George's University	Caribbean Institute for Meteorology and Hydrology
Caribbean Public Health Association	Caribbean Community Climate Change Center	The Caribbean Community	European Union

## II. Workshop Sessions

### IIa. Overview:

The workshop included the following main sessions:

- 1) Overview of the HNAP process
- 2) Country-level feedback on HNAP advancements, barriers, and opportunities
- 3) Country presentations on the HNAP phases
- 4) Sub-regional approaches and integration mechanisms
- 5) Status of health and climate change in the Caribbean
- 6) Country-level feedback on HNAP quality criteria

The related Power Point presentations covered HNAP overview, laying the HNAP groundwork in Grenada, conducting a health V&A in Dominica, designing the implementation phase in Guyana and implementation in Cuba, relationship between NDC and the HNAP, and WHO HNAP quality criteria (see Annex I).

### IIb. Day 1 Break-Out Group Discussions

On Day 1 break-out groups representing 3-4 countries and/or sub-regions were formed to collect information on HNAP advances, barriers, and opportunities, summarized in Tables 1-3.

**Table 1 Advances in HNAP Development**

<b>HNAP Status</b>	<b>Approx. number of CARIFORUM Countries<sup>1</sup></b>
No progress to date on HNAP	5
Interest in HNAP but little progress to date	2
Strategy for climate change and health or SASAP but no HNAP developed	4
Completed groundwork and working towards V&A	2
Completed V&A and working towards finalization of HNAP	2
Completed HNAP and working on the monitoring and revision of implementation plan	1

**Table 2 Barriers to HNAP Development**

<b>Financial/ Human Resources</b>	<b>Political/ Policy</b>	<b>Intersectoral Collaboration &amp; Commitment, Community Engagement</b>	<b>Technical Support/ Access to data and Research</b>	<b>Geographical/ Cultural &amp; Communication</b>	<b>Health System</b>
Limited human resources (1)	Lack of awareness at highest levels of govt. and not a political priority (2)	Lack of coordination across sectors or ministries & circulation of HNAP draft for stakeholders to review (4)	Lack of expertise in climate & health in MOH	Vast size and diversity of country (1)	Lack of vision integrating CC into traditional public health system (1)
Limited financial support (7)	Number of plans and how to implement	Lack of public health engagement in communities around CC (1)	Lack of data collection management & analysis (1)	Lack of community cohesion	Difficulty in prioritizing anything other than COVID (3)
	Lack of policies on climate change and health	CC & health spread across multiple sectors, further diluting leadership & impacts	Lack of technical capacity (3) and training especially for V&A	Cultural barriers limiting implementation	Insufficient engagement by the health sector

<sup>1</sup> PAHO is currently mapping out the status of climate change and health advances in each CARIFORUM country and will have a report on this in March 2021

	Lack of leadership for CC and health at MOH	Lack of integrated vulnerability and adaptation results	Limited national evidence on climate change & health to inform decisions (2)	Lack of communication between different levels of intervention	Lack of plan furthers the strain on health care system to respond
	Need to promote awareness w/ each election (1)	Mitigation strategies are not prioritized for execution	Lack of central data repository	Lack of awareness of benefit of HNAP process	

**Table 3 Opportunities for HNAP Development:**

<b>Financing</b>	<b>Collaboration</b>	<b>Interest/Awareness</b>	<b>Technical Support</b>
Green Climate Financing (e.g. Belize for SAP)	Andean climate and health plan for 6 SA countries	Increase in interest by authorities, resulting in an increase of resources (2)	Support from PAHO and collaborating organizations
Inclusion in funding for NAP	SIDS Caribbean plan	The effects & increasing impact of CC on health in countries and cultures (2)	Workshops like this to provide a common vision
Current Projects providing opportunities for completing preparatory elements (EU, GCF, Smart HCF, PIOJ, PPCR, ICDIMP)	Central American integration common agenda for CC and health	COVID-19 creating environment where HNAP process is valued	
Commitment on the part of the government and all relevant NDAs.	CC included and positively received by sub-regional integration mechanisms	Include other sectors like energy and forestry for the health co-benefits	
Urgency and being SIDS is making funding more available (1)	Support from the National Climate Change Office to accompany the Ministry of Health in our development and execution of an action plan.	New means of communication to target youth	
	Leveraging existing capacity such as One-Health	Strong leadership at high level of government	
	Concurrent implementation of Regional Roadmap and Plan of Action for Caribbean Climate Services 2020-2030		



***“The organization of break-out session and method for collecting data was clear and easy to follow. I appreciated learning from the experiences of other Caribbean countries in small groups and in plenary sessions, particularly the HNAP progress to date”***

IIc. Day 2 Break-Out Group Discussions:

On Day 2 the same break-out groups representing 3-4 countries or subregions each were used to provide feedback towards the draft WHO HNAP Quality Criteria guidelines. Tables 4-10 summarize the country specific feedback for each criterion in terms of current enabling factors and existing needs from the country perspective.

**Table 4 Enabling Factors and Country Needs- Leadership and enabling environment**

<b>Enabling Factors</b>	<b>Country Driven Needs</b>
Is a priority for the MOH	Accessing climate change funds to continue the process
PAHO promoting national and regional awareness	Need for a sub-group that focuses on health and need to engage other departments and sectors (1)
Climate change focal point network exists with representation from health	National budget allocation and climate-sensitive budgeting that increases over time
Acknowledgement of climate change impacts on health	Need for health V&A for evidence-based reflections & to support HNAP development
A national work group for climate change making it more of a national priority	Increase awareness of climate change and health issues
	Capacity building across sectors (health, disaster risk preparedness and management, built environment, agriculture, transport, air quality and health co-benefits)
	Identify and establish linkages with GCF NDA (Designated National Authority) and Accredited Entities (able to prepare and submit climate change proposals on behalf of the country) and local climate change experts
	Strengthening enabling environment (e.g., policies, legislation, strategic directions) to facilitate country implementation
	Strengthening/establishing management and information systems that support processing and analyzing qualitative & quantitative data that is required (GIS and mapping, modelling)

**Table 5 Enabling Factors -Comprehensive coverage of climate-sensitive health risks**

<b>Epidemiological monitoring</b>	<b>Existence of national/regional plans and investigation</b>
Surveillance systems strengthened that allow establishing the incidence of these and other disease, linked to CC	Andean Plan on Climate Change & Health, Caribbean Plan on Health & Climate, drive the collection of evidence through investigations & exchange between countries
Epidemiological surveillance systems well established in all levels, reliable morbidity/ mortality statistics, disease monitoring, and local studies of risk/vulnerability	Existing NAPs within each prioritized sector there is the health sector where they promote healthy and resilient communities and includes CC.
Monitoring system for diseases at all levels & early warning systems & reliable statistics reports	
Analysis of local vulnerability based upon the geographic location	

**Table 6 Country Needs -Comprehensive coverage of climate-sensitive health risks**

<b>Financial Resources</b>	<b>Technical Assistance/Research</b>
Economic support with the objective of completing baseline estimates for these diseases and take pertinent measures	Strengthening of capacity to link in an effective way the criteria of the national plans
Urgent need for financing and cooperation for the development of the Andean Climate Change and Health plan: research, sharing of experiences, knowledge dialogues, etc.	Technical support to complete baseline estimates for climate sensitive health risks, and then take preventive action
Economic support for local projects	Assistance to translate identified vulnerabilities into mitigation/adaptation plans, financial resources, human resources for health and improved intersectoral collaboration
Access to financing sources for the technological support that guarantees the systemic evaluation of the vulnerabilities and framework for promoting results from the experience	Technical assistance to access sources of financing

**Table 7 Enabling Factors -Comprehensive coverage of adaptation options and proposed adaptation actions**

<b>Political/High Level/Policy</b>	<b>Institutional Arrangements</b>	<b>Technical Support</b>	<b>Data/Research</b>
CC has priority and in office of CMO	Partnership between UNFCCC and MOH	Technical support from Environmental planning/protection	Demographic data is available
Existing political will	Motivated CC and health focal point	Committed cadre of climate experts	Health data for other V&As in the economic studies completed



NAP endorsed by cabinet (2)	Health sector represented in national climate change committee	Guidelines for the development of SASAP	Availability of spatial data
Funds for strengthening health fac.	Current opportunities through GCF		Health sector included in previous V&As
Country profile developed	Involvement of stakeholders		ECLAC study on economic and social impact of climate change on health sector; ECLAC assessment of economic and social impact from Dorian

**Table 8 Country Needs- Comprehensive coverage of adaptation options and proposed adaptation actions**

Technical Support	Data and Research	High-Level Engagement
Opportunity to focus on health and other agencies in developing options	Improved data collection and analysis to build evidence; support for research	Support and priority from the Office of Prime Minister to provide funding for human resources
Climate and health specific technical support (2)	Contextually relevant framework to assess and implement	For executive management teams of the MOH to put this on their priority agenda
Additional human resources (2)	Detailed V&A on CC and health	
	Linking risk factors to specific populations	

**Table 9 Enabling Factors and Country Needs- Cross Sectoral Policy Coherence**

Enabling Factors	Country Driven Needs
National resilience strategy	Capacity of human resources
Multisectoral policies that enhance coordination	Financial resources
Effective dialogue between national agencies with responsibility for climate change and national development	Established and recognized multisectoral body/committee/framework that ensures dialogue and facilitates coordinated action between orgs.
National Technical Advisory Committee on CC approved by Cabinet	Coordinated health data management across sectors
Designated focal point for CC and health	Need for designated space (physical and virtual) for data access and management
	Research capacity

**Table 10 Enabling Factors and Country Needs- Resourcing for Climate Change and Health**

<b>Enabling Factors</b>	<b>Country Needs</b>
NDA support to health	Support from international organizations and regional and international collaboration to action
Strong support from UWI, PAHO and other orgs.	Increase collaboration among countries to develop a regional multi-country project to better position for access to more funding
Collaboration from all relevant health programs	Technical support in policy designs for CC
Collaborative support from Ministry of Environment	Completion of HNAP to prioritize plans
Strong Ministry of Health to lead the process	Complete V&As and gather data to provide evidence to make the case for funding
Health and CC given some level of priority within the MOH	Nationally budgeted activities and pursuing opportunities to finance CC and health activities (1)
Government approval and endorsement is high across the region	Sustainable funding to develop policies/plans and support action
Suriname is 90% forest, so maintaining this is an important aspect of reducing climate change worldwide	Many countries in the Caribbean unable to apply for international funding due to classification status as high-income countries
Awareness of the impact of climate change on health	Climate aware leadership and public
National strategy for CC due to climate risk	Enhancement of national human capacities in climate and health and resources (1)
Draft national documents that mention CC and health and in the current development strategy	Need for technical capacity to develop grant proposals
Understanding the need for a multidisciplinary approach to climate change	Limited human resources with appropriate expertise to implement actions in HNAP.
Linkages with climate financing established	Need to promote political will and leadership
Legal framework considers measure for CC and health	Buy in from all ministries for intersectoral approach

***“This workshop led by PAHO is of great value for the Americas as a whole. Being united in climate change and health action increases the scale of work, and makes it possible to negotiate with other countries and sub-regions as well as collectively evaluate our experiences”***

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#### IId. Selection of Remarks by panelists and in Q&A Sessions:

- Indication that the V&A component of the HNAP may require a significant amount of time and human capacity to complete, as was the case in Dominica
- Appreciation for the workshop as bringing the countries together under a common vision, support from the EU, colleagues, and other agencies.
- Admiration for Dominica in having CMO as advocate for climate change and health and as a priority issue for the country + formation of Climate Resilient Executing Agency
- Importance of political will in finalizing the HNAP submission to the MOH and Cabinet to endorse as policy
- Several countries stated that climate change and health had been maintained as a priority despite changes in government
- Importance of creating a structure that builds community leadership as well as educating the community and making them aware of the impacts
- Need for a climate change response as significant as that for COVID-19 and importance of a “green recovery”
- Importance of Central American climate and health initiatives that focus on the “dry corridor” to manage water resources as well as health resilience for floods/storms
- Andean Health Organization noting the importance they place on integrating health into the NAPs as well as engaging rural farmers and indigenous communities to include their knowledge/perspective in the development of climate strategies
- The need to promote policies in Latin America and the Caribbean around sustainable consumption and production
- A call from countries to receive assistance in promoting climate and health programs to the PMs, MOHs, and CMOs
- Encouraged by the WHO Quality Criteria stating mental health issues and climate change as evidence states that this is an increasing issue in the Caribbean, especially for our youth and complicated by the spread of COVID-19

#### Ile. Meeting the Expected Results

The workshop met the expected results as summarized below:

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- 1). Participants reached a common understanding of enabling factors for the HNAP process in the Caribbean context and shared the current state of H-NAP development.
  - 2). National best practices were shared by Grenada, Dominica, Guyana, and Cuba. These and other inputs from the event will foster mechanisms to share/collaborate within the sub-region.
  - 3). A dialogue was held to generate ideas for climate and health action between the sub-regions. This will facilitate the future sharing of ideas and best practices between the Caribbean and Latin America.
  - 4). Participants reached a common understanding and provided feedback on country specific factors to enable and facilitate recommended H-NAP quality criteria for inclusion
  - 5). Participants received motivation to Initiate/resume process of developing a feasible and comprehensive HNAP. Of the 19 individuals that responded to the evaluation 100% stated that they would resume or initiate the HNAP process in their countries.

***“I appreciated learning from other agencies in the region about their climate action efforts and resources to provide technical and financial assistance”***

IIf. Next Steps:

- Determine future virtual webinars and trainings that would support countries in their development of the HNAP (e.g. accessing health and climate finance, preparation of V&A, etc.)
- EU/CARIFORUM HNAP Phase I support of 3 countries in the development of HNAP draft, to be submitted in Dec 2021
- Determine specific mechanisms, through the EU/CARICOM communication and visibility points of contact, to support initial 3 HNAP countries to communicate the process and findings with key target populations

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- Through EU/CARIFORUM Project begin Phase II selection of 3-4 countries in June 2021 to support with development of HNAPs
  - Determine the logical virtual space for countries to access HNAP guidance documents, tools, resources, and sections of the HNAP process completed by the 16 CARIFORUM countries

### **III. Annexes**

Annex 1: Participant List

Annex 2: Agenda

Annex 3: PowerPoint Presentations

Annex 4: Evaluation Results

## ANNEX 1. PARTICIPANT LIST

First Name	Last Name	Organization
Cheryl	Jeffers	Department of Environment
Donna Gittens (EU Delegation)		EU Delegation (Barbados)
Ruen	Mayorga	pan american health organization
Chris	Oura	University of the West Indies
Parker	Ragnanan	Ministry of Health
Carmen Esmeldy	García	Arquitecta
Brittney	Jones	PAHO
María del Carmen	Calle	Organismo Andino de Salud - Convenio Hipólito Unanue
Kirverlin	Valera	Ministerio de Medio Ambiente y RRNN
Carlos	González	Comisión Centroamericana de Ambiente y Desarrollo
Katherine	Blackman	Climate Change Division - GOJ
Karen	Polson	Pan American Health Organization
Pascale	Ledeur Kraus	PAHO
Steve	Daniel	Ministry of Health and Wellness
Taraleen	Malcolm	PAHO/WHO
NICOLE	DAWKINS-WRIGHT	MINISTRY OF HEALTH & WELLNESS
Job	Joseph	PAHO
Natalia	Ruiz	Ministry of Environment and Natural Resources
Gandhi	Montoya	CCAD
Celeste	Medina	Pan American Health Organization
Charlotte	Pailliard-Turenne	OPS/OMS
Hugh	Sealy	The University of the West Indies
Nickeshia	Lindsay	MOHW
Gregory	Hartl	PAHO/WHO
Ruth	Phillips Itty	Department of Sustainable Development
sylvester	Stville	Government of Dominica
Kerry	Joseph-Matthew	Department of Economic Development
Larissa	Cartwright	The Department of Environmental Planning and Protection
Bertha Luz	Pineda Restrepo	Organismo Andino de Salud - Convenio Hipólito Unanue
Shirley	Hibbert	Ministry of Health and Wellness
Adjai	Ramadhin	Ministry of Health Suriname
Nyasha	Hamilton	Sustainable Development Unit, Ministry of Tourism, Civil Aviation, Sust Culture
Lori-Ann	Henry Johnson	MEDCAL DIVISION , MINISTRY OF HEALTH , ANTIGUA
Zilma	Charles-Darroux	Government of Dominica
Sylvester	Belle	Ministry of Health
Adrian	Trotman	CIMH
Donna	Bascombe	MOH
Rainer	Peyrefitte	Ministry of Economic Development
Valeska	Stempliuk	PAHO



Jonathan	Drewry	PAHO
Rosa Urania	Abreu	Organización Panamericana de Salud
Joaquim	Da Silva	PAHO
Bertha Luz	Pineda Restrepo	Organismo Andino de Salud - Convenio Hupólito Unanue
Ronnie	Rodriguez	self
Ayesha	Constable	Department of Environment
Sherine	Huntley Jones	Ministry of Health and Wellness
Jackie	Joseph Mills	Ministry of Health and Wellness
Jose Legarra EU		European Union
CALAE	PHILIPPE	MINISTRY OF HEALTH
Evelyn	Lopez-Castillo	MSP
John	Bodden	Ministry of Health
Eugenia	Rodriguez	Self
N. Charles	Hamilton	Department of Environmental Planning and Protection (The Bahamas)
Zorobabel	Cancino	PAHO
Elena	Villalobos Prats	WHO
annie	harris	PAHO/WHO
Lindonne	Glasgow	St. George's University
Camila	Aparicio	Conference Intepreter
Peter	Williams	CARPHA
Carlos	Arosquipa	OPS
Laura-Lee	Boodram	Caribbean Public Health Agency
Jessie	Schutt-Aine	PAHO/WHO
Lucina	Singh	Office of Climate Change
Simone	Keizer Beache	Ministry of Health, Wellness and the Environment
Amrikha	Singh	CARICOM Secretariat
Janeel	Miller-Findlay	Government
Maier	Sifflet	Department of Sustainable Development
Patricia	Ortiz	Ministerio de Medio Ambiente
Lisa	Bourne	Ministry of Health & Wellness-Environmental Health Department
Daniel	Buss	paho
Lisa	Bayley	PAHO
Keron	Crossman Johnson	Ministry of Health and Wellness
Sylvester	Belle	Ministry of Health
Dr David	Johnson	Mimistry of Health, Wellness and New Health Investment
Dina	Kuriansky	PAHO
Evelyn	Rodriguez	asdadas
Deryck Ramkhelawan		MOH-Grenada
Abbigail	Liverpool	Ministry of Health
Pedro	Gomez	Ministerio de salud
Neri	James	Environmental Health
Dawn	Pierre-Nathoniel	Department of Sustainable Development

Eren	Hanley	Ministry of Health and Gender Affairs
Fiona	Ghirawoo	Department of Economic Development
Enrique	Gil	OPS/OMS
Cheryl	Jeffers	Department of Environment
Eugene-St.Romain		Ministry of Health and Wellness
Vishwanath	Partapsingh	Ministry of Health
Heidi	Jimenez	PAHO
David	Latchman	MINISTRY of HEALTH
Ileana	Fleitas Estévez	OPS
Anwar	Mendez	Pan American Health Organization
Roché	Mahon	CIMH
Jasper	Barnett	Ministry of Health & Wellness
Lisa	Bourne	Ministry of Health&Wellness-Environmental Health Dept.
Le-Anne	Roper	Climate Change Division
Tamica	Noel	PAHO/WHO
Vincent Peter CCCCC		CCCCC
Raul	Artiga	CCAD - SICA
Akeza	Charles	Ministry of Finance

## **Advancing the Development of Health National Adaptation Plans: Prioritizing and Addressing the Health Impacts of Climate Change in the Caribbean.**

December 2-3, 2020

### **Concept Note**

#### **Background**

The impacts of climate change have been well documented: heat waves; hurricanes with long lasting impacts; recurring and extended periods of droughts; floods; and sea level rise. These conditions negatively affect people's health and well-being in the form of vector-, food-, and water-borne diseases, heat strokes, respiratory illnesses, undernutrition, cardiovascular diseases, injuries and premature deaths.

Caribbean health systems remain highly vulnerable to impacts from climate change, which affect the quality and delivery capacity of health services and burden other environmental determinants of health. Also negatively affected are national socio-economic development aspects, such as lost work capacity and reduced labour productivity in vulnerable populations, that can potentially hinder the attainment of the UN Sustainable Development Goals.

To counter the health impacts of climate change and ensure they are prioritized at the national level, it is critical that the health sector prepare a health chapter in National Adaptation Plans (H-NAP). Specifically, among the core benefits to countries that have developed the H-NAP are: 1) engagement of health planning in other non-health sectors; 2) prioritization of public health threats, determine underlying causes of the largest health burdens and take steps towards prevention and control; 3) analyse the effectiveness of current public health programs/policies and make adjustments; and 4) create projections of where, when and how health burdens may be modified in response to the changing climate. Additionally, H-NAPs link the health sector to national and international climate change processes and enhance access to multilateral climate change funding.

The *EU/CARIFORUM Strengthening Climate Resilient Health Systems Project* supports countries in the preparation of their H-NAPs, by promoting the engagement of the health sector with other national partners, and providing capacity building, following a systematic process and WHO-UNFCCC guidance. The Project supports efforts to reduce vulnerability to the impacts of climate change by building adaptive capacity and resilience. The H-NAP is a core part of a nation's resilience as supports the health system to anticipate, absorb and accommodate many of the public health threats heightened by a changing Caribbean climate.

Because each CARIFORUM country is at a different stage in the H-NAP process, this initial training focuses on supporting 16 Caribbean countries to establish similar goals, understand the mechanisms for this process, recommended quality criteria, and best practices.

#### **Objectives**

- Promote awareness of the value added from the development and implementation of the H-NAP;
- Identify common barriers, challenges, and facilitating mechanisms in the Caribbean;
- Increase understanding of the H-NAP process and quality criteria for the development of a comprehensive product;
- Share examples of best practices and resources from the Caribbean;

**Invited CARIFORUM countries**

	Antigua & Barbuda		Guyana
	Bahamas		Haiti
	Barbados		Jamaica
	Belize		St. Kitts & Nevis
	Cuba		St. Lucia
	Dominica		St. Vincent & the Grenadines
	Dominican Republic		Suriname
	Grenada		Trinidad & Tobago

**Target audience**

- 1) Climate change and health and environmental health focal points from 16 countries; 2) a representative from the National Designated Authority with an interest in health from 16 countries; 3) PAHO national technical focal points for climate change and health from 10 PAHO offices; and 4) universities and international climate and health organizations.

**Expected results/products:**

- 1). Reach a common understanding of enabling factors in the Caribbean context for the H-NAP process and current state of H-NAP development in the sub-region
- 2). Understand H-NAP country best practices and establish mechanism to share/collaborate within the sub-region
- 3). Initial dialogue to generate ideas for the sharing of information between sub-regions
- 4). Reach a common understanding of recommended H-NAP quality criteria for inclusion in future planning
- 5). Initiate/resume process of developing a feasible and comprehensive HNAP

**Online meeting access**

Link and information on how to join the online Zoom session: <https://paho-org.zoom.us/meeting/register/tZEsfuiprD4rE9T6J8rDJvqa7ywzyBMtNyTO>

<b>AGENDA – Day 1: 9:30am-1:30pm (AST) December 2<sup>nd</sup>, 2020</b>		
<b>9:30-9:40</b>	Welcome CARICOM & PAHO	Mrs. Amrikha Singh & Mrs Jessie Schutt-Aine
<b>9:40-10:00</b>	Workshop objectives and overview of H-NAP process  Expected Result: Reinforce understanding of benefits to completing the H-NAP and motivation towards completion by CARIFORUM countries	Dr. Jonathan Drewry, PAHO Climate Change and Health Advisor
<b>10:00-11:30</b>	Sharing of information between CARIFORUM countries- exploring the status of H-NAP process across Caribbean and enabling environments (5 groups) (Groupwork A)  Expected Result: Reach a common understanding of HNAP implementation and the key components required to carry out in the Caribbean	Mr. Zorobabel Cancino Ms. Brittney Jones Dr. Taraleen Malcolm Ms. Tamika Noel Dr. Karen Polson Ms. Evelyn Rodriguez Ms. Valeska Stempluk Dr. Elena Villalobos
<b>11:30- 12:00</b>	Presentation of group findings  Expected Result: Share and summarize the key findings from group work	Mr. Zorobabel Cancino
<b>12:00–1:00</b>	Brief presentations on H-NAP phases from the Caribbean:  1) Alignment with NAP and assessment of available information (Grenada) (10min) 2) Assessment of national health adaptation needs through V&A (Dominica) (10min) 3) Design of H-NAP or equivalent document (Guyana) (10min) 4) Implementation (Cuba) (10min)  Expected Result: participants will have clear examples of steps that countries have taken to complete H-NAP process	Mr. Deryck Ramkhelawan Dr. David Johnson Ms. Abbigail Liverpool Dr. Jesús Salvador Duran Rivero
<b>1:00 - 1:30</b>	Open discussion and Q&A for country presentations	Mr. Zorobabel Cancino

<b>AGENDA – DAY 2: 9:30am-1:15pm (AST) December 3<sup>rd</sup>, 2020</b>		
<b>9:30-10:15</b>	Panel on Subregional Approaches to Climate and Health Integration  Overview of PAHO regional climate and health program (PAHO) (10min)  Andean Health Organization (ORAS CONHU) (10min)  Central American Integration System (SICA) (10min)	Mr. Zorobabel Cancino  Dr. Daniel Buss, Climate Change and Health Advisor  Ms. Bertha Luz Pineda Restrepo, Coordinator Climate Change and Health Impact Mr. Raul Ernesto Artiga Colato, Governance and

	<p>Caribbean Community (CARICOM) (10min)</p> <p>Expected Result: increase understanding of Sub-regional approaches and create linkages for future collaboration</p>	<p>Environmental Integration Manger</p> <p>Ms. Amrikha Singh, Program Manager Sustainable Development</p>
<b>10:15-10:30</b>	Q&A and Discussion	Mr. Zorobabel Cancino
<b>10:30-10:45</b>	<p>Climate change and health in the Caribbean: benefits to countries in pursuing plans to address health in adaptation planning and linkages to NDCs (University of West Indies)</p> <p>Expected Result: input on the current situation and motivation for action through the H-NAP</p>	Dr. Hugh Sealy, Lecturer
<b>10:45-11:00</b>	<p>Overview of H-NAP WHO Quality Criteria</p> <p>Expected Result: establish commonly shared criteria for the HNAP process</p>	Dr. Elena Villalobos, WHO Climate Change and Health Advisor
<b>11:00-12:10</b>	<p>Group work to process and better understand key aspects of the WHO H-NAP quality criteria. Each group assigned to review one of the five quality criteria. (Groupwork B).</p> <ol style="list-style-type: none"> <li>1) Leadership and enabling environment</li> <li>2) Comprehensive coverage of climate-sensitive health risks</li> <li>3) Comprehensive coverage of adaptation options and proposed adaptation actions</li> <li>4) Cross-sectoral policy coherence</li> <li>5) Resourcing</li> </ol> <p>Expected Result: participants will reach understanding of quality criteria and determine the activities implemented in the countries to move forward in meeting the quality criteria</p>	<p>Mr. Zorobabel Cancino</p> <p>Ms. Brittney Jones</p> <p>Dr. Taraleen Malcolm</p> <p>Ms. Tamika Noel</p> <p>Dr. Karen Polson</p> <p>Ms. Evelyn Rodriguez</p> <p>Ms. Valeska Stempluk</p> <p>Dr. Elena Villalobos</p>
<b>12:10-1:00</b>	Groups Present Feedback on Quality Criteria	Mr. Zorobabel Cancino
<b>1:00-1:25</b>	Additional comments, recommendations or strategies to scale up and support H-NAP development in the Caribbean	Dr. Jonathan Drewry
<b>1:25-1:30</b>	Closing Session	Ms. Donna Gittens, EU Programme Manager



## **Avanzar en el desarrollo de planes nacionales de adaptación de la salud: priorizar y abordar los impactos del cambio climático en la salud en el Caribe.**

2-3 de diciembre de 2020

### **Nota conceptual**

#### **Antecedentes**

Los impactos del cambio climático están bien documentados: olas de calor; huracanes con impactos mayores; períodos de sequía recurrentes y prolongados; inundaciones y aumento del nivel del mar. Estas condiciones afectan negativamente la salud y el bienestar de las personas en forma de enfermedades transmitidas por vectores, alimentos y agua, golpes de calor, enfermedades respiratorias, desnutrición, enfermedades cardiovasculares, lesiones y muertes prematuras.

Los sistemas de salud del Caribe siguen siendo muy vulnerables a los impactos del cambio climático, ya que afectan la calidad y la capacidad de prestación de los servicios de salud y perturban otros determinantes ambientales de la salud. También se ven afectados negativamente los aspectos del desarrollo socioeconómico nacional, como la pérdida de capacidad laboral y la reducción de la productividad laboral en poblaciones vulnerables, que pueden obstaculizar potencialmente el logro de los Objetivos de Desarrollo Sostenible de la ONU.

Para contrarrestar los impactos en la salud del cambio climático y garantizar que se les dé prioridad a nivel nacional, es fundamental que el sector de la salud prepare un capítulo de salud en los Planes Nacionales de Adaptación (H-NAP, en sus siglas, en inglés). Específicamente, entre los principales beneficios para los países que han desarrollado el H-NAP se encuentran: 1) la participación de la planificación de la salud en otros sectores no sanitarios; 2) priorizar las amenazas a la salud pública, determinar las causas subyacentes de las mayores cargas sanitarias y tomar medidas para la prevención y el control; 3) analizar la efectividad de los programas / políticas de salud pública actuales y hacer ajustes; y 4) crear proyecciones de dónde, cuándo y cómo se pueden aliviar las cargas a la salud en respuesta al cambio climático. Además, los H-NAP vinculan el sector de la salud con los procesos de cambio climático nacionales e internacionales y mejoran el acceso a la financiación multilateral para el cambio climático.

El proyecto EU / CARIFORUM *Strengthening Climate Resilient Health Systems* apoya a los países en la preparación de sus H-NAP, promoviendo la participación del sector de la salud y otros socios nacionales, y brindando capacitación, siguiendo un proceso sistemático y la orientación de la OMS-CMNUCC. El Proyecto apoya acciones para reducir la vulnerabilidad a los impactos del cambio climático mediante la creación de capacidad de adaptación y resiliencia. El H-NAP es parte fundamental de la resiliencia de una nación, ya que refuerza el sistema de salud para anticipar, absorber y adaptarse a muchas de las amenazas a la salud pública agravadas por un clima cambiante en el Caribe.

Debido a que cada país del CARIFORUM se encuentra en una etapa diferente en el proceso de validación de los H-NAP, esta capacitación inicial se enfoca en apoyar a 16 países del Caribe para que establezcan metas similares, comprendan los mecanismos para este proceso, los criterios de calidad recomendados y las mejores prácticas.

#### **Objetivos**

- Llamar la atención sobre el valor añadido del desarrollo e implementación del H-NAP;
- Identificar barreras, desafíos y mecanismos facilitadores comunes en el Caribe;
- Dar a conocer mejor el proceso H-NAP y los criterios de calidad para el desarrollo de un producto integral;
- Compartir ejemplos de buenas prácticas y recursos del Caribe;

### Países CARIFORUM invitados

	Antigua & Barbuda		Guyana
	Bahamas		Haiti
	Barbados		Jamaica
	Belize		St. Kitts & Nevis
	Cuba		St. Lucia
	Dominica		St. Vincent & the Grenadines
	Dominican Republic		Suriname
	Grenada		Trinidad & Tobago

### Audiencia esperada

- 1) Puntos focales de cambio climático y salud y salud ambiental de los 16 países;
- 2) un representante de la Autoridad Nacional Designada con interés en la salud de los 16 países;
- 3) puntos focales técnicos nacionales de la OPS para el cambio climático y la salud de 10 oficinas de la OPS; y
- 4) universidades y organizaciones internacionales vinculados a clima y salud.

### Resultados / productos esperados:

- 1). Alcanzar una comprensión común de los factores habilitadores en el contexto del Caribe para el proceso H-NAP y el estado actual del desarrollo H-NAP en la subregión.
- 2). Comprender las buenas prácticas nacionales de H-NAP y establecer un mecanismo para compartir / colaborar dentro de la subregión
- 3). Diálogo inicial para generar ideas para fomentar el intercambio de información entre subregiones
- 4). Alcanzar una comprensión común de los criterios de calidad de H-NAP recomendados para su inclusión en la planificación futura
- 5). Iniciar / reanudar el proceso de desarrollo de un H-NAP factible y completo para su implementación a nivel nacional

### Acceso a reuniones en línea

Enlace e información sobre cómo unirse a la sesión en línea de Zoom: <https://paho-org.zoom.us/meeting/register/tZEsfuiprD4rE9T6J8rDJvqa7ywzyBMtNyTO>

**AGENDA – Día 1: 9:30am-1:30pm (AST) 2 de diciembre de 2020**

<b>9:30-9:40</b>	Bienvenida CARICOM & PAHO	Sra. Amrikha Singh & Sra. Jessie Schutt-Aine
<b>9:40-10:00</b>	Objetivos del taller y descripción general del proceso H-NAP  Resultado esperado: Reforzar la comprensión de los beneficios de la puesta en marcha del H-NAP y la motivación para completarlo por parte de los países del CARIFORUM.	Dr. Jonathan Drewry, Asesor de cambio climático y salud de la OPS
<b>10:00-11:30</b>	Intercambio de información entre países del CARIFORUM: información del estado del proceso H-NAP en el Caribe y entornos propicios (5 grupos) (Trabajo en grupo A)  Resultado esperado: Lograr una comprensión común de la implementación de H-NAP y los componentes clave necesarios para realizarlo en el Caribe	Sr. Zorobabel Cancino Sra. Brittney Jones Dr. Taraleen Malcolm Sra. Tamika Noel Dr. Karen Polson Sra. Evelyn Rodriguez Sra. Valeska Stempluk Dr. Elena Villalobos
<b>11:30- 12:00</b>	Presentación de conclusiones de grupo  Resultado esperado: compartir y resumir los hallazgos clave del trabajo en grupo	Sr. Zorobabel Cancino
<b>12:00–1:00</b>	Breves presentaciones sobre las fases de H-NAP del Caribe:  1) Alineación con NAP y evaluación de la información disponible (Grenada) (10min) 2) Evaluación de las necesidades nacionales de adaptación de la salud a través de V&A (Dominica) (10min) 3) Diseño de H-NAP o documento equivalente (Guyana) (10min) 4) Implementación (Cuba) (10min)  Resultado esperado: los participantes dispondrán de claros ejemplos sobre los pasos que los países han dado para completar el proceso H-NAP	Mr. Deryck Ramkhelawan Dr. David Johnson Sra. Abigail Liverpool Dr. Jesús Salvador Duran Rivero
<b>1:00 - 1:30</b>	Discusión abierta y preguntas y respuestas para presentaciones de países	Sr. Zorobabel Cancino

**AGENDA – Día 2: 9:30am-1:15pm (AST) 3 de diciembre de 2020**

<b>9:30-10:15</b>	Panel sobre enfoques subregionales para la integración del clima y la salud  Panorama general del programa regional de clima y salud de la OPS (10 minutos)  Organización Andina de Salud (ORAS CONHU) (10min)	Sr. Zorobabel Cancino  Dr. Daniel Buss, Asesor de Salud y Cambio Climático  Sra. Bertha Luz Pineda Restrepo, Coordinadora Cambio Climático e Impacto en la Salud
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	<p>Sistema de Integración Centroamericana (SICA) (10min)</p> <p>Comunidad del Caribe (CARICOM) (10min)</p> <p>Resultado esperado: aumentar la comprensión de los enfoques subregionales y crear vínculos para la colaboración futura</p>	<p>Sr. Raúl Ernesto Artiga Colato, Gerente de Gobernanza e Integración Ambiental</p> <p>Sra. Amrikha Singh, directora de programas de desarrollo sostenible</p>
<b>10:15-10:30</b>	Discusión, preguntas y respuestas	Sr. Zorobabel Cancino
<b>10:30-10:45</b>	<p>Cambio climático y salud en el Caribe: beneficios para los países al seguir planes para abordar la salud en la planificación de la adaptación y los vínculos con las Contribuciones Nacionales Determinadas (NDC, siglas en inglés). Universidad de West Indies</p> <p>Resultado esperado: información sobre la situación actual y motivación para la acción a través del H-NAP</p>	Dr. Hugh Sealy, Conferenciante
<b>10:45-11:00</b>	<p>Descripción general de los criterios de calidad de la OMS H-NAP</p> <p>Resultado esperado: establecer criterios comúnmente compartidos para el proceso de H-NAP</p>	Dr. Elena Villalobos, WHO Asesor de Salud y Cambio Climático
<b>11:00-12:10</b>	<p>Trabajo en grupo para procesar y comprender mejor los aspectos clave de los criterios de calidad de la OMS H-NAP. Cada grupo analiza uno de los cinco criterios de calidad. (Trabajo en grupo B).</p> <ol style="list-style-type: none"> <li>1) Liderazgo y entorno adecuado</li> <li>2) Cobertura integral de riesgos para la salud sensibles al clima</li> <li>3) Cobertura integral de opciones de adaptación y acciones de adaptación propuestas</li> <li>4) Coherencia de las políticas intersectoriales</li> <li>5) Recursos</li> </ol> <p>Resultado esperado: los participantes alcanzarán la comprensión de los criterios de calidad y determinarán las actividades implementadas en los países para avanzar en el cumplimiento de los criterios de calidad</p>	<p>Sr. Zorobabel Cancino</p> <p>Sra. Brittney Jones</p> <p>Dr. Taraleen Malcolm</p> <p>Sra. Tamika Noel</p> <p>Dr. Karen Polson</p> <p>Sra. Evelyn Rodriguez</p> <p>Sra. Valeska Stempluk</p> <p>Dr. Elena Villalobos</p>
<b>12:10-1:00</b>	Los grupos presentan comentarios sobre los criterios de calidad	Sr. Zorobabel Cancino
<b>1:00-1:25</b>	Discusión abierta sobre recomendaciones y estrategias para ampliar y apoyar el desarrollo de H-NAP en el Caribe	Dr. Jonathan Drewry
<b>1:25-1:30</b>	Clausura	Sra. Donna Gittens, Gestora de Programas, UE

## **Progresser dans l'élaboration de plans nationaux d'adaptation en matière de santé: prioriser et aborder les effets du changement climatique sur la santé dans les Caraïbes.**

2-3 décembre 2020

### **Note conceptuelle**

#### **Contexte**

Les impacts du changement climatique ont été bien documentés: vagues de chaleur; ouragans avec des impacts à long terme; périodes de sécheresse récurrentes et prolongées; inondations; et l'élévation du niveau de la mer. Ces conditions affectent négativement la santé et le bien-être des populations sous la forme de maladies transmises par les vecteurs, les aliments et l'eau, les coups de chaleur, les maladies respiratoires, la malnutrition, les maladies cardiovasculaires, les blessures et les décès prématurés.

Les systèmes de santé des Caraïbes restent très vulnérables aux impacts du changement climatique, car il y a un impact sur la qualité et la capacité de prestation des services de santé et ceci alourdi d'autres déterminants environnementaux de la santé. Les aspects du développement socio-économique national, tels que la perte de capacité de travail et la réduction de la productivité au travail dans les populations vulnérables, sont également affectés négativement, puisqu'ils peuvent potentiellement entraver la réalisation des objectifs de développement durable des Nations Unies.

Pour amortir les impacts du changement climatique sur la santé et garantir leur priorité au niveau national, il est essentiel que le secteur de la santé prépare un chapitre sur la santé dans les plans nationaux d'adaptation (H-NAP, en anglais). Plus précisément, parmi les principaux avantages pour les pays qui ont élaboré les H-NAP, on trouve: 1) l'engagement de la planification sanitaire dans d'autres secteurs non sanitaires; 2) la hiérarchisation des menaces pour la santé publique, la détermination des causes sous-jacentes des plus grands fardeaux sanitaires et la prise des mesures de prévention et de contrôle; 3) analyser l'efficacité des programmes / politiques de santé publique actuels et procéder à des ajustements; et 4) créer des projections indiquant où, quand et comment les charges sanitaires peuvent être modifiées en réponse au changement climatique. En outre, les H-NAP relient le secteur de la santé aux processus nationaux et internationaux sur le changement climatique et améliorent l'accès au financement multilatéral du changement climatique.

Le projet UE / CARIFORUM *Strengthening Climate Resilient Health Systems* soutient les pays dans la préparation de leurs H-NAP, en promouvant l'engagement du secteur de la santé avec d'autres partenaires nationaux et en renforçant les capacités, suivant un processus systématique et les orientations de l'OMS-CCNUCC. Le projet appui les efforts visant à réduire la vulnérabilité aux impacts du changement climatique en renforçant la capacité d'adaptation et la résilience. Le H-NAP est un élément essentiel de la résilience d'une nation car il soutient le système de santé pour anticiper, absorber et faire face à de nombreuses menaces pour la santé publique aggravées par le changement climatique dans les Caraïbes.

Étant donné que chaque pays du CARIFORUM se trouve à un stade différent du processus H-NAP, cette formation initiale vise à aider 16 pays des Caraïbes à établir des objectifs similaires, à comprendre les mécanismes de ce processus, les critères de qualité recommandés et les meilleures pratiques.

## Objectifs

- Promouvoir la prise de conscience de la valeur ajoutée de l'élaboration et mise en œuvre du H-NAP;
- Identifier les barrières, défis et mécanismes de facilitation communs dans les Caraïbes;
- Accroître la compréhension du processus H-NAP et des critères de qualité pour le développement d'un produit complet;
- Partager des exemples de bonnes pratiques et de ressources des Caraïbes;

## Pays du CARIFORUM invités

	Antigua & Barbuda		Guyana
	Bahamas		Haiti
	Barbados		Jamaica
	Belize		St. Kitts & Nevis
	Cuba		St. Lucia
	Dominica		St. Vincent & the Grenadines
	Dominican Republic		Suriname
	Grenada		Trinidad & Tobago

## Audience ciblée

- 1) les points focaux sur le changement climatique et la santé et la santé environnementale de 16 pays;
- 2) un représentant de l'autorité nationale désignée ayant un intérêt pour la santé de 16 pays;
- 3) les points focaux techniques nationaux de l'OPS pour le changement climatique et la santé de 10 bureaux de l'OPS; et
- 4) les universités et les organisations internationales pour le climat et la santé.

## Résultats / produits attendus:

- 1) Arriver à une compréhension commune des facteurs favorables dans le contexte des Caraïbes pour le processus H-NAP et l'état actuel du développement H-NAP dans la sous-région
- 2) Comprendre les bonnes pratiques des pays H-NAP et établir un mécanisme de partage / collaboration au sein de la sous-région
- 3) Dialogue initial pour générer des idées pour favoriser le partage d'informations entre les sous-régions
- 4) Arriver à une compréhension commune des critères de qualité H-NAP recommandés à inclure dans la planification future
- 5) Lancer / reprendre (selon le cas) le processus de développement d'un HNAP réalisable et complet pour sa mise en œuvre au niveau national

## Accès aux réunions en ligne

Lien et informations sur la façon de rejoindre la session en ligne Zoom: <https://paho-org.zoom.us/meeting/register/tZEsfuiprD4rE9T6J8rDJvqa7ywzyBMtNyT0>



**AGENDA – Jour 1: 9:30am-1:30pm (AST) 2 décembre, 2020**

<b>9:30-9:40</b>	Bienvenue CARICOM & PAHO	Mrs. Amrikha Singh & Mrs Jessie Schutt-Aine
<b>9:40-10:00</b>	Objectifs de l'atelier et aperçu du processus H-NAP  Résultat attendu: Renforcer la compréhension des avantages de l'achèvement du H-NAP et la motivation à l'accomplissement par les pays du CARIFORUM	Dr Jonathan Drewry, Conseiller de l'OPS sur le changement climatique et la santé
<b>10:00-11:30</b>	Partage d'informations entre les pays du CARIFORUM - exploration de l'état d'avancement du processus H-PNA dans les Caraïbes et environnements favorables (5 groupes) (travail de groupe A)  Résultat escompté: Parvenir à une compréhension commune de la mise en œuvre du HNAP et des éléments clés nécessaires pour le mettre en œuvre dans les Caraïbes	Mr. Zorobabel Cancino Ms. Brittney Jones Dr. Taraleen Malcolm Ms. Tamika Noel Dr. Karen Polson Ms. Evelyn Rodriguez Ms. Valeska Stempluk Dr. Elena Villalobos
<b>11:30-12:00</b>	Présentation des résultats du groupe  Résultat attendu: partager et résumer les principales conclusions du travail de groupe	Mr. Zorobabel Cancino
<b>12:00–1:00</b>	Brèves présentations sur les phases H-NAP dans les Caraïbes:  1) Alignement sur le NAP et évaluation des informations disponibles (Grenade) (10min) 2) Évaluation des besoins nationaux en matière d'adaptation sanitaire par V&A (Dominique) (10min) 3) Conception du H-NAP ou document équivalent (Guyane) (10min) 4) Mise en œuvre (Cuba) (10min)  Résultat attendu: les participants auront des exemples clairs des mesures que d'autres pays ont prises pour achever le processus H-PNA	Mr. Deryck Ramkhelawan Dr. David Johnson Ms. Abigail Liverpool Dr. Jesús Salvador Duran Rivero
<b>1:00 - 1:30</b>	Discussion ouverte et questions / réponses pour les présentations par pays	Mr. Zorobabel Cancino

**AGENDA – DAY 2: 9:30am-1:15pm (AST) December 3<sup>rd</sup>, 2020**

<b>9:30-10:15</b>	Groupe d'experts sur les approches sous-régionales de l'intégration du climat et de la santé  Vue d'ensemble du programme régional sur le climat et la santé de l'OPS (10 min)  Organisation Andine de la santé (ORAS CONHU) (10min)	Mr. Zorobabel Cancino  Dr Daniel Buss, conseiller en changement climatique et santé  Ms. Bertha Luz Pineda Restrepo, Coordinatrice Changement climatique et impact sur la santé
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	<p>Système d'intégration centraméricain (SICA) (10min)</p> <p>Communauté des Caraïbes (CARICOM) (10min)</p> <p>Résultat attendu: améliorer la compréhension des approches sous-régionales et créer des liens pour une collaboration future</p>	<p>Mr. Raul Ernesto Artiga Colato, directeur de la gouvernance et de l'intégration environnementale</p> <p>Ms. Amrikha Singh, Responsable de programme Développement durable</p>
<b>10:15-10:30</b>	Discussion ouverte et questions / réponses	Mr. Zorobabel Cancino
<b>10:30-10:45</b>	<p>Changement climatique et santé dans les Caraïbes: avantages pour les pays de la mise en œuvre des plans pour aborder la santé dans la planification de l'adaptation et les liens avec les Contributions Nationales Déterminées (NDC en anglais) (University of West Indies)</p> <p>Résultat attendu: aperçu sur la situation actuelle et motivation pour l'action à travers le H-NAP</p>	Dr. Hugh Sealy, conférencier
<b>10:45-11:00</b>	<p>Vue d'ensemble des critères de qualité de l'OMS H-NAP</p> <p>Résultat attendu: établir des critères communs pour le processus HNAP</p>	Dr. Elena Villalobos, WHO conseiller en changement climatique et santé
<b>11:00-12:10</b>	<p>Travail de groupe pour traiter et mieux comprendre les aspects clés des critères de qualité H-NAP de l'OMS. Chaque groupe analyse un critère de qualité. (Travail de groupe B).</p> <ol style="list-style-type: none"> <li>1) Leadership et environnement propice</li> <li>2) Couverture complète des risques sanitaires sensibles au climat</li> <li>3) Couverture complète des options d'adaptation et des actions d'adaptation proposées</li> <li>4) Cohérence des politiques intersectorielles</li> <li>5) Ressources</li> </ol> <p>Résultat attendu: les participants parviendront à comprendre les critères de qualité et détermineront les activités mises en œuvre dans leurs pays pour avancer dans l'atteinte des critères de qualité</p>	<p>Mr. Zorobabel Cancino</p> <p>Ms. Brittney Jones</p> <p>Dr. Taraleen Malcolm</p> <p>Ms. Tamika Noel</p> <p>Dr. Karen Polson</p> <p>Ms. Evelyn Rodriguez</p> <p>Ms. Valeska Stempluk</p> <p>Dr. Elena Villalobos</p>
<b>12:10-1:00</b>	<p>Les groupes présentent des commentaires sur les critères de qualité</p> <p>Discussion ouverte sur les recommandations et les stratégies pour intensifier et appuyer le développement des H-NAP dans les Caraïbes</p>	Mr. Zorobabel Cancino
<b>1:00-1:25</b>	Discussion ouverte sur les recommandations et les stratégies pour intensifier et soutenir le développement des H-NAP dans les Caraïbes	Dr. Jonathan Drewry
<b>1:25-1:30</b>	Cloture	Ms. Donna Gittens, EU Programme Manager

# Overview of Workshop Objectives and the Health National Adaptation Plan Process

EU/CARIFORUM HNAP Workshop, December 2<sup>nd</sup>, 2020

Dr. Jonathan Drewry, PAHO, Regional Advisor, Climate Change and Health, Department of Communicable Diseases and Environmental Determinants of Health



**PAHO**



# Climate change health impacts

By Will Stahl-Timmins

## Direct impacts

Floods and storms



Heat and cold



UV radiation



### Physical impacts

Climate change will increase the frequency of floods and storms, causing direct injuries.

Drowning

Injuries

Hypothermia

### Infectious diseases

Higher disease burden can be one of the problems that persist long after disasters.

Diarrheal diseases

Leptospirosis

Vector-borne diseases

Cholera

### Mental health

Flooding and storms may have profound effects on people's mental health.

### Salination

Freshwater reservoirs and soil can be contaminated by rising sea levels.

## Ecosystem mediated

Vector borne diseases



Food / water borne diseases



Air quality



## Human institution mediated

Nutrition

Occupational health

Mental health

Violence and conflict

Co-benefits

## Most vulnerable people



People in low-lying countries



Older people



Women



Poorer households

Data source:  
*Climate Change 2014: Impacts, Adaptation, and Vulnerability: IPCC Working Group II Contribution to AR5*

thebmj

Read more about climate change

<http://bmj.co/cc>

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# Caribbean Action Plan on Health and Climate Change



Empowerment



Evidence



Implementation

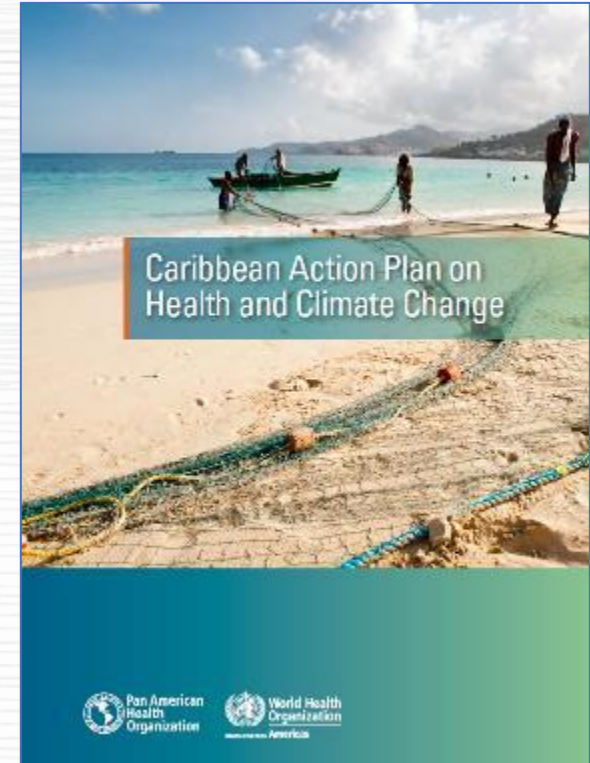


Resources

National/Local Actions

Regional/Global Actions


Indicators to measure progress



15 Ministers of Health, Environment and/or Climate Change from 23 countries and territories



# EU/CARIFORUM Project Specific Objective

## Caribbean Cooperation in Health Phase IV (CCH IV)

The Caribbean Cooperation in Health (CCH) is the governing **philosophy for health** in the Caribbean Community (CARICOM). This regional framework seeks to **enhance functional cooperation** in health among CARICOM Member States, regional institutions and development partners. CCH, since its conceptualisation in 1984, and with each successive iteration, promotes **efficiency in addressing the Region's common health and development challenges**. Now, in its fourth phase, CCH IV (2016 – 2025) places much emphasis on **multisectoral collaboration** and **regional public goods**.

Using a One Health approach within the CCH-IV framework, Caribbean countries have increased capacity to adapt to and reduce the effects of climate change on public health



# STRATEGIC OUTPUTS AND ORGANIZATIONS

COMPREHENSIVE AND  
ACTION ORIENTED  
HEALTH NATIONAL  
ADAPTATION PLANS

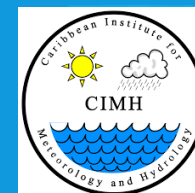


NOVEL EARLY WARNING  
SYSTEMS AND ADDRESSING  
SELECT ENVIRONMENTAL  
DETERMINANTS OF HEALTH

TOOLS TO ESTIMATE THE  
HEALTH CO-BENEFITS OF  
MITIGATION ACTIONS

PROMOTE AWARENESS  
AROUND CLIMATE  
CHANGE AND HEALTH IN  
CARIBBEAN

CLIMATE CHANGE AND  
HEALTH LEADERSHIP IN  
CARIBBEAN



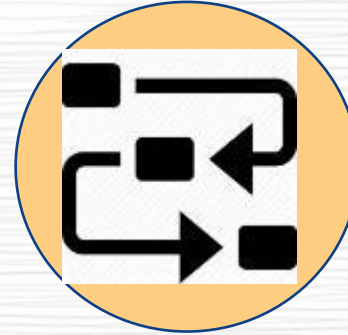
# HNAP Workshop Objectives and Participants



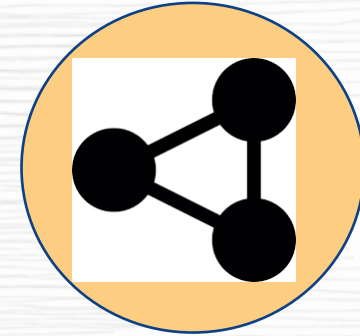
**Awareness of the Value Added from Process**



**Identify Supporting Mechanisms for Completion**



**Increase Understanding of HNAP Process**



**Share Examples/ Resources**

## Participants:

1. National staff from in Health, Environment and Climate Change
2. PAHO focal points from CARIFORUM Countries
3. Central and South American Organizations
4. Universities and International Organizations



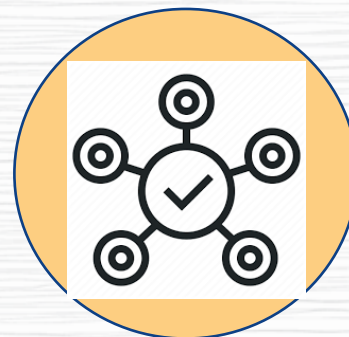
# Workshop Expected Results



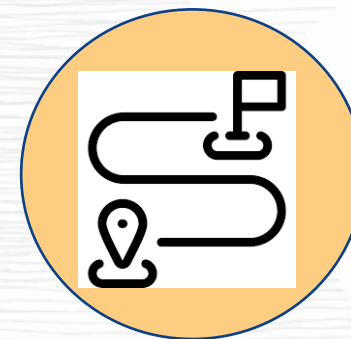
**Review enabling factors and current state of HNAP development**



**Best practices and mechanism to further collaboration within and across regions**



**Reach common understanding of HNAP quality criteria for future planning**

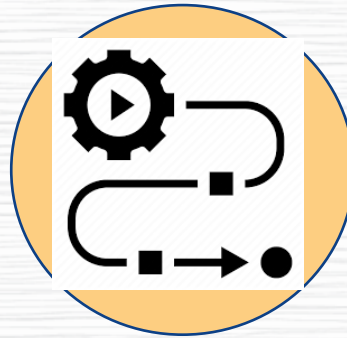


**Initiate/resume process of developing HNAPs**

# Why? In the Caribbean this represents an opportunity for systematic planning for health adaptation



**Engage in NAP process**



**Identify Strategic Goals for Building Health Resilience**



**Plan with Prioritized Activities**

# Overview of H-NAP Process

## Laying the Groundwork

- Align HNAP with the national process
- Take stock of information
- Address capacity gaps in undertaking the H-NAP

## Preparatory Elements

- Conduct a Vulnerability and Adaptation Assessment
- Review climate change implications for health systems
- Develop a national adaptation strategy

## Implementation Strategies

- Develop an implementation strategy
- Promote coordination and synergy with the NAP process

## Reporting, Monitoring and Reviewing

- Monitor and review the H-NAP
- Update the H-NAP regularly
- Outreach on the H-NAP process

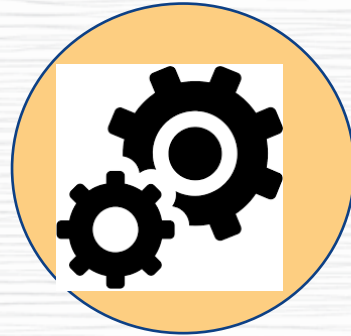
# Key Considerations in the Implementation of HNAP



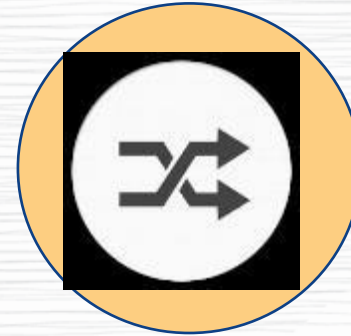
**Country Driven**



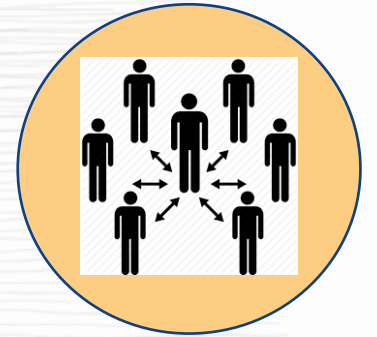
**Best Available Evidence**



**Integrates adaptation Into National Health Planning**



**Flexible and Context Specific Approach**

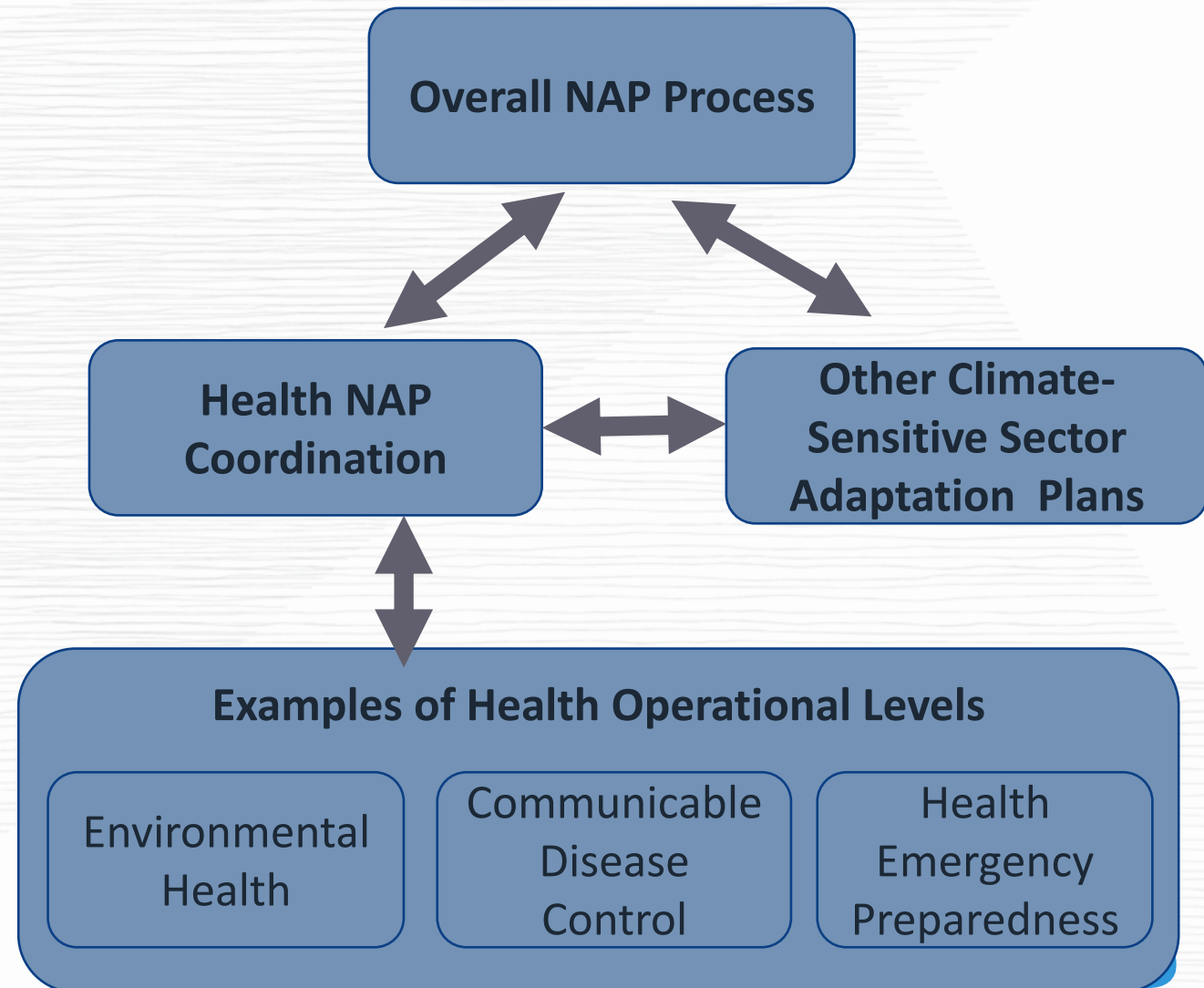


**Coordinates with the NAP**

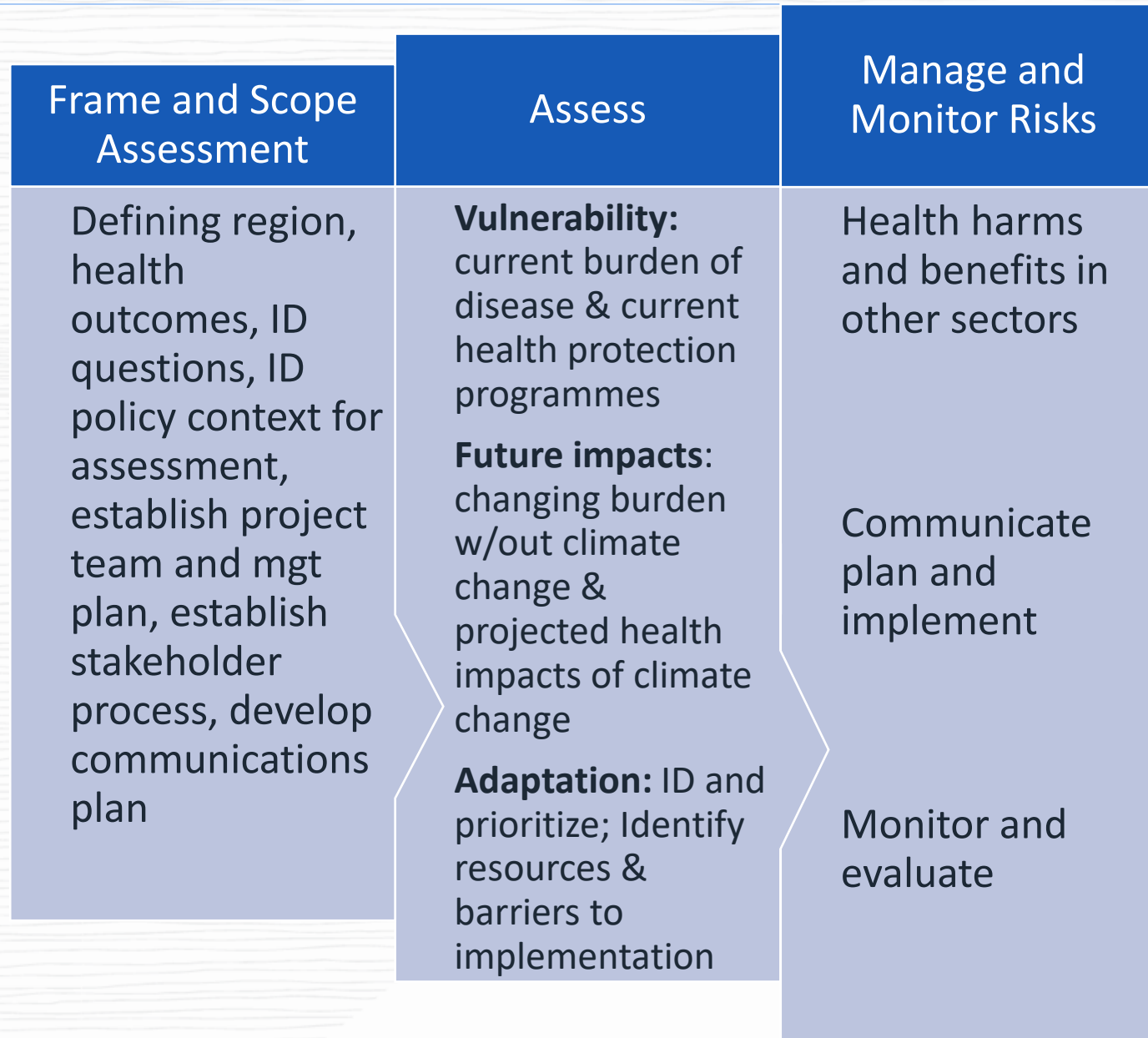


# HNAP Phase I- Lay the Groundwork and Address Gaps in Undertaking HNAP Process

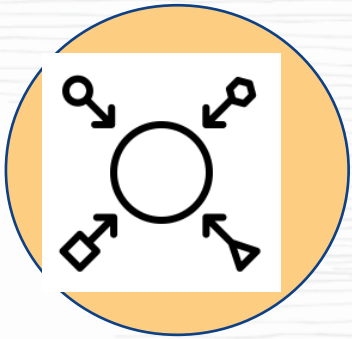
- Align health adaptation planning with the NAP
- Mainstreaming- in health planning process
- Implementation- determining shared responsibility
- Coordination- designation new or existing unit to take this on
- Communication- awareness raising activities about health risks of climate change



# HNAP Phase 2- Preparatory Elements (cont.)



# HNAP Phase 2- HNAP Preparatory Elements (cont.)



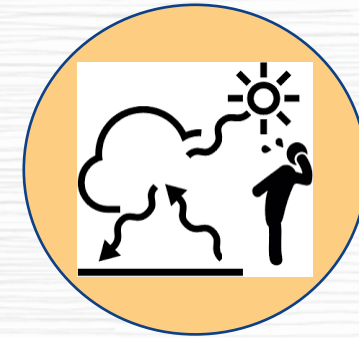
**Comprehensive health V&A will facilitate the development of HNAP strategy and implementation plans**



**Overarching strategy to increase the resilience of health systems to the health risks of climate**



**Detailed institutional arrangements to implement and engage stakeholders**



**Immediate, medium and long-term health adaptation goals with timeframe, ME framework and resources for implementation**



# HNAP Phase 3- HNAP Implementation Strategies

Key Implementation Strategy considerations for the Health Risks of Climate Change:

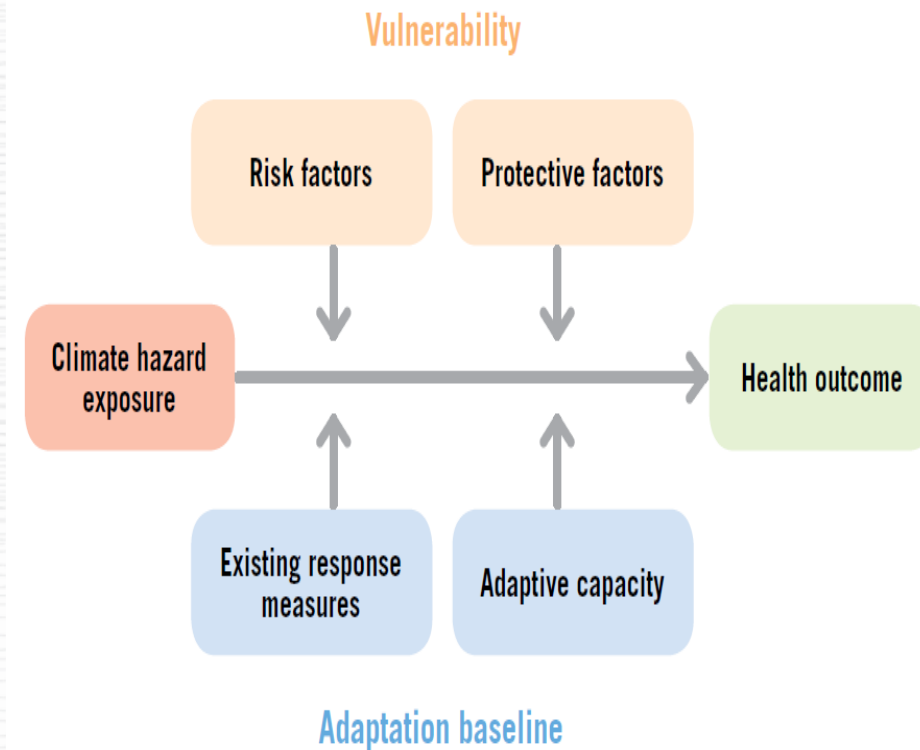
- Focus on integration of health programs/policies
- Strengthen health systems to reduce the current burden of climate-sensitive health outcomes
- Implement as an iterative and adaptive management framework
- Coordination and synergies with the NAP process, particularly with sectors that affect health

## 10 Components to Build Climate Resilient Health Systems



# HNAP Phase 4- HNAP Reporting, Monitoring and Review

- Development of climate-related disease and programme specific indicators
- Monitoring health outcomes helps assess where adaptation measures effective
- Monitoring climate-related diseases provides health outcome data essential for evaluation
- Climate-relevant health indicators should be integrated into the national health information system
- The HNAP should facilitate inclusion of health-related indicators within the adaptation monitoring system of health determining sectors



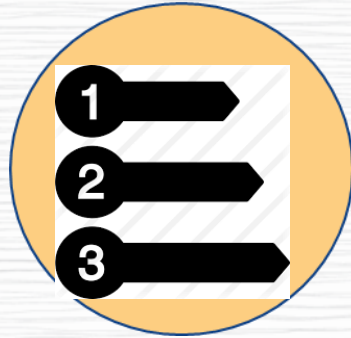
# Importance of Health Outreach and Communication in HNAP Process



**Communication plan established at the beginning of process**



**To promote stakeholder engagement**



**To promote V&A priority policies/programmes**



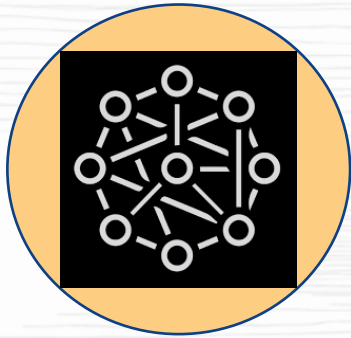
**Media as key stakeholder in the V&A**



**Reporting of progress made through global processes**



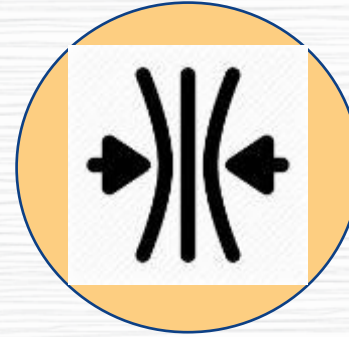
# HNAP Linkages with COVID



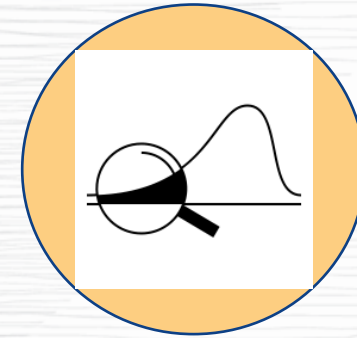
**Stronger together and inability to tackle alone**



**Investment in health systems**



**Environmental health and strengthening resilience to pandemics**



**Focus on preparedness and prevention**

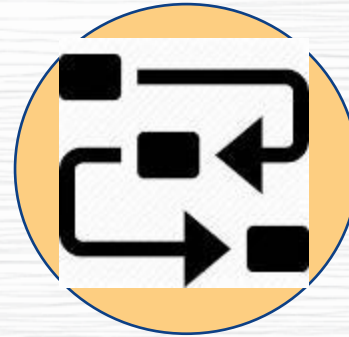
# HNAP Value Added



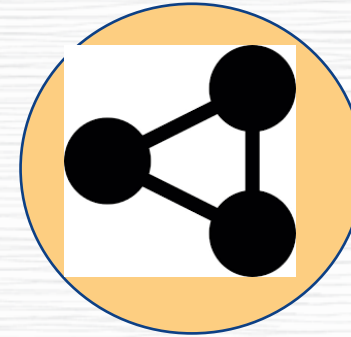
**Climate and  
Health  
Financing**



**Prioritizing  
Strategic  
National  
Programs**



**Newfound Focus on  
Climate and Health  
Research**



**Health  
Engagement  
and Workforce  
Development**

Opportunity for Inclusion of information on CCH into relevant UNFCCC processes such as:

- Nationally Determined Contributions (NDCs);
- National Communications (NCs);
- Nationally Appropriate Mitigation Actions (NAMAs)

# PAHO



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE  
Americas

# OPS



Organización  
Panamericana  
de la Salud



Organización  
Mundial de la Salud  
OFICINA REGIONAL PARA LAS  
Américas

# OPAS



Organização  
Pan-Americana  
da Saúde



Organização  
Mundial da Saúde  
ESCRITÓRIO REGIONAL PARA AS  
Américas

Thank  
you!

Gracias!

Obrigado!



# HNAP Examples and Best Practices in the Caribbean

Grenada -Alignment with National Adaptation Plan and Assessment of Available Information

Deryck Ramkhelawan



**PAHO**



# Summary of the Rationale for Grenada Initiating the H-NAP Process

- Climate change hazards that poses serious risks to human health in Grenada are: more frequent and intense hurricanes, storms and extreme weather events; and rising temperatures
- The health effects of are imposed through impacts on personal safety, physical infrastructure, pathogens, hosts/vectors, and disease transmission.
- The impact can be direct and indirect

## • These include:

- Physical injury / death,
- Heat stress and heat-related illness cardio-vascular issues, heat strokes, cardiac arrhythmia),
- Psychological trauma,
- Loss of livelihoods, water, sanitation and hygiene related issues,
- Food insecurity, and displacement.

## Direct Health Risks



## • These Include

- Infectious diseases,
- Vector-borne (dengue, chikungunya and possibly zika),
- Water-borne (diarrheal diseases),
- Rodent-borne (leptospirosis)
- Chronic respiratory diseases e.g. asthma,
- Acute respiratory infections

## Indirect Health Risks



# Overview of HNAP Alignment with National Adaptation Plan and Assessment of Available Information Phase

- The NAP addresses the health sector under **Programme of Action 8**: Disaster risk reduction and disease prevention
- **Goal**: Climate-sensitive disease surveillance and control is established
- **Objective 2**: Establish climate-sensitive disease surveillance and control
- **Objective 3**: Vector control capacities at community level enhanced

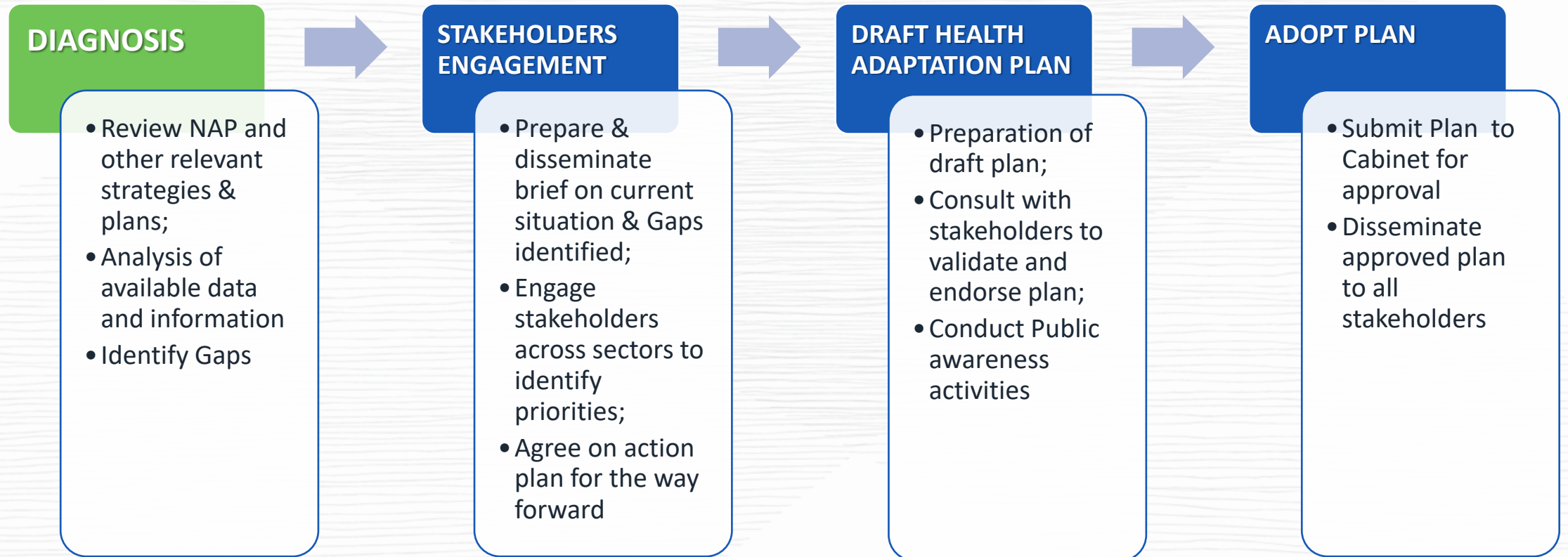
HNAP should be build on the following **Indicators** —

- At least two (2) project proposals are submitted to potential donors and/or investors annually, starting in 2017.
- Climate information has been included in national disease surveillance system to strengthen the analysis and use of climate sensitive disease data.

## Available Information – Baseline documents

- **Grenada climate change and health vulnerability and adaptation assessment (2016)**
- **National Multi-Hazard Health Sector Disaster Emergency Management Plan for Grenada, Carriacou and Petit Martinique - 2017**
- **Strategic Plan For Health 2016- 2025**
- **National Strategic Plan 2030**
- **Grenada Second National Communication to the UNFCC**

# Steps and Practices Carried Out by Grenada to Complete Alignment with National Adaptation Plan





# Key Messages to Share with Caribbean Countries Interested in Carrying out Alignment with National Adaptation Plan and Assessment of Available Information Phase

- **Grenada is following the principles & guidelines of the WHO in developing its Health NAP. These include:**
  - Ensuring that the process is country driven;
  - Evidence based decision making;
  - Build on existing national efforts towards health adaptation;
  - Integrating health adaptation into national health planning strategies, processes, and monitoring systems.
- Providing for a flexible and context-specific approach to health adaptation based on national circumstances and available information and experience;
- Maximizing synergies across sectors,
- Ensuring that the health adaptation plan feeds into and coordinates with the overall NAP.
- Piloting approaches that promote an iterative process for health adaptation;
- Develop time-bound plans.

# Barriers or Difficulties in Completing H-NAP Alignment with National Adaptation Plan and Assessment of Available Information Phase

- Availability of competent technical personnel to lead and support the process;
- Availability of data and information to inform the analysis
- Limited financial resources
- Political buy in
- Stakeholders interest
- Policies and legislation
- Timeliness and relevance

# Recommendations from Grenada to Assure Government and Political Support for the H-NAP Process

- Ministry of Health with support from the Ministry with responsibility for Climate Resilience prepare a proposal for the development of the H-NAP
- Seek support from the NAP Global Network or other development partner for the preparation of the Health NAP;
- Get endorsement of the proposal from the National Climate Change Committee (NCCC)
- Make Presentation to Cabinet and seek endorsement



## Next Steps for Grenada in the H-NAP Process

- Appoint Team/Committee to lead the H-NAP development process with clear terms of reference;
- Seek Cabinet endorsement of the composition of the Team/Committee;
- Development of a work plan with clearly defined timelines for the preparation of the H-NAP;
- Prepare a budget for the activity and seek financing from local revenue and development partners;
- Develop an implementation plan.



# HNAP Examples and Best Practices in the Caribbean

Dominica –Assessment of National Health Adaptation Needs through Vulnerability and Adaptation Assessment

December 2, 2020

Dr. David Johnson. MD, MPH, MBA

Chief Medical Officer, Commonwealth of Dominica



**PAHO**

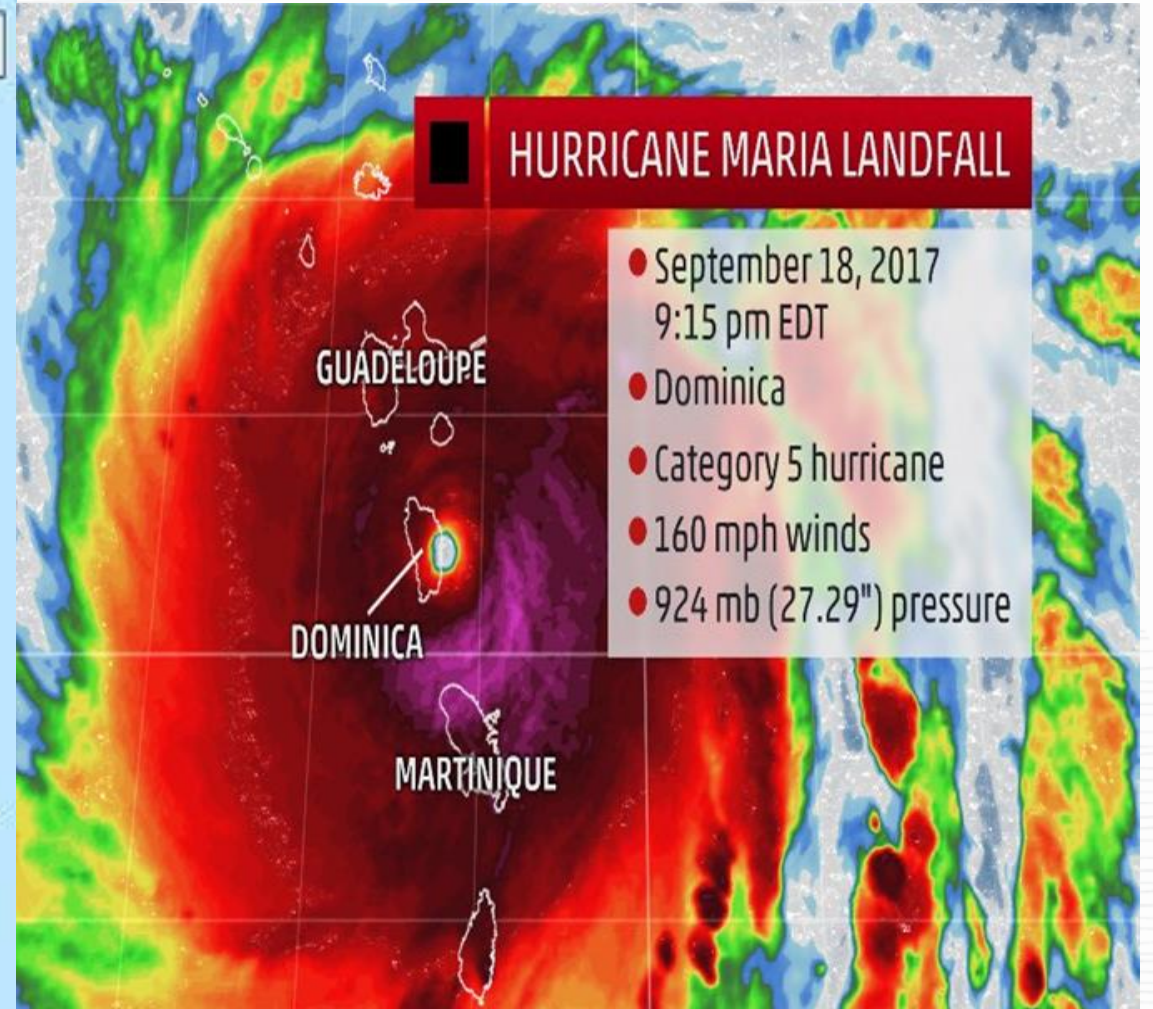
# Background



- August 2014- Stake holder consultation on the GFCS
- Idea of Vulnerability Assessment was born



# Dominica's Vulnerability



# Summary of the Rationale for Dominica Initiating the H-NAP Process

- In 2017 Dominica completed and presented a Health Vulnerability and Adaptation Assessment
- Findings of this assessment included measures for health adaptation to reduce the impact of climate variability and change on the health of the population
- 2015 and 2017 We experiences Tropical Storm Erica and Hurricane Maria
- Devastated the health infrastructure
- Reduced the ability of the health system to deliver timely service to residents
- In 2018 following Hurricane Maria Country developed and adopted a NDRS
- The NDRS required all sectors including Health to implement interventions that reduce current and projected health risks from climate change
- Develop the capacity and awareness among health leaders to address the health impacts of climate change
- The H-NAP is that tool which we expect will provide the guidance for achieving climate resilience in the health sector



# Overview of HNAP Health Vulnerability and Adaptation Assessment Phase

- **Vulnerability and adaptation Assessment**

- Dominica undertook a scoping and screening for the V&A
- This included identification of the areas most urgently needing assessments
- This included the impact of climate variability and change on Water, Food safety and security, Vectors and the impact of Tropical storm Erica on Health
- The assessment included community focus groups and health practitioners' discussions to identify the most urgent actions to be taken
- A needs assessment was completed
- Conducted modeling exercise for gastroenteritis and climate with the University of South Australia

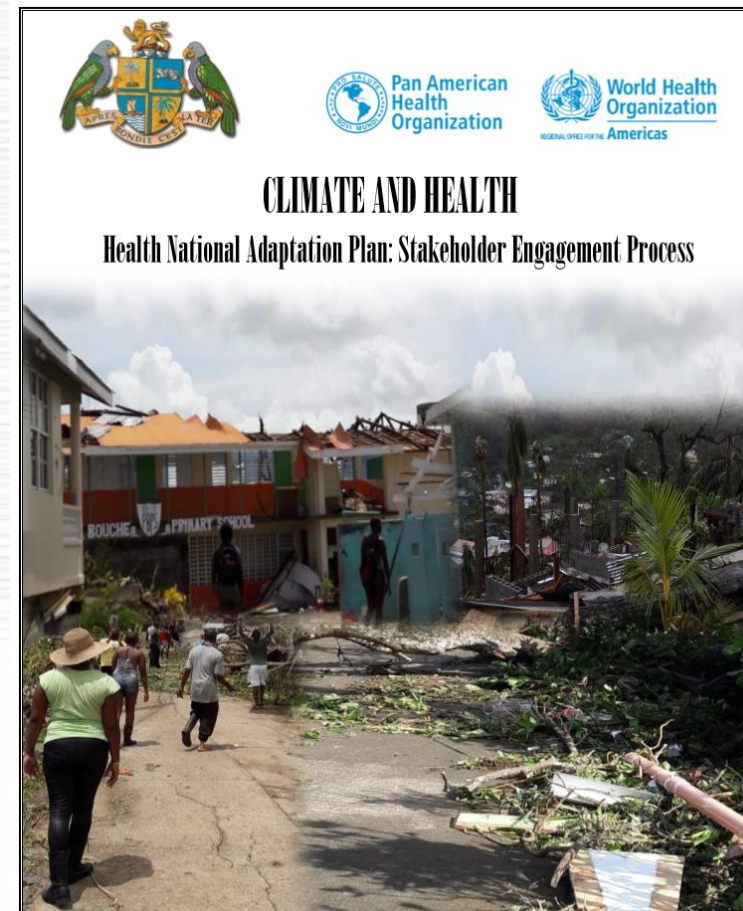
- **HNAP**

- The process included community discussion with health practitioners and community leaders
- The meetings and discussions identified ways in which health could be better protected from climate and weather-related events using the experiences of Hurricane Maria and Tropical Storm Erica
- Findings were presented to health leadership and priorities identified
- HNAP draft document developed



# Steps and Practices Carried Out by Dominica to Complete Health Vulnerability and Adaptation Assessment Phase

- Identification of priority areas
  - Conducting a national audit of available and required data
  - Identification and collation of available Data
  - Fill data gaps
  - Identify required resources including human and financial resources for conducting assessment
  - Contract human resources
  - Conducting interviews, discussions, data collection where data is not available
  - Report on activities regularly
  - Write report
- October 2019- Stakeholder Consultation HNAP



# Key Messages to Share with Caribbean Countries Interested in Carrying out Health Vulnerability and Adaptation Assessment Phase

- Assessments of vulnerability identifies the areas where health ministry's needs to place emphasis to protect Health from climate variability and change
- Enables prioritization of actions
- Identifies gaps in structures, strategies, resource allocation and capacity to respond to the impact of climate on health
- Provides avenues for health to participate in early warning systems which will protect health from climate variability and change
- Promotes partnerships with regional and international partners including academia
- Establishes a mechanism for monitoring climate impacts on health

# Barriers or Difficulties in Completing H-NAP Health Vulnerability and Adaptation Assessment Phase

- Barriers include the human resource capacity to undertake many of these assessment
- Although the impact of climate on human health is the ultimate impact, health has not always been identified as such. Climate change has always been viewed through the lens of the environmentalist not the public health practitioner
- Financial resources: Dominica has been assisted by Health Canada, PAHO WMO, to conduct some of these assessments
- Need to ensure that assessments are used to guide policy at the highest level. Policy priorities sometimes sidesteps V&As and HNAPS
- Data: While we collect a lot of data there is no central repository where this data is stored. Climate data is provided by Met offices and CIMH but not always accessible and easily analyzed



# Recommendations from Dominica to Assure Government and Political Support for the H-NAP Process

- Align H-NAP with PAHO Action Plan on Climate and Health
- Make H-NAP part of the broader Ministry of Health Strategic Plan
- Advocate for resource allocation in national budget for implementation of the adaptation actions
- Source resources from outside sources including the Green Climate Fund for implementation of adaptation actions recommended
- Make climate and health an agenda item during HODs meetings with the Minister of Health

# Dominica's Blue Print for Resilience





# Next Steps for Dominica in the H-NAP Process

- Completion of the HNAP
- Develop a workplan for HNAP implementation with identification of resources including human and financial resources
- HNAP included into the wider National Adaptation Plan
- Dominica undertook a community stakeholder engagement process to identify priorities for a National Adaptation Plan for Health
- Mainstream these priorities identified into the broader policy framework for the Min of Health

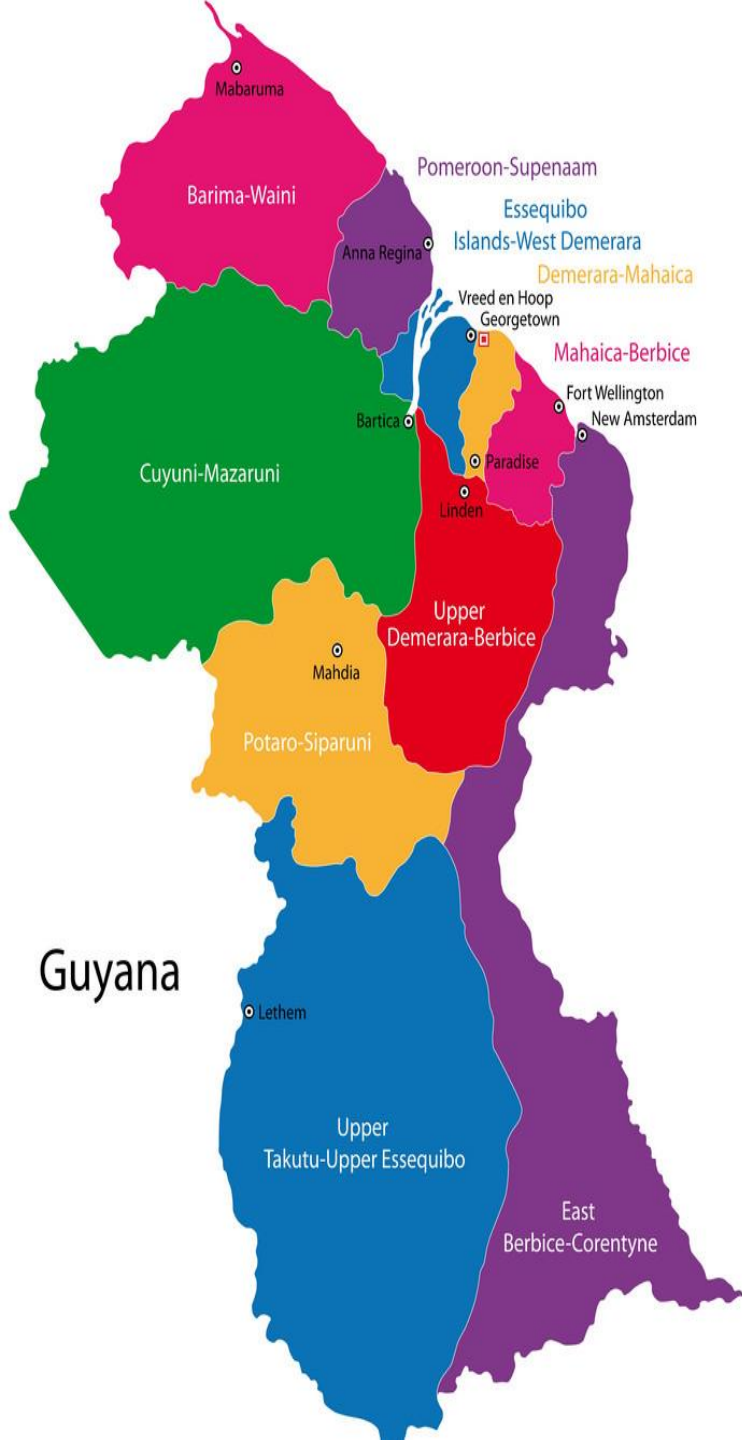
PAHO/WHO



# Thanks



**PAHO**



# HNAP Examples and Best Practices in the Caribbean

Guyana-Design of H-NAP or equivalent document

Ms. Abbigail Liverpool



**PAHO**



# Summary of the Rationale for Guyana Initiating the H-NAP Process

SN Stabroek News

## Deep flooding in parts of city, East Coast

A FREE roundup of top news from Guyana you might otherwise miss.

Delivered every morning.

3 weeks ago



GUYANA NEWS

## Anxiety grows as Rupununi drought worsens

By Mariah Lall April 3, 2016



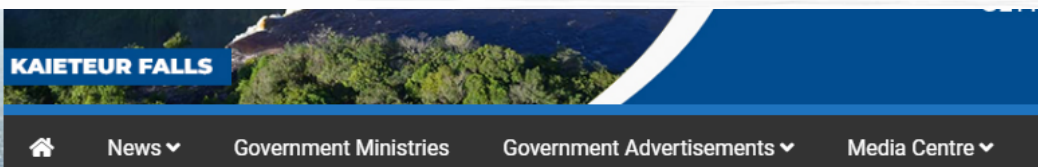
Residents of the Rupununi in Region Nine continue to pray for rain as wells and other sources of water continue to disappear during what some have described as being the second worst drought to hit the region.





# Summary of the Rationale for Guyana Initiating the H-NAP Process

## National Climate Change Committee



### OCC re-launches National Climate Change Committee

Staff Writer August 16, 2018

Georgetown, Guyana — (August 16, 2018) The Office of Climate Change, in collaboration with



### National Climate Change Committee hosts first Workshop

The Office of Climate Change, in collaboration with the United Nations Food and Agriculture Organisation (UNFAO), re-launched the National Climate Change Committee (NCCC) 16th August, 2018



22 JANUARY 2020

Guyana begins process to re-submit realistic NDCs to UNFCCC -as global warming continues to accelerate

Facebook Twitter Print More



## • Mission

- *To advise on and to develop operational procedures and coordinated delivery of scientific, technical and community of practice support for the effective and efficient management of Guyana's climate change processes.*

## • Objective

- *To provide scientific, technical and institutional guidance and support on international, regional, national and sub-national climate change processes to the OCC.*



## Overview of HNAP Guyana Design of H-NAP or equivalent document Phase

Adaptive management step	Action	Tools needed
Assess	Estimate likelihood and severity of exposure currently and in the future	Impact assessment
Plan	Gauge susceptibility of population to hazard, including social components of vulnerability	Vulnerability assessment
	Prioritize high-risk populations and areas for response	Vulnerability mapping Hazard mapping
	Formulate politically and economically feasible response plan	Adaptation options compendia Decision support tools/ Models to predict effectiveness of given adaptation decisions
	Evaluate cross-sectoral needs under emergency circumstances	Integrated assessment model
Implement	Communicate preparedness and response and plans to stakeholders	Early warning systems
Monitor	Capture data relevant to expected impacts and interventions	Syndromic surveillance Remote sensing
Evaluate	Compare pre- and post-assessments or two similar events	General M&E guidelines
Adjust	Change management approach based on evaluation, changing future conditions, stakeholder input	Problem-based learning

# Overview of HNAP Guyana Design of H-NAP or equivalent document Phase

## Literature review



Strategic Plan  
Capacity Building of the National Climate  
Change Committee of Guyana

## Outline of H-NAP Document

### Background

**Situational Analysis:** climate, socioeconomic, health impact of climate change, physical infrastructure, human resources, Enabling Policies, Strategies and Programmes

**Mission statement:** vision statement, goal, objectives

### Overview of selected health and environment risks

**Strategic Approaches :** Mainstreaming climate change adaptation to Health Programmes , Community Mobilization, Strengthening partnership, Strengthening the existing health system

**Key climate change and health actions:** national climate change & health steering committee, capacity building interventions, monitoring and surveillance, vulnerability assessments, research and development, health impact assessments, intersectoral action for climate change and health, Health systems readiness

### Action Plan

Programmes monitoring and evaluation



# Steps and Practices Carried Out by Guyana to Complete Design of H-NAP or equivalent document Phase

## Guyana benefits from training to bolster climate risk planning

Georgetown, Guyana – (March 31, 2017) The Office of Climate Change (OCC) of the Ministry of the Presidency in collaboration with the Caribbean Community Centre on Climate Change (CCCCC or Five Cs), today, concluded a five day Caribbean Climate Online Risk and Adaptation Tool (CCORAL) training, which is geared towards assisting policy and decision makers to draft and design projects, particularly in the area of infrastructural development, which adequately integrate climate change, climate risk and climate vulnerability considerations.



- V
- V



## Ministry of Public Health Guyana

Climate Change and Health Committee.

Terms of Reference (TOR)

### Background

The Ministry of Public Health (MOPH) is the National Authority of Guyana (GOG) on health and has been working to ensure that all citizens and residents have greater access to quality health care through ever improving and expanding services. The Ministry is committed to ensuring the WHO goal of "Universal Health Coverage" by formulating relevant plans, policies and strengthening implementation.

The Ministry is organized into seven (7) decentralized health departments in the ten administrative regions which deliver packages of essential health services. It has been delivering preventive, rehabilitative, diagnostic, curative, and palliative health care services and other health system-related functions such as policy and planning, human resource development and mobilization, financing and financial management, and monitoring and evaluation. The Ministry, along with several stakeholders, actively promote health and wellness to all residents in Guyana.

With climate change being a significant threat to public health in this century, the MOPH has to incorporate in its strategies to mitigate and adapt to the impacts of climate change. There are several ways in which climate change can affect health: some of which are direct effects of hazard

# Key Messages to Share with Caribbean Countries Interested in Carrying out Design of H-NAP or equivalent document Phase

- **Advocate**

- Political will
- Policy
- Legislative authority
- Establish a committee

- **Collaborations with partners**

- Financing partners (GCF)
- Environment and Climate
- Planning
- Disaster Risk Management

# Barriers or Difficulties in Completing Design of H-NAP or Equivalent Document Phase

- Uncertainties of future climate and socio-economic conditions
- Financial challenges
- Technological limits
- Institutional arrangements
- Social capital
- Individual cognition
- Lack of legal frame-work



# Recommendations from Guyana to Assure Government and Political Support for the H-NAP Process

- Develop an evidence base advocacy strategy to:
  - Improve understanding, for problem solving at local, regional, national;
  - Integrate knowledge of the social, ecological, physical, health, and engineering sciences;
  - Develop human-environment systems rather than individual human or environmental systems in isolation;
  - Evaluates the implications across sectors to maximize co-benefits, avoid unintended consequences, and understand net effects across different areas of decision making;
  - Develop and employ decision-support resources and tools;
  - Support adaptive decision making and risk management and updating research priorities.

## Next Steps for Guyana in the H-NAP Process

- Health Vulnerability Assessment
- Completion on the H-NAP document
- Action Plan
- Implementation
- Monitoring and Evaluation Plan

PAHO/WHO



Thank you !



**PAHO**



## Ejemplos y mejores prácticas de HNAP en el Caribe

Cuba – Implementation del Plan de Adaptación al Cambio Climático (HNAP) en el sector Salud.

Dr. Jesús Salvador Durán Rivero



**PAHO**





## Estrategia Ambiental del MINSAP

- ✓ Contribuir con la política ambiental del MINSAP al desarrollo económico, social y ambiental del país sobre bases sostenibles.
- ✓ Establecer el ordenamiento del manejo ambiental del Sistema Nacional de Salud, mediante el Sistema de Gestión Ambiental.
- ✓ Desarrollar tecnologías y procedimientos seguros en Salud que garanticen el menor impacto negativo ambiental en el país.
- ✓ Establecer prioridades y líneas de acción que sirvan de base al trabajo y la proyección ambiental en las unidades e instituciones del sector.

En la Primera, Segunda y Tercera Comunicación Nacional a la Convención Marco de las Naciones Unidas sobre cambio climático donde Salud incluye resultados de investigaciones conjuntas con CITMA, sobre los efectos del Cambio Climático en la salud. Disponible en: <https://unfccc.int/non-annex-I-NCs>

## Tercera Comunicación Nacional a la Convención Marco de las Naciones Unidas sobre Cambio Climático

Cuba  
Tercera Comunicación Nacional a la Convención Marco de las Naciones Unidas sobre Cambio Climático  
2020

Informe realizado con financiamiento del Gobierno de Cuba y del Fondo para el Medio Ambiente Mundial. Implementado en Cuba por el Programa de Naciones Unidas para el Desarrollo, a través del Proyecto "Tercera Comunicación Nacional y Primer Reporte Bienal a la Convención Marco de Naciones Unidas sobre Cambio Climático"; bajo la coordinación general del Ministerio de Ciencia, Tecnología y Medio Ambiente y la coordinación técnica del Instituto de Meteorología, con la participación de Cubaenergía.

© Ministerio de Ciencia, Tecnología y Medio Ambiente

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Edición y diseño gráfico: Citmatel





# Resumen de la fase de implementación del HNAP



## “Tarea Vida” El Plan de Estado para el Enfrentamiento al Cambio Climático : Contiene 5 acciones estratégicas y 11 tareas. Salud Pública tiene incidencia en

- Implementar de normas jurídicas necesarias para respaldar la ejecución del Plan
- Asegurar la disponibilidad y uso eficiente del agua
- Implementación de políticas sectoriales para la adaptación y mitigación sobre seguridad alimentaria, energía renovable, la eficiencia energética, el ordenamiento territorial y urbano, la pesca, la agropecuaria, **la salud**, el turismo, la construcción, el transporte, la industria y el manejo integral de los bosques
- Fortalecer los sistemas de monitoreo, vigilancia y alerta temprana
- Elevar la percepción del riesgo y aumentar el conocimiento y la participación de la población en el enfrentamiento al cambio climático
- Gestión y utilización de los recursos financieros internacionales disponibles

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Fue aprobado el 25 de febrero del 2011 y se actualizó en el año 2015





# Acciones realizadas en la implementación del HNAP

## Vigilancia

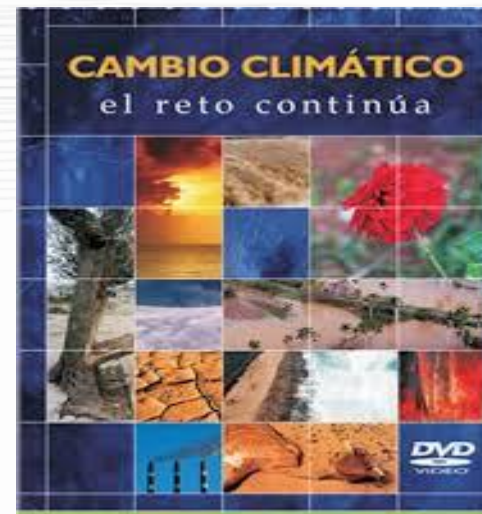
- ✓ Fortalecimiento del Sistema de Vigilancia Epidemiológica y programas a todos los niveles de atención, facilitando la predicción de epidemias y de posibles cambios en la transmisión.
- ✓ Implementación de sistema de alertas tempranas en la aparición de enfermedades trazadoras
- ✓ Desarrollo de programas de vigilancia y control específicos de los agentes patógenos y enfermedades vinculadas a la variabilidad y el Cambio Climático.

## Capacitación.

- ✓ Desarrollo de cursos y talleres para la capacitación a directivos y decisores del Sistema de Salud Cubano que responden al enfrentamiento al Cambio Climático.

## Investigación.

- ✓ Desarrollo de investigaciones dirigidas :
  - ❑ al estudio de los efectos del cambio climático en la salud de la población, para la Tercera Comunicación Nacional.
  - ❑ a caracterizar el Impacto del clima sobre vectores y enfermedades en el contexto de otras variables ambientales, demográficas, epidemiológicas y microbiológicas.
  - ❑ Desarrollo de indicadores para estudios de vulnerabilidad con virus y bacterias
- ✓ Se desarrollaron proyectos de I+D+i en temas asociados a Salud Ambiental, Vectores y Cambio Climático





# Mensajes claves para la implementación del HNAP

- ✓ Enfoque intersectorial y multidisciplinario
- ✓ Fortalecimiento de los sistemas de vigilancia epidemiológica existentes.
- ✓ Desarrollo de sistemas de alerta temprana como medida pro-activa
- ✓ Crear el observatorio de salud-variabilidad y cambio climático en Cuba, como herramienta de análisis, diagnóstico, evaluación e investigación continua de los efectos de la variabilidad y el cambio climático en la salud ante un clima cambiante.
- ✓ Perfeccionar los servicios de promoción en salud y prevención de enfermedades
- ✓ Participación comunitaria e individual

**IPK**

**INSMET**  
Instituto de Meteorología

### Pronóstico bioclimático sobre la circulación de VSR e Influenza para Enero 2020

**Características climáticas de Enero**

- En enero ocurre la mayor afectación de los frentes fríos en relación con los meses anteriores, lo que influye en el establecimiento de condiciones invernales con una mayor frecuencia.
- Es uno de los meses menos lluviosos del año.

**Pronóstico climático**

- Se espera un mes de enero con condiciones que transitarán desde frías a muy frías, en la mayor parte del archipiélago cubano, con grandes contrastes en el régimen térmico y acumulados con totales de precipitaciones típicos para el mes.
- Aumentan las condiciones climáticas favorables para la circulación de virus respiratorios.

**Pronóstico de Influenza por provincias**

- Se prevé un mayor riesgo de circulación en las provincias de Pinar del Río, la Habana, Artemisa, Cienfuegos, Santi Espíritus y Guantánamo.
- Se espera una disminución de la circulación viral respecto al mes anterior.

**Pronóstico trimestral de Influenza a escala temporal para Cuba**

- Se espera que continúe disminuyendo la circulación del virus Influenza para el periodo Enero - Febrero de 2020

**Pronóstico del VSR por provincias**

- Se espera un incremento de la circulación viral en algunas provincias de Cuba,

**Figura 1:** Anomalías climáticas esperadas para Enero de acuerdo al IB<sub>1</sub>eneroCuba (A) y pronóstico de totales de precipitación para el Bimestre enero-febrero (B).

**Figura 2:** Pronóstico de Actividad del Virus Influenza para el periodo Enero-Febrero 2020

**Figura 3:** Influenza. Porcentaje de positividad esperado para Enero 2020

**Figura 4:** VSR. Porcentaje de positividad esperado para Enero 2020

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## Barreras o dificultades en la implementación del HNAP

- ✓ Acceso a fuentes de financiamiento de programas de adaptabilidad del sector salud, incluyendo a la creación del observatorio clima-salud, así como, para el fortalecimiento tecnológico que garanticen la evaluación sistemática de las vulnerabilidades.
- ✓ No se cuenta con estrategias de mitigación en el sector, ni con prioridades para su ejecución.
- ✓ No existen estudios integrados de vulnerabilidad y adaptación, identificando y priorizando zonas y/o sectores vulnerables del país.
- ✓ No se cuenta con los costos de adaptación del Sector Salud al cambio climático. Relacionar los datos ambientales con las afecciones de la población.

- ✓ No existe un marco de coordinación específico que permita socializar los resultados de las investigaciones y experiencias para mejorar las acciones de adaptación.





## Recomendaciones para asegurar el apoyo gubernamental y político al proceso H-NAP

- ✓ Creación del HNAP en el contexto de Programas y Planes Gubernamentales ya aprobados
- ✓ Vinculación Determinantes de la Salud – Medio Ambiente – Cambio Climático (Enfoque integrador)
- ✓ Articular acciones con otros sectores de la economía

Cuba ha incorporado el vínculo entre los determinantes generales de la salud, el medio ambiente y el cambio climático en su Plan de Estado para el enfrentamiento al cambio climático – *Tarea Vida*. Su enfoque es integrador y considera el marco de salud pública y su relación con todos los sectores de la economía, apoyado por mecanismos de gobernanza, como expresión de la voluntad política existente al más alto nivel de dirección del país.








## Próximos pasos para Cuba en el proceso H-NAP

- ✓ Fortalecer al sector salud a nivel de estructura (hospitales verdes y resilientes preparados para desastres de origen climático).
- ✓ Iniciar el trabajo de diseño y planificación de los hábitats ciudadanos con criterio de ordenamiento territorial que incluyan la variable del cambio climático o solo en las áreas identificadas por la Tarea Vida.
- ✓ Continuar trabajando con las poblaciones asentadas en zonas altamente vulnerables (inundables) y planificar sus evacuaciones.
- ✓ Continuar creando capacidades de gestión de riesgos asociados a los peligros de origen climático con criterio territorial – “prevenir el evento”.
- ✓ Continuar la acciones y negociación para lograr el proyecto del observatorio de clima y salud de Cuba que permita sostenibilidad en el tiempo.





Climate change and health  
in the Caribbean: benefits to  
countries in pursuing plans  
to address health in  
adaptation planning and  
linkages to NDCs

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Presented by: Hugh Sealy, Ph.D., Lecturer, CERMES, Cave Hill,  
The University of the West Indies.

Presented at: HNAP Workshop - EU/CARIFORUM Strengthening  
Climate Resilient Health Systems Project

December 3, 2020



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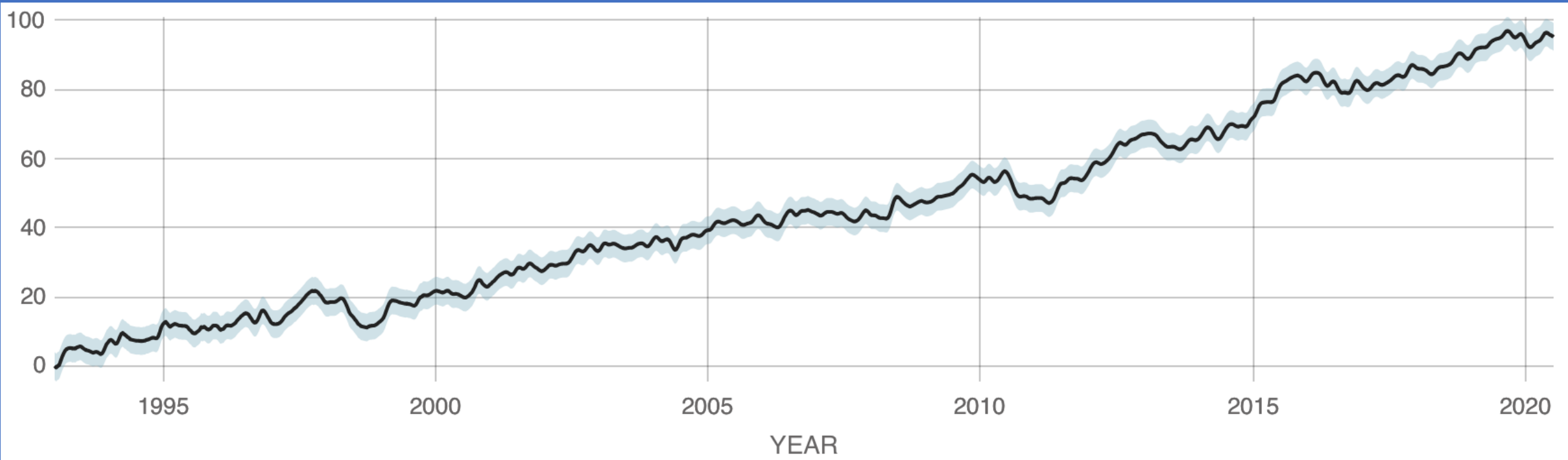
# The Global Situation

## GHG Emissions

- GHG emissions have risen at a rate of 1.5 per cent per year in the last decade. Total GHG emissions (including land use change) were 55.3 GtCO<sub>2</sub>e in 2018. (UNEP, 2019)
- Carbon dioxide levels in the atmosphere have now reached 410 ppm. (WMO, 2020).

## Temperature

- Global average mean temperature has increased at a rate of 0.18°C per decade since 1980. The global mean temperature (over land and sea surface) in 2019 was 0.95°C higher than the 20<sup>th</sup> century average (NOAA, 2020).



nate.nasa.gov

The Global Situation Cont.: Sea level rise (↑3.3 mm/year) NASA (2020)

## The Global Situation Cont.: Ocean Acidity

- Ocean average pH has decreased by 0.1 pH units (30% more acidic) since the Industrial Revolution. Average ocean pH now = 8.1
- Coralporosis (structural weakening - very similar to osteoporosis) being caused in deep sea corals off southern California by lower pH levels. (Univ. of Edinburgh, 2020)



# State of the Caribbean Climate (SOCC) Report

- *“...the cocktail of the triple C – climate change, Covid -19 and chronic diseases – constituting a cascade of challenges facing our region.”* (Sir Hilary Beckles at the launch of the SOCC Report on November 23, 2020)
- SOCC Report can be found at: <https://www.mona.uwi.edu/fst/socc-report>

## SOCC Projections for 2100 (Climate Studies Group Mona, 2020):

- The Caribbean will get drier, particularly in the south and south east (25 – 35% less rainfall).
- The Caribbean will get warmer, up to 4°C.
- Sea level will rise up to 1.5 metres.
- The frequency of Category 4 and 5 hurricanes will increase by 80%

# SOCC Report – Projected Impacts of CC on the Health Sector in the Caribbean

CLIMATE CHANGE VARIABLE/ EXTREME EVENT	IMPACT
INCREASING TEMPERATURE	<p><b>Warmer seas may contribute to seafood poisoning.</b> Warmer seas may contribute to toxic algal bloom and increased cases of shellfish and reef fish poisoning (GOJ 2011). Ocean warming would increase temperature sensitive toxins produced by phytoplankton which would cause contamination in seafood (Moreno 2006) Ciguatera Fish Poisoning which is the most common non-bacterial food-borne illness associated with fish consumption, is expected to rise in the Lesser Antilles where warmer waters are associated with high incidence (IPCC 2014).</p> <p><b>Hotter temperatures may lead to more vector borne diseases.</b> High temperatures speed up the life cycle of the Aedes aegypti mosquito and the disease organisms they harbour and make adult mosquitoes bite more often (Bailey et. al. 2009).</p> <p><b>Increasing temperatures may cause reproductive problems in both men and women.</b> High temperatures may lead to reproductive problems in men due to the relationship of repeatedly raising testicular temperature by 3-5 degrees and decreased sperm count (Silva 2016).</p> <p>Exposure of pregnant women to increasing temperatures may lead to hyperthermia which may result in a high incidence of embryo deaths and malformation of the head and the central nervous system (Silva 2016).</p>
INCREASING TEMPERATURES AND PRECIPITATION (MOISTURE)	<p><b>Extreme temperatures may lead to more incidence of dengue fever.</b> Higher temperatures and moisture availability provide favourable conditions for high dengue transmission rates and mosquito breeding (Amarakoon et. al. 2008).</p>
INCREASING TEMPERATURE, HUMIDITY, CIRCULATION OF WIND PATTERNS AND CONCENTRATION OF DUST FROM THE SAHARA	<p><b>Climate factors will increase respiratory problems across the region.</b> Higher temperatures, humidity and Saharan dust (air pollution) will increase the incidence of asthma, bronchitis and respiratory allergies across the region (Bailey et. al. 2009). Inhalation of air pollutants from fossil fuel and waste incineration will lead to more respiratory illnesses (Bailey et. al. 2009).</p> <p>There has been an established link between the concentration of dust and the outbreak of asthma affecting children, which could lead to an overall increase of asthmatic cases in the Caribbean.</p>
INCREASING TEMPERATURE AND HUMIDITY	<p><b>High temperatures and humidity stress the body's ability to cool itself. Heat stress can lead to heat related illnesses such as heat strokes and cramps</b> (Bailey et. al. 2009). In extreme cases, it can become fatal. The heat island effect will exacerbate the impact of increasing temperatures (CSGM 2012).</p>
STORMS/ FLOODS/ HURRICANES/TROPICAL CYCLONES	<p><b>More frequent and severe extreme events may lead to disastrous public health consequences across the region.</b> Extremes such as hurricanes, tropical storms and floods can cause adverse effects in food production (Moreno 2006); deaths by drowning; more mental cases; increases in infectious diseases (water, food and vector borne); and population displacement (Bailey et. al. 2009). In 2010, Hurricane Sandy caused many deaths across the Caribbean region, 60 in Haiti, 2 in Bahamas and 1 in Jamaica (Taylor 2015).</p>

# Impacts of Climate Change on Environmental Determinants of Health on the Caribbean

- The impacts of climate change are already being felt in the Caribbean and will increase significantly by 2030.
- Impacts may not increase linearly, globally, there are at least 9 potential tipping points.
- In the next 10 years, from a health perspective, the Caribbean will face, inter alia:
  - Increased exposure to weather-related disasters
  - Increased vulnerability to diseases
  - Increased stress on freshwater supplies
  - Economic decline in vital sectors (e.g. tourism, agriculture, fisheries)
- By 2050, on the current emissions trajectory, all Caribbean islands and low-lying coastal states will experience significant population and infrastructure displacement.

# Climate Change and Health: The Lancet Countdown Report. (Watts, et.al., 2019)

- GHG emissions from the healthcare sector are increasing . Now at 4-6 % of global emissions (2018). To put that in context, aviation was 2.5%. of emissions in 2018.
- Conditions favourable to vector-borne diseases are increasing:
  - nine of the ten most suitable years for the transmission of dengue fever occurred since 2000
  - the number of days suitable for *Vibrio* has doubled since the early 1980's
- 77% of countries are experiencing an increase in daily population exposure to wildfires.
- Temperature rise and heatwaves are increasingly limiting labour capacity . 133.6 billion work hours lost in 2018 as compared to 88 billion in 2000.



# Climate Change and Health: The Lancet Countdown Report (2019) Cont.

- Populations aged 65 years and older are particularly vulnerable to the health effects of climate change, and especially to extremes of heat.
- Children are among the worst affected by climate change.
- The downstream risks of climate change, such as migration, poverty exacerbation, violent conflict, and mental illness, affect people of all ages and all nationalities.

# The Good News from the Lancet 2019 Report

- Staying below 1.5°C of warming would improve/transform the health of a child born today and for the rest of their life.
- Cities and health systems are becoming more resilient; about 50% of countries and 69% of cities surveyed reported efforts to conduct national health adaptation plans or climate change risk assessments.
- The number of countries providing climate services to the health sector increased from 55 in 2018 to 70 in 2019
- There has been a steady increase in health adaptation spending, which represented 5% (£13 billion) of total adaptation funding in 2018 and increased by 11.8 % in 2019.
- *“Opportunities are being missed, with the Green Climate Fund yet to receive projects specifically focused on improving climate-related public health, despite the fact that in other forums, **leaders of small island developing states** are recognising the links between health and climate change (Indicator: engagement at the UN General Assembly).”*

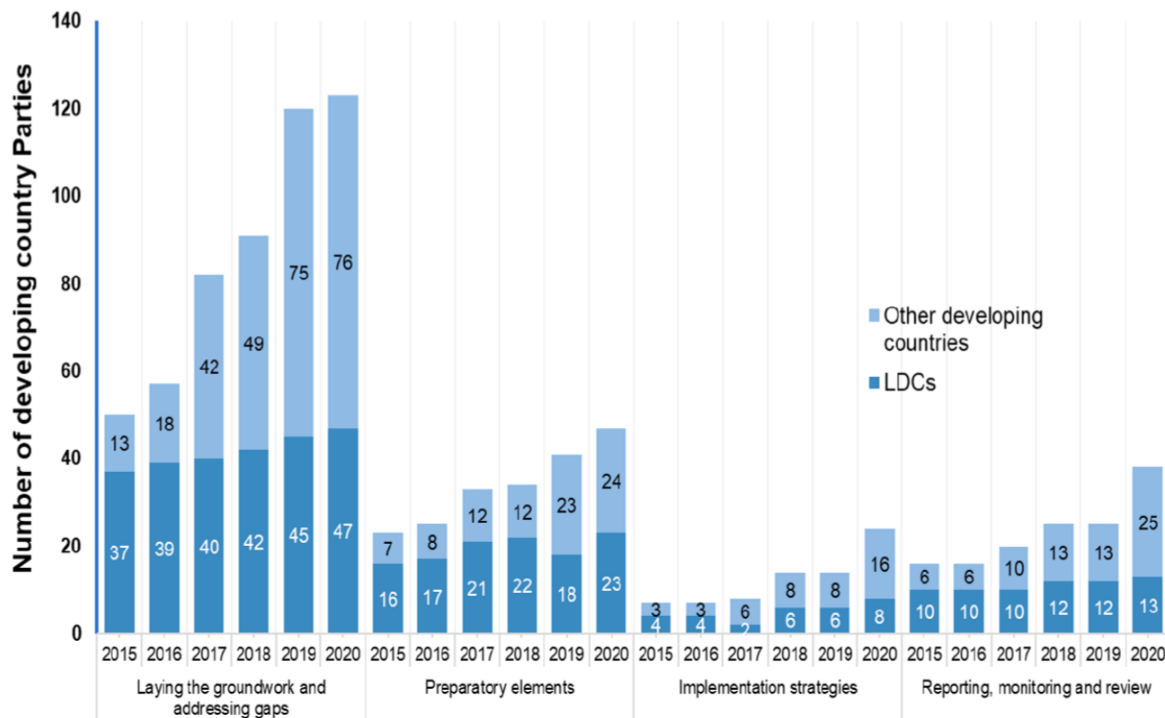
# Addressing health in adaptation planning.

- Climate change is the greatest public health threat faced by mankind.
- Adaptive capacity or resilience is partly a function of the health of the system. That's true if the system is a vital organ, an individual, a community or a planet.
- Responses to climate change - rapid decarbonisation of economies (mitigation) and adaptation policies and projects could have significant health impacts (adverse and beneficial). Examples:
  - Geo-engineering (e.g. solar radiation management & negative emissions technologies)
  - Re-emergence of nuclear energy
  - Reduced air pollution (e.g. particulates, sulphur and nitrogen oxides, PAHs)
  - Increased rainwater harvesting and wastewater reuse/reclamation
  - Displacement and migration
  - Food vs. biofuels
  - Disaster management
  - Health sector GHG emissions
  - Modes of transport (exercise and safety)
  - Energy efficiency in buildings (lighting and indoor air quality)
  - Vector control
  - Environmental health monitoring (sampling, analysis and data management)

UNFCCC reporting modalities for developing countries (non-annex 1)

- National Communications (NCs) – within 3 years of entering the convention and every 4 years thereafter.
- Biennial Update Reports (BURs) – the first by December 2014 and every 2 years thereafter. LDCs and SIDS may submit BURs at their own discretion
- Nationally Determined Contributions (NDCs) – to be submitted before COP 26 and updated every 5 years.
- Nationally Appropriate Mitigation Actions (NAMAs) – part of the pre-2020 architecture, now mostly subsumed under NDCs.
- National Adaptation Plans (NAPs) – established under the Cancun Adaptation Framework at COP 16 (2010). 20 developing countries have submitted NAPs to date.





Source: UNFCCC (2020).  
[Progress in the process to formulate and implement national adaptation plans](#)

Details on experiences, good practices and lessons from LEG work to inform LEG review available [here](#)

**11** countries have submitted **23** project proposals to the GCF to implement actions identified in their NAPs

**125** out of 154 developing countries are undertaking the process to formulate and implement NAPs

**85** developing countries have submitted 88 proposals to the GCF NAP readiness support

**10** LDCs have also accessed the LDCF for NAP formulation

**20** countries have completed and submitted their NAPs on NAP Central



# International Progress in Implementing NAPs

# Health and Adaptation Planning in the Caribbean under the UNFCCC Process

- The following members of CARIFORUM have already submitted NAPS to the UNFCCC:
  - Grenada – Nov, 2019 – Programme of Action # 8 - Disaster risk reduction and disease prevention
  - Saint Lucia – Sept, 2018 – Health is one of 15 sectoral adaptation priorities
  - Saint Vincent and the Grenadines – Nov, 2019 – no specific section/chapter dedicated to health. Additional sectoral NAPS are planned.
  - Suriname – June, 2020 – Health is one of 12 sectoral adaptation plans. Education and health are “foundation sectors”.

Source:

[https://www4.unfccc.int/sites/NAPC/News/Pages/national\\_adaptation\\_plans.aspx](https://www4.unfccc.int/sites/NAPC/News/Pages/national_adaptation_plans.aspx)

# Why should we also target health interventions at NDCs and NCs?

- NCs and NDCs are mandatory for all countries.
- NCs and NDCs are reported regularly.
- Most developing countries are deliberately including adaptation in their NCs and NDCs for several reasons:
  - Seeking more balance between mitigation and adaptation
  - High profile/political significance of NCs and NDCs
  - Opportunity to market a prospectus of projects
  - Identification of finance received vs. requested (Article 9 of PA)

# Health and Linkages to the NDCs in the Caribbean

- Nationally Determined Contributions are the “backbone” of the Paris Agreement.
- Although primarily meant to communicate mitigation ambition, many developing countries are including their adaptation efforts and needs for support in their NDCs.



## A Window of Opportunity: Status of Submission of Revised NDCs (as of Nov 19, 2020) (Source: CARICOM Secretariat)

CARICOM Member State	Status of Submission of Revised/Updated NDC
Antigua and Barbuda	By March 2021
Bahamas	4th quarter of 2021
Barbados	Proposed to submit in December 2020. More likely 1st quarter 2021
Belize	Proposed to submit by Dec 7, 2020
Dominica	By March 2021
Grenada	Proposed to submit by Dec 2020
Guyana	2nd quarter of 2021
Haiti	Not determined
<b>Jamaica</b>	<b>Submitted July 1, 2020</b>
Saint Lucia	Proposed to submit by Dec 2020
Saint Kitts and Nevis	Mid 2021
Saint Vincent and the Grenadines	Mid 2021
<b>Suriname</b>	<b>Submitted December 9, 2019</b>
Trinidad and Tobago	Proposed December 2020 or early 2021

## Is health addressed in Jamaica's and Suriname's revised NDCs?

- Suriname's has included a small section on adaptation which refers to the recently submitted NAP. The NDC is 37 pages including an annex with a portfolio of selected projects with a total project value of US\$696 million. None directly related to health.
- Jamaica's NDC is 11 pages. It mentions the importance of adaptation but focuses on its mitigation commitments. One paragraph mentions the health benefit associated with cleaner air as a result of reduced combustion of fossil fuels.

# Key Takeaways

- Climate change is already affecting public health in the Caribbean.
- CC-related public health impacts will increase.
- The capacity to adapt to climate change is partly dependent upon the health of the impacted system.
- Responses to climate change will have public health impacts.
- Mainstreaming health into mitigation and adaptation planning will improve lives and livelihoods.
- Health should be incorporated into NAPs, NCs and NDCs under the UNFCCC process.
- Climate change should be addressed (consistently and robustly) in other global fora besides the UNFCCC. Examples:
  - WHO
  - UNSC
  - OHCHR

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Thank You

# Quality Criteria Health component of National Adaptation Plans

Elena Villalobos Prats

3 December 2020



**World Health  
Organization**

# **HNAP Quality Criteria**

## **Section 1: Leadership and enabling environment**

1.1 Ministry of Health leads HNAP development

1.2 Government endorsement/approval

1.3 Active engagement of the health sector in the process to formulate and implement the NAP

1.4 Climate-informed health planning and programming

## **Section 2: Cross-sectoral coordination and policy coherence**

2.1 Coordination and synergy with health-determining sectors

## **Section 3: Comprehensive coverage of climate-sensitive health risks**

3.1 Evidence-based HNAP

3.2 Comprehensive coverage of context-specific climate-sensitive health risks

3.3 Prioritization of climate-sensitive health risks

## **Section 4: Comprehensive coverage of adaptation options and actions**

4.1 Comprehensive adaptation options to address climate-sensitive health risks

4.2 Consideration of vulnerability factors to design and target adaptation actions

4.3 Prioritization of health adaptation actions

## **Section 5: Resourcing**

5.1 Estimation of the required resources for HNAP implementation

5.2 Resource mobilization strategy

# Group work HNAP Quality Criteria

- **Leadership and enabling environment:** Group 1: Belize, Jamaica, and Haiti
- **Comprehensive coverage of climate-sensitive health risks.** Group 2: Cuba, Dominican Republic, Central and South America
- **Comprehensive coverage of adaptation options and proposed adaptation actions.** Group 3: Antigua & Barbuda, Bahamas, St Kitts and Nevis, and St. Lucia
- **Cross-sectoral policy coherence.** Group 4: Barbados, Grenada, Dominica, St Vincent and Grenadines
- **Resourcing.** Group 5: Suriname, Guyana, Trinidad and Tobago





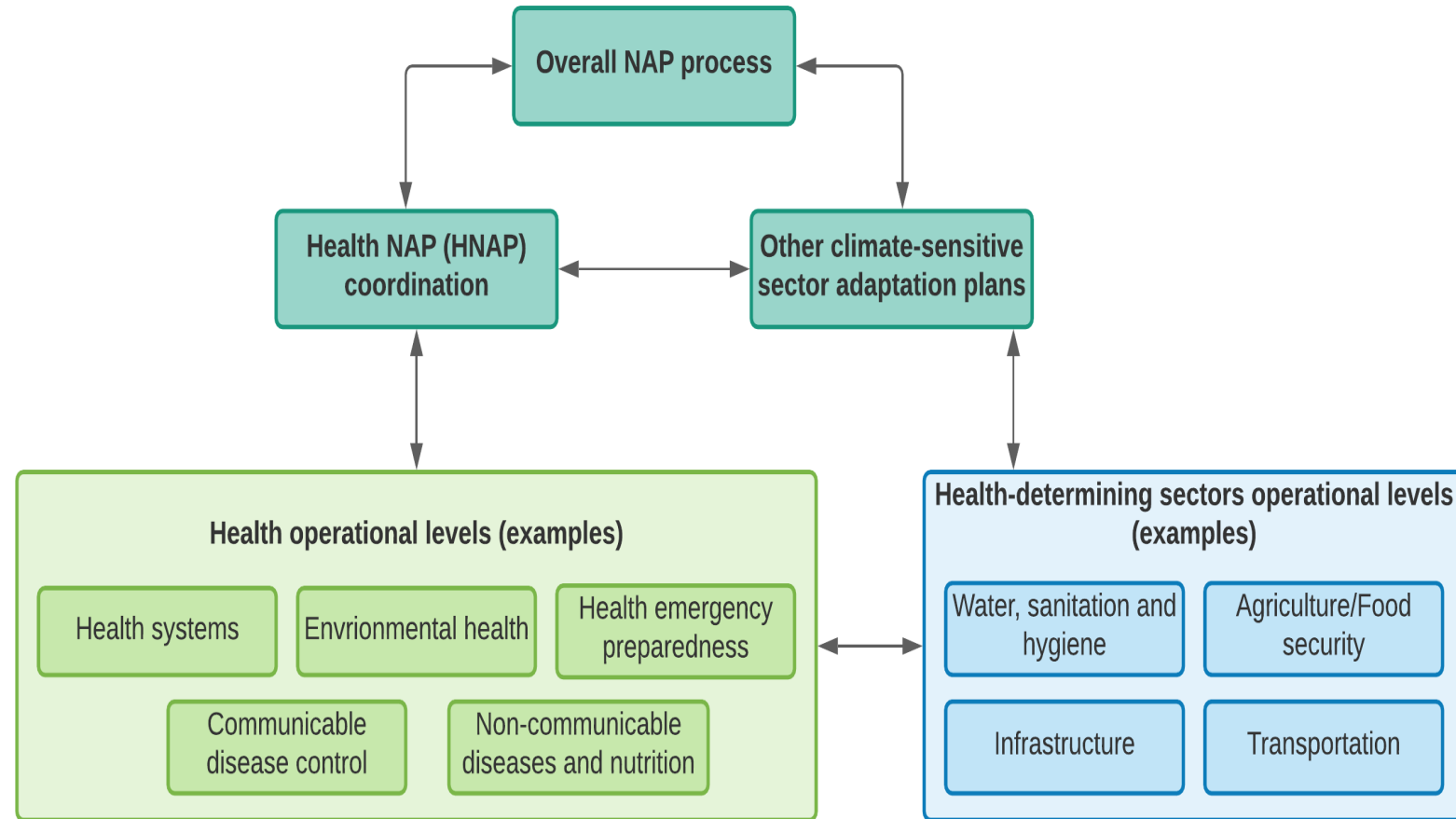
# Leadership and enabling environment

1.1 Ministry of Health leads HNAP development

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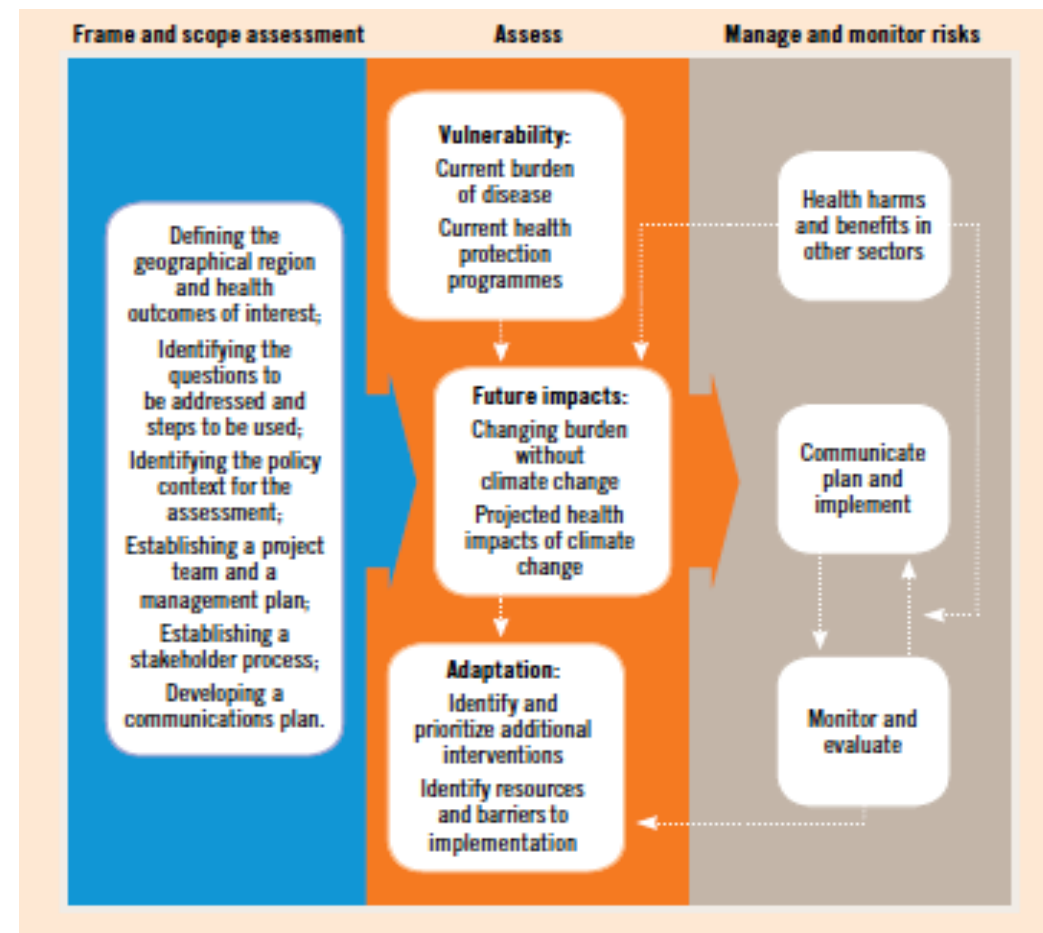


# Comprehensive coverage of climate-sensitive health risks

## 2.1 Evidence-based HNAP

2.2 Comprehensive coverage of context-specific climate-sensitive health risks

2.3 Prioritization of climate-sensitive health risks



# Comprehensive coverage of climate-sensitive health risks

<b>Health impacts of extreme weather events</b>	<b>Injury or death</b>
<b>Heat-related illnesses</b>	Heat stroke
<b>Respiratory illnesses</b>	Infections, obstructive airways disease (such as asthma) and the pulmonary effects of heat and air pollution
<b>Water-borne diseases and other water-related health impacts</b>	Cholera, schistosomiasis, diarrhoeal illnesses, harmful algal blooms
<b>Zoonoses</b>	Leptospirosis, lyme disease
<b>Vector-borne diseases</b>	Malaria, dengue fever, zika virus, chikungunya
<b>Malnutrition and food-borne diseases</b>	Underweight, wasting, stunting micronutrient deficiencies, food-borne diseases causing diarrhoeal illness, ciguatera
<b>Noncommunicable diseases</b>	Circulatory diseases (such as cardiovascular disease, cerebrovascular disease, hypertension), endocrine disorders (such as diabetes), cancers
<b>Mental/psychosocial health</b>	Depression, anxiety, post-traumatic stress disorder
<b>Impacts on health care facilities</b>	Destruction of infrastructure, disruption of supply chains, impaired water access and availability, disruption or discontinuation of health services
<b>Effects on health systems</b>	Compromised access to health services, additional strains on scarce resources
<b>Health impacts of climate-induced population pressures</b>	Range of health impacts resulting from climate-induced resettlement, such as overcrowding, overburdened health services

**2.2 Comprehensive coverage of context-specific climate-sensitive health risks**

2.3 Prioritization of climate-sensitive health risks

# Comprehensive coverage of climate-sensitive health risks

Examples of prioritization criteria:

- magnitude of risk;
- size of the affected population;
- level of vulnerability;
- available resources and funding.

## 2.3 Prioritization of climate-sensitive health risks



# Comprehensive coverage of adaptation options and actions

3.1 Comprehensive adaptation options to address climate-sensitive health risks

3.2 Consideration of vulnerability factors to design and target adaptation actions

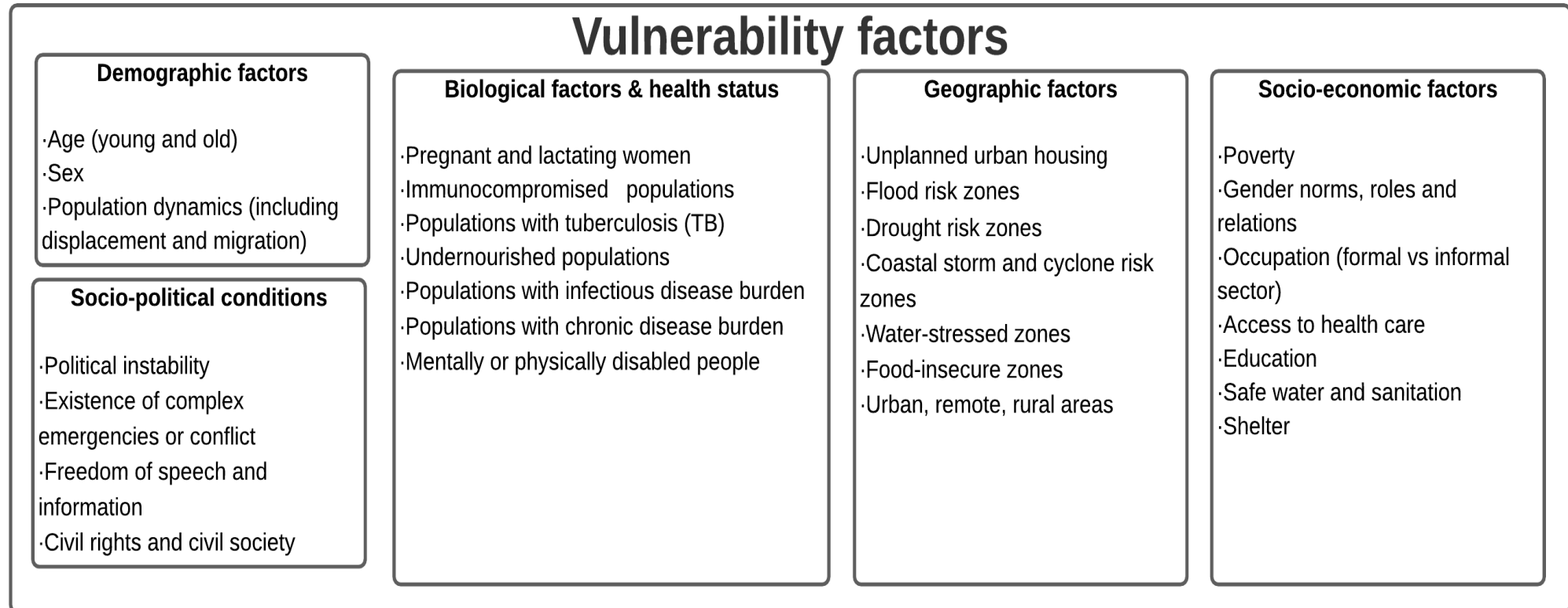
3.3. Prioritization of health adaptation actions



# Comprehensive coverage of adaptation options and actions

## 3.2 Consideration of vulnerability factors to design and target adaptation actions

## 3.3. Prioritization of health adaptation actions



# Comprehensive coverage of adaptation options and actions

## Leadership & governance:

Action	Priority	Affordability
Implement International Health Regulations, Protocols and Guidelines	2 points	0 points
Development and adoption of the National Health Promotion Strategy	1 points	0 points
Implementation of Primary Health Care Policy	1 point	3 points
Design and implement adequate climate change related disease preparedness strategy (standards and guidelines)	1 point	0 points
Align National Health Sector Disaster Management Plan with climate change action plan for health	0 points	0 points
Update disaster National Health Sector Disaster Management Plan	1 point	0 points
Include evacuation sites into disaster plan of MoHSS	3 points	0 points
Improve Community Health Care provision by strengthening collaboration and cooperation between actors at the community level	0 points	7 points

## Health workforce:

Action	Priority	Affordability
Inclusion of climate sensitive diseases in Disaster Risk Management training	2 point	0 points
Training of health care personnel on Disaster Risk Management	3 points	1 points
Establishment of training curriculum on climate sensitive diseases & emergency mechanisms	0 points	2 points
Training of health personnel in communities	2 points	5 points

## Health information systems:

Action	Priority	Affordability
Establish a communication system via SMS	0 points	0 points
Research: Prevalence/incidence of priority diseases collated with climatic data for the last 10 years	2 points	2 points
Link health data with climate data	3 points	1 points
Improving vector surveillance; esp. data analysis & usage	2 points	5 points
Research: Evaluation of vector control effectiveness	0 points	0 points

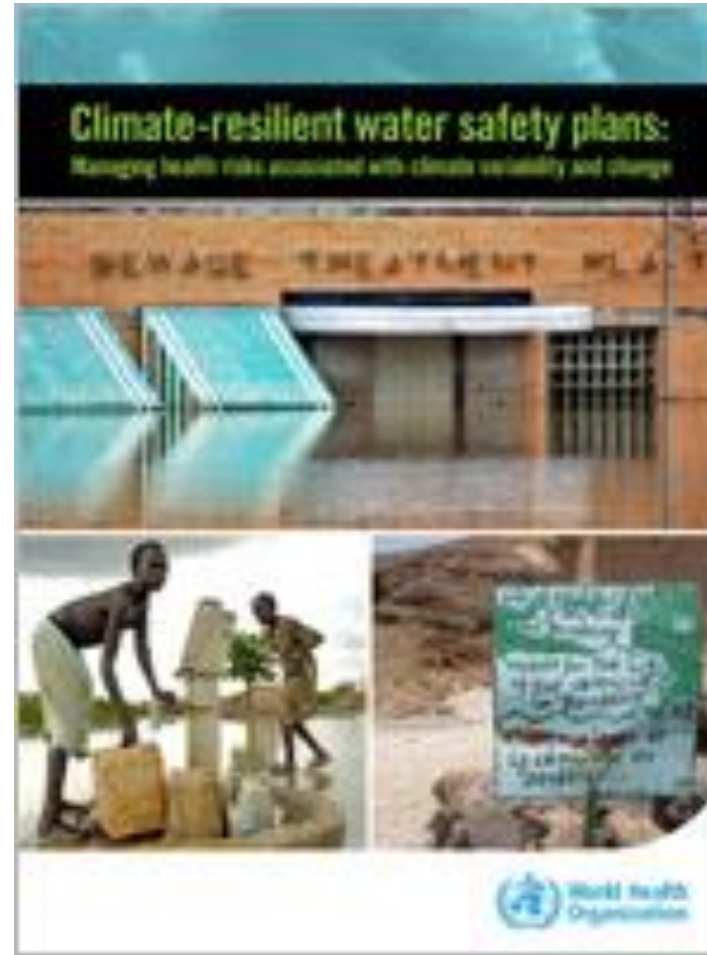
## Essential medical products & technologies:

Action	Priority	Affordability
Improve management of emergency supplies & ensure availability of "Emergency Kit"	2 points	3 points

## 3.3. Prioritization of health adaptation actions

*Example from Grenada*

# Cross-sectoral coordination and policy coherence



## 4.1 Coordination and synergy with health-determining sectors

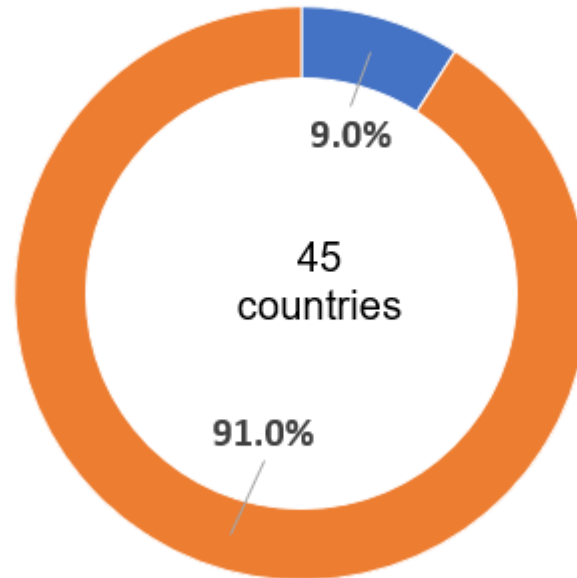


# Resourcing

5.1 Estimation of the required resources for HNAP implementation

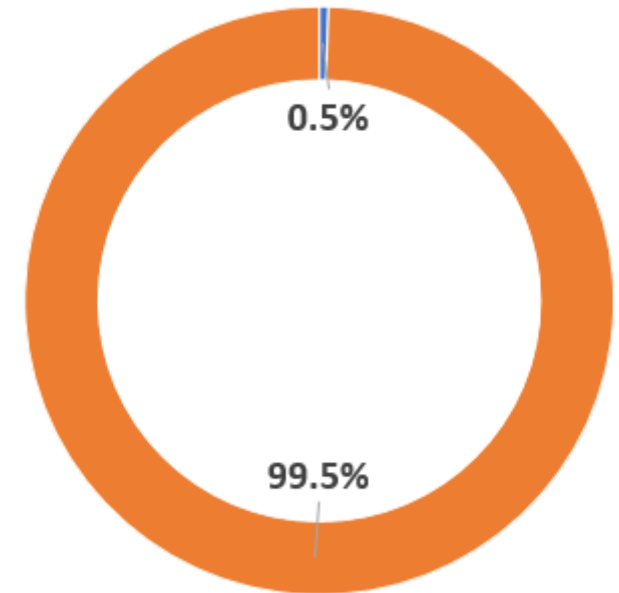
5.2 Resource mobilization strategy

WHO/UNFCCC Country Survey:  
Funding for health plans



■ Fully available ■ Not fully available

Health in International  
Climate Finance



■ Health projects ■ Non-health projects

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**Thanks**  
**Gracias**  
**Merci beaucoup!**





# Annex 4 Workshop Evaluation

## Caribbean HNAP workshop evaluation 2020

### 1. I found that the workshop content was useful to my current or future work?

							Response Percent	Response Total	
1	Strongly agree							57.89%	11
2	Agree							42.11%	8
3	Neither agree nor disagree							5.26%	1
4	Disagree							0.00%	0
5	Strongly disagree							5.26%	1
<b>Statistics</b>	Minimum	1	Mean	1.67	Std. Deviation	0.94	answered	19	
	Maximum	5	Variance	0.89	Std. Error	0.21			skipped

### 2. Gender Identity

								Response Percent	Response Total	
1	Male								31.58%	6
2	Female								68.42%	13
<b>Statistics</b>	Minimum	1	Mean	1.68	Std. Deviation	0.46	Satisfaction Rate	68.42	answered	19
	Maximum	2	Variance	0.22	Std. Error	0.11			skipped	0

### 3. What did you like most about the workshop?

				Response Percent	Response Total
1	Open-Ended Question			100.00%	19
1	03/12/2020 16:05 PM ID: 153900279	<p>The discussions in the break out rooms.</p> <p>Good job keeping to the schedule.</p> <p>Zorobabel and Lisa did a fantastic job moderating and leading.</p>			
2	03/12/2020 16:08 PM ID: 153900460	<p>- Very well organised and conducted (eg. language translation, well thought out and facilitated breakout room discussions) virtual workshop with few technological mishaps</p> <p>- Experience sharing presentations offered a variety of good perspectives and were excellent for peer-to-peer learning</p>			

### 3. What did you like most about the workshop?

			Response Percent	Response Total
3	03/12/2020 16:43 PM ID: 153902057	Information, overview and country status with respect to implementation of HNAPs was useful.		
4	03/12/2020 18:12 PM ID: 153904957	Organisation, length, information shared		
5	03/12/2020 21:39 PM ID: 153906979	The presentations particularly those on the country experiences in developing the HNAP. The group discussions were also very rich edifying . The coordination and facilitation were excellent . The time was managed well.		
6	04/12/2020 01:49 AM ID: 153908543	Breakout group discussions and presentations		
7	04/12/2020 06:54 AM ID: 153929831	Understanding where each country is at with the development of the plans Understanding the various Regional and International partners Sharing of best practices		
8	04/12/2020 07:52 AM ID: 153935976	1.Possibilities for countries for funding, not only finance but also technical. 2. Also to know that most of the countries struggle with the same problems 3. That COVID 19 taught us that together we are stronger		
9	04/12/2020 09:16 AM ID: 153944511	Shared experiences and the group work		
10	04/12/2020 09:33 AM ID: 153946245	The organization of the break out sessions and method for data collection was clear and easy to follow. I also appreciated learning from the experiences of other Caribbean countries in small groups and in plenary sessions, particularly the presentations on the HNAP progress to date. Finally, I appreciated learning from other agencies in the region about their climate action efforts and resources to provided technical and financial assistance.		
11	04/12/2020 10:07 AM ID: 153949821	1) Calidad de las ponencias. 2) Los talleres de intercambio de experiencias, ideas, etc. 3) La organización del evento.		
12	04/12/2020 10:51 AM ID: 153954610	The information shared especially the second day presentations.		
13	04/12/2020 10:57 AM ID: 153955179	Small discussion rooms that allowed participants to engage in discussions with colleagues, and learn about experiences in different countries.		
14	04/12/2020 15:33 PM ID: 153974940	The presentations describing the process and the workshop to go through lines of action for advancing the process.		
15	06/12/2020 13:01 PM ID: 154046327	Use of the breakout rooms.		
16	06/12/2020 19:22 PM ID: 154056545	The success stories and breakout sessions		
17	07/12/2020 07:04 AM ID: 154081706	Adequate time for breakout groups.		
18	07/12/2020 13:12 PM ID: 154120871	The sharing of country's experiences		
19	07/12/2020 13:12 PM ID: 154120885	The sharing of country's experiences		
			answered	19



### 3. What did you like most about the workshop?

	Response Percent	Response Total
	skipped	0

### 4. What did you like least about the workshop?

	Response Percent	Response Total
1	Open-Ended Question	100.00%
1	03/12/2020 16:05 PM ID: 153900279	Zorobabel was a great moderator. However, he could have let the room sit quiet for a minute waiting for questions. He was too insistent on questions from the audience. Let people time to think about it.
2	03/12/2020 16:08 PM ID: 153900460	No breaks, especially working through a typical lunch break and beyond!
3	03/12/2020 16:43 PM ID: 153902057	4 consistent hours is very long for a session. A couple breaks should be scheduled.
4	03/12/2020 18:12 PM ID: 153904957	Cannot think of anything at this time.
5	03/12/2020 21:39 PM ID: 153906979	There isn't anything I didn't like.
6	04/12/2020 01:49 AM ID: 153908543	Time was too short
7	04/12/2020 06:54 AM ID: 153929831	N/A
8	04/12/2020 07:52 AM ID: 153935976	the presentations went very quickly, so you cannot always follow everything smoothly. I hope we can get the presentations so we can get a better understanding
9	04/12/2020 09:16 AM ID: 153944511	Online. I perfect face to face. I would have taught we would have developed a standardized template for all countries to adopt
10	04/12/2020 09:33 AM ID: 153946245	No complaints. The group sizes were small enough to work through the activity and larger enough to get diversity in feedback.
11	04/12/2020 10:07 AM ID: 153949821	Todo estuvo bien.
12	04/12/2020 10:51 AM ID: 153954610	The time of the workshop. Although I understand that it was probably to accommodate persons in different time zones, at least one break should have been factored into the time.
13	04/12/2020 10:57 AM ID: 153955179	Some of the presentations were too fast, due to time constrictions.
14	04/12/2020 15:33 PM ID: 153974940	Hard to say...were all useful
15	06/12/2020 13:01 PM ID: 154046327	Over exuberant time management on Day 1
16	06/12/2020 19:22 PM ID: 154056545	Too short

#### 4. What did you like least about the workshop?

			Response Percent	Response Total
17	07/12/2020 07:04 AM ID: 154081706	No formal breaks. So it was quite possible to miss content while taking a health break etc.		
18	07/12/2020 13:12 PM ID: 154120871	The difficulty with the translations at times.		
19	07/12/2020 13:12 PM ID: 154120885	The difficulty with the translations at times.		
			answered	19
			skipped	0


#### 5. How do you think this virtual workshop could be improved?

			Response Percent	Response Total
1	Open-Ended Question		100.00%	19
1	03/12/2020 16:05 PM ID: 153900279	There was no time built in for breaks. Even a 5 min break would be enough to get to the bathroom or get some water.		
2	03/12/2020 16:08 PM ID: 153900460	High quality virtual workshop. Just maintain that standard. Your model and execution may put face-to-face workshops out of business :)		
3	03/12/2020 16:43 PM ID: 153902057	The Q&A forum was somewhat short - not all participants may have had the opportunity to raise their question. Opportunities could be given upon registration, between days or at the end to submit questions electronically.  Breakout rooms are one method of sourcing information from participants, but other more interactive methods can increase engagement in virtual sessions, e.g. pre-designed polls, word clouds, use of applications such as menimeter etc.		
4	03/12/2020 18:12 PM ID: 153904957	If it has not already been done perhaps a virtual working group of HNAP professionals can be set up for the duration of the project to share best practices and trouble shoot issues		
5	03/12/2020 21:39 PM ID: 153906979	Probably a coffee break and side bars for networking.		
6	04/12/2020 01:49 AM ID: 153908543	More time allocated for discussions among country		
7	04/12/2020 06:54 AM ID: 153929831	Allocation of more time to participants presentations coming out of group work		
8	04/12/2020 07:52 AM ID: 153935976	not too many speakers so that work can be done more effectively		
9	04/12/2020 09:16 AM ID: 153944511	It was excellent no comments		
10	04/12/2020 09:33 AM ID: 153946245	N/A		
11	04/12/2020 10:07 AM ID: 153949821	Concretar reuniones, eventos de intercambio para posibilidades de financiamiento y cooperación para otras iniciativas, ejemplo: Plan Andino de Salud y Cambio Climático 2020-2025.		

### 5. How do you think this virtual workshop could be improved?

			Response Percent	Response Total
		Contacto Bertha Luz Pineda Restrepo bpineda@conhu.org.pe		
12	04/12/2020 10:51 AM ID: 153954610	I think the workshop was okay, generally.		
13	04/12/2020 10:57 AM ID: 153955179	Perhaps more time for presentations.		
14	04/12/2020 15:33 PM ID: 153974940	I was impressed that such a workshop could be staged so hard to say how to improve.		
15	06/12/2020 13:01 PM ID: 154046327	More involvement of the Ministries of Economic Affairs and Investment		
16	06/12/2020 19:22 PM ID: 154056545	time extended		
17	07/12/2020 07:04 AM ID: 154081706	1) Formal breaks. 2) Preference for shorter sessions, over a longer period of time.		
18	07/12/2020 13:12 PM ID: 154120871	Allow more time for group work.		
19	07/12/2020 13:12 PM ID: 154120885	Allow more time for group work.		
			answered	19
			skipped	0

### 6. As a result of attending this EU/CARIFORUM workshop are you planning on initiating or continuing the HNAP process in your country or sub-region?

							Response Percent	Response Total
1	Yes						100.00%	18
2	No						0.00%	0
<b>Statistics</b>	Minimum	1	Mean	1	Std. Deviation	0	answered	18
	Maximum	1	Variance	0	Std. Error	0		