## Climatic Change & Human Health

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# Fiji National Proposal for a Global Project Piloting Climate Change Adaptation to Protect Human Health (PCCAPHH)

WHO/UNDP/GEF project implemented in seven countries:

Barbados, Fiji – SIDS with Low-lying coasts, water scarce.

Bhutan, Kenya- Highlands, Malaria.

Jordan, Uzbekistan- Semiarid-arid, water stressed, land degradation.

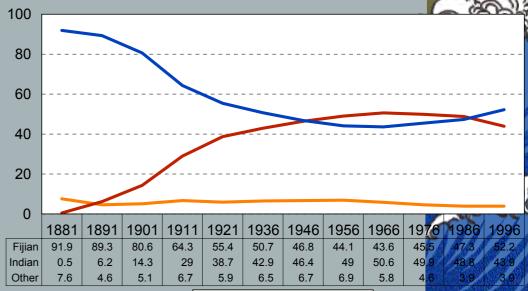
China.

## Presented at COP 12: Development & Adaptation Days WATER (no health session)

11-12 Nov 2006

#### Fiji - Many Islands

- ~ 300 islands (volcanic & coral atolls); ~ 1/3 inhabited
  - 90%+ of population on two main islands
- Multicultural society of 900,000
- Increasingly urbanized population



-Fiiian —Indian —

Other

- Dual burden of disease
- tropical communicable diseases
   & NCD epidemics (eg 8/10)
   Stressed Health System!

#### **Project Goal**

Do something \( \) health risk to <u>current</u> climate variability and future climate change.

Globally / knowledge & allow other countries to use adaptation strategies

4 Years - US\$750,000 each.



### Why water <u>stress</u>? (Fiji is vulnerable)

- ► FMS / freq and severity in HMDs
- ▲ Water effects CSDs

  Water related CSDs eg Gastrointestinal,

  Food & Water-borne,

  Vector-borne and Nutritional diseases.

▲ Extensive consultations supported theme and intervention package.

#### Ministry of Health

has taken leadership in design & implementation project through the establishment of MOH's CC Unit & the CC Early Warning and Response System (EWARS).



Fiji's integrated package of water-stress prevention and response measures

Outcome 1.

Intensification of <u>surveillance</u> and response programme for CSDs

1. ICT capacity in-place and functional within FMS and MOH at Sub-Divisional levels to support the CSD/HMD HIS.



- 2. CSD/HMD EWARS within FMS and MOH at HQ, Divisional and Sub-Divisional levels, emphasizing both system-and community-based participation and responses.
- 3. CSD/HMD Quarterly Newsletter.
  Climate Change Information Officer established as a joint appointment between MOH and FMS.



Outcome 2.

Systemic and institutional <u>capacity</u> is adequate to protect human health from climate change and climate variability

- 1. Health action plans for HMDs at MOH.
- Climate Change Coordinator established within the MOH Environmental Health Unit.

- 2. Health action plans for HMDs included in the National Disaster Management Office's (NDMO's) contingency plans for flood and drought.
- ▲ Includes an <u>operational</u> Fiji Climate Change Country Team, that meets regularly and takes a lead national role in the promotion, advocacy & coordination of CC-related adaptations, <u>including</u> those related to the protection of human health.

- 3. National and local policies and plans to reduce the human health impacts of both inland and coastal flooding.
- ▲ Planning, coordination, mobilization of resources for infrastructure, human resources.
- ▲ National and local policies and plans on zoning, land management and drainage with attention to reducing deforestation and conserving the integrity of watersheds and reducing vulnerability of coastal regions.

4. Environmental and Health Impact
Assessment (E&HIA) which adequately
address issues involving CC adaptations
to protect human health.



#### **Outcome 3:**

Enhancement of activities to rapidly and effectively <u>respond</u> to HMDs and CSDs Outbreaks

1. Functional and well defined mechanism to mobilize sufficient MOH human, fiscal & equipment/supply resources in a timely manner with an emphasis on participatory action and both systemand community-based responses.

2. Well defined procedures and resources to provide timely **psychosocial** responses to disasters including extreme climate events with an emphasis on participatory action and both systemand community-based responses.



#### Future – Education & Training?

FSMed
Public Health / New Discipline?

