

Human health and adaptation planning processes: overview, good practices and lessons learned

BACKGROUND

This synopsis provides a brief overview of the impacts of climate change on human health, and highlights the good practices and lessons learned in adaptation planning processes addressing human health at all levels. The synopsis is drawn from the findings of the following documents prepared under the Nairobi work programme (NWP):

Documents	Information source
“Good practices and lessons learned in adaptation planning processes addressing ecosystems, human settlements, water resources and health, and in processes and structures for linking national and local adaptation planning: a synthesis of case studies” (FCCC/SBSTA/2015/4 ; 2015)	170 case studies contributed by Parties and NWP partner organizations.
“Synthesis report on methods and tools for, and good practices and lessons learned relating to, adaptation planning processes addressing ecosystems, human settlements, water resources and health, and good practices and lessons learned related to processes and structures for linking national and local adaptation planning” (FCCC/SBSTA/2014/4 ; 2014)	Submissions from two Parties and 18 NWP partner organizations.

An overview of the impacts of climate change on human health

- Risks of more frequent and intense extreme weather events such as floods, cyclones and droughts, shifting weather patterns, and extreme heat (such as heatwaves) increase the risk of hazard-related diseases and deaths;
- Sea level rise, seawater intrusion and coastal inundation can provide breeding grounds for mosquitoes, increasing the risk of waterborne diseases such as dengue fever and malaria.

KEY FINDINGS

The table below presents emerging good practices and lessons learned on the various aspects of adaptation planning for human health, as well as key recommendations to scale up adaptation planning and action for human health.

Building an ‘actionable’ knowledge base

How to build an “actionable” knowledge base?	<ul style="list-style-type: none"> • Establish a structured and iterative knowledge co-production process, that: <ul style="list-style-type: none"> * Combines local, indigenous and traditional knowledge and contemporary science, by engaging local knowledge holders as well as scientists; * Ensures that traditional and scientific knowledge systems work in partnership while building on their respective strengths; and * Involves all members of a community (including indigenous people, and both men and women).
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How to build an “actionable” knowledge base?	<ul style="list-style-type: none"> • Participatory observations and monitoring systems are essential to provide a consistent and reliable source of information: * Setting “attributable” indicators for a baseline helps to evaluate the progress of an adaptation intervention; * Frameworks/processes with anticipatory and iterative components allow evaluation and improvement of activities over time.
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Case study 1 - The Climate Change and Health Adaptation Program (CCHAP) for Northern First Nations and Inuit Communities

Taking place in Canada, the programme allocates nearly 85 per cent of its funding to community-driven research, in order to foster, support, and mobilize community-led climate change and health adaptation research among First Nation and Inuit communities. The CCHAP is a leader both nationally and internationally in supporting the link between indigenous traditional knowledge frameworks and academic sciences in order to find the most appropriate tools to reduce health risks from climate change to First Nation and Inuit communities.

Developing multisectoral and multi-level adaptation plans and actions

Key principles	<ul style="list-style-type: none"> • Priority actions should be considered for the community groups whose health will be disproportionately affected by climate hazards due to socioeconomic factors.
What does it take?	<ul style="list-style-type: none"> • Establish multisectoral mechanisms, engaging interdisciplinary stakeholders at the national and subnational levels at a very early stage, in order to address the interlinkages and interdependencies between health and other sectors, such as transport, energy, water resources, food security and agriculture, and human settlements; • Integrate health and climate-related health risks into existing national and sectoral plans and policies; • Consider funding implications and ensure that sufficient funds are available for implementation of the strategies; • Foster innovative and flexible funding structures in order to help decentralize engagement to the lowest accountable level.

Case study 2 - Piloting climate change adaptation to protect human health in China

The World Health Organization–United Nations Development Programme project focuses on reducing the impacts of climate change on cerebral and cardiovascular diseases in four project cities through the implementation of health education and a heatwave and health risk early warning system designed to protect human health. The project does this with a focus on the following areas of capacity development: (a) data collection; (b) data sharing; (c) early warning system, which combines a city-specific heatwave and health risk early warning system and a multi-level response plan, using novel communication technologies to communicate health risks; (d) communication and cooperation, in the sense that the project is strengthening communication between decision-makers and the public health system; and (e) public awareness.

Scaling up adaptation planning and action

What does it take?

- Raise public awareness of the potential health risks under a changing climate and the need for taking action to address these risks;
- Document and disseminate information and knowledge on:
 - * Health impacts of climate change, health-related vulnerability, adaptation assessments as well as adaptation plans and actions;
 - * Pilot adaptation interventions in areas of heightened health risk;
- Build the capacities of national and local institutions to address climate-related health risks, particularly in specific areas such as in delivering early detection and adequate responses, and anticipating the consequences of emerging diseases related to climate change;
- Invest in technology-based solutions in order to exponentially increase the capacity of the health sector to respond to climate change variability;
- Increase national and international investment in the health sector for responses to climate change, taking into account the cost-saving that adaptation measures would bring;
- Develop medium to long-term funding programmes that allow communities to build momentum, capacity and engagement for indigenous and traditional knowledge to be fully included in adaptation responses.

POSSIBLE NEXT STEPS FOR ENHANCED KNOWLEDGE SUPPORT¹

Making knowledge more relevant and accessible

- Developing “community of practice” groups for both geographical regions and climate and health topics allows for the useful exchange of information and best practices among stakeholders.

Addressing critical knowledge gaps

- As early warning systems are implemented, it could be helpful to include discussions on how often the system should be re-evaluated to determine how thresholds, timing and responses remain relevant and/or need to be flexible in a changing climate.

For further information, the [Adaptation knowledge portal](#) provides access to:

- Documents [FCCC/SBSTA/2015/4](#), [FCCC/SBSTA/2014/4](#);
- Detailed [case studies](#) on adaptation planning for human health;
- More information on [tools and methods](#) for adaptation planning related to human health;
- [Additional knowledge resources](#).

¹ Owing to limited technical work on human settlements, only a few recommendations can be made at this stage as to making knowledge more relevant and accessible and to addressing critical knowledge gaps.