A. STRATEGY AND PLAN OF ACTION ON CLIMATE CHANGE

Background

1. This report provides an update on the progress made during the first two years of the implementation of the Strategy and Plan of Action on Climate Change (1). The report focuses on the progress achieved towards the four overall objectives: evidence; awareness raising and education; partnerships; and adaptation. The report is based on the findings of two key workshops that addressed implementation of the Strategy and Plan of Action at the end of 2013: one held in Mexico for all countries in the Region, with 24 participating countries; and the other in Barbados for the Caribbean, with 14 participating countries. The report also draws on information from a questionnaire sent to countries regarding their implementation of actions (18 responses to date). All combined, this includes input received from 33 countries.

Update on Progress Achieved

2. The Strategy provides an agreed set of common activities needed to advance work on climate change. The Strategy has motivated countries where no or very few activities were being carried out. Table 1 shows factors that are facilitating implementation of the plan of work, factors that are hindering progress, and factors required to overcome difficulties, as identified by the countries (not all factors apply to all countries).

3. Evidence (Promote and support the generation and dissemination of knowledge to facilitate evidence-based actions to reduce health risks associated with climate change): Guides on vulnerability assessment and adaptation have been developed and disseminated widely in English, Spanish, and Portuguese. Ten countries in the Region submitted national communications to the United Nations Framework Convention on Climate Change (UNFCCC) during 2012-2013; all of them included reports on health, some with detailed analyses (2). There has been limited progress on the evaluation of greenhouse gas emissions in the health sector. However, the Smart Health Facilities...
Initiative includes the reduction of carbon emissions in its aims for safe and green facilities.

4. **Awareness Raising and Education** *(Raise awareness and increase knowledge of the effects of climate change on health in order to facilitate public health interventions):* Several courses and awareness-raising activities were supported, including a course for MERCOSUR countries in Uruguay and one for Andean countries in Ecuador; a module in the Pan American Health Organization’s (PAHO) Edmundo Granda Ugalde Leaders in International Health Program; as well as many national courses. Several countries have developed awareness-raising campaigns aimed at the general population. The workshops in Mexico and Barbados were useful in increasing knowledge and awareness among key participants from ministries of health. A community of practice on health and climate change was launched in partnership with the United Nations Environment Programme (UNEP) and the National Institute of Public Health in Mexico, and work started with online seminars.

5. **Partnerships** *(Promote policies and interventions in and between countries in coordination with other agencies and sectors):* PAHO collaborated effectively with other UN partners, including UNEP in a workshop in Mexico. Activities were developed and implemented with national agencies (e.g. a multi-country training workshop in Ecuador); with Collaborating Centers (e.g. with NIEHS at a side event during the UNFCCC Conference of the Parties in 2013); with the Amazon Cooperation Treaty Organization (e.g. an ACTO workshop on climate change and health in Manaus); and with the Convention on Biological Diversity regarding the interlinkages between climate change, biodiversity, and health (e.g. two Regional workshops, one for the Americas and one in collaboration with AFRO). PAHO also contributed to the reports submitted by the World Health Organization (WHO) to the UNFCCC. Continuing work with partners includes development of instruments to compile and disseminate information as well as networks for information exchange.

6. **Adaptation** *(Support the evaluation of the population’s vulnerability to climate change and identify adaptation interventions):* PAHO supported countries in their vulnerability assessments under different projects and with other partners. Several countries include health in their national adaptation plans, and some have completed or started health sector-specific adaptation plans. PAHO is contributing to the work of the newly created WHO/World Meteorological Organization joint office for climate and health with regional pilot projects.

**Action Necessary to Improve the Situation**

7. Based on the consultations, PAHO will continue to work to identify success factors and best practices as highlighted in Table 1, in particular during the next biennium. This work will focus on implementing feasible actions required for success under: *a)* evidence, the development of vulnerability indicators and vulnerability assessments; *b)* awareness Raising and Education, supporting national and regional
capacity-building efforts; c) partnerships, strengthening newly established networks; and
d) adaptation, continuing the support for national adaptation plans.

**Action by the Directing Council**

8. The Directing Council is requested to take note of this progress report and make any observations it considers pertinent.

**Table 1. Summary factors influencing progress in implementing the Strategy and Plan of Action in the Region**

<table>
<thead>
<tr>
<th></th>
<th>Facilitating factors</th>
<th>Hindering factors</th>
<th>Factors required for success</th>
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</thead>
<tbody>
<tr>
<td>Evidence</td>
<td>Increasing scientific evidence on climate change and health links.</td>
<td>Insufficient country-level evidence.</td>
<td>Health vulnerability indicators and vulnerability assessments to guide actions.</td>
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<td>Increased understanding of the concepts of social and environmental determinants.</td>
<td>Current evidence not fully utilized in the health sector.</td>
<td>Strengthening of norms to reduce vulnerability and risks.</td>
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<td>Insufficient involvement of government institutions.</td>
<td>Public health-based criteria to guide investments.</td>
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<td>Awareness raising and</td>
<td>Increasing political will.</td>
<td>Insufficient human resources and frequent movement of personnel.</td>
<td>Regional human resource development.</td>
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<td>education</td>
<td>Increased information and outputs by scientific groups.</td>
<td>Lack of appropriate information dissemination.</td>
<td>Educational programs tailored to decision makers, children, and the community at large.</td>
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<td>Actions led by international agencies, including limited but targeted funding.</td>
<td>Limited participation of youth and of social networks.</td>
<td>Regional seminars on the topic.</td>
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<td>Lack of leading institutions in the topic area.</td>
<td>Empower the health sector to be more inclusive and proactive.</td>
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<td>Partnerships</td>
<td>Increased national interagency activities.</td>
<td>Population not involved in the issues.</td>
<td>Health in all policies.</td>
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<td>Increased activities of current international alliances.</td>
<td>Delay in policy implementation.</td>
<td>Improve intersectoral participation.</td>
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<td>Lobbying by greenhouse gas producers.</td>
<td>Local government involvement, with community participation.</td>
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<td>Networks to facilitate action.</td>
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<td>Adaptation</td>
<td>National adaptation plans increasingly include health.</td>
<td>Some countries stress mitigation over adaptation.</td>
<td>Stress preventive action.</td>
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<td></td>
<td>Some countries are developing health sector-specific action plans.</td>
<td>Plans lack funding.</td>
<td>A health agenda included in climate change policies.</td>
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<td>Lack of a sector approach.</td>
<td>Develop action plans based on successful examples.</td>
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References
