

Climate Adaptation to Protect Human Health

FIJI



A Global Pilot

The climate change and human health adaptation project is a unique global initiative jointly implemented by WHO and UNDP. This novel project, piloted in seven countries, seeks to identify and share solutions to address health risks caused and exacerbated by climate change and variability.

Fiji Project Objective

To increase the adaptive capacity of the health sector to respond to climate sensitive risks.

Climate Change in Fiji

The climate in Fiji is generally categorized as an oceanic tropical climate, in which the dry season is from May to October, and rainy season from November to April. During the wet season, Fiji is often traversed by tropical cyclones as it lies directly in their normal path. Fiji's location has a strong influence on both seasonal and interannual variations in climate, particularly rainfall where the southeast trade winds carry moist air onto the islands.

With the increasing influence of climate change, the extremes of too little and too much water are expected to become more extreme, with more severe with frequent storms and precipitation events, as well as extended periods of drought. With more extreme weather conditions, climate sensitive diseases are also expected to have a larger negative impact on the health of Fiji's population.

Key Health Concerns and Vulnerability

Fiji has conducted a study looking at which afflictions have a clear link with climate change. Dengue fever, diarrhoeal diseases (food and water borne) and nutrition-related illnesses were all shown to be linked to climate and have the potential to worsen with increasing climate change and variability.

Climate change (and the associated temperature rise) are expected to impact dengue-fever by increasing the frequency of epidemics, as well as the possibility that a larger proportion of the population will be affected by each epidemic. Improper water storage practices in water stricken areas have also been associated with an increase in mosquito breeding sites and the risk for related diseases.

Diarrhoeal disease may become more common if Fiji becomes warmer and wetter, and if droughts and tropical cyclones occur more frequently, disrupting water supplies and sanitation systems.

Nutrition-related illnesses are most likely to be affected by increases in frequency and/or magnitude of tropical cyclone and drought events. Further, it is also likely that if climate change leads to economic and social disruption and environmental degradation, there may be serious negative effects on health.

Project Structure

The project will be managed under the existing organizational framework of the Ministry of Health, in particular the Division of Public Health. A Climate Change Coordinator under the strategic guidance of the Director of Public Health, the Health Planning and Development Unit will coordinate the proposed PCCAPHH project. WHO and other stakeholders will provide technical guidance through the Fiji Climate Change Country Team or the National Steering Committee.

Fiji is one of seven countries taking part in this Global Pilot. The seven countries, Barbados, Bhutan, China, Fiji, Jordan, Kenya and Uzbekistan, together represent four distinct environments (Highlands, Small Islands, Arid Countries and Urban environments,) and their related health risks. For more information visit the website at www.who.int/globalchange/projects/en

Project Facts

Donor: GEF Special Climate Change Fund (SCCF)

Funding: 550,000 USD

Time frame: 2010–2014

Location: Fiji's inhabited islands

Key Stakeholders:

- ◆ Fiji Government Ministries
- ◆ The Fiji Meteorological Service
- ◆ Disaster Management Office

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www.who.int/globalchange/projects/en/



World Health Organization



BARBADOS

BHUTAN

CHINA

FIJI

JORDAN

KENYA

UZBEKISTAN

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Project Scope

This project has been designed to increase the Ministry of Health's capacity to monitor, assess and respond to hydro-meteorological disasters (HMDs) and Climate Sensitive Diseases (CSDs) and thus reduce health risks associated with climate change and variability. In order to be able to achieve this goal, several specific needs have been identified:

- ◆ **Mainstreaming and planning** - Climate Sensitive Diseases need to be incorporated in the Strategic Planning stages of the Ministry of Health and specifically reflected in the National Health Outcomes, as well as the Disaster Preparedness Plans and the National Contingency Plans for Drought and Floods.
- ◆ **Evaluation** - National policies and plans have to be evaluated with specific attention to Watershed and Water Resource Management.
- ◆ **Assessments** - Incorporation of Environmental and Health Impact Assessment (E&HIA) as an integral part of new land and infrastructure development approval, so as to address potential health issues, including those associated with climate change.
- ◆ **Response** - Intensifying surveillance and response programmes for CSDs during HMDs and other disasters, and enhancing rapid and effective response, with specific attention to psychosocial intervention.

Expected Benefits

The greatest national health benefit of the proposed project is having a functional Health Information System that is capable of generating Early Warning Systems for Climate Sensitive Diseases. Other linked benefits include:

- ◆ Enabling field practitioners carry out required interventions as per requirement of Early Warning and Response Guidelines, and Psychosocial Intervention Guidelines.
- ◆ Creating awareness amongst communities, so as to increase resilience to climate change and variability.
- ◆ Strengthening both interdisciplinary collaboration and communication within all levels of the Ministry of Health.
- ◆ Strengthening intersectoral collaboration at all levels with other key government agencies such as the Fiji Meteorological Service, and the National Disaster Management Office.

Project Outcomes and Outputs

Outcome 1: An early warning system providing reliable information on likely incidence of climate sensitive health risks.

1.1: Climate sensitive health risks/CSD reporting system with prediction modeling.

1.2: Institutional strengthening of health and key multisectoral partners in data management across sectors.

1.3: Timely dissemination of data and advocacy.

1.4: Information systems supporting integrated assessments of climate change and risks in management and long term health planning.

Outcome 2: Capacity of health sector institutions to respond to climate sensitive health risks based on early warning systems improved.

2.1: Clarified and harmonized institutional mandates and procedures to respond to climate risks to public health.

2.2: Health professionals in selected pilot regions have the capacity to respond to climate sensitive health risks based on early warning systems.

2.3: Health professional in selected pilot regions have the capacity to effectively respond to HMDs and CSDs with specific attention on psychosocial intervention.

Outcome 3: Disease prevention measures piloted in areas of heightened health risk due to climate change.

3.1: Community members are aware of the effects of climate change on their community and make adaptations to minimize potential health risks.

3.2: Community members are aware of CSDs, what to do when symptoms develop, and how to take preventative measures to avoid them

3.3: Detailed Communication Plans in place (for Outcomes 1-3).