



# CHANCE

CLIMATE & HEALTH AFRICA NETWORK  
FOR COLLABORATION AND ENGAGEMENT

## Conference 2023 Report

Accelerating climate adaptation and policy  
development in Africa

Gaborone, Botswana, 24-25 August 2023



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## Introduction

This report is a summary of the discussions during the conference “Accelerating climate adaptation and policy development in Africa” which was held on 24-25 August 2023 in Gaborone, Botswana. The conference was organised by the CHANCE network and funded by Horizons2020 European Commission and in kind support from institutions through the ENBEL project.

The objectives of the Conference were to:

- To present that key research findings on climate and health in Africa (knowledge exchange)
- To exchange best practices about climate change and health policies and responses in East and Southern Africa
- To enhance collaboration between CHANCE members: policy makers, researchers, civil society, funders and others interested in supporting adaptation to reduce the impacts of climate change on health.
- To provide training and capacity building on specific topics for CHANCE members
- To review research priorities and evidence needs regarding adaptation (what steps have been taken, funding etc)

## Session 1: Keynote addresses

The conference began with Keynote speeches from Dr D.B Katzke, COO, University of Botswana; Dr. Matshidiso Moeti, WHO AFRO Director; Her Excellency Petra Pereyra, EU Ambassador; Dr. Vincent Pagiwa, Conference Chair and Hon. Dr. Edwin Dikoloti, Minister of Health, Botswana.

Dr Katzke started by thanking all the CHANCE collaborators including the University of Botswana for their pivotal role in progressing CHANCE activities. He emphasized the importance of supporting the next generational of researchers on climate change and health in African Universities.

Dr Moeti, WHO AFRO Director said that we are meeting at a defining moment. Climate change threatens to undermine the progress made in the last decade on health. However, there are many initiatives, including the ATACH collaboration to support countries with adaptation and mitigation in their health systems and tackle common challenges. Dr Moeti also highlighted that top-down approaches will not be enough, and we need community engagement and bottom-up approaches. WHO seeks to support countries to develop Vulnerability and Adaptation (V&A) assessments. 21 of the 47 member countries now have a Health National Adaptation Plan (HNAP). Outdated health V&As need to be updated. They need to go beyond health to include food and nutrition. She ended by saying that “health is the human face of climate change” and we must protect it.

Her Excellency Pereyra talked about the ongoing extreme weather events and their impacts especially on the vulnerable communities. She emphasized that there is need for action at all levels. Europe is committed to be carbon neutral by 2050. The EU is also committed to finance loss and damage efforts in developing countries and to provide technical support in implementing their Nationally Determined Contributions (NDCs). Her excellency reviewed EU’s action in climate change and research and programmes including the CHANCE network through the ENBEL project.

Dr Pagiwa welcomed all the guests to the conference and unpacked the CHANCE network including its genesis, thematic areas, initiatives, membership, and objectives. He thanked all the partners including the Ministry of Health, Botswana, World Health Organization and all the participants.

Hon Dr Dikloti appreciated and supported the efforts of the CHANCE network. He stated that the conference will help Africans to address the challenge of climate change. He added that the conference provided an opportunity to build local, regional and global networks with the common vision of addressing climate change and health in Africa.



## Session 2: Managing heat risks

Temperatures are increasing in Africa and exposure to extreme heat is a concern for human health. Research was presented to understand how high temperatures affect health and interventions that are being developed to manage heat risks.

- Dr Ebenezer Amankwaa, University of Ghana, presented his research on extreme heat in hospitals in Ghana. High indoor heat and disrupt health services and reduce the quality of care for patients. Increasing natural ventilation is an important strategy for reducing indoor temperatures.
- Dr Guigma from Red Cross presented on the early warning system has been developed in Burkina Faso. He unpacked a new forecast-based tool that aims to systematically translate forecasts and warnings into action and decision making and spoke about the challenges, opportunities and way forward.
- Ms Lugata introduced the Coastal City Resilience and extreme Health Action Project (CoCHAP) being implemented in Tanzania. This project aims to build the resilience of vulnerable urban communities to a range of climate hazards (flooding and heat waves) through expanding risk knowledge and strengthening locally led action.

## Session 3: Climate-sensitive infectious diseases

Climate change will have significant effects on the transmission of infectious diseases, particularly vector-borne diseases like malaria.

Dr Woyessa, Ethiopian Institute of Public Health, stressed the need for action on malaria and diarrhea. It is difficult to separate the impact of climate from other socio-economic factors on the transmission of malaria. Poverty is an important driver for the disease. Malaria must be controlled also with development activities.

Dr Woyessa also highlighted the key findings from the IPCC 6th Assessment Report. He stated that there is a need to increase African participation in the IPCC Assessment Report and provide support for African researchers on climate and health. It is important to bring in local knowledge into the science of adaptation.

Professor Moyo described how climate change is increasing the risk of outbreaks and gives pathogens an advantage. He described methods and tools that can be used to prevent outbreaks, including the use of climate information. He recommended the One Health approach to address climate and environmental risks of infectious disease.

Dr Natukunda spoke about ongoing research on adaptation in national infectious disease surveillance systems. The research being conducted seeks to find out how national disease surveillance systems are helping governments respond to climate change. Preliminary findings show that there is interest in setting up climate based early warning systems, but more collaborative efforts, funding and capacity building is needed.

## Session 4: The COP26 commitment and climate-resilient health systems

ATACH (Alliance for Transformative Action on Climate and Health) is a WHO initiative to support countries to develop climate resilient and sustainable health systems. It promotes the integration of

climate change and health nexus into respective national, regional, and global plans. There are 5 thematic working groups:

- Financing the Health Commitments on Climate Resilient and Sustainable Low Carbon Health Systems.
- Climate Resilient Health Systems.
- Low Carbon Sustainable Health Systems.
- Supply Chains.
- Climate Action and Nutrition.

Dr Brama Kone, WHO Regional Office for Africa, presented a summary of the ATACH initiative. ATACH seeks to support countries to deliver on their commitments for climate resilience and health sector decarbonization.

Ms Thato spoke about climate change and health initiatives in progress by the Ministry of Health in Botswana. This year, Botswana was selected as a beneficiary for the ATACH programme. Through this, they have participated in V&A and HNAP trainings and developed a plan of action for implementation of the COP26 health programme. Major challenges in progressing action include limited human and financial resources, competing priorities and health not being considered a priority in climate finance allocation.

The conference participants were placed in groups and discussed priorities for climate resilient health systems. These are summarized in the table below.

Overarching recommendations	<ul style="list-style-type: none"> <li>- Mainstreaming climate into all aspects of health policy and planning.</li> <li>- Regional guidance and frameworks on climate-resilient health systems</li> <li>- Develop community of practice on climate and health</li> <li>- Governance structures to support multi-disciplinary and multisector approaches</li> </ul>
Education	<ul style="list-style-type: none"> <li>- Review education curricula to include climate and health issues in schools and universities</li> <li>- Climate change and health education advocacy</li> </ul>
Research	<ul style="list-style-type: none"> <li>- Implementation science</li> <li>- Transdisciplinary research to create impact</li> <li>- Cross-country, inter country collaborations for research</li> <li>- Multi-disciplinary approaches, bringing different key plays and disciplines together.</li> </ul>
Capacity strengthening	<ul style="list-style-type: none"> <li>- Education of politicians on the link between climate change and health</li> <li>- Raising awareness and educating the community about climate change.</li> <li>- Training – human resource training and providing information on climate and health.</li> <li>- Training of experts.</li> </ul>
Multi-sector collaboration	<ul style="list-style-type: none"> <li>- Mechanisms to support multi-sectoral collaboration</li> <li>- Support for multi-sector buy-in on climate change.</li> </ul>
Data	<ul style="list-style-type: none"> <li>- Data availability, access and use</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>- Collaboration and building partnerships, across key players and stakeholders.</li> <li>- Research involving collaboration with stakeholders and communities</li> </ul>
Infrastructure	<ul style="list-style-type: none"> <li>- Resilient infrastructure to climate hazards</li> </ul>



	<ul style="list-style-type: none"> <li>- Physical buildings</li> <li>- Ensure access to services, especially decentralised services</li> <li>- Preparedness disaster response.</li> <li>- Health workforce needs to be prepared to deal with impacts</li> </ul>
Finance	<ul style="list-style-type: none"> <li>- Climate financing for health sector</li> <li>- Resource mobilization for managing climate risks</li> <li>- Equitable planning</li> <li>- Political will to commit to funding and ensure sustainability of funding for adaptation and climate-health research</li> <li>- Improved access climate finance to implement the adaptation plans e.g., GCF and GEF, World Bank.</li> </ul>
Guideline development	<ul style="list-style-type: none"> <li>- Develop guidelines for vulnerability and adaptation assessment relevant for Africa to assess risks at national and subnational level</li> <li>- Develop and update Health National Adaptation Plans (HNAPs)</li> </ul>
Climate Resilient Health Systems	<ul style="list-style-type: none"> <li>- Strengthening primary health care approaches to climate resilience</li> <li>- Develop community led solutions to climate change</li> </ul>

### Session 5: Climate finance for health adaptation

Several speakers identified lack of resources as a barrier to the implementation of adaptation measures. This session addressed different sources of climate financing for health adaptation.

Prof Matthew Chersich gave an online presentation on climate finance for health where he discussed the inequalities in distribution of climate funds towards health. He encouraged organizations in this nexus to be more vocal, push back and take the lead. He also suggested that key actors in the field of health should coordinate and work together to submit fundable proposals.

Ms Irini from Wellcome Trust describe some initiatives to support research on climate and health, including quantifying the effects of climate change on health, identifying the potential benefits of climate change mitigation to health, establishing evidence on the effects of climate change adaption actions on health.

Presentations were followed by a world café knowledge sharing session where all members discussed in groups these 4 topics; 1) climate finance, 2) climate resilient development funding, 3) research funding and 4) closing gender gaps in access to funding. The members noted three things per topic, status quo, opportunities and challenges.

Topic	Climate finance	Climate resilient development funding	Research funding	Gender gaps
<b>Status quo</b>	<ul style="list-style-type: none"> <li>Loss and damage funds are inaccessible</li> <li>International funds are not proportionally deployed</li> <li>There is inadequate/limited local funding for climate</li> <li>Funding for climate change has not been a priority</li> <li>Calls for proposals are not widely shared</li> </ul>	<ul style="list-style-type: none"> <li>Low commitment from the public sector</li> <li>Short term planning</li> <li>Low capacity, interest and awareness in accessing funding</li> <li>Lack of coordination and collaboration among key actors</li> <li>Resilience is undefined</li> <li>No conscious consideration of resilience in development programming</li> </ul>	<ul style="list-style-type: none"> <li>Few resources</li> <li>Poor policy</li> <li>Lack of national funding</li> </ul>	<ul style="list-style-type: none"> <li>Lack of access to funding for women</li> <li>Women are most vulnerable to the impacts of climate</li> <li>Women views are not considered</li> <li>Few women led organizations in climate change</li> <li>Financing instruments are complex</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>Collaborations – multi-sectoral opportunities</li> <li>Political will</li> <li>Data availability</li> <li>Policies focused on climate change financing</li> <li>Research gaps between climate change and health</li> <li>Making the health sector the face of climate change</li> </ul>	<ul style="list-style-type: none"> <li>Private-public partnerships/collaboration</li> <li>Climate-compatible growth/low carbon economies</li> <li>Sector wide planning approach</li> <li>Carbon markets</li> <li>Capacity building and youth empowerment</li> <li>Policies that support climate resilient development</li> <li>Co-benefits in development objectives</li> <li>Leverage global funding opportunities</li> <li>Job creation</li> <li>Learning from the past e.g., COVID</li> <li>Bench marking other countries</li> </ul>	<ul style="list-style-type: none"> <li>Advocacy</li> <li>Synergy (break silos) and collaboration between researchers and policy makers</li> <li>Policies supporting research</li> <li>Creating awareness among policy makers</li> <li>Technology to manage data</li> <li>Capacity building for grant management</li> </ul>	<ul style="list-style-type: none"> <li>Make funding opportunities gender inclusive</li> <li>Gender mainstreaming</li> <li>Gender sensitivity in work places</li> <li>Prioritize funding for women-led organizations and women</li> <li>Increase capacity for women</li> <li>Women focused networking opportunities</li> <li>Create finance instruments for all levels</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>Political will</li> <li>Data quality</li> <li>Data accessibility</li> <li>Limited collaboration</li> <li>Low health visibility for climate change</li> <li>Health not seen as a climate priority or as part of the thematic areas</li> <li>Competing priorities</li> <li>Language</li> <li>Lack of capacity in writing successful proposals</li> </ul>	<ul style="list-style-type: none"> <li>Lack of capacity to access funding</li> <li>Decolonizing climate funding</li> <li>Accreditation of health agencies to access funding</li> <li>Green washing</li> <li>Lack of trust in government agencies to manage resources</li> <li>Communities of practice are not collaborating</li> <li>Duplication of efforts</li> <li>Different and competing priorities</li> <li>Debt</li> <li>Different priorities among stakeholders</li> <li>Lack of integration</li> <li>No local buy-in</li> <li>Different cultures</li> </ul>	<ul style="list-style-type: none"> <li>Not research driven</li> <li>Silos</li> <li>Completing priorities</li> <li>Availability and access to data</li> <li>Limited research capacity</li> <li>Research facilitated by external partners</li> <li>Lack of awareness of climate and health agenda</li> </ul>	<ul style="list-style-type: none"> <li>Climate funds are hard to access</li> <li>Climate change is an inequality driver</li> <li>Women are less mobile</li> <li>Gender imbalance</li> <li>Women are less financially literate hence lowered capacity to access funding</li> <li>Few women led organizations</li> <li>Lack of support from men</li> <li>Lack of gender sensitive policies</li> </ul>



## Session 6: National progress in adaptation

Countries in Africa are at different stages of the development of adaptation policy for the health sector. This panel session consisted of decision makers from the Ministry of Health in Kenya, Malawi, Madagascar, Uganda and South Africa. The panellists discussed climate change and health progress in their respective countries.

Country	Progress
Uganda- Didacus Namanya	In the final stages of doing a V&A Assessment and will use the results to develop a HNAP. This V&A is multi-sectoral, scientific and evidence based. This is supported by the Rockefeller Foundation Integration of health in climate guidelines and policies
Madagascar- Haingotiana Rakoto Ramambason	Development of policy documents Implemented early warning systems Conducted inventory greenhouse gas emissions Use of meteorological data in surveillance and prevention of epidemiological risk Dissemination of climate-health messages Integration of the “climate change and health” component into school curricula
Kenya- Rose Mokaya	Part of the COP26 health programme Implementation of non-burn technologies in health care waste management Training healthcare workers on the use of the AKDN management tool to do a baseline assessment of carbon emissions and develop an action plan to be net-zero by 2030 Air pollution centre of excellence to monitor air pollution and support air pollution research across sub-Saharan Africa. Developed a household air pollution training manual for community level Currently developing a 5-year Kenya Climate Change and Health Strategy Malaria early warning system (EWS) Health and environment strategic alliance-for the implementation of National Plan of Joint Actions amongst key stakeholders in the country Health inclusion in the National Climate Change Adaptation Plan Installation of solar systems in health care facilities in underserved regions
South Africa- Babongile Mhlongo	Developed a National Climate Change and Health Adaptation plan – currently awaiting approval from the DG Heat health action guidelines have been approved and are currently being rolled out Working on climate change and health indicators Done a Health Risk and Vulnerability Assessment and the report is available Captured predictions using data from the disaster management plan and using them to observe trends in diseases Development of EWS to respond to public health emergencies
Malawi- Hendricks Mgodie	Malawi is part of the COP26 health programme Managed to mainstream and integrate climate change into health policy and strategic planning documents Multi-sectoral coordination mechanism for climate information through the human health and climate change coaching initiated in 2014 V&A done in 2016 and planning to do a comprehensive V&A soon Training curriculum for health workers at national and community level

	<p>Malawi as secured funding from GCF and is also speaking to Save the Children International, CHAI, the Seed Global Health and the Rockefeller foundation to access more funding</p> <p>Malawi spearheaded the development of a common position paper for Africa on climate change and health</p> <p>They are procuring high tech incinerators and measure waste</p> <p>Solarization of the health care facilities</p>
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All the panelists addressed issues of sustainability and how they ensure projects continue after funding ends. Challenges highlighted included:

- Capacity gaps
- Lack of integration of climate and health in other sectors
- Data management
- Competing priorities and resource allocation
- Technical and financial strain
- Health workers don't understand climate change
- Not enough political will at local government level

A conference on climate and health had been held in Lilongwe, Malawi just before the CHANCE conference. Dr Kituyi gave feedback from this event. African Ministers of Health and other stakeholders had developed the African Common Position on Health and Climate which will be presented during the Africa Climate Summit in September.

### Session 7: Cross-sectoral action for adaptation

Inter-sectoral approaches are needed to address the environmental factors that affect human health. Human health is intimately related to state of environment. Environment hazards are responsible for about 25% of total disease burden worldwide and nearly 35% in sub-Saharan Africa. In Africa, key environmental risks include water pollution, air pollution, indoor smoke, poor sanitation, poor waste disposal & exposure to chemicals, among others. Drivers of environmental degradation and related health impacts include biodiversity loss, climate change, urbanization and lifestyle changes. Despite improvements in human health, with people living longer and healthier lives, environmental degradation, continues to contribute heavily to most of today's pressing health challenges.

Mr Ombisi, UNEP, presented on progress on environment and health policy since the First Ministerial Conference on environment and health where the Libreville Declaration was agreed. Mr Ombisi highlighted the national efforts, outcomes and collaborations that followed to implement the objectives agreed in the declaration to date. He said the CHANCE network is useful in enhancing the linkages between climate and health.

### Session 8: Future directions in climate and health

This session included presentations on a range of topics that are emerging areas of interest for climate and health research and policy.

- **Mental health impacts of climate change.** Mr Suarez from the Red Cross Red Crescent Climate Centre presented the need to understand, anticipate and address risks to mental health. Mental health in many areas is a taboo topic that lacks sufficient data and climate change. Pablo spoke about his work with neuroscientists and artists to create new ways of communicating this taboo area using pop-up books.
- **Climate resilient health systems.** Mr. Rudolf presented on health systems research for climate adaptation. He assessed public health care systems preparedness in low resource setting in Ghana. Extreme weather conditions affect how people access care. Policy is important to progress resilience. There is also a need to make an investment case for climate resilient health systems while increasing the capacity of the health workforce.
- **Low carbon health systems/greener hospitals.** Ms. Azeeza from Groundwork spoke about measures being implemented in hospitals to address both mitigation and adaptation. Example of interventions include measures to increase efficiency in energy, water, health care risk waste and food.

## Session 9: Networks and partnerships

The last session highlighted existing networks and partnerships in climate change and health.

- **[Botswana Climate Change Network](#).** Ms Wada spoke about the where she unpacked the network's advocacy, awareness and capacity building efforts. They aim to impart knowledge on the climate agenda, change attitudes, build resilience and leverage funding for a diverse set of audiences.
- **Institutes of Public Health and [IANPHI](#).** Dr Woyessa described how national public health institutes can contribute to in climate change adaptation in the African context. The institute is useful in evidence generation, capacity building, collaboration, preparing policy briefs and informing policy makers. IANPHI (International Association of National Public Health Institutes) has an active [Climate Change Working Group](#).
- **[Planetary Health East Africa Hub](#).** Ms Melvine is the coordinator and founder of the Planetary Health East Africa Hub that provides a network for researchers. It is a member of the global Planetary Health Alliance which is a consortium of 360 universities, NGOs, and research institutes. The Eastern Africa Hub aims to stimulate regional community building, provide education and push for strategic policy making in the area of climate and other environmental change issues that affect population health.
- **[Alliance for Collaboration on Climate and Earth Systems Science \(ACCESS\)](#).** is part of the Global Change Programme of the South African Department of Science and Technology and the National Research Foundation. It is hosted by the Council for Scientific and Industrial Research. Research Alliance for Climate and Health (REACH) initiative is open to all with an interest in climate change and health.

## Conference Conclusion

The members gave feedback on the conference, key insights they learnt. There was a call for continuous engagement and not just wait till the next CHANCE Conference.

Dr Pagiwa closed the conference with a word of thanks to all the speakers, participants and all those who made contributions.

## Annex 1: Conference information

"Accelerating climate adaptation and policy development in Africa" was held on 24-25 August 2023 at the the Protea Hotel by Marriott in Gaborone, Botswana

**Organisers:** CHANCE Steering Committee

**Funding:** ENBEL Horizons2020 Funding European Commission and in kind support from institutions

**Conference site:** [Chance Network](#)

### Objectives:

- To present that key research findings on climate and health in Africa (knowledge exchange)
- To exchange best practices about climate change and health policies and responses in East and Southern Africa
- To enhance collaboration between CHANCE members: policy makers, researchers, civil society, funders and others interested in supporting adaptation to reduce the impacts of climate change on health
- To provide training and capacity building on specific topics for CHANCE members
- To review research priorities and evidence needs regarding adaptation (what steps have been taken, funding etc)

### Attendance

In total 160 people registered for the conference, whereof 100 for onsite participation. Participation on the first day was around 100 people, including high level speakers, while on the second day was around 60 participants. In addition we had around 20 participants following the conference online throughout, and the recording from the first day have 470 views on YouTube.

Presenters/panel	Day 1	Day 2
Female	6	7
Male	8	8
Chairs		
Female	4	5
Male	-	2

Conference recordings: Day 1: <https://www.youtube.com/watch?v=Rs69Zq9Sz-M&t=981s>

Day 2: <https://www.youtube.com/watch?v=OL3YRihqPU4&t=4753s>

## Annex 2: Media outreach

### Social media reach:

The conference was promoted on Twitter, Facebook and LinkedIn. On twitter (@Chancenetwork23) and facebook (Chance network conference) separate accounts were created, but the most important outreach was done through existing accounts of the co-organisers, e.g. Wits RHI, Aga Khan University and Cicero and the tweets of the high-level participants.

### Media outreach

The conference was covered in Botswanan news.



[https://x.com/ENBEL\\_H2020/status/1696448705723805742?s=20](https://x.com/ENBEL_H2020/status/1696448705723805742?s=20)

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