CASE STUDY 7C

LOOKING BACK: DOCUMENTING LESSONS LEARNED FROM A CLIMATE AND HEALTH PROJECT IN ETHIOPIA

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Evaluation

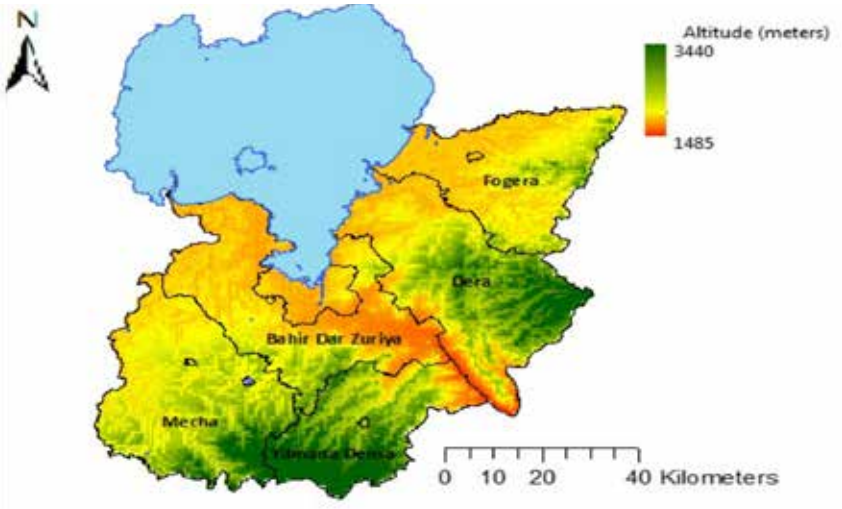
CONTEXT

Climate change and variability are the main drivers of several infectious and non-infectious diseases that are of great public health importance. Malaria is a great public concern in Ethiopia, where over five million cases are estimated to occur each year, resulting in tens of thousands of deaths. A series of resolutions and proclamations have been made at global, regional and national levels based on the recommendations of the scientific community to mitigate the public health impact of climate change and variability. However, in practice the outcomes of research activities on the topic are not incorporated into programmatic activities for mitigating the health impact of climate change at various health care levels.

NEW APPROACHES

The Health, Development and Anti-Malaria Association (HDAMA) in Ethiopia was established to respond to the 1998 catastrophic epidemic that occurred in highland areas prone to malaria. This epidemic was largely attributable to climate abnormalities linked to the El Niño Southern Oscillation and an increased rate of resistance to antimalarial drugs. One of the association's focuses has been climate and health. In 2008, HDAMA established a Climate and Health Working Group (CHWG) that initiated a project entitled 'Weather and climate impact on community health and public health services'. The project aimed at improving malaria epidemic early warning through coordination and collaborative efforts between the health and climate communities.

Figure 7.5 Elevation map of the project sites in Bahir Ddar area, 2013. Photo credit: WHO Ethiopia.



ACKNOWLEDGEMENTS

BENEFITS AND LESSONS

An evaluation of the project over three of the six implementation areas used largely qualitative data such as document analysis, indexed individual interviews and focus group discussions, as well as secondary data on climate and health, supplemented by field observations.

HDAMA has organized various workshops and provided trainings on how to integrate climate and health information, bringing together experts from meteorology and health offices, research and academic institutions/universities, and other key stakeholders. This has strengthened national awareness of the importance of climate information for mitigating public health effects, in particular in relation to malaria. Regional health bureaus collected historical climate and malaria data and worked together to integrate and analyse it. However, these efforts were hampered by a lack of user-friendly tools for the prediction and early warning of probable epidemics at regional and district levels.

Quarterly bulletins related to climate and health issues were generated and posted on various institutional websites and, although the bulletins serve to increase awareness, the models used to generate such bulletins are static and have never been tested.

Implementation of the project suffered from lack of agreed institutional arrangements and coordination among stakeholders at all levels. There were no terms of reference agreed with stakeholders before implementation of the project; the National Meteorological Service Agency (NMSA) and the Federal Ministry of Health *(14)* were not actively involved in site selection and implementation arrangements; the quarterly reports produced by local experts were not communicated to respective district, regional, and national offices; and the monthly reports are not discussed at the regional and national levels. As a result, the project is perceived by most partners as an independent research project and not part of the health system.

The CHWG was disbanded and replaced by a new Climate and Health Task Force that has been established at the Federal Ministry of Health, but to which HDAMA programme activities are not yet linked.

From the information obtained at the field level and HDAMA, supportive supervision using checklists was only provided two times during the project implementation. Lack of close follow-up and regular supportive supervision has had a negative effect on project implementation and in solving problems at the field level.

Before considering scaling-up to a national level or to other climate-sensitive diseases, the forecasting and early warning system need to be better developed, and institutional arrangements and coordination mechanisms reorganized for effective implementation of the project. The promising PHEM 95% reporting completeness at district level will be essential for district level malaria risk mapping.