



Australian
National
University

Consultancy to prepare a National Climate Change and Health Policy (NCCHP) and Revised Action Plan for the Republic of Marshall Islands

**D3. Report on the Republic of the
Marshall Islands National Climate
Change and Health Dialog Majuro,
30-31 January, 2020**

February 2020

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Summary

This report summarises the first visit of the ANU team to Majuro, RMI, in January – February 2020. Specifically it includes: (i) a report on the key outcomes of the Climate Change and Health Dialog symposium on 30-31 January 2020 in Majuro, RMI, and their relevance to the new policy and action plan; (ii) a summary of the findings from the rapid survey of participants in the RMI National Climate Change and Health Dialog, 30-31 January, 2020; and (iii) a summary of other activities during the visit to RMI, including Focus Group Discussion training, and interviews at the Ministry of Health and Human Services.

We identified a high level of awareness of the direct impacts of climate change on health amongst the event participants. This included high awareness of vector-borne diseases such as dengue and coastal flooding and erosion. There was less awareness and discussion of the indirect health effects of climate change on non-communicable diseases, for example on illnesses related to obesity, lack of physical activity and poor nutrition.

Engagement and coordination of landowners and traditional leaders was identified as a critical factor to the success of any climate change and health strategies. The need for more local action by the Government, communities and individuals was also highlighted. This included the need to educate everybody, to continue the dialog on climate change and health, to improve data gathering and surveillance, to reach out to the outer atolls, and to involve more the younger generation.

During this visit, we mainly interacted with the Dialog event participants, a group of mostly well-educated professionals and therefore not representative of the general population. We also carried out two in-depth interviews with Ministry of Health and Social Services officials. The focus Group Discussions planned as the next step of the project will involve a more representative cross-section of the Marshallese population.

1. Overview

Professor Sotiris Vardoulakis (SV), Team Leader, and Dr Christine McMurray (CM), Consultant, travelled to the Republic of the Marshall Islands (RMI) to attend the **RMI National Climate Change and Health Dialog held in Majuro**, RMI, on 30-31 January, 2020, and organise data collection to inform the preparation of a National Climate Change and Health Policy and Revised Action Plan for the RMI.

The Dialog was an initiative of the RMI Ministry of Health and Human Services (MOHHS). Attendees included representatives of a range of RMI government ministries, non-governmental organisations (NGOs), students from local high schools and the College of the Marshall Islands and representatives of key international agencies, such as the World Health Organization (WHO), concerned with health and development. There were around 60 people present at the beginning of the Dialog and about 30 on the second day.

MOHHS had contracted a team of meteorologists and climate scientists from University of Hawaii and the East West Centre to plan and facilitate the Dialog. Initially SV and CM were surprised that the facilitators did not have health background. These facilitators had conducted similar dialogs in other Pacific countries, however, and introduced plenty of discussion of the health implications of Climate Change. One concern was their tendency to focus on infectious diseases with little discussion of the impact of Climate Change on non-communicable diseases (NCDs). They also tended to interpret any correlation of disease outbreaks with climate or weather events as direct causation, without considering the contribution of underlying health conditions, environmental and other factors. These limitations did not compromise the value of the Dialog to any great extent, however, as its function was primarily to raise awareness and initiate discussion.

Aside from somewhat technical explanations of the physical science of Climate Change at two plenary sessions, most of the Dialog comprised presentations by RMI officials and representatives of NGOs and international agencies, and small group 'breakout' sessions at which attendees discussed their personal experience of Climate Change and health; prepared Climate Change and health time-lines; and listed the RMI response to epidemics and the mitigation strategies adopted.

A highlight of the Dialog was a presentation of poems and songs by the Climate Change Warriors youth group from Ebeye island and college and high school students from Majuro. They exhibited very high levels of awareness and concern about the impact of Climate Change on health and lifestyles in RMI, and their messages were very forceful and moving.

Before the Dialog, the Deputy Secretary of Health, Francyne Wase-Jacklick, and the Dialog facilitators agreed that CM could distribute a short questionnaire to attendees before the

Dialog commenced. The questionnaire comprised most of the core questions formulated by the ANU team for the interviews and focus group discussions on climate change and health that will be carried out in RMI as part of this project (see D1, Annex A). Three questions had to be dropped because they were not considered directly relevant to the discussion of health concerns scheduled for the second day of the Dialog. Of around 50 questionnaires distributed to the symposium participants, 31 were returned by the end of the first day, and the amount of feedback provided was impressive. At the beginning of the second day CM presented a summary of the 31 responses to the questionnaire received by then. An analysis of the responses to each question is attached to this report (Annex 1).

The key features and findings of this rapid survey were:

- All respondents to this rapid survey were participants or observers in the Dialog, many of whom work in health or climate related occupations. They represent thus the most educated, most informed and most privileged citizens in Majuro. Representatives of the less privileged citizenry will be captured in the focus group discussions to be conducted during February.
- It was notable that most of those who completed and returned their questionnaire wrote relatively long answers to each question and mentioned multiple factors, indicating that they felt strongly about climate change and health. The 60% response rate may understate the level of interest, as some of those who received the questionnaire on the first morning may have attended only the opening sessions or were there to assist the organisers and may have regarded themselves as transients or observers who did not need to complete the survey.
- There was no mention of immunization anywhere in the responses, and vector borne diseases were mentioned far more often than any other type of illness. Influenza, other respiratory infections, diarrhoeal and other infectious diseases were mentioned much less often. It is also notable that there was almost no mention of NCDs. This suggests relatively low awareness that Climate Change can increase the risk of a range of conditions, including NCDs through various pathways such as poorer nutrition and stress.
- The majority of Marshallese are practicing and devoted Christians, while those who are not Christian usually actively practice another religion. In view of this, it is surprising that only two respondents said they were not concerned about the future because they believe that God would protect them from the consequences of Climate Change. This suggests an unusually high level of awareness and concern in RMI, among this section of the community at least.
- Overall, the rapid survey results suggests that MOHHS strategies have been successful in raising awareness of the linkages between Climate Change and outbreaks of vector borne disease, and, to a more limited extent, to outbreaks of other infectious diseases. MOHHS seems to have taken a fairly narrow view of health,

however, rather than the broad view of health used by WHO. This could be why less attention has been given to the impact of Climate Change on NCDs, which account for most morbidity in RMI. There has also been only limited attention paid to addressing the impact of Climate Change on mental health.

Other activities, such as training of local research assistants, and the full programme of the National Climate Change and Health Dialog event can be found in Annexes 2 and 3, respectively.

2. Summary of formal presentations

Mr Jack Niedenthal, Secretary for Health, said in his introduction that RMI is currently experiencing an excess of cases of Dengue Fever, but so far effective precautions, including screening at airports, have prevented Measles and Corona Virus outbreaks.

The Secretary said he takes advice from experts and collaborates with other Government Ministries and Local Government. MOHHS is reactive and responds to feedback and new developments. Climate Change is another major risk to recognise, observe and respond to. It is important to engage the youth population as strategies must be on going and they will need to take over and continue contemporary strategies.

At present, the changing climate is directly impacting health (more than through sea level rise), bringing new diseases and outbreaks, which is frightening. RMI health must be at the forefront of the current round of Compact negotiations with the U.S., as it is even more important than education. The Secretary's concluding remark was 'Health isn't political'.

Data from MOHHS, some of which was referred to by the Secretary in his address, indicate that the number of new cases of Dengue reached a peak of 52 in Ebeye in the week of 4 August 2019, with no new cases in Ebeye after 13 October. The total number of Dengue cases in the Ebeye outbreak was 122 cases with no deaths.

The first four cases of Dengue Fever in Majuro were identified in the week of 4 August 2019, reached a peak of 90 in the week of 8 September, declined to an average of 50 cases per week in late September/ October, peaked again at 139 cases in the week of 17 November, then declined again to around 60 cases per week in early December. It has since peaked again to an average of around 140 cases per week as of January. There were a total of 792 cases of Dengue Fever identified in Majuro between August and 27 January, with one death. Only small numbers of cases have been identified on all other atolls.

Dr Jill McCready, Epidemiologist, described various outbreaks of infectious disease since 2000, including Typhoid Fever (2003), Influenza in 2014 and 2016, Chikungunya (2015), gastroenteritis (2016), Hepatitis A (2016), Dengue Fever (2016), Type B influenza (2019) and Rotovirus (2019). She said amoebic dysentery is endemic and conjunctivitis occurs

more frequently during dry periods. Under-nutrition is an underlying issue contributing to these outbreaks.

A representative of **Majuro Local Government** said it works in partnership with other stakeholders to translate health messages for the local community. A program of health outreach includes identifying 6-8 Health Warriors in each village to spread messages about outbreaks such as Dengue Fever and Zika Virus. Experts come to Majuro to help educate these young 'Warriors'. Local Government has worked with landowners and traditional leaders to educate communities and ensure they clean up debris and trash likely to harbour vectors of infectious disease. The Women United Together Marshall Islands (WUTMI) group also partnered with Local Government, contacting every community from one end of the atoll to the other.

The **Environmental Health Division** of the MOHHE was established approximately one year ago. Its staff of four maintain a continual program of vector control, including widespread spraying on Majuro Atoll and identifying and reporting any new species of insect found. They also raise community awareness of the importance of cleaning up potential vector breeding sites. 'Whenever there is a climate event such as a drought, we know there will be a health crisis'.

Representatives from **The Office of the Chief Secretary** and **The Office of Environmental Planning and Policy Coordination** described structures to address and mitigate the new challenges of Climate Change and how they collaborate. RMI has a national program to manage Climate Risk. The coordinating body is the Tile Til Eo Committee (TTEC) which initiates various plans and targets. It works with three other structures as follows:

The **Mitigation Working Group** is responsible for the Electricity Roadmap and energy security. At present 98% of RMI's energy is derived from fossil fuels. National Energy Policy targets include:

- 20% of energy derived from renewable sources by 2020;
- 50% energy efficiency in households;
- 75% energy efficiency in Government Ministries;
- 20% improvement in transport efficiency
- 20% reduction in energy losses.
- 0 emissions by 2050.

Projects of the Mitigation Working Group include promoting small-scale solar energy uptake, small-scale desalination units, smokeless stoves and solar water pumps. Part of this group's mandate is to upgrade local human resources with appropriate technical skills and to identify sources of finance.

The **Coordination Adaptation Working Group** says its work is guided by science. It is tasked with ensuring the various working groups and other agencies do not duplicate the work done by others.

NDCP Partnering Working Group engages and partners with other agencies, including youth, women, adaptation, capacity development, and coordinates policy relating to Climate Change in RMI.

Dr Mohammad Nassir from the WHO Western Pacific Regional Office (WPRO) gave a short presentation via Skype. He affirmed WHO's support for RMI's Climate Change and Health initiatives and referred to a WHO report Climate Change and Health in RMI, November 2019 available on the WHO WPRO website.

Mr Reggie White, Chief Meteorologist, RMI, said he appreciates having highly technical and scientific meteorological information, but it is important to present data on Climate Change in an appropriate form for Marshall Islanders. Simplified information that people can understand easily is needed. He said the RMI Meteorological Office provides simplified, user-friendly information for distribution to the community. He said that outside advisers often do not understand what is required, so it is his job to ensure appropriate information is available.

Private discussions with other participants. During the Dialog, CM discussed informally with several Marshallese she knew from past visits to RMI. Some of their comments that are relevant to our work are summarised below. The individuals making the comments are not identified, as these comments were made in informal personal communications.

- King Tides are becoming more common in RMI. King Tides occurred in 1979, 1994, 2008, 2015 and 2019. Seawalls and beaches are eroding and channels between islands are widening and becoming deeper. More Marshallese are experiencing mental health problems, but families sometimes do not know how to cope with disturbed relatives. Sometimes the police are called in to deal with mental health breakdowns, even though no crime has been committed. Concern about Climate Change is beginning to be a push factor for migration, although, as yet, most families are resilient and remain in RMI.
- Almost all employment and the best services are in the two urban areas of Majuro and Ebeye, so they are experiencing increasing pressure on their infrastructure, including sewage and electricity infrastructure. The main piped water supply in both Majuro and Ebeye is not safe for drinking. Flooding of underground electricity cabling has led to several prolonged power outages and potentially extremely dangerous situations. Groundwater and freshwater lenses (i.e. underground water sources) are becoming polluted, while flooding and pooling of water in piles of refuse, tyres and plastics for recycling is providing breeding grounds for mosquitoes.
- A key point to keep in mind is that Marshallese tend to take more notice of landowners and their traditional chiefs (iroj) than of politicians and health campaigns. The clean-up program on Ebeye was comprehensive, effective and completed in a short time, not only because Ebeye is a very small island, but also because almost all Ebeye residents belong to one clan with one iroj. His directive to clean up the island was

therefore obeyed by everyone. It is more difficult to implement a similar program in Majuro because people tend to ignore directives from leaders of clans other than their own. Engagement and coordination of landowners and traditional leaders is therefore critical to the success of any Climate Change and health strategies.

- Most people living in the two urban areas do not have access to their own land to cultivate traditional foods. To some extent, this is used as an excuse for not growing food, as household supplies of vegetables could be grown in pots and temporary raised beds near houses, but people find it easier to buy their food from shops. The vegetables in the shops are expensive and often of poor quality, while the staple foods are white rice and bread, with high levels of consumption of fast foods high in fats, salt and sugar. There are few outlets selling traditional foods, and even local fruits such as bananas and papaya are rarely stocked by retail outlets. This, plus limited physical activity, contributes to poor nutrition, overweight, obesity and a range of non-communicable diseases in sedentary urban populations. One informant commented that her grandmother who lived a subsistence lifestyle on an outer island, worked hard all her life, never become overweight and survived into her 90s.

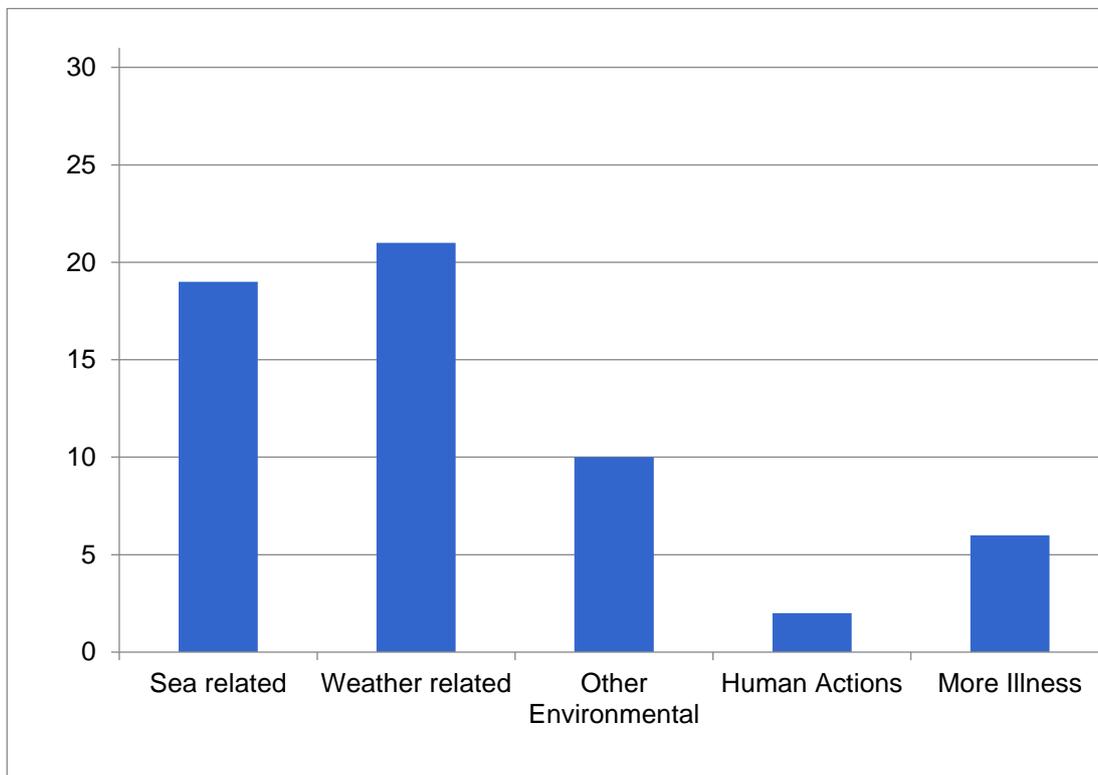
ANNEX 1: Analysis of the rapid survey of participants in the RMI National Climate Change and Health Dialog, 30-31 January, 2020

The Rapid Survey comprised 8 questions that were circulated in paper form to people who attended the opening session of the Dialog. Of around 50 questionnaires handed out, 31 were completed, making a response rate of approximately 60%.

Seven of the questions were open-ended, so the survey produced a wide range of responses and comments and many different styles of response. The many different and wide-ranging responses have therefore been grouped for this analysis, with the various responses in each category shown beneath each chart. Actual numbers rather than percentages are shown because of the small number of respondents.

Question 1: What changes in the climate and/or environment have you noticed in RMI in the past 20-30 years?

29/31 respondents said they had noticed the following changes:



CATEGORIES:

Sea related: sea level rise; more inundations / king tides / typhoons; ocean temperature is warmer;

Weather related: more and longer droughts; hotter weather; stronger sun; more humidity; more variable weather; longer wet seasons; lower total rainfall

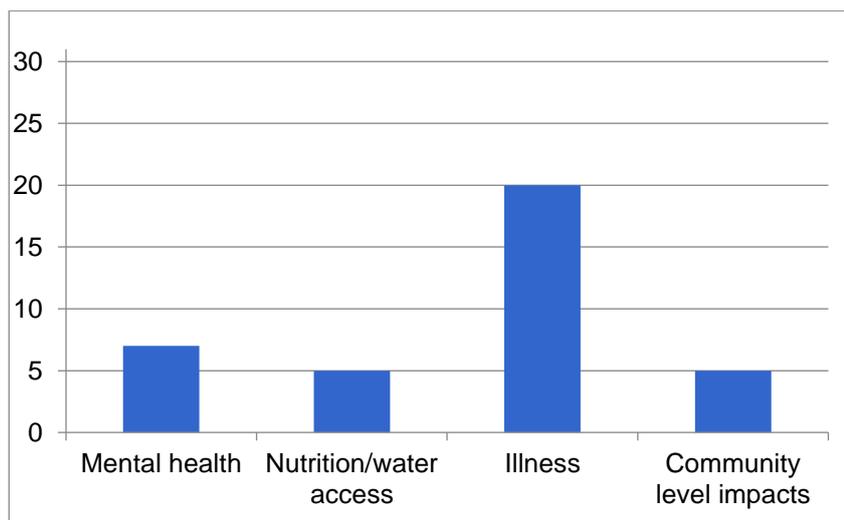
Other Environmental: coastal erosion / island growing smaller; coral bleaching; contamination of freshwater lenses; fewer / unhealthy fish; new types of insects; more pools of stagnant water lying around; flooding of roads / debris from sea on roads

Human actions: more sea walls being built

Health: more illness in RMI

Question 2: Have any of these changes affected your family's or community's health? If so; how?

27/31 respondents said the changes they had noticed had affected their health in the following ways:



CATEGORIES:

Mental Health: Anxiety / depression

Nutrition / water: poorer nutrition; limited potable water

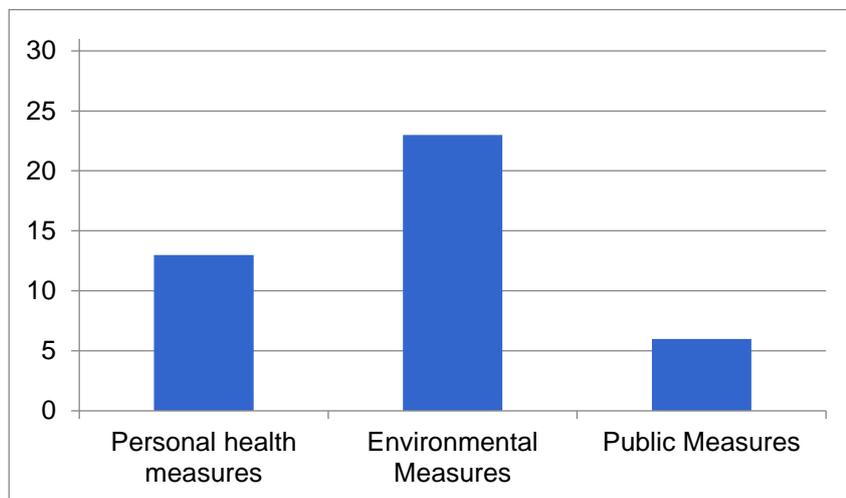
Illness: disease outbreaks / more frequent illness; more vector borne disease; pink eye; more ciguatera

Community: people need more help from other families; health surveillance improving; sea level rise is displacing residents

One respondent commented 'The hotter it gets; the grumpier my family gets'

Question 3: Have you or others in your family or your own community made any changes to the way you live; or done other things to protect family health and safety? If so; what?

27/31 respondents said the following measures had been taken to protect their health:



CATEGORIES:

Personal health measures: personal mosquito repellent and vector control; boil our drinking water; improved hygiene / wash / sanitize hands; children use umbrellas to shade from sun; teach children to protect health and adopt healthy practices; buy more medical supplies;

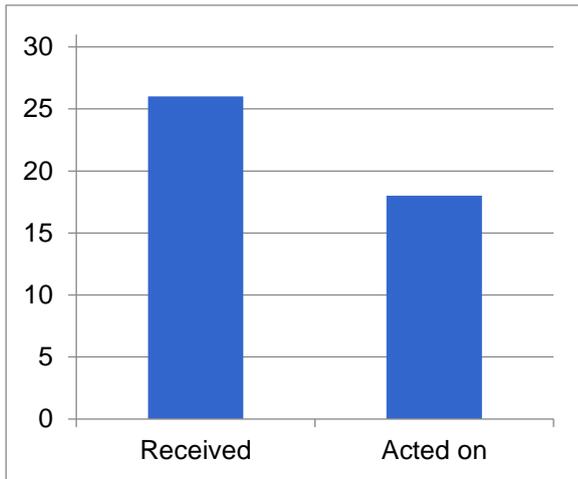
Environmental measures: Conserve water; cover our water catchment; install tanks / increase catchment area; build our own sea wall; grow more resilient local crops; more cleaning / weeding / trash removal around house and community; planting to prevent shore erosion; reuse items more often; install solar panels;

Public measures: Government has also made changes; health records more up to date, vector control program, large sea walls.

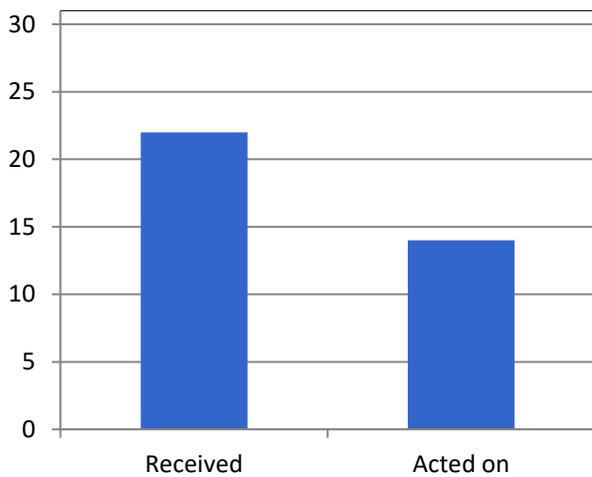
Question 4: Did you receive information on Climate Change and Health from any of the following sources? Did any of them cause you to take action or make changes?

The numbers receiving information from each source and the numbers acting on information from each source are shown in the following charts:

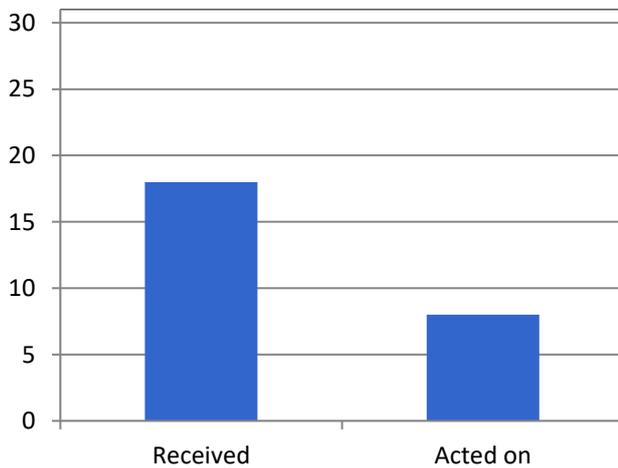
Health promotion poster or message:



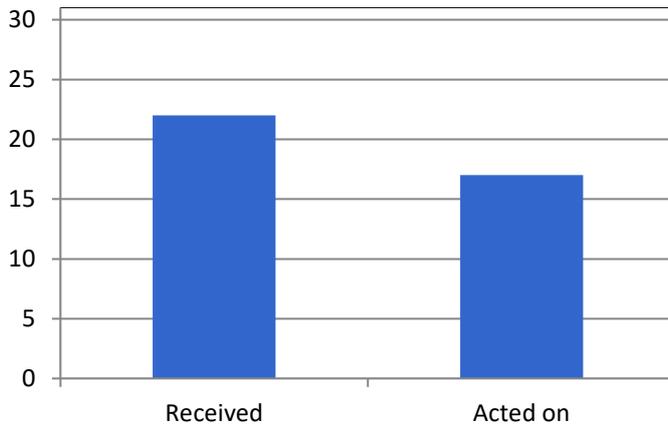
Advice from nurse, doctor or other health official:



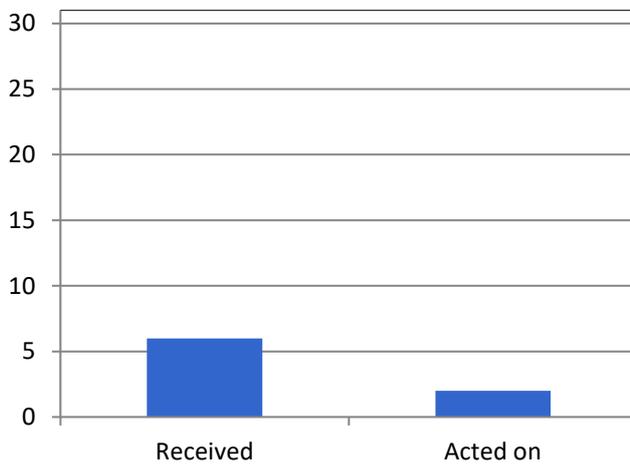
Community or church meeting:



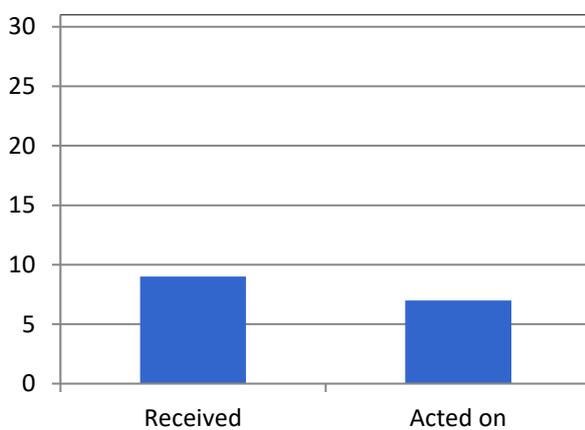
Family, friends and/or neighbours:



NGO or conference:

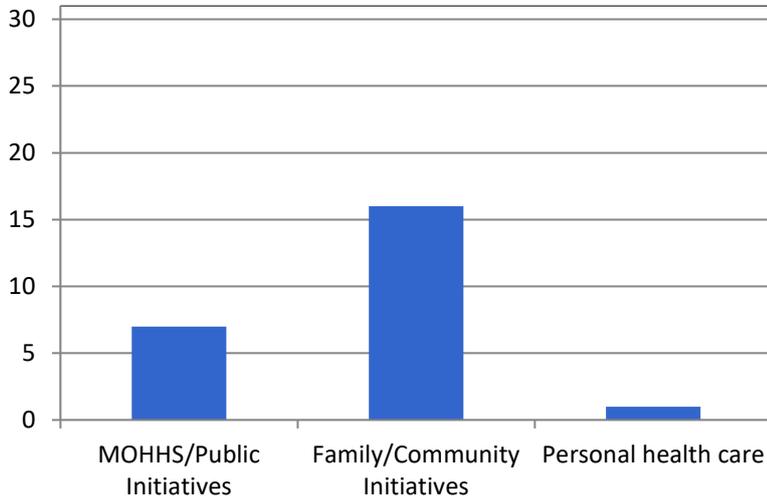


Social media:



Question 5: Have any of the changes or actions taken by you and/or your community resulted in improvement? If so which ones?

22/31 respondents said the following actions taken had resulted in improvement:



CATEGORIES:

MOHHS / public initiatives; Advance warning of disease outbreaks; health education / awareness raising; informative meetings;

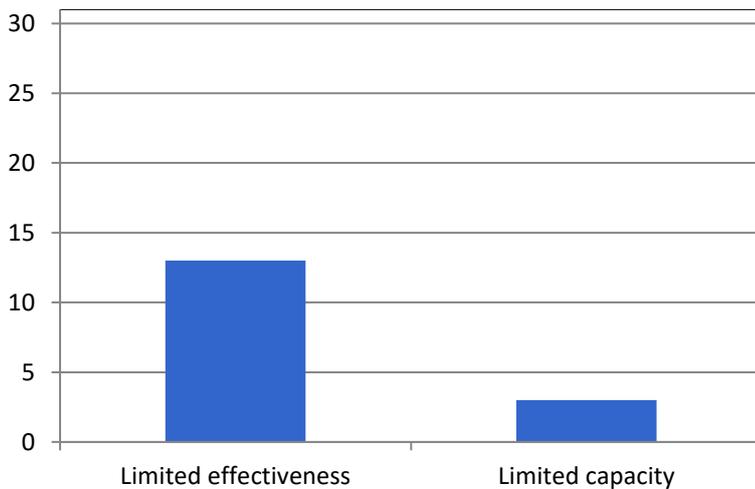
Community and family initiatives: vector control; sea walls; clean-ups and recycling; solar electricity;

Personal care: better hygiene; exercise; drinking safe water;

One respondent wrote 'no improvement, life has just become harder'

Question 6: If any changes and/or actions taken have NOT resulted in improvement; which ones and why not?

14/31 respondents said some actions had not resulted in improvement, for two main reasons. Most actions were considered effective by some respondents (Question 5) and ineffective by other respondents (Question 6)



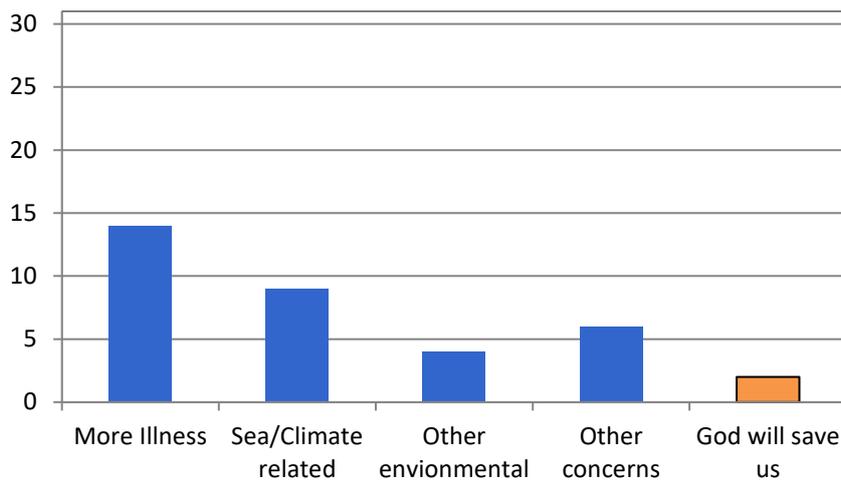
CATEGORIES:

Limited effectiveness (of initiatives): Vector control not good enough yet; clean-ups not good enough yet; some people don't make enough effort; churches don't do as much awareness raising as they should; sea walls need to be rebuilt frequently; some people still not well informed; implementation / execution of policies isn't always good enough;

Limited capacity: we can't control the weather / temperature; new diseases still appearing.

Question 7: Are you concerned about any health consequences of Climate Change that might occur in the future and harm you, your family and/or your community? If so, which possible consequences?

25/31 respondents said they were concerned about the consequences of Climate Change below. Two respondents said they are not concerned because God will save them.



CATEGORIES:

Illness related: Increased vector borne diseases; new diseases; more epidemics;

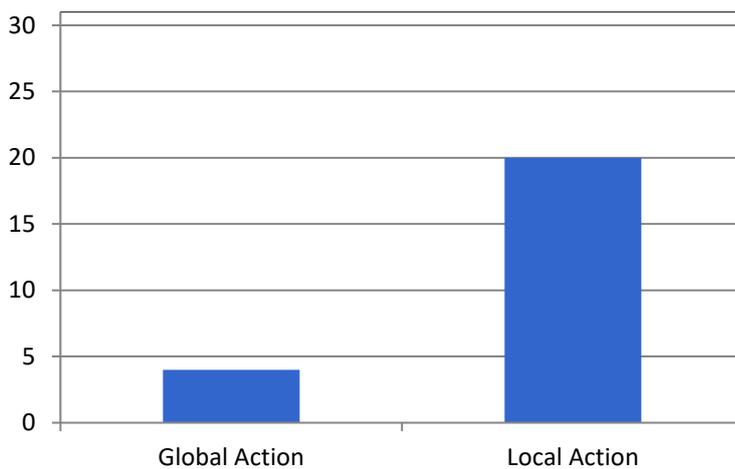
Sea / Climate related: heat stroke / intolerable climate; unhealthy air; violent weather events; droughts; rising sea levels / inundations; increased salinity; drowning;

Other environmental: accumulation of trash; contamination by sewage; water security; food security;

Other concerns: maternal and child health; I'm worried for my children and/or grandchildren; fear of becoming a Climate Change refugee / relocation.

Question 8: Do you have any comments you would like to make on Climate Change and Health and/or Adaptation to Climate Change in RMI?

22/31 respondents made additional comments, mostly statements about the type of action needed:



Global action: we need more help from the larger countries; people elsewhere in the world need to know more about these issues; World powers must reach an understanding and take action;

Local action: We need to educate everybody; We must continue the dialog; We must keep better records; We must take the impact of Climate Change on health seriously; Need more outreach to outer atolls; We need to involve youth more; We must keep fighting for our islands; Individuals and communities must act, we can't just rely on the Government;

One respondent commented: 'We are the first generation to fully understand Climate Change and the last who are able to do something about it'.

ANNEX 2: Other activities during the visit to RMI: Focus Group Discussion training, and interviews at the Ministry of Health and Human Services

As per the Workplan for this consultancy, SV and CM sought the assistance of local Research Assistants to conduct Focus Group Discussions (FGDs) in and around Majuro during February, between the two visits of Team Members to Majuro. To ensure this work is carried out well and properly supervised, SV and CM engaged an NGO, the Marshall Islands Epidemiology and Prevention Initiative (MIEPI) to recruit suitable personnel to facilitate FGDs and to oversee their work.

The respondents to the Rapid Survey circulated at the Dialog represented the most educated and most privileged Marshallese with the highest levels of awareness of Climate Change and Health. The targets for the FGDs are less-privileged Marshallese living in communities in and around Majuro or visiting from outer atolls. FGD participants will comprise approximately equal numbers of males and females, around half of whom will be under age 25 years. FGDs will be conducted in Marshallese by facilitators who are fluent in both languages, English and Marshallese. The Core FGD Guidelines will include all the topics from the Rapid Survey plus the three additional topics.

MIEPI organised a training room for Monday 3rd February and CM trained three female FGD facilitators to conduct 16 FGDs and translate and transcribe notes and recordings. Transcriptions in English of each discussion will be emailed to CM in Canberra for analysis as soon as they are completed. The intention was to recruit at least one male facilitator to interview male participants, but no suitably experienced males were available for training on 3rd February, which was also the day when the US Superbowl football game was televised. One of the female facilitators is very experienced in FGD work, however, and subsequently trained a male facilitator using the training notes provided by CM.

The three women selected by MIEPI for facilitator training were impressive. Two were very confident and outgoing. They soon got to grips with the training, asking insightful questions and thinking through the best Marshallese wording to introduce the core topics into the discussion. The third woman was very quiet but not shy, and fluent in both languages. She has appropriate skills to conduct FGDs with older women as well as to take notes.

The 16 FGDs will be completed by the end of February and the FGD report will be available to inform the Mapping Workshop in Majuro in March.

On Monday 3rd February, SV visited the MOHHS to conduct interviews with key members of staff. Two in-depth interviews were conducted with the Director of Health Informatics and the Director of Environmental Health. A third interview with the Deputy-Secretary had to be

postponed due to an emergency meeting at the MOHHS. The findings from these interviews are presented in D4.

ANNEX 3: RMI National Climate Change and Health Dialog Programme

RMI NATIONAL CLIMATE CHANGE AND HEALTH DIALOG

30-31 JANUARY, 2020

INTERNATIONAL CONFERENCE CENTRE

MAJURO, REPUBLIC OF THE MARSHALL ISLANDS

Objectives

The overall objectives of the dialog include:

- Raise awareness of the state of knowledge of climate science, impacts, and adaptation for all key stakeholders in RMI, with an emphasis on the health sector.
- Explore and learn about climate and weather service products and services that can be used to support health-related planning and response in RMI.
- Inform the providers of climate products and services about the unique requirements in terms of format, content and timing of information necessary to inform decision-making as it pertains to the health sector in the RMI.
- Jointly identify improvements that can be made with respect to information flow, decisions and actions that can be used to enhance situational awareness and support decision-making as it pertains to the health sector in the RMI.

The expected outcomes of the dialog include:

- Improved ability to generate accurate, timely and regionally-relevant information about climate change and variability and climate impacts to the health sector in RMI
- A user community that is better informed about the current state of knowledge about climate variability and change and its impacts on human health in the RMI, and as a result are able to make better decisions as they set priorities and allocate resources
- A provider community that is better informed about what problems and questions are most relevant with respect to human health in the RMI and, as a result, are better able to match climate and weather-related products and services to user requirements.
- Identification of key messages and best practices for the health sector and key stakeholders in the RMI in responding to climate impacts

Storytelling is an important mode of communication in the Pacific Islands and the way people document history, exchange information, and learn to adapt to change. This 2-day workshop will employ a 'story-based' Climate Services Dialog process designed to assist government agencies, academic institutions, nongovernmental organizations, private sector, and other stakeholders to work together to analyze and strengthen end-to-end climate services development and delivery for Pacific Small Island Developing States (<http://pacificislandsclimate.org/csdialogs/>). The Climate Services Dialog process brings together experiential and scientific knowledge as a basis for

documenting the history climate-related events and impacts as a means to inform climate-related product development and delivery in support of sector-specific decision-making. The dialog is organized into three sessions: (1) share climate knowledge, (2) diagnose climate services and identify opportunities to enhance climate service delivery, and (3) build climate stories to share key messages and best practices. A Pre-dialog technical exchange among a core planning group is included to help focus the dialog and initiate the process of sharing climate knowledge.



Key Steps in the Climate Dialog Process.

January 29, 2020

Participants: Workshop steering committee members only

Time	Activity	Lead/Presenters
8:30AM	Coffee and Gathering	
9:00	Workshop pre-dialog planning <i>Review and refine objective, Identify potential climate and weather focus, current status of information exchange.</i>	Laura Brewington, John Marra
10:30	Break	
10:45	Workshop pre-dialog planning <i>Review process and Identify facilitators for group work, review technical materials as warranted</i>	Laura Brewington, John Marra
12:00PM	Wrap up steering committee pre-dialog	Laura Brewington

January 30, 2020

Participants: All workshop participants

Goals for Day 1 in italics

Time	Activity	Lead/Presenters
8:30AM	Coffee and Registration	
Opening		

9:00	<ul style="list-style-type: none"> Prayer Opening Remarks, TBD <i>President or Minister of Health</i> Objectives & Expectations <i>OCS/Secretary of Health</i> <i>??? Director, OEPPC</i> <i>??? Reginald White, RMI Weather Station</i> 	Laura Brewington, Francyne Wase-Jacklick
9:45	Morning Tea & Photo	
10:00	General Introductions and Welcome	Laura Brewington, Francyne Wase-Jacklick
10:15	Overview of Climate Services and Dialog Process <i>Outline the plan for the day's activities</i>	John Marra
Session 1: Share Climate Stories		
10:30	<p>Share Local Climate and Health Stories - <i>food security, vector-borne diseases, water-borne diseases, disease prevention, malnutrition, skin diseases</i></p> <p><i>SPEAKERS: 3-4 individuals will describe issues related to climate and health, highlighting impacts and best practices (what helps achieve success)</i></p> <ul style="list-style-type: none"> ?? RMI Health and Climate Issues – <i>food security, vector-borne diseases, water-borne diseases, disease prevention, malnutrition, skin diseases</i> Ministry of Health and Human Services ?? Outbreak Response Ministry of Health and Human Services, National Disaster Management Office ?? ?? • 	Laura Brewington, Francyne Wase-Jacklick
11:30	<p>Identify Key Messages and Best Practices <i>PANEL DISCUSSION: Guiding questions: What are common themes from climate and health stories? What are some best practices you could adopt in your work? What actions should be taken?</i></p>	Laura Brewington, Dan Ervin
12:00PM	Lunch	
1:00	<p>Document Historical Climate-related Events and Impacts. <i>SMALLL GROUPS: Create a timeline of climate-related events. Go back as many years as you want and discuss health outbreaks – when they happened, and was</i></p>	John Marra, Francyne Wase-Jacklick, Reginald White

	<i>there a climate connection (i.e. drought/hurricane)? Tie it up to climate or weather. Maps can be used to indicate site-specific health impacts</i>	
2:00	Report Out Timelines, Synthesis <i>Summarize timeline events and impacts</i> SPEAKERS	John Marra
3:00	Break	
3:15	Share Technical Knowledge – Understanding the climate of RMI <i>SPEAKERS: Provide a summary of patterns and trends of climate variables relevant to the health sector. Includes a summary of Climate Information Sources for Health ...portals, websites, or reports that may be of use.</i>	Matthew Widlansky, Reginald White, John Marra
4:15	Question and Answer about the climate of RMI and existing sources of information. <i>ENTIRE GROUP</i>	Matthew Widlansky, Reginald White
4:30	Wrap-up <i>Conclude Day 1 having identified the types of climate and weather events that are relevant to the health sector, described the impacts that have been observed, and summarized the relevant timelines and variables</i>	Laura Brewington, John Marra

January 31, 2020

Participants: All workshop participants

Goals for Day 2 in italics

Time	Activity	Lead/Presenters
8:30AM	Coffee and Registration	
9:00	Overview of Climate Services and Dialog Process <i>Outline the plan for the day's activities</i>	John Marra
Session 2: Diagnose Climate Services Delivery		
9:15	Diagnosis: Climate and Health in the RMI <ul style="list-style-type: none"> • What worked? What didn't? (Information, communication, effectiveness of actions) • What other parameters/information did you wish you had to take action/make decisions? <i>SMALL GROUPS: From events identified yesterday (vector-borne, diarrheal disease, etc?),</i>	Laura Brewington

	<p>1) <i>outline existing climate services that support situational awareness</i></p> <p>2) <i>Identify strengths, weaknesses</i></p> <p>3) <i>Identify challenges and opportunities, including specific actions for improvement</i></p>	
10:15	Morning Tea	
10:30	<p>Remedy: Climate and Health in the RMI</p> <p><i>SMALL GROUPS: synthesize the results from the previous session to layout the ideal –strawman- climate and weather services support system to enhance health-related decision-making in the RMI</i></p> <p><i>Break-out groups key messages and best practices and incorporate them into climate and weather information systems for health risks related to climate and/or weather</i></p> <p><i>– considering content, timing, format, etc.</i></p> <p>–</p>	
11:00	<p>Report Out Timelines, Synthesis</p> <p><i>What should constitute a climate and weather services support system for Health?</i></p> <p><i>SPEAKERS/ENTIRE GROUP:</i></p>	
12:00PM	Lunch	
1:00	<p>Health within the larger National Disaster Management and Climate Adaption Construct</p> <p>SPEAKERS</p> <ul style="list-style-type: none"> • ??RMI National Adaptation Plan – progress and opportunities • <i>Tbc</i> • ?? Presentation on existing coordination mechanism for climate change • and resilience activities in RMI • <i>Director, OEPPC</i> • <i>Other Sector Input and Responses</i> <ul style="list-style-type: none"> - <i>Mitigation Working Group</i> - <i>Adaptation Working Group</i> - <i>NDC P Working Group - Gender and Human Rights, Climate Finance Management, Advocacy and Awareness</i> - <i>Agriculture and Food Security</i> - <i>Water</i> 	<p>Laura Brewington, Dan Ervin, Francyne Wase-Jacklick, Reginald White</p>

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2:15	Question and Answer	
2:30	Break	
Session 3: Build Climate Stories		
2:45	<p>Build Climate Stories <i>SMALL GROUPS: synthesize the outputs of the dialog into “climate stories” building on and integrating the key messages and best practices, making connections to national policies and other sectors as warranted</i></p>	Laura Brewington, John Marra
3:45	<p>Share Climate Stories <i>SPEAKERS: One representative from each break-out group will report out on their climate story to the workshop participants</i></p>	Group Representatives
4:15	<p>Next Steps <i>ENTIRE GROUP: What are the immediate actions that can be taken to improve the delivery of climate services to the health sector in RMI..., itemized next steps for meeting needs according to best practices</i></p>	
4:30	<p>Wrap-up <i>Conclude Day 2 having synthesized dialog activities and discussions into “climate stories”, determined what actions are needed to improve situational awareness through the delivery of climate services to the health sector</i></p>	Laura Brewington