

COMPASS

MOTT MACDONALD HEALTH NEWSLETTER | ISSUE 20 | JUNE 2015



CWEM Environmental Photographer of the Year

The impact of climate change can be seen in the frequency and intensity of extreme events

BUILDING THE AGE OF CLIMATE RESILIENCE

'IN THE NORTHERN HEMISPHERE, 1983–2012 was likely the warmest 30-year period of the last 1400 years'.* Human influence on the climate system is clear.

Compass spoke to Dr. David Viner, Mott MacDonald's principal advisor for climate resilience and internationally recognised expert, about the potential impact of climate change on health systems and how countries can plan appropriate responses.

What is the latest thinking on climate change? How does it affect our lives?

Global temperature has risen by just short of a degree since the Industrial Revolution as a result of an increase in carbon dioxide in the atmosphere, largely caused by human activity. The international community has agreed that a further rise in mean global temperatures to more than two degrees above the pre-industrial baseline will be dangerous – if we continue to behave

as we do now we have a 95% chance of reaching this level.

The profound impacts of climate change can be seen all around the world in the frequency and intensity of extreme events such as cyclones and heat waves. For example: the city of Sao Paulo in Brazil currently has very little water for its population of 25 million because of a severe drought; the lack of rainfall during the European heat wave of 2003 created very dry

..... CONTINUED ON PAGE 2

**CHANGING LIVES IN SOUTH AFRICA PAGE 3 | THE HEALTH OF ADOLESCENTS PAGE 4
GCBS PROGRAMME PAGE 6 | ERADICATION OF MALARIA IN ASIA PACIFIC PAGE 7**



COVER STORY CONTINUED

conditions and devastating forest fires in many countries; during the Russian heat wave of 2010 high temperatures made people desperate to cool off, and around 2000 people drowned while swimming.

As always, it is the most vulnerable groups who suffer the most, the poor and those already disadvantaged or marginalised – from pensioners left on their own during a heat wave in industrialised countries, workers who spend most of their days outdoors, to slum dwellers in the megacities of the developing world.

What pressures does climate change put on our health systems?

It is hard to generalise as each country or region faces different and specific risks. However, countries with already fragile health systems can struggle to cope and adapt to change.

First, climate change can bring new diseases and changes in patterns of other health conditions, putting pressure on existing health systems capacity. The effect that is most talked about is the potential spread of vector-borne diseases such as dengue or malaria if their transmission zones widen. But climate change also affects air quality – the warm air in a stationary high pressure system increases pollutants which trigger respiratory issues. Natural disasters not only destroy livelihoods, but lead to a range of mental health problems. Higher temperatures and too much or too little water can facilitate transmission of diarrhoea and other diseases. Crops, forestry, livestock, fisheries, aquaculture and water systems are affected, potentially causing hunger, illness and death due to undernutrition.

The extra strain on the health system, where there is no preparedness or ability to adapt, is costly. We are not just talking about floods, windstorm, storm surges destroying infrastructure and damaging communication and transport systems; but also setting up early warning systems, deploying a different range of health interventions, increasing the capacity of health workers and laboratories, and preparing for potential disasters – for example with a roster of emergency health professionals and trained community health workers.



Dr. David Viner is Mott MacDonald's principal advisor for climate resilience. An internationally recognised expert, David has over 20 years' experience working in climate change. David led the UK public engagement on climate change adaptation and advised both the UK government and international agencies. David contributed to the report of the Intergovernmental Panel on Climate Change (IPCC) which was awarded the Nobel Peace Prize in 2007.

How should countries respond?

Mott MacDonald advocates building the age of climate resilience, that is taking an integrated approach to reducing the impact of climate change. For example, in Nigeria we are doing this in schools by looking at the changes we can make to the infrastructure, and by including science and information around climate change in the curriculum, through the UKAid funded Education Sector Support Programme (ESSPIN).

For health, climate resilience means using the best available evidence to assess the likely impact, and building the infrastructure to mitigate the impact. As health facilities rely on power, water and transport as well as clinical expertise, this means not just consulting the doctors but specialists in these other areas as well. We recommend a local power back-up system so the health facility can still operate if an extreme event causes the generators to go off grid; sewage systems and waste treatment works to ensure drinking water is clean; and trained workers who are aware of and prepared to react to new health issues and diseases as well as disruption to the existing infrastructure (such as the communications and transport networks going down).

Communication with the public is also very important. For example, lack of communication with the public and lack of awareness about what was happening resulted in a high number of deaths in France during the heat wave of 2003. Fortunately, the lessons from 2003 have been taken on board by European health systems and marked a positive change in how we respond to extreme weather events.

Mott MacDonald is also starting to focus on the barriers to financing climate resilience, adaptation and

mitigation. In particular, we are engaging with governments and private sector donors to discuss how a Green Climate Fund might be set up to provide finance to developing countries for low carbon infrastructure, technology and climate resilience.

...climate change can bring new diseases and changes in patterns of other health conditions, putting pressure on existing health systems capacity...

What are the benefits of a climate resilience strategy?

When we talk about the reasons for investing in climate resilience, we talk about the 'resilience dividend'. If you adopt a climate resilience strategy your business and society will be better off for it. So whether you are a private company or a public health care system, resilience will help you achieve your goals. Building resilience into a country's health system improves the health of the population, in turn reducing the burden on the public health service and producing economic benefits for both regional communities and the whole country.

* *Headline Statements from the Summary for Policymakers from Climate Change 2013 The Physical Science Basis. IPCC, January 2014.*

MORE INFORMATION

Contact: david.viner@mottmac.com
www.mottmac.com/environment/climate-change

CHANGING LIVES IN SOUTH AFRICA



SARRAH worked to strengthen health systems in South Africa's public health sector

THE MOTT MACDONALD managed Strengthening South Africa's Response to AIDS and Health programme, or SARRAH for short, recently came to an end. The five-year programme was funded by UK aid and by the European Union. SARRAH provided technical

assistance (TA) and catalytic funding for national initiatives to key partners such as the National Department of Health, the South African National AIDS Council and the Treatment Action Campaign.

SARRAH's highly successful TA model facilitated the development

of a close relationship with the Ministry and National Department of Health, supporting the development of their ambitious National Health Insurance programme which aims to provide universal access to quality health services. SARRAH's ability to respond rapidly and flexibly enabled an accelerated process of testing interventions that government funding streams are not usually designed to deliver. SARRAH was also able to make full use of Mott MacDonald's extensive UK links to inform partners of current international best practice.

Highlights of the programme included the establishment of the Office of Health Standards Compliance, an independent regulatory body; the Ideal Clinic Initiative to improve primary health care; and a system to contract private general practitioners in public health facilities.

South Africa's Director-General of Health, Precious Matsoso expressed her appreciation of the programme by referring to certain SARRAH projects that either "changed the world or changed lives".

For more information contact: john.wilson@mottmac.com

AMAQHAWE MID TERM REVIEW

A MID TERM REVIEW was recently conducted for the Amaqhawe HIV prevention programme which aims to reduce HIV infection among female sex workers in the Gert Sibande district of Mpumalanga in South Africa. The results revealed:

- The programme has extensive reach – among the sex workers surveyed, 82% attend support groups and 79% have read the Amaqhawe project magazine.
- Sex workers have a greater understanding of HIV and general health and wellbeing – 71% who attended the Risk Reduction Training (RRT) indicated that they had a greater understanding of the risks and impact

of HIV on their behaviour and health. RRT provides information on HIV, sexually transmitted infections, alcohol and substance abuse, violence, human rights and legal rights.

- The programme is succeeding in breaking down gender norms with the respondents indicating that they 'felt stronger as women'.

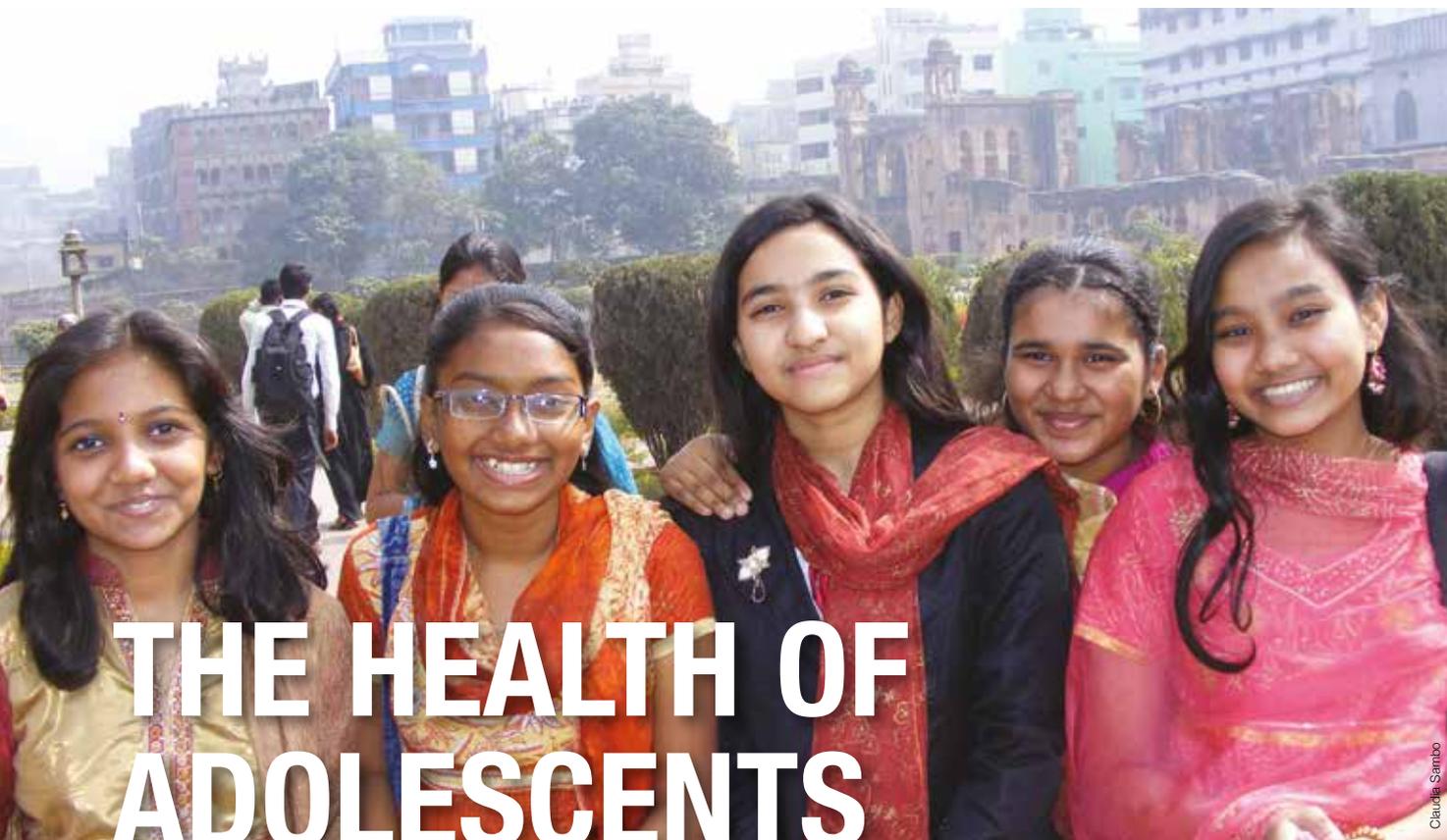
The review also highlighted that the police remain a hindrance in creating an enabling environment for sex workers to change their behaviour and feel safer. Going forward, the project is working on strategies to engage the police. The results have also provided guidance for the remaining years of the programme. Amaqhawe is now exploring

ways to deepen the package of HIV prevention services that are available and is strengthening partnerships with government to ensure these services are sustainable.

The five-year Amaqhawe project is funded by the US Centers of Disease Control and Prevention. The programme is due to finish in September 2016. Designed with and for sex workers, it has created a powerful brand focusing on sex workers as agents for change rather than transmitters of disease.

MORE INFORMATION

Contact: leora.casey@mottmac.com



Long-term impact – what happens during adolescence has implications for health in later life

LAST YEAR MOTT MACDONALD health specialists contributed to a major WHO report on adolescent health. We discuss the latest global developments, and a recent article we contributed to the debate.

Globally, interest in adolescent health continues to grow, with recognition that what happens during the years of adolescence has implications for the long-term health of individuals. Adolescent health is set to be included in the updated – and renamed – UN Secretary General Global Strategy for Women’s, Children’s, and Adolescents’ Health. In May 2015, the 68th World Health Assembly discussed a proposal to develop a framework for accelerated action for adolescent health, aligned with an updated UN Secretary General Global Strategy. The framework will provide countries with a basis for developing coherent national plans for the health of adolescents.

Crucially, adolescents are ‘the Sustainable Development Goals (SDG) generation’: a ten-year-old in 2016 will

be twenty-five in 2030, when the SDG era ends.¹

Adolescents often make up more than 20% of a country’s population. Low- and middle-income countries have the largest proportions of adolescents as a result of the success of child survival interventions combined with continued high fertility rates.²

Crucially, we know that the burden of disease is significant in the adolescent years. Globally, mortality for adolescents is now greater than mortality in children (1–10 years).

We know a lot about the *types* of health interventions that adolescents need, but much less about the extent of unmet need for adolescent health services. However, based on data related to reproductive health, we can detect a massive need: each year, an estimated 6.1 million unintended pregnancies and 2.5 million unsafe abortions occur in adolescents in low- and middle-income countries. Lowering the rates of adolescent pregnancy is an important part of reducing maternal and infant mortality.

“...the foundations laid during adolescence in terms of health, education and skills will have profound implications for social and economic development.”

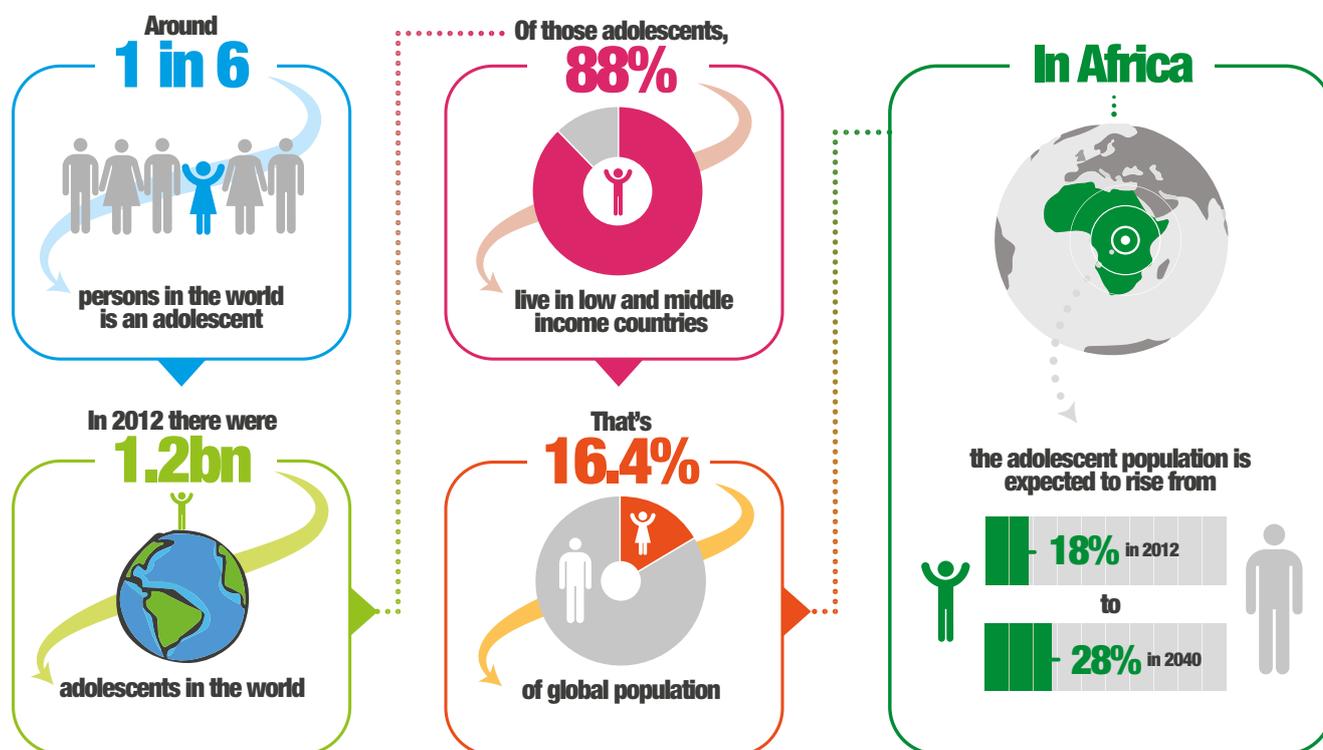
WHO 2014

Health financing through an ‘adolescent lens’

In 2014, we conducted a study for WHO and found that very little is known about the impact of health financing on adolescents’ use of health services.

A key issue is that adolescents are neither children nor adults, two groups that health systems clearly distinguish. They therefore risk falling into a policy gap where their specific needs are overlooked. There are frequently payment exemptions for children and membership of insurance schemes is

ADOLESCENTS: A GROWING FORCE



Credit: Mott MacDonald. Data source: *Progress for Children: A report card on adolescents*. New York: UNICEF; 2012.

often linked to employment: however many adolescents have left home but not yet secured steady employment. We therefore identified an ‘adolescent lens’ – a set of questions to highlight to policymakers the particular challenges of financing and providing health care for adolescents:

1. Are adolescents adequately covered by a **pooled financing arrangement** (insurance- or tax-based)? If not, there may need to be a focus on increasing overall coverage and/or on measures that particularly target adolescents, including older adolescents.
2. Do adolescents have to pay **fees** to use essential services, and if so, what is the impact of fees on their use of services? If this is a problem, exemptions could be a short-term measure.
3. Are the services that are **appropriate** for adolescents covered by pooled

financing arrangements? If not, it may be that the services do not exist in the country or that the financing scheme chooses not to fund them. Some services which are important to adolescents can be culturally sensitive and may be regarded as undesirable in general, or specifically for adolescents (e.g. contraceptive provision or treatment for substance misuse). The question can trigger discussions about how to encourage adolescent services, for example by recognising that pregnant adolescents may need additional support and that this comes at a cost.

We concluded that the challenges of making Universal Health Care a reality for adolescents are in some ways the same as for other age groups: poor and marginalised people are the hardest to provide for. However adolescent health care brings additional challenges, for example because adolescents are more likely to have both less access to cash and specific needs for confidential

health care. In addition, adolescent health care is often a relatively low political priority. Using the ‘adolescent lens’ can be a way to highlight the challenges and start a discussion about this important generation.

- 1 Summary of the Every Woman Every Child Stakeholder Consultation Meeting, February 2015. On the Updated Global Strategy for Women’s, Children’s and Adolescents’ Health.
- 2 Adolescent health: report by the Secretariat. Sixty-Eighth World Health Assembly, Provisional agenda item 14.3, A68/15, 10 April 2015.

MORE INFORMATION

Our WHO-commissioned analysis is published in: *Financing health care for adolescents: a necessary part of universal health coverage*, Catriona Waddington and Claudia Sambo, WHO Bulletin, January 2015. <http://bit.ly/1HKqIVF>
Health for the world’s adolescents: A second chance in the second decade. WHO, 2014 (chapter 6) <http://bit.ly/1jseYVv>

RESPONDING MORE EFFECTIVELY TO VULNERABLE CHILDREN



The South African Government Capacity Building and Support programme is working to strengthen the community care services that protect vulnerable children

IT IS ESTIMATED that 60% of South Africa's 19 million children live in poverty. They face many challenges from access to food, shelter, education and health, and can be vulnerable to HIV, sexually transmitted infections and TB. Mott MacDonald is working with the South African Government Department of Social Development (DSD) to enhance its capacity to support orphans, vulnerable children and youth across the country.

The Government Capacity Building and Support (GCBS) programme, funded by USAID and PEPFAR, aims to strengthen the coordination, management and oversight of the community care service structures that protect and care for the most vulnerable children and their families; to strengthen coordination with other government departments such as Health and Education; and to improve

the availability of reliable data both on the programme and on the social effects of HIV and other vulnerabilities faced by children.

GCBS is taking an integrated systems strengthening approach, based on the assumption that proven, cost-effective interventions for providing high quality social welfare services for children are delivered more effectively (and sustained) if a high performing welfare system is in place. This means identifying, strengthening and developing key capacities in areas such as leadership and governance, human resource management, service delivery, operating and policy frameworks, financial management, information management and data quality, in addition to social welfare competencies and capabilities. The approach recognises DSD as a complex and dynamic organisation influenced by the

broader socioeconomic environment and related priorities.

GCBS is implemented through a 'partnership' approach to capacity development which is demand and results-driven, and ensures that activities are aligned to DSD priorities. The GCBS consortium draws on national and regional expertise and supports local institutions, and encourages collaboration between the Department and the technical team at all times.

The five-year programme is implemented in partnership with Pact, Isibani Development Partners (IDP) and the US small business, Development and Training Services (dTS) and runs to the end of 2018.

MORE INFORMATION

Contact: margaret.roper@mottmac.com

HRF SUPPORTS THE ERADICATION OF MALARIA IN ASIA PACIFIC



Malaria Survey team check houses for mosquito nets, Honiara, Solomon Islands

AS DRUG RESISTANT MALARIA

becomes a public health issue and threatens to reverse previous gains in control of the disease in Asia Pacific, the Australian government has made malaria elimination in the region a priority.

Australia has been instrumental in the creation of the Asia Pacific Leaders Malaria Alliance (APLMA) which facilitates high level engagement research, policy and programme coordination, regulatory collaboration, finance and governance across the region.

The Mott MacDonald managed Health Resource Facility (HRF) for Australian Aid has worked closely with the Access to Quality Medicines and other Technologies Task Force, set up under APLMA to develop a series of analytical papers and recommendations. Topics have included:

- Analysis of Artemisinin Resistant malaria surveillance data, burden of disease, disease control progress, and challenges related to hard to reach populations. This included the identification of hot spots in the Greater Mekong Subregion, one of the areas most affected by drug resistant malaria.
- Opportunities and challenges around regulating anti-malaria commodities in the Asia Pacific Region, particularly Artemisinin-based Combination Therapy (ACT).
- The changing nature of demand for anti-malarial commodities in a context that is moving towards elimination, the importance of access by high risk populations to commodities such as insecticide treated bed nets, rapid diagnostic tests and ACTs and the challenges of product availability and quality.
- Issues and barriers to improving access to anti-malarial commodities and services in malaria affected Asia Pacific countries.
- How to encourage regional producers of anti-malaria medicines and technologies to meet quality standards, increase their capacity and reduce the production of poor quality products.

In November 2014, APLMA progressed taskforce recommendations through the East Asia Summit, with all 18 EAS leaders committing to malaria elimination from the Asia Pacific by 2030.

MORE INFORMATION

Contact: heather.randall@mottmac.com.au or find out more about the work of APLMA: www.aplma.org

THOGOMELO PROJECT

PIONEERING FORMAL QUALIFICATION FOR COMMUNITY CAREGIVERS IN SOUTH AFRICA



Community caregivers graduate with a formal qualification

SOUTH AFRICA is home to 2.1 million orphans in need of care and support. These are largely AIDS orphans, in a country where an estimated 270000 people die of AIDS-related illnesses every year. The current government social service sector is overstretched with one social worker for 4347 people, hence community caregivers (CCGs) form an integral part in the provision of prevention, early intervention and care to orphaned and vulnerable children to support social services. It is estimated that CCGs in South Africa number 70000.

The Thogomelo project in partnership with the Department for Social Development (DSD) is undertaking a situational analysis to determine the scope of practice of CCGs in order to develop a qualification that will create a recognised occupation in caregiving.

CCGs are mostly volunteers with community-based organisations and operate without any formal or standardised training. The overall goal of the Thogomelo project is to strengthen the capacity of CCGs as entry level social service practitioners to deliver quality service to families and vulnerable children. While the three curricula in child protection, psychosocial support and supportive

supervision already developed by the project have provided more than 3500 CGSs with important new skills, it has become apparent that CCGs lack a career path. At the same time, the DSD has been working to expand the social service workforce to meet the social welfare needs of the South African population comprehensively.

The new CCG scope of practice will be included in the current revision of the Social Service Professions Act 110 of 1978 as amended in 1998. This will result in formal recognition of the indispensable role played by caregivers in early intervention services for children, remunerated employment, and legislation in service capacity building programmes to support their services.

Mott MacDonald has been implementing the Thogomelo Project in partnership with the Programme for Appropriate Technologies for Health (PATH) and the International HIV/AIDS Alliance since 2008 through funding from the United States Agency for International Development (USAID).

MORE INFORMATION

Contact: busi.baloyi@mottmac.com

BUILDING HEALTHIER COMMUNITIES THROUGH EFFECTIVE PARTNERSHIPS

At the start of the year, our two international health businesses, HLSP and HDA, were retired and united under our parent brand, Mott MacDonald.

Being part of Mott MacDonald clarifies how you engage with us. The individuals and the teams you can work with remain the same but sharing the Mott MacDonald brand will mean that you can also access the wider resources of the Mott MacDonald Group more easily. The change will allow us to work more closely together across our international health business and bring specialist teams from our major regional hubs to help you build healthier communities.

Alongside the brand transition, we have also been investing in our approach to relationships and are committed to maintaining and building on our high standards of service.

As a result of the brand transition, all HLSP and HDA branding will be replaced with Mott MacDonald branding.

For more details contact:

joanne.buenafe@mottmac.com

CONTACT US

Mott MacDonald
10 Fleet Place
London
EC4M 7RB
United Kingdom

T +44 (0)20 7651 0302

E health@mottmac.com

W www.mottmac.com/health

Follow us on Twitter @MottMacDonald

Compass Issue 20, June 2015
Printed using vegetable oil inks on 100% recycled paper. This publication can be composted or recycled. Previous issues are available at: www.mottmac.com/compass

