**UNOOSA (no more than 10 slides)**

**WMO/WHO Joint office for Climate and Health: Sharing experience on the role of remote-sensed climate and environmental information to improve health care services**

**Headline:** The added value of remote-sensed information or satellite-enriched information for the timely identification of health risks

1. **Health adaption**

* Impacts over the years have been seen of climate on health
* UN General Assembly already acknowledge requirement to help through WHA resolution
* Refer to Tendros as making 1 of 4/5 priorities
* Gateway not fully developed
* Both communities are very competent but divided. (met and health)

1. **More detailed description via a diagram**

* Table from Joy which lists health areas (WHO program) where we can tap in) 9-11 health areas to identify, one example per health area
* Introduce joint office as middlemen via a diagram:
* Official statement which then bolsters Joint Office existence
* Climate community at the same time recognizes itself as a service provider as well as just research guidance. Health is one of main beneficiaries

1. **Introduction to Joint Office Climate and Health**

* What is the Joint Office and for Climate and Health?
  + Brief history:
    - Created in….
    - Aims/objectives…
  + Act as bridge between health and climate communities
  + Help health sector to use existing climate knowledge for health adaptation AND help climate community on what the needs of the health sector are to help tailor their products.
  + In a good position to take satellite information and advise on how should be tailored into usable inputs for health

1. **Examples of things Joint Office has done**

* Specific examples

1. **Challenges/Problems identified in use of information (i.e. why space data necessary?)**

MAINLY IN DEVELOPING COUNTRIES

* Accessibility (governance and technical problems):
  + National policies preventing free sharing of information between government agencies (e.g. monetized)
  + Technical (format etc.)
* Completeness:
  + Few weather stations esp. developing countries (most vulnerable)
  + Spatial/Temporal gaps due to political/economic fluctuations
* Scale:
  + Health decisions being made at spatial scales at which climate information is not available
* Timeliness:
  + Capacity of climate services at national level to be able to be used in a timely manner. Sometimes up to a month!
* Absence of essential variables in national monitoring systems
  + Air pollution good example (provide good proxies)
* Quality:
  + Due to weak climate observation systems and lack of format for maintenance.
    - Satellite data can make quality checks comparing national data with satellite data.
* Diffusion of data sources:
  + Data sets scattered all over the place
    - Satellite data can streamline where climate products are

1. **Good examples of how challenges are overcome with technical solutions:**
   * + CSIS (completeness, scale and quality)
     + ENACTS (IRI product) (access and diffusion)
     + FEWS (tbc) fews.net/fews-data/336
2. **Health benefits**

Meningitis in West Africa (forecasting) (MERIT)

* + - WHO Yellow Fever risk maps (see space for global health)
    - WHO regional office South-East Asia (space for global health
    - Hazard EWSs (SFGH)
    - Water quality (SFGH)
    - Mercury
    - Cyanobacteria
    - Malaria
    - Kazakhstan epizootic diseases etc. (SFGH)
    - Rift Valley fever (SFGH)
    - Japanese encephalitis risk map (SFGH)
    - Ebola virus disease response (SFGH)
    - UN-SPIDER? (SFGH)
    - Space weather project?
* Ways of getting around met office if space data is available
* Relevance for disease transmission
* Key point, using satellite data in emergency management, e.g. what has a flood washed out? Where is a health centre down? QUICK WIN (disease tracking requires long-term research)
* Think of health communities as half in practice and half in research
* OOSA can put more data out earlier to report possible disasters (currently)

1. **Final messages/Get in touch**

**Session chair:**

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Dr Ramesh Krishnamurthy serves as a senior technical officer and the focal point for e-Health standardisation and interoperability efforts at the World Health Organisation in Geneva, Switzerland.

He has extensive experience in designing, implementing, coordinating, and managing national and sub-national e-Health systems and services, including health information systems, emergency operations centres, and public health surveillance information systems.

Dr Krishnamurthy has also assisted numerous countries in all six WHO Regions in their development and implementation of national and sub-national eHealth strategies, standardisation and interoperability of e-Health systems and services, and utilisation of strategic information for evidence-based public health decision-making.

Previously, Dr Krishnamurthy served as Senior Informatics Advisor at the United States Centres for Disease Control and Prevention (CDC) in Atlanta. He holds many prestigious honours and awards. He owns a PhD in Physical Anthropology from the University of Oregon, USA and a Master of Public Health with a major in Health Services Management from University of California, Los Angeles School of Public Health.