URBAN HEALTH INITIATIVE
PROGRESS REPORT 2016-2017

LEAD PARTNERS
Clean Air Asia, International Centre for Integrated Mountain Development (ICIMOD), Norway, UN Environment, UN Habitat, United States, World Bank, World Health Organization, ICLEI

IMPLEMENTERS
World Health Organization, UN Environment, UN Habitat, ICLEI

| TOTAL BUDGET FROM THE COALITION:     | $2,155,224 |
| TOTAL EXPENDITURES FROM THE COALITION: | $417,817  |
| TOTAL FUNDS LEVERAGED:               | $1,813,568 |

NOTE

This document presents results from the Climate & Clean Air Coalition’s Urban Health Initiative reported between July 2016 and June 2017. These results were recorded using the Demonstrating Impacts indicators, which have been approved by partners as the “common currency” to monitor and communicate impacts across the Coalition’s initiatives and workstreams.

Presented achievements are the result of collaborations between multiple stakeholders, including national governments and cities, international organisations, NGOs, research institutions and the private sector. Some are a direct result of activities funded or co-funded by the Coalition, while others are indirect achievements in which the Coalition’s actions played a catalysing role.

1 The latest version of the Demonstrating Impacts Framework is accessible to partners here where the online tool to report new results is also accessible and open throughout the year.
DEMONSTRATING IMPACTS SUMMARY

OUTPUTS

9 POLITICAL OUTREACH EVENTS
The initiative supported two local decision making meetings, one scoping mission in Kathmandu and the kick off meeting for the work in Accra, these enabled to plan for subsequent activities and identify local partners and individuals that will be involved the projects. In addition, the initiative and BreatheLife Campaign supported seven public information meetings, including the BreatheLife launch as well as and side events and technical briefings to promote the issue of urban air pollution in major international fora such as the COP22, Habitat III, WHO 70th World Health Assembly, Health Action Day and Global Conference on Health and Climate Change.

48 PERSON-DAYS OF TRAININGS
The initiative organised 48 person-days of training through two trainings on health impacts and health economics to a total of 24 local stakeholders in Accra, Ghana.

NARRATIVE REPORT

SUMMARY

URBAN SLCP REDUCTION AND HEALTH PROJECT
The Urban Health and SLCP Reduction project was officially started on 28 November 2016 when implementing partners held a kick-off meeting in Accra involving key local government and sector stakeholders, in addition to international partners, to explore earlier and ongoing related activities of local and international partners, and identify gaps in local information on health and air pollution data. The kick-off meeting was held back-to-back with a scoping mission that was conducted by implementing partners to plan the implementation, map stakeholders and collect baseline information of the situation on the ground. The results of the kick-off meeting and scoping mission informed the planning of subsequent activities and identified local partners and individuals that will be involved in implementing various project components.

In May 2017, the project team conducted a capacity building workshop with local experts that focused on the utilization of health impact assessment and health economic analysis tools. Workshop participants were equipped with the knowledge and tools to support the analysis of air pollution, epidemiological and health economic data necessary to conduct the analysis of sector policy scenarios at a later stage of the project. Preparation for field analyses were ongoing when this report was written and included the collation of local data on health and economic impacts from secondary sources, and where necessary, by collecting primary data.

In July 2017, ICLEI and UN-Habitat conducted a policy mapping exercise in Accra to build on initial information collected during the scoping mission and kick-off meeting to provide further information necessary for conducting
scenario analyses. Results will inform data modellers with the data required to build realistic scenarios for further consideration of local decision makers. Also in July 2017, experts from WHO and Stockholm Environment Institute (SEI), together with colleagues from CCAC, US EPA and Ghana EPA (joining remotely), met to discuss the adaptation and harmonization of WHO health and health economic tools with the LEAP-IBC tool. This meeting defined the key functions and outputs required by individual tools to feed information into one another while producing the type of information required to provide the most suitable evidence to best inform policy makers in Accra about the health costs and potential co-benefits deriving from SLCP policy (in)action.

BREATHELIFE
The WHO/UN Environment/CCAC BreatheLife campaign is raising awareness about the climate and health impacts from air pollution and how, by acting now to reduce short-lived climate pollutants, millions of lives can be saved and near-term climate change slowed.

Following a pre-launch “BreatheLife” event in Paris in July 2016, at the WHO Health and Climate Conference, a full launch of the campaign took place in October 2016 at the UN Conference on Housing and Sustainable Development, (Habitat III). This included a fully developed BreatheLife website (www.breatheLife2030.org) as well as initial commitments from nine mayors worldwide on the Habitat III “Urban Stage” to join the campaign, hosted by the Minister of Health, Ecuador and Minister of Housing and Urban Planning, Chile. In tandem, two “BreatheLife” exhibits were visited by thousands of people both inside and outside of the Habitat III official grounds. Meanwhile, campaign displays and outreach also took place in Seoul, Korea; Accra, Ghana; Kathmandu, Nepal, and at a COP22 side event.

At the May 2017 World Health Assembly, an interactive BreatheLife exhibit similar to the one staged in Quito, was placed on display in the main WHA corridor. In addition to Habitat III and COP22, major social media thrusts promoting awareness and actions you can take to reduce air pollution and SLCPs also took place on World Environment Day (5 June 2017), the first-ever UK Clean Air Day (15 June 2017), and during the Paris Marathon on 8 April 2017, among other events. Additionally, a Facebook Group page opened only in April now has over 400 members and is growing daily. #BreatheLife is actively used on Twitter with BreatheLife videos, infographics and messages reaching millions. A regional workshop for BreatheLife cities of the Americas in Medellin, Colombia was held during the last week of October. At the same time, major new public outreach is planned around the expected joining of new cities, particularly at COP23 in November and UNEA3 in December.

HIGHLIGHTS

URBAN SLCP REDUCTION AND HEALTH PROJECT
The Urban Health and SLCP Reduction project in Accra was officially initiated in November 2016. This marks the start of the first pilot city project of the Urban Health Initiative (UHI), which aims to reduce deaths and diseases associated with air and climate pollutants, and to enhance health co-benefits from policies and measures to tackle air and climate pollution.
BREATHELIFE

Since the launch, 36 cities have made official commitments to join the campaign, driving towards WHO AQ guidelines and reducing climate pollutants. These have included Santiago, Chile; London, UK; Washington DC, US; and Jalisco State Mexico. There are also now confirmed commitments from Paris and Mexico City to join the campaign, building towards another wave of momentum in the fourth quarter of 2017. NGOs that are members of the CCAC Health Initiative have recently been invited to join the campaign (following due diligence review). An event convened by WHO on the margins of the World Health Assembly engaged NGOs in official relations with WHO in dialogue about common interests that could be promoted through campaign channels (e.g. heart/lung disease and cancer prevention).

Aggregate Social Media Metrics

- Aggregate (July 2016-July 2017) WHO Facebook posts - 9.1 million people reached in 37 WHO Facebook posts, 239k on average, per post.
- Aggregate Twitter (July 2016-July 2017) (WHO use of #BreatheLife) - 12.12 million impressions 39,618 retweets; 2nd top tweet was a “BreatheLife” social media card created by UN Environment for World Environment Day, and jointly issued by CCAC and UN Environment, which was retweeted by WHO receiving 1.3 million impressions, 1,9k retweets:
- Another 5.5 m impressions and 12 K retweets from posts tagged #environmentalhealth or #climate change BreatheLife video views
- 426, 714 views in total from WHO YouTube and Facebook accounts
- Regional analysis of selected Tweets- India had the second most views of BreatheLife tweets, during some months, while Philippines and Mexico also ranked high.

Media Metrics by Topic

- Habitat III launch - Social Media
- Habitat III Facebook post example
- Habitat III Facebook post example
- Children’s Environmental Health atlas launch (March 2017)
- World Environment Day – Social Media Twitter - WHO use of #BreatheLife
- Mainstream Media coverage of SLCPs & AP/BreatheLife
- Aggregate News media/ campaign coverage – 191 media articles were published on air pollution and climate change with reference to WHO or CCAC
- 7 articles mentioned the BreatheLife campaign, including by CNN and a Huffington Post op-ed by Dr Margaret Chan, Authored Op-Eds: Margaret Chan op-ed, Carlos Dora quoted, Maria Neira and Delhi Air pollution, Flavia Bustreo, Diarmid Campbell-Lendrum

Mainstream Media Metrics by Topic

- Habitat III coverage
- COP22 media coverage - 70 articles, nine languages
- CNN coverage of BreatheLife infographic - CNN - November 14, 2016
- Children’s Environmental Health Atlas launch during BBC special Air Pollution week (March 2017)
CHALLENGES

URBAN SLCP REDUCTION AND HEALTH PROJECT

The scoping mission undertaken under the Urban Health and SLCP Reduction project confirmed that there are no city level emissions inventories available for Accra. Limited access to air pollution data is a challenge as it limits the validity of health and health economic tools developed for the Urban Health Initiative that require detailed emissions data for their calculations. Limited availability of devices to measure background air pollution or personal exposure to air pollution for specific scenarios to develop in Accra. Limited quality and/or lack of sector specific data (e.g. traffic flows for transport).

BREATHELIFE

► Building out multi-lingual capacity and capacity in regions
► Responding to new city interest, opportunities and demand – and engagement of cities in meaningful actions – which translate into actual air pollutant/SLCP reductions
► Outreach to non-state actor partners, particularly CCAC and WHO recognized NGOs – and as part of that more tailored outreach to the health sector concerned with non-communicable diseases (NCDs) and with climate change – for engagement in meaningful actions that leverage air pollutant/SLCP reductions.
► Insurance of future funding for campaign maintenance and enhancement until 2020 (the four-year campaign term)
► Related to funding arrangements, institutionalization of cohesive team and more permanent staffing to ensure continuous improvements in the campaign website, and improved multi-lingual and regional outreach approaches.

LESSONS LEARNED

URBAN SLCP REDUCTION AND HEALTH PROJECT

One major lesson learned pertains to the kick-off meeting and initial stakeholder engagement workshop conducted in Accra (Ghana) for the Urban Health and SLCP Reduction project. The number of stakeholders relevant for the inception workshop turned out to be much larger than originally anticipated and needed to be increased on the spot to include additional stakeholder representatives to address the breadth of issues that needed to be tackled for the pilot project. This worked to the advantage of the project as this resulted in an adequate representation of stakeholder groups who will contribute to the project objectives and implementation. Academia nonetheless was under-represented at the meeting, and the team reached out to university departments as part of the scoping, to engage the technical knowledge and support they can bring to the project.

Future invitations to initial stakeholder engagement workshops in projects implemented under the Urban Health Initiative on city level will build on this lesson and anticipate a broader group of stakeholders than can be anticipated remotely and reserve extra spots for unforeseen yet valuable additional participants. Another lesson learned is that the planning of project implementation can be significantly affected by the time required to finalize grant agreements, particularly when various partners are involved in the implementation of one project, and when IP
related issues are concerned. It can take a significant time to finalize legal text to bring it into a form that is acceptable for all partners involved. The agreement for the Urban Health and SLCP Reduction project required six months for finalization which affected the agreement and finalization of funding agreements with implementing partners ICLEI and UN-Habitat which impacted the schedule of project implementation.

BREATHELIFE

Initial excitement generated has been very significant, creating high expectations. This needs to be followed by continued campaign enhancement through expanded outreach, particularly region by region. Multi-lingualism needs enhancement. Balancing needs and interests across sectors (health and environment) is critical. Balancing needs and interests across the co-sponsors, each of which operate in every different institutional environments, is also critical.

OPPORTUNITIES

URBAN SLCP REDUCTION AND HEALTH PROJECT

WHO has started with the implementation of a second pilot city project of the Urban Health Initiative. This project is being implemented in Kathmandu, Nepal, with the support of the Government of Norway and CCAC, and in cooperation with ICIMOD and UN-Habitat. This is the first pilot city project in Asia which will serve as a model project for the region and build on lessons learned from the first pilot project in Accra. There are opportunities for further scaling up the UHI model process of achieving policy change towards climate and air pollution reductions through a combination of health and cost evidence, capacity building for the health sector and locally customized public communications campaigns.

BREATHELIFE

WHO, UN Environment and the Climate and Clean Air Coalition are working together with NGO partners to significantly increase participate in the BreatheLife network, and there are opportunities to increase awareness of key messages related to health and climate benefits from reducing SLCPs as well as targeted outreach on specific SLCP mitigation solutions, as well as opportunities to support local BreatheLife campaigns and enhance peer-to-peer collaboration to implement solutions.