



Grant agreement no. 243964

QWeCI

Quantifying Weather and Climate Impacts on Health in Developing Countries

M1.3.a – Review document for governmental and NGO planners completed

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Dissemination Level		
PU	Public	PU
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	

The review document is completed it will be circulated when partners return from the Trieste workshop and Annual Meeting.

Further work will be completed through WP1.1 and additional materials will be distributed in due course with a closer analysis of the climatic factors associated with disease emergence in the target countries.

The Discussion and Conclusions from the Report

The short review has highlighted a greater range of diseases than anticipated, although the literature is dominated by malaria; other areas especially tick bore disease have also had considerable attention from researchers in recent years. The malaria papers show the levels of the disease burden as still very great in the target countries. In this context it was pleasing to see reported that Senegal had met its RBM bed net target early. The complexity of urban land use on the incidence of urban malaria was highlighted in the work undertaken in Accra and Kumasi. Where both the role of urban agriculture and particular local topography in Kumasi were noted as factors that impact on malaria incidence. The local topography in Kumasi is quite striking, as I know from my visit to the QWeCI field sites, with a number deep incised small valleys running across the city and its peri-urban fringe, that do look like ideal mosquito habitats. The RVF work looking back at older papers was interesting to see the knowledge of the RVF in Senegal in the early and mid 1990s to what is known now (papers not reviewed in Deliverable) much of the more recent work coming from QWeCI partners and their associates. Certainly the early papers did not have very much information on the meteorological controls. Whilst the impact of the high rainfall event this has become clearer with time and subsequent publications, it is noted that the QWeCI project is making large strides into this area and starting to quantify these events and determine their climatology in Senegal and elsewhere in Africa.

The role of tourists is important, as it is not good if they arrive home with a disease that is not thought to be circulating in the region. It is up to the tourist to protect themselves from disease transmission and to be aware of prophylaxis, symptoms and treatment for a range of infectious diseases. However, if there were a system where MoHs could be informed of unusual disease appearing within Europe and elsewhere, after holidays in the tropics, it would be useful. Most of these cases are reported through rapid to publish surveillance journals but it is unclear if they are accessed in the target countries. There needs to be awareness beyond malaria and tourists need to be informed through guidebooks and by tour operators of all the precautions they need before travel. The two papers reviewed came after travel to Senegal and with its developing tourist industry it may need to take note. Many European tourists travel with little knowledge of conditions and infectious diseases where they are going especially those that take an inclusive package holiday.

In terms of climate controls for some of the diseases that are mentioned in the Deliverable report little is known. The role of climate change on the transmission of the pathogen that causes Buruli ulcer is unknown as so little is known about the disease in total, but the changes in patterns of wetland areas will impact on the disease. Much the same can be said for schistosomiasis which again is associated with lake edges but it has many complex social and ecological factors again which are not well understood.

Overall there is a lot of good research into infectious diseases going on in a wider than QWeCI context in the target countries but its integration with environmental and climate research is non-existent or very limited. This is not a criticism of the work or the researchers but is more the reflection of the sectorial nature of research funding; even for major societally impacting infectious disease in Africa. Through the integrative nature of a FP project such as QWeCI, we have the interdisciplinary team that can start to make the connections across discipline barriers. QWeCI will deliver products of use to national and regional decision makers and further develop the in region science base and its capacity to continue the work post project.