

CLIMATE CHANGE AND HEALTH IN KENYA

POLICY AND STAKEHOLDER REVIEW

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**Climate Change
& Planetary
Health**

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Acronyms

| | |
|--------|---|
| ACPC | African Climate Policy Centre |
| AfDB | African Development Bank |
| AFIDEP | African Institute for Development Policy |
| CoG | Council of Governors |
| CoP | Conference of Parties |
| EAC | East African Community |
| KAM | Kenya Association of Manufacturers |
| KCCWG | Kenya Climate Change Working Group |
| KEMRI | Kenya Medical Research Institute |
| KEPSA | Kenya Private Sector Alliance |
| LSHTM | London School of Hygiene & Tropical Medicine |
| MDAs | Ministries, Departments and Agencies |
| MoH | Ministry of Health |
| NCCAP | National Climate Change Action Plans |
| NDC | Nationally Determined Contribution |
| TWG | Technical Working Group |
| UNECA | United Nations Commission for Africa |
| UNEP | United Nations Environment Programme |
| UNFCCC | United Nations Framework Convention on Climate Change |
| WHO | World Health Organisation |

Executive Summary

Climate change has become a central concern for sustainable development. Evidence emerging from around the world shows that climate change has a profound impact on natural ecosystems, thereby slowly affecting the social and environmental determinants of health. Trends such as the steady increase in global temperature and ever greater episodes of flooding and drought across the globe are increasing the risks of morbidity and mortality. As a result of climate change, the World Health Organization (WHO) estimates 250,000 additional deaths per year between 2030 and 2050 mainly from heat exposure among older people, diarrhoeal disease, and childhood undernutrition (WHO 2018). In Kenya, the extent of the adverse health effects of climate change are still weakly understood as are the inter-relations between climate change and health. An important step to prioritising health within climate change action is to have a good understanding of the stakeholders and the policy landscape. This report by the London School of Hygiene & Tropical Medicine (LSHTM) and the African Institute for Development Policy (AFIDEP), provides a synthesis of the policy landscape and maps the key stakeholders and priorities within the health and climate change space in Kenya.

To assess the policy landscape, we conducted a desk review of policy documents and strategies on climate change and health in Kenya as well as relevant global and regional compacts. We first collated the various policy documents and strategies through a general web search, a focused web search in the key ministries whose mandates encompass environment and climate change and health, and by referral from consultations with stakeholders in the government and in civil society. We then conducted a basic content analysis of the policy documents and strategies to identify the health-related priorities of the environment and climate change policies, and the gaps and opportunities that these policies present for planetary health action. For the stakeholder mapping, we deployed a systematic four-stage process which involved: Identifying, Analysing, Mapping and Prioritising. The process is described as follows: (i) Identifying key planetary health stakeholders in Kenya and the region through a desk search of climate and health reports and policies, and through consultations with selected key stakeholders; (ii) analysing the stakeholders' interest and influence; (iii) mapping the relationships amongst the stakeholders; and (iv) using a power-interest matrix to identify the key stakeholders.

The Kenyan government has enacted various policies that relate to climate change and health and has signed up to various related global commitments. However, the guiding framework for climate change action is the National Climate Change Action Plans (NCCAP) anchored by the Climate Change Act of 2016. The NCCAP 2018-2022 aims to further Kenya's development goals by providing mechanisms and measures to achieve low carbon climate resilient development in a manner that prioritises adaptation. It also provides a framework for Kenya to deliver on its Nationally Determined Contribution (NDC) under the Paris Agreement of the United Nations Framework Convention on Climate Change (UNFCCC). Critically, the NCCAP 2018-2022, fails strongly to articulate health priorities with only a narrow focus on malaria and vector-borne diseases. This is despite the fact that health issues can easily be clearly articulated as a cross-cutting issue across the seven priority action areas.

The Ministry of Health (Division of Waste management, Pollution Control and Climate) was identified as the most critical stakeholder for efforts to position health as a priority for climate change action in Kenya. While the Division is keen to execute on its mandate to position health within climate change action, we noted some key weaknesses including human resource and capacity gaps. The other key actor is the Directorate of Climate Change who lead the development and implementation of the NCCAP and are therefore, central to any efforts towards prioritize health within Kenya’s climate action plans. Other important stakeholders include research institutions and researcher generating knowledge at the intersection of climate change and health in Kenya, while engaging the legislative bodies within both national government and the county governments will be critical in efforts towards policy development.

Stakeholder map of key influencers and interests in planetary health in Kenya

| | | | | |
|--|----------|---|--|---|
| Investment in project objective | Agree | <ul style="list-style-type: none"> National Council for Population and Development (convenor of the Population, Health and Environment [PHE] Network) CSOs/CBOs | <ul style="list-style-type: none"> Ministry of Water and Sanitation Ministry of Agriculture and Irrigation Kenya Medical Research Institute (KEMRI) University departments/researchers working on planetary health CSOs | <ul style="list-style-type: none"> Ministry of Health - Division of Waste Management, Pollution Control and Climate Change (Anthony Wainaina, Dep. Director) Ministry of Environment and Forestry – Climate Change Directorate (Dr Pacifica Ogola, Director) Development partners and INGOs (e.g. WHO, UNEP, SEI) Health and climate change TWG convened by MoH |
| | Neutral | | <ul style="list-style-type: none"> Ministry of Transport, Infrastructure, Housing and Urban Development Media actors specialised on climate change issues Kenya Private Sector Alliance Kenya Association of Manufacturers | <ul style="list-style-type: none"> National assembly and senate County government executives for health and environment County government assemblies The National Treasury and Planning |
| | Disagree | | <ul style="list-style-type: none"> Some social media | <ul style="list-style-type: none"> Climate change sceptics/deniers |
| | | Low Level | Mid level | High level |
| | | Influence | | |

In conclusion, the current National Climate Change Action Plan (2018-2022) does not effectively articulate broad and key health priorities within the Plan. Our stakeholder mapping identifies the need to support the Ministry of Health through the Division of Waste Management, Pollution Control and Climate, and in collaboration with the Climate Change Directorate, to position health as a key priority in Kenya’s climate change action plans.

Introduction

Planetary health is defined as “the achievement of the highest attainable standard of health, wellbeing, and equity worldwide through judicious attention to the human systems - political, economic, and social - that shape the future of humanity and the earth’s natural systems that define the safe environmental limits within which humanity can flourish” (Whitmee et al. 2015). Historical trends show that that human health has improved greatly in the last century as poverty and child mortality declined significantly, while food production and life expectancy increased. However, the growth in world population has gone hand in hand with the degradation of planetary resources such as forest, air, water and the soil. There has been continuous increase in demand for food, water and energy, which puts more pressure on an already overburdened planet, resulting in human induced environmental changes.

Further, the additional effects of climate change are having an impact on natural ecosystems thereby slowly affecting the social and environmental determinants of health. For instance, global temperature is notably increasing, and there are ever greater episodes of flooding and drought across the globe. These changes are also likely to influence transfer of vector-borne and waterborne diseases. In the long run, there will be increased mortality and a higher disease burden, which will reduce the quality of life, human productivity and crop yields. Assessing the health effects of climate change, the World Health Organization (WHO) concluded that climate change is expected to cause approximately 250,000 additional deaths per year between 2030 and 2050 mainly from heat exposure among older people, diarrhoeal disease, and childhood undernutrition (WHO 2018). Due to inadequate adaptive and resilience capacity, Sub-Sahara Africa will be particularly affected.

Rationale and Objective

In Kenya, the extent of the adverse health effects of climate change are still weakly understood as are the inter-relations between climate change and health. The effects on health of climate change are multifaceted and therefore to address them requires approaches to health policy that are multidisciplinary. Where some of the approaches have been working well for some time, they need to be enhanced but where they have not been working, there is need for new and innovative approaches that take into account the drivers, impacts and structural responses associated with climate change. In a similar fashion, climate policies need to respond to health outcomes. While this is explicit, the challenge for Kenya and much of Sub Sahara Africa is the lack of country specific data that will help in informing policy action, hence the need for efforts to strengthen the existing evidence base.

The Making the Case for Planetary Health in Sub-Saharan Africa project is being implemented by the London School of Hygiene & Tropical Medicine (LSHTM) and the African Institute for Development Policy (AFIDEP). Focused on Kenya, the project seeks to build the evidence base for policy packages that address the health effects of climate change in the country through: (i) **Filling in the evidence gaps** between climate change and health; (ii) **Generating a greater understanding of cross sectoral policy solutions** that address the health impacts of climate change that also have climate co-benefits; and (iii) **Building bridges between health and climate** research and policy communities around shared evidence and policy goals. A key step to fulfilling these objectives is to develop a greater understanding of the policy landscape and the stakeholders

in the health and climate change space, and their interactions. This report provides a synthesis of the policy landscape and maps the key stakeholders and priorities within the health and climate change space in Kenya.

Methodology

The findings in this report have been arrived at through:

1. Desk review of policy documents and strategies on climate change and health. We first collated the various policy documents and strategies through a general web search, a focused web search in the key ministries whose mandates encompass environment and climate change and health, and by referral from consultations with stakeholders in the government and in civil society. We then conducted a basic content analysis of the policy documents and strategies to identify the health-related priorities of the environment and climate change policies, and the gaps and opportunities that these policies present for planetary health action.
2. Stakeholder mapping, which for this purpose is understood as a method for understanding a ‘system’ by identifying the key stakeholders in the system, and assessing their interests in that system (Vanderlinden et al., 2011). Further in this report, stakeholder mapping is understood as the first step to identifying the stakeholders that will be engaged in the project. Engaging stakeholders is an on-going process to achieving the project objectives. This stakeholder mapping therefore took a systematic four stage process which involved; Identifying, Analysing, Mapping and Prioritising. The process is described as follows: (i) Key planetary health stakeholders in Kenya and the region were identified through a desk search of climate and health reports and policies, and through consultations with selected key stakeholders. These are all individuals and institutions that have interests in, or that are similar to, the project outcomes; (ii) The identified stakeholders were analysed in terms of their interest and influence from which a priority list was made. This involved accessing the information presented on stakeholder websites and consultations through direct contacts; (iii) Depending on their interest and influence, relationships amongst stakeholders were established (mapping) and therefore the stakeholders were grouped accordingly; (iv) Stakeholder relevance was established using the power-interest matrix, then the stakeholders were ranked and appropriate engagement approaches identified specific to a group or individual.

The Policy Landscape

Kenya is a signatory to a host of global and regional commitments to climate change action and has a wide range of policies at the national level that guide climate change action (see table 1). However, the main legislation guiding the country’s response to climate change is the Climate Change Act of 2016. The Act requires the Government to develop five-year National Climate Change Action Plans (NCCAP) to guide the mainstreaming of adaptation and mitigation actions into sector functions of the National and County Governments. The NCCAP 2018-2022 aims to further Kenya’s development goals by providing mechanisms and measures to achieve low carbon climate resilient development in a manner that prioritises adaptation. This plan builds on the first Action Plan (2013-2017) and provides a framework for Kenya to deliver on its Nationally Determined Contribution (NDC) under the Paris Agreement of the United Nations Framework Convention on Climate Change (UNFCCC).

Climate change action priorities and linkages to planetary health

Kenya's NCCAP 2018-2022 details seven priority action areas. These are:

- (i) **Disaster (drought and floods) risk management:** Reduce risks to communities and infrastructure resulting from climate-related disasters such as droughts and floods;
- (ii) **Food and nutrition security:** Increase food and nutrition security through enhanced productivity and resilience of the agricultural sector in as low-carbon manner as possible;
- (iii) **Water and the blue economy:** Enhance resilience of the Blue Economy and water sector by ensuring access to and efficient use of water for agriculture, manufacturing, domestic, wildlife and other uses;
- (iv) **Forestry, wildlife and tourism:** Increase forest cover to 10% of total land area; rehabilitate degraded lands, including rangelands; increase resilience of the wildlife and tourism sector;
- (v) **Health, sanitation and human settlements:** Mainstream climate change adaptation into the health sector; and increase the resilience of human settlements, including improved solid waste management in urban areas;
- (vi) **Manufacturing:** Improve energy and resource efficiency in the manufacturing sector;
- (vii) **Energy and transport:** Climate-proof energy and transport infrastructure; encourage electricity supply based on renewable energy; encourage the transition to clean cooking; and develop sustainable transport systems.

Under (v), the Plan further details the actions:

- reduce the incidence of malaria and other vector borne diseases;
- promote recycling to divert collected waste away from disposal sites;
- climate proof landfill sites;
- control flooding in human settlements;
- and promote green buildings.

What is clear is that the NCCAP 2018-2022, the guiding document for climate action in Kenya, has missed the opportunity to strongly articulate health priorities. In fact the focus on health appears to be very limited with the lens on malaria and vector-borne diseases only. It is also clear that there has been a missed opportunity to actually identify health as a cross-cutting issue through the other themes. For example, under food and nutrition security, it would be important to understand the impact of climate change on nutrition as a health priority. Similarly, there are various health priorities that arise under manufacturing and energy and transport such as pollution. An important priority, zoonotic diseases, is another one that for example intersects with (iv) forestry, wildlife and tourism.

Although there are some efforts to integrate strategies at the intersection of climate change action and health these currently appear relatively cosmetic. Many of the current policies and strategies that relate to health issues and intersect with climate change are siloed and generally sit at the locus of the national government with only recent efforts being made to cascade these to the county governments where the implementation of programmes occurs.

However there appear to be some opportunities to address health and climate change in a coordinated manner through mechanisms such as the Sessional Paper No. 5 of 2016 on National Climate Change Framework Policy that provides a mechanism for coordinating the response to the challenges presented by climate change. Devolution and the devolved governments also present an opportunity to implement appropriate climate change and health action in Kenya. Currently the biggest challenge at this level is the lack of capacity in human and financial resources as well as the dearth of data to guide decision-making.

Table 1: Global, Regional and National Climate Change-Related Commitments and Policies

| |
|--|
| <p><u>Global Commitments</u></p> <ul style="list-style-type: none"> • The 1994 United Nations Framework Convention on Climate Change (UNFCCC) which Kenya signed in 1992 and ratified at the UN Convention on 30th August 1994. • The 1997 Kyoto Protocol, a greenhouse gas emissions reduction. Kenya ratified the Kyoto Protocol in 2005. • The 2016 Paris Agreement entered into force internationally on 4th November 2016. Kenya ratified it in 2016. • Rio Conventions, the 1992 United Nations Convention on Biological Diversity (CBD) and the 1994 United Nations Convention to Combat Desertification (UNCCD). Kenya became part of this in 1994. • The 1987 Montreal Protocol on Substances that Deplete the Ozone Layer which Kenya became part of in at the Kigali Amendment in 2018. • The 2001 Stockholm Convention on Persistent Organic Pollutants which Kenya ratified in 2004. • International Civil Aviation Organization (ICAO) Assembly Resolutions A37-19 (2010) and A38-18 (2013) which Kenya ratified in 1964. • The Climate and Clean Air Coalition to Reduce Short-lived Climate Pollutants 2012 and Kenya became a partner in 2012. • Sendai Framework for Disaster Risk Reduction 2015-2030 which Kenya adopted in 2015. • The UN 2030 Agenda for Sustainable Development which Kenya adopted in 2015. |
| <p><u>Regional Commitments and Policies</u></p> <ul style="list-style-type: none"> • African Union’s Agenda 2063: It commits to climate change action that prioritises adaptation and calls on member countries to implement the Programme on Climate Action in Africa. • The Climate Change Policy and Strategy (2010) for the East African Community (EAC): This was developed by the EAC Secretariat as a guide to partner states and other stakeholders on the preparation and implementation of collective measures to address climate change in the region. • The Lake Victoria Basin Commission: The proponent of the Climate Change Adaptation Strategy and Action Plan (2018-2023). It is a blueprint for addressing and adapting to climate change impacts in East Africa. • The African Forest Landscape Restoration Initiative (AFR100): Aimed at restoring 100 million hectares of land in Africa by 2030. |
| <p><u>National/local policies</u></p> <ul style="list-style-type: none"> • National Climate Change Response Strategy, 2010: It guided policy decisions on climate change in Kenya. It was the first policy document. |

- **National Climate Change Action Plan 2013-2017:** A blue print which set out adaption and mitigation actions on climate change in Kenya.
- **Climate Change Act, 2016:** Aimed at coordinating, coherent and effective response to the local, national and global challenges and opportunities presented by climate change. It provides further interpretation of certain provisions and supports operationalisation of the administrative aspects of the Act such as reporting requirements.
- **National Climate Change Action Plan 2018-2022:** A blue print setting out adaption and mitigation actions in Kenya. It aligns with the government's Big Four Agenda and the SDGs. An improvement of the earlier version, it clearly sets out 7 priority areas in tackling climate change: Disaster Risk Management; Food and Nutrition Security; Water and the Blue Economy; Forestry; Wildlife, and Tourism; Health, Sanitation, and Human Settlements; Manufacturing; and Energy and Transport.
- **National Climate Change Framework Policy:** A policy that encourages climate change mainstreaming in development initiatives. It integrates climate change into planning, budgeting and implementation in all sectors and at all levels of government.
- **National Adaptation Plan 2015-2030:** A consolidation of sector adaption strategies.
- **Intended Nationally Determined Contribution:** The current status on climate change mitigation is business as usual and the country aims at 30% reduction to climate change effects relative to the business-as-usual (BAU) by 2030.
- **Second Medium-Term Plan of Vision 2030:** This aims at mainstreaming climate change in national planning and identify action that will address climate change.
- **County Integrated Development Plans:** Most Kenya's county governments are integrating climate change into their planning and policy documents.
- **Climate change legislation:** Currently a bill but expected to be enacted into law. It recommends establishment of National Climate Change Council which will coordinate climate change actions.
- **Draft National Policy on Climate Finance:** Aims to further Kenya's national development goals through enhanced mobilization of climate finance.
- **Agricultural Sector Development Strategy:** Sets out requirements for farm forestry. E.g. 10% of every agricultural land holding.
- **Draft Kenya Climate Smart Agriculture Framework Programme 2015-2030:** Aims at climate resilience and sustainable farming in achieving food security.
- **Green Economy Strategy and Implementation Plan:** A plan on natural resource efficiency and sustainability.
- **Renewable energy policy tools:** Encourages use of renewable energy. All imports (materials) on renewable energy production are duty free and Value-added tax exempted.
- **REDD+ Readiness:** A proposal for developing REDD+ in Kenya.
- **Energy regulations:** A 2012 Act requiring that all buildings using more than 100 litres per day shall use solar water heating systems; designated energy consuming facilities shall carry out energy audits and implement audit recommendations; and design, manufacture and sale of solar PV be licensed by the ERC.

Planetary Health Stakeholders in Kenya

There are multiple stakeholders who can be considered as actors in the planetary health space in Kenya. These actors can be listed at 2 different levels – regional and local.

Regional stakeholders

These are some to the key regional actors we mapped and their interest around planetary health:

- (i) African Climate Policy Centre located at the United Nations Commission for Africa (UNECA).
- (ii) The United Nations Environment Programme (UNEP)
- (iii) The African Union (AU)
- (iv) The African Development Bank (AfDB)
- (v) East African Community (EAC)
- (vi) World Health Organisation (WHO)

Local stakeholders

There are four main categories among the local stakeholders. These are:

- (i) Government ministries, departments and agencies (MDAs)
 - Ministry of Health (Division of Waste Management, Pollution Control and Climate Change)
 - Ministry of Environment and Forestry (Climate Change Directorate)
 - Ministry of Transport, Infrastructure, Housing and Urban Development
 - Ministry of Agriculture and Irrigation
 - Ministry of Water and Sanitation
 - Ministry of Energy
 - Council of Governors (CoG) and the County Governments
- (ii) Research and academia
 - Kenya Medical Research Institute (KEMRI)
 - Public and Private Universities
- (iii) Civil society led by the Kenya Climate Change Working Group (KCCWG) which is a national network of civil society organisations in the country uniting voices and action on climate change
- (iv) Private sector led by the Kenya Private Sector Alliance (KEPSA) and the Kenya Association of Manufacturers (KAM) and the Media.

Key stakeholders

Although there are multiple actors with sometimes conflicting interests, our stakeholder mapping exercise has sought to identify the key actors, their level of influence and to gauge the extent that they are invested in our project objectives. With this analysis, we have been able to develop the stakeholder map in figure 1 below.

Figure 1 : Stakeholder map of key influencers and interests in planetary health in Kenya

| | | | | |
|--|----------|---|--|---|
| Investment in project objective | Agree | <ul style="list-style-type: none"> National Council for Population and Development (convenor of the Population, Health and Environment [PHE] Network) CSOs/CBOs | <ul style="list-style-type: none"> Ministry of Water and Sanitation Ministry of Agriculture and Irrigation Kenya Medical Research Institute (KEMRI) University departments/researchers working on planetary health CSOs | <ul style="list-style-type: none"> Ministry of Health - Division of Waste Management, Pollution Control and Climate Change (Anthony Wainaina, Dep. Director) Ministry of Environment and Forestry – Climate Change Directorate (Dr Pacifica Ogola, Director) Development partners and INGOs (e.g. WHO, UNEP, SEI) Health and climate change TWG convened by MoH |
| | Neutral | | <ul style="list-style-type: none"> Ministry of Transport, Infrastructure, Housing and Urban Development Media actors specialised on climate change issues Kenya Private Sector Alliance Kenya Association of Manufacturers | <ul style="list-style-type: none"> National assembly and senate County government executives for health and environment County government assemblies The National Treasury and Planning |
| | Disagree | Low Level | Mid level | High level |
| Influence | | | | |

High-level influence and high interest

Ministry of Health (MoH) – Division of Waste Management, Pollution Control and Climate: this is the most critical MDA for climate change and health in Kenya. The division is vested with the mandate to lead climate change and health within MoH and to support in mainstreaming climate change and health in all other MDAs. It is also this division that led efforts by MoH in including health as a priority in the NCCAP 2018-2022 as part of the working group convened by the Ministry of Environment and Forestry. Finally, the Division also convenes the cross-sectoral TWG on climate change and health.

Despite identifying the Division of Waste Management, Pollution Control and Climate at MoH as possibly the most influential MDA for this project, it is important to note some key weaknesses. First, the division is very thinly staffed with currently only three technical staff members. Secondly, these staff members require their capacity enhanced to articulate and drive the climate change and health agenda in the country and to ensure that a broad range of health issues are prioritized within climate change action in Kenya. On the positive side, the division is very interested in advancing the objectives of this project and with their mandate, provide a good platform to position health within climate action in Kenya. Through the TWG on health and

climate change that they convene, there is already a mechanism that can be leveraged to coordinate cross sectoral integrated action on health and climate change.

Ministry of Environment and Forestry – Climate Change Directorate: This is the most influential actor on climate change in Kenya. Created under the Climate Change Act of 2016, the Directorate is mandated to provide vision, leadership, guidance and coordination on matters relating to climate change in the country. They are also the lead for the implementation of the NCCAP. Therefore, they are central to any efforts towards prioritize health within Kenya’s climate action plans. This includes positioning health within the NDC and the countries commitments at the UNFCCC Conference of Parties (CoP). The Directorate already has a good working relationship with the Division of Waste Management, Pollution Control and Climate and therefore this relationship can be leveraged for joint action to prioritize health within climate change action in the country.

High-level influence with neutral interest

There are a number of actors that fall into this category. They are all important because of their influence in policy-making and resource allocation. While they generally understand that climate change is an important aspect to be integrated in sustainable development strategies, they probably do not understand very well the nexus between health and climate change and the need to prioritize health in climate change action. At the national level, the national assembly and the senate are instrumental in the development of government policies and the resource allocation for development priorities.

In the devolved governments, the county assemblies are important in determining the county priorities for action, including on health and climate change, while the county executive have the mandate to implement these plans. At the moment, counties are in the initial stages of developing climate change action plans and it is important for them to understand the links between climate change and health in order for them to integrate health as a priority in climate change mitigation, adaptation, and resilience action.

Finally, the National Treasury and Planning department are key in the development of the long and medium-term development plans and resource allocation to operationalize these and are therefore important for the integration of health in climate change action.

Mid-level influence with high interest

Under this category are three broad sub-groups. First are MDAs interested in the impact of climate change from a sectoral perspective with critical overlaps with health outcomes. These include Water and Sanitation, Agriculture, Transport, Infrastructure , Housing and Urban Development. However, at the moment, health as a cross-cutting climate change action priority is not well articulated. Therefore engagement with these MDAs is critical in fostering the cross-sectoral collaboration that will strengthen health as a priority in climate change action.

Second, are the research institutions and academia. At the head of this group is KEMRI that already conducts critical research at the intersection of climate change and health. Likewise, a number of

public and private universities, including University of Nairobi, Kenyatta University and Aga Khan University, have collaborative work between their departments of medicine, public health and climate change and environment. This group is central to the necessary evidence generation and translation that would enhance the position of health within climate change action in Kenya.

Finally in this group, are the civil society actors who have direct interest in climate change but may not necessarily prioritize health. These stakeholders if brought in the fold would be particularly important for advocacy efforts for planetary health.

Mid-level influence with mid-level interest

This group includes actors such as the media, Kenya Private Sector Alliance (KEPSA) and Kenya Association of Manufacturers (KAM) that could potentially switch relatively easily to high level influence and high-level interest. KEPSA and KAM are very important as climate change increases in significance in the development discourse. Experience from other countries where climate change action has turned out to be contentious, identify the private sector as key influencers in the policy direction of climate change action that could affect businesses such as efforts to reduce harmful emissions. While climate change action is not yet a very contentious issue in Kenya, it has the potential to become so in the near future and it is important to help business partners to understand the ramifications of climate change on health at this early stage and have them supportive on efforts to position health as an important component of climate change action.

Other stakeholders

In mapping our stakeholders we were keen to find out if there are climate change sceptics or deniers who might be against efforts to prioritize health in climate change action. At the moment, we conclude that such a movement does not yet exist in large numbers in the country but it is important to understand their potential concerns as we work around messaging on climate change and health. The potential of social media for this project was also identified as well as stakeholders who may have high interest in the objectives of the project but low influence.

Conclusion

Kenya recognizes the interactions between climate change and health. However, the current National Climate Change Action Plan (2018-2022) does not effectively articulate broad and key health priorities within the Plan. The MoH has a Division mandated to position health and climate change and while this platform is useful, it has serious weaknesses that impede its intentions. These include inadequate human resources and technical capacity to drive its vision. However, MoH through the Division of Waste Management, Pollution Control and Climate can be supported by our project, in collaboration with the Climate Change Directorate, to position health as a key priority in Kenya's climate change action plans. Other important stakeholders who should be engaged include MDS with interests in health outcomes, research institutions and academics working on health and climate change and the legislators at both national and sub-national levels.

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