



CLIMATE CHANGE AND HEALTH • EL NIÑO PREPAREDNESS WEBINAR

South Africa WHO Country Office El Niño Preparedness Plan

From risk scenario to anticipatory action

Operational period: October 2026–March 2027

Session 3: WHO Country Office Preparedness Plan

22 October 2026 | 10H00–12H00 | Knowledge Hub Zoom

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Government-led action with WHO technical and catalytic support

HEAT

**SAFE
WATER**

**CONTINUITY
OF CARE**

World Health Organization
South Africa Country Office

Plan for heat and water stress; retain all-hazards readiness

Protect people. Keep essential health services functioning.

BEST CASE

Manageable local stress

Maintain warnings, heat and water protection, and verified continuity of essential services.

MOST LIKELY

Hotter, drier; uneven impacts

Repeated heat and water stress with localised enteric, fire/smoke, food, nutrition and service pressures. Act before thresholds are crossed.

WORST CASE

Compounding emergencies

Heat, water or power failures, outbreaks and access disruption coincide. Escalate government response and seek support beyond the catalytic package.

**WMO, 8
October**

El Niño is intensifying toward a December peak.

**SAWS
outlook**

Warmer and drier conditions are most likely for October–December and November–January; local storms and floods remain possible.

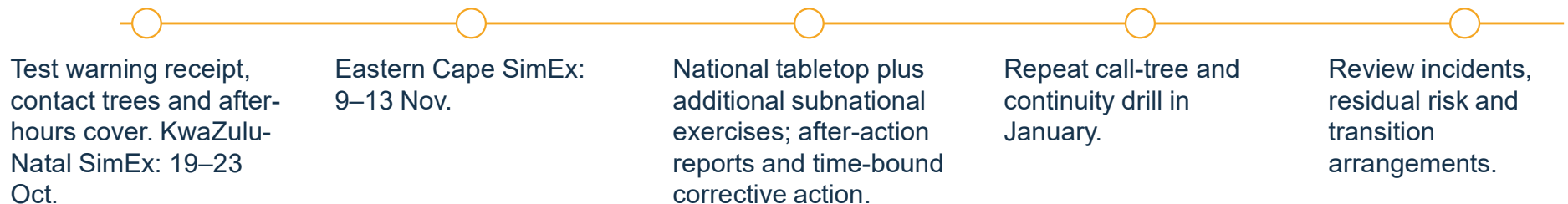
El Niño changes probabilities; it does not guarantee drought or an outbreak in every location.

Front-load preparedness and testing in October–November

DELIVER



TEST



Close the loop: document findings within five working days, assign owners and deadlines, implement immediate protection, and retest critical controls.

Where to focus support—using STAR evidence and verified local need

VERY HIGH Limpopo • Northern Cape	Intensive first-wave support: safe water, heat plans and malaria/cross-border alerts in Limpopo; water backup, cooling, long-distance referral and worker protection in Northern Cape.
HIGH North West • Free State • Mpumalanga • Gauteng	Additional support after local verification: heat and water vulnerability; rural access and nutrition; diarrhoeal disease and One Health surveillance; urban heat, informal settlements and water/power-dependent services.
MODERATE–HIGH KwaZulu-Natal • Eastern Cape	Targeted support with close monitoring: heat and water readiness; coastal/riverine flood plans; fragile water services, remote referrals, nutrition and storm/flood continuity.
MODERATE Western Cape	Maintain readiness and escalate when local triggers are met: summer heat, wildfire/smoke, enteric disease and water/power continuity.

Interpretation: these are scenario-based operational priorities—not revised STAR ratings. All nine provinces receive common guidance and readiness support; additional field support follows verified district and facility need.

Target people and facilities—not whole provinces uniformly

PEOPLE TO PRIORITISE

Who is most exposed or least able to cope?

- Older people and children under five
- Pregnant and breastfeeding women
- People with renal, cardiac, respiratory or other chronic disease; people with disabilities
- Outdoor workers, emergency responders and people without reliable cooling
- Poor, remote, informal-settlement, migrant or displaced communities

FACILITIES TO PRIORITISE

Which sites must remain functional under stress?

- High hazard exposure and vulnerable catchments
- Unreliable water, power, cooling or communications
- Critical referral, maternity, dialysis, laboratory or cold-chain role
- Transport, access or receiving-facility constraints
- Limited staffing, supplies, surge capacity or backup arrangements

VERIFY NOW: actual water and cooling backup • deployable teams • referral routes • stock availability • warning-to-action performance

South Africa El Niño risk and priority by province

South Africa: El Niño Risk and Priority Heat Map by Province

Scenario-based priorities from the WHO South Africa El Niño Concise Operational Plan (Oct 2026–Mar 2027).

Province	Priority level	WHO support posture / immediate focus
Limpopo	Very High	Intensive first-wave support. Secure facility/community water; activate heat plans; retain endemic-area malaria and cross-border surveillance.
Northern Cape	Very High	Intensive first-wave support. Test water backup, cooling and long-distance referral; protect outdoor workers and isolated communities.
Free State	High	Additional support based on verified need. Prioritise safe water, rural access, nutrition surveillance and enteric-disease readiness; retain fire/storm plans.
Gauteng	High	Additional support based on verified need. Target urban heat, informal settlements, food safety and water/power-dependent health services.
Mpumalanga	High	Additional support based on verified need. Strengthen water safety and diarrhoeal surveillance; protect services and maintain focal malaria/One Health surveillance.
North West	High	Additional support based on verified need; early joint review. Verify heat, water and food-security vulnerabilities; obtain and validate the provincial risk profile.
Eastern Cape	Moderate-High	Targeted additional support based on verified need. Protect fragile water services, remote clinics/referral routes and nutrition services; retain storm/flood readiness.
KwaZulu-Natal	Moderate-High	Targeted additional support based on verified need. Check heat/water readiness; retain coastal and riverine flood plans and northern endemic-area malaria surveillance.
Western Cape	Moderate	Maintain readiness; add support if verified triggers are met. Maintain summer heat, fire/smoke and enteric-disease readiness; use local water evidence, not a uniform summer-rainfall assumption.

Legend: Very High High Moderate-High Moderate

Interpretation: priorities are scenario-based overlays to guide preparedness, readiness and anticipatory action; they are not revised STAR ratings.

Source: WHO South Africa El Niño Risk and Priority Heat Map, derived from the concise operational plan, Oct 2026.

HOW TO USE THIS MAP

Common support to all nine provinces

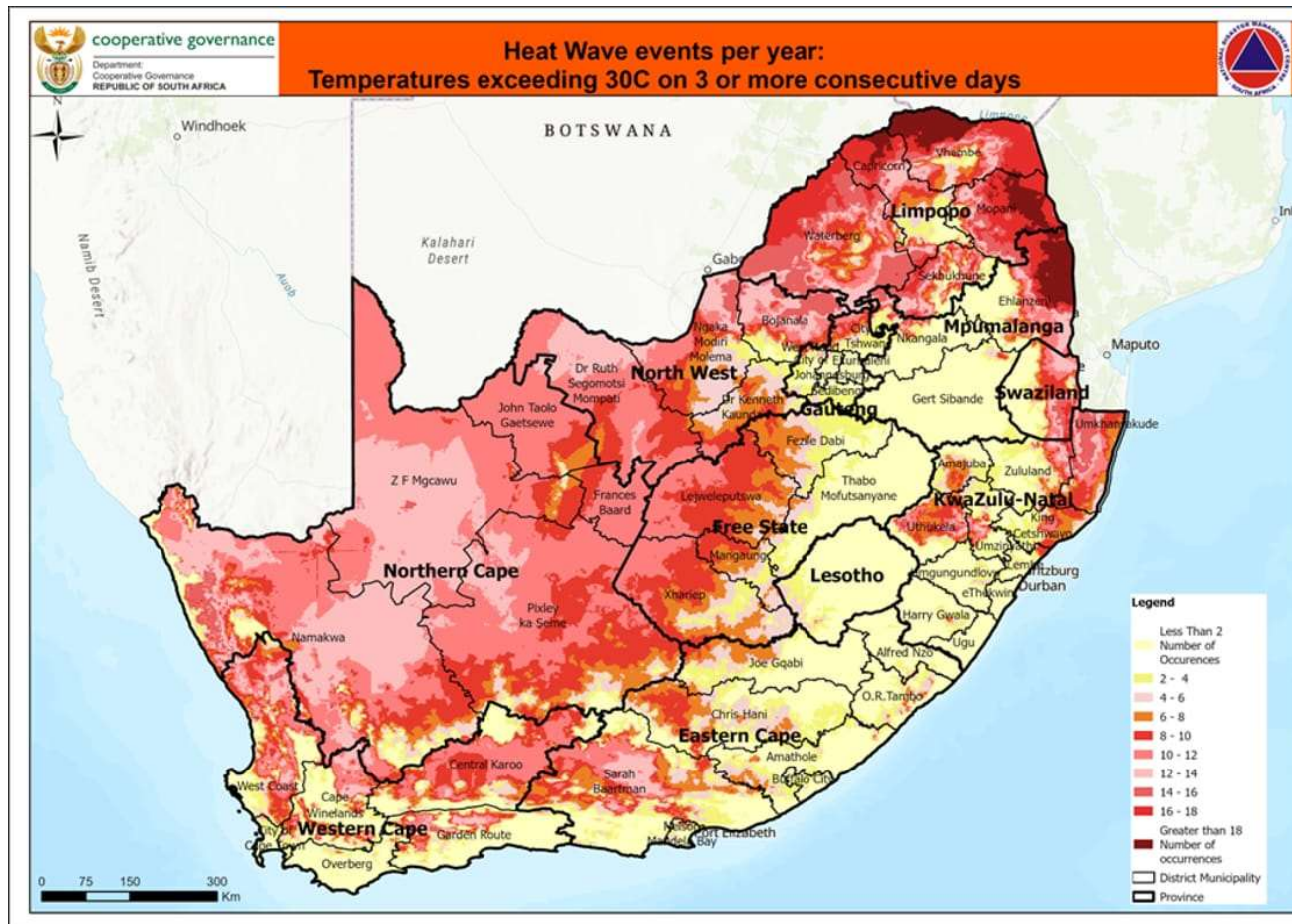
First-wave intensive support

Limpopo and Northern Cape

Then add support according to verified district, facility and service risk.

Planning overlay—not revised STAR ratings

Heat risk varies sharply within provinces and districts



MAP INTERPRETATION Historical frequency

Temperatures exceeding 30°C on three or more consecutive days.

Operational use

Overlay current warnings, vulnerable groups, facility utilities, referral access and local coping capacity.

Not a 2026–2027 forecast

Source: DCoG/NDMC heat-wave frequency map supplied for the operational plan; use with current SAWS warnings and local data.

Five objectives align government action, partner support and WHO contribution

OBJECTIVE	GOVERNMENT AND PARTNER ACTION	WHO CONTRIBUTION
1 Emergency coordination	Agree the shared scenario, triggers and sector roles; update and cost heat, water-scarcity and AWD annexes; name district owners and resources.	Biweekly WHO IMT; plan review, peer support and advocacy.
2 Collaborative surveillance	Combine SAWS/DWS forecasts with disease, laboratory, nutrition and service data; report and verify priority alerts.	Climate–health analysis, indicators, existing reporting tools and district mentorship.
3 Community protection	Make heat and safe-water advice actionable; reach vulnerable households; address access, WASH, nutrition and protection barriers.	Guidance and IEC adaptation, webinars, community listening and technical review.
4 Safe and scalable care	Test water, power, cooling, oxygen, cold chain and referrals; protect maternity, immunisation, nutrition, HIV/TB and chronic care.	Readiness assessments, selected facility checks, mentorship and simulations.
5 Access to countermeasures	Quantify supplies; verify stock, release authority, resupply, vehicles, fuel, specimen transport, teams and backup communications.	Gap-based supplies, logistics support and delivery verification.

Six practical packages make the plan usable at the frontline

Alerts, cooling, hydration, worker protection, clinical assessment and referral.

01 Heat-health

02 Safe water / AWD / food safety

Water quantity and quality, household storage, ORS/IV readiness, notification, WASH and IPC.

02

03 Wildfire smoke / flood safety

Exposure reduction, respiratory care, safe evacuation, trauma response and access restoration.

03

04 Nutrition and infant/young-child feeding

Screen, refer and treat early; protect breastfeeding and treatment continuity.

04

05 Climate-health / One Health surveillance

Link forecasts with disease, service, vector, animal and community signals.

05

06 Facility and essential-service continuity

Test utilities, staffing, supplies, referral pathways and alternative service delivery.

06

Adapt existing national and WHO guidance • obtain technical clearance • issue short worker job aids • provide accessible community messages

Build on what has started—then verify operational readiness

RISK EVIDENCE	National STAR in March 2026 and provincial processes in eight provinces; high-risk contingency planning initiated.
COORDINATION	14 August PHEOC multisectoral planning; senior-level alert and cross-sector follow-up.
TOOLS AND CAPACITY	Eleven-pillar readiness package and dashboard; briefings, webinars and Safe Hospital Initiative planning.
CURRENT DELIVERY	National and provincial readiness assessments are being finalised; heat, water-security and flood/storm plans are under review, testing and updating.
SIMULATION EXERCISES	KwaZulu-Natal: 19–23 October 2026. Eastern Cape: 9–13 November 2026.

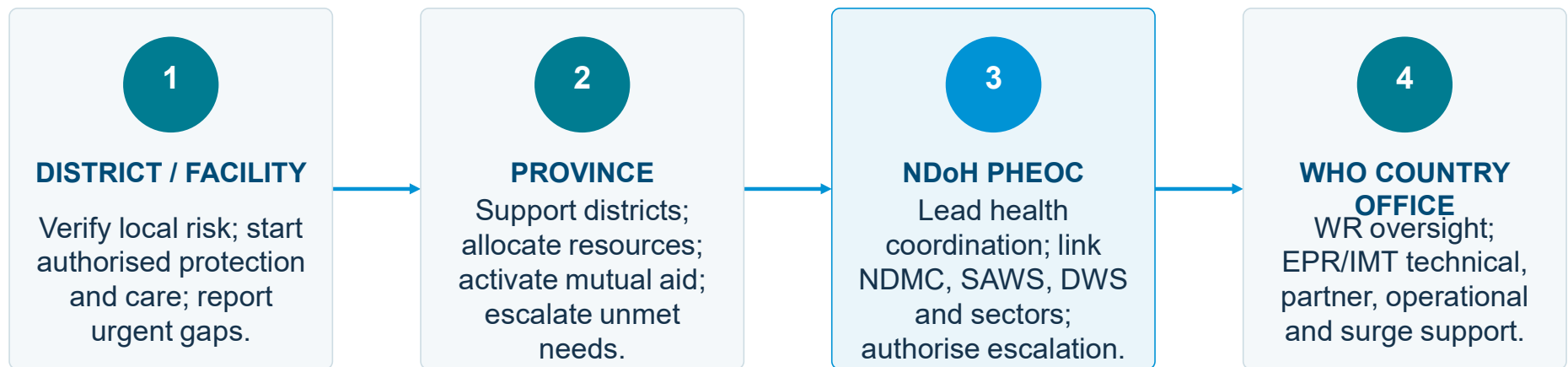


Northern Cape STAR workshop • Upington • 27–31 July 2026

Risk profiles and seasonal calendars guide province-specific readiness.

Readiness must be demonstrated: verify completed assessments, utility backups, deployable teams, stocks, referral routes, exercise findings and corrective-action closure.

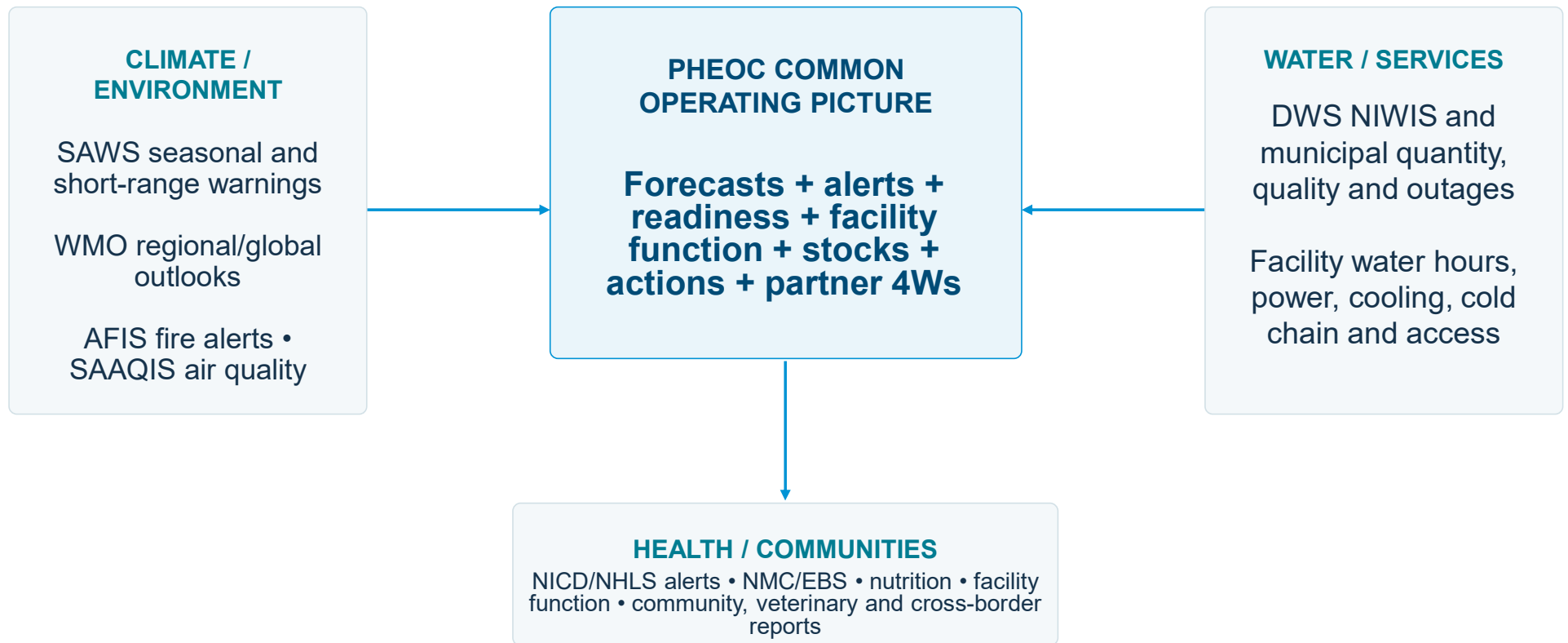
Who decides—and when to act



WHO IMT every 14 days • Monthly government-led readiness review • Increase to weekly or daily operational calls during incidents

Record each decision, authority, owner, deadline and resource. Maintain after-hours and holiday cover.

Use existing feeds—do not create a parallel reporting system



RECEIVE + LOG → VERIFY + PROTECT → ASSESS + DECIDE → ACT + FEEDBACK

Triggers convert forecast and service signals into decisions

TRIGGER TO VERIFY	IMMEDIATE ACTION	ESCALATE / LEAD
Heat warning or serious heat exposure forecast within 48–72 hours	Activate outreach, cooling, safe drinking water, work or activity adjustments and clinical readiness before impacts.	District / province • municipality
Safe facility water below 48 hours with uncertain resupply; below 24 hours or unsafe quality is urgent	Secure tested alternative supply; protect critical care and IPC; arrange safe service transfer if necessary.	Facility / municipality → province / DWS
Suspected cholera, severe AWD cluster, unusual deaths or programme outbreak threshold	Notify, treat and investigate immediately; collect specimens and link WASH action. Do not wait for confirmation.	District → NICD / NDoH
Fire, smoke, flood, evacuation need or critical service/access failure	Protect or evacuate people; arrange care and referral; restore safe access and essential services.	Disaster / fire / health → province
Focal malaria or animal–human signal, worsening nutrition, or stock below resupply need	Verify and act using programme thresholds; request mutual aid; escalate unresolved life-saving gaps.	Programme → province / NDoH

Verification target: urgent service failures or severe clusters within 6 hours; other priority alerts within 24 hours. Never delay emergency care or mandatory notification.

Source: WHO Southern Africa Operational Plan 2017. Escalation thresholds require validation.

First 72 hours: protect, organise, deliver and adapt



By 24 hours: initial situation report + 72-hour incident action plan • District-led • Province-supported • NDoH-coordinated • WHO-enabled

Add the relevant priorities to the common 72-hour plan

HEAT

Urgent assessment, cooling and referral; protect high-risk people and workers; confirm safe water and functioning cooling.

WATER SCARCITY / AWD

Verify quantity and quality; restore safe supply; treat, notify and investigate; reinforce water, food safety and IPC.

WILDFIRE / SMOKE

Fire and disaster authorities lead safety and evacuation; health services protect respiratory care and referral.

STORM / FLOOD

Rescue and EMS lead safe evacuation and trauma care; restore access, safe shelter water and essential medicines.

MALARIA / ZOONOSES

Investigate focal alerts; maintain testing, treatment and appropriate control through One Health coordination.

NUTRITION DETERIORATION

Intensify screening, referral and treatment continuity; protect breastfeeding; address food and access barriers.

Apply the relevant hazards together. El Niño is a risk multiplier—not a diagnosis and not a nationwide prediction of every disease.

Communication must enable protective action—not only awareness

ONE COORDINATED MESSAGE

**Where and when
is the risk?**

**What should people
do?**

**Where is help
available?**

Confirm real water points, cool spaces, referral sites and service changes.

ALIGN

Government health spokespersons coordinate with SAWS, DWS and disaster authorities; WHO provides technical review.

REACH

Use local radio, WhatsApp or SMS, clinics, community health workers, schools, employers and trusted leaders.

LISTEN

Use local-language and accessible formats; monitor questions, rumours, access barriers and understanding.

PROTECT

Provide confidential protection and GBV referral; avoid identifying or stigmatising vulnerable people.

Aim for an initial protective message within 6 hours of a verified serious risk. Review feedback weekly—and daily during incidents.

Three disciplines will determine whether the country is ready

1

ANTICIPATE

Use forecast lead time to finalise targeting, plans, roles, resources and messages before impacts peak.

2

VERIFY

Test warning receipt, water and power, teams, stocks, referrals, communications and continuity of care.

3

ACT + ADAPT

Protect while verifying; close corrective actions; retest controls; escalate early when local capacity is insufficient.

IMMEDIATE PRIORITIES

Finalise readiness assessments • Complete KZN and Eastern Cape simulations and after-action reviews • Update heat, water-security and flood/storm plans • Maintain weekly climate–health reporting

Government leads • WHO supports • Partners enable • Communities must be able to

act

References

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- 6. WHO. Natural Disasters (Cyclone, Flood, El-Nino) Readiness Checklist and Provincial Readiness Dashboard, 2026.
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- 9. WMO. El Niño/La Niña Update, August 2026; published 3 September 2026.
- 10. WMO. Global Seasonal Climate Update for October–November–December 2026, 8 October 2026.
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- 12. DCoG/NDMC. Heat-wave events per year map: temperatures exceeding 30°C on three or more consecutive days.

Operational decisions should use the latest SAWS, DWS, NICD/NHLS and local facility information available at the time of action.