



Environmental matters

Climate change and human health - WHO participation in the interagency climate agenda

Report by the Director-General

In recent years, WHO has intensified its contacts with the Intergovernmental Panel on Climate Change (IPCC), WMO and UNEP on issues related to climate and human health. Together with WMO and UNEP, WHO produced a thorough assessment of the potential effects of climate change and stratospheric ozone depletion on human health and contributed to a chapter on human health implications of climate change in the second assessment report of IPCC.

As a result of this work, the threat of serious and widespread damage to human health has gained considerable recognition among international agencies. In 1997 WHO was formally invited to join the "climate agenda", an interagency programme which intends to integrate all major international climate-related activities in accordance with a proposal formulated by WMO, UNEP, UNESCO and its Intergovernmental Oceanographic Commission (IOC), FAO and the International Council of Scientific Unions (ICSU).

The Board is invited to recommend that the Health Assembly should adopt the attached resolution on the protection of human health from threats related to climate change and stratospheric ozone depletion.

INTRODUCTION

1. Following the adoption of the United Nations Framework Convention on Climate Change (UNFCCC) at the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro in 1992, efforts have been intensified throughout the United Nations system to provide Member States with an improved understanding of the mechanisms of global climate change and its consequences for the environment and sustainable development, and with methodology for assessment, mitigation and adaptation. In 1993 WHO was requested by the Intergovernmental Panel on Climate Change (IPCC) to contribute to its second assessment report by providing a chapter on "Human population health" based on the work of IPCC Working Group II (on impact assessment). WHO has undertaken this work in close cooperation with WMO and UNEP.

2. In addition to the above-mentioned chapter (the report was published in 1996), the WHO, WMO and UNEP assessment resulted in a more extensive document, entitled “Climate change and human health: an assessment prepared by a task group on behalf of the World Health Organization, the World Meteorological Organization and the United Nations Environment Programme” (document WHO/EHG/96.7).

3. The two reports have been instrumental in focusing the global climate change debate more closely on the consequences for human health and on the environmental effects of greatest importance to sustainable development, as witnessed by growing interest of the international research community in human health and related issues. In negotiations currently taking place in the context of UNFCCC, it is expected that safeguards for human health will gain importance among mitigating and adaptive measures considered at country level. WHO has been consulted by UNFCCC’s subsidiary body for scientific and technological advice on matters related to the provision of guidance to the Conference of Parties on issues of human health.

4. In 1996 the Coordinating Committee for the World Climate Programme (CCWCP) of WMO adopted a proposal for the “climate agenda”, drafted in response to governmental recommendations by WMO, UNEP, UNESCO and its Intergovernmental Oceanographic Commission (IOC), FAO and the International Council of Scientific Unions (ICSU), to coordinate all international climate-related programmes of international agencies. In the same year WHO was invited by the Secretary-General of WMO to become associated with work on the “climate agenda” and to participate in an interagency committee on the subject (IACCA).

THE “CLIMATE AGENDA”: THRUSTS AND STRUCTURE

5. The “climate agenda” addresses the need for coordinated scientific and technical programmes to assist countries in coping better with climate-related matters affecting environment and development. Its integrated approach has a direct bearing on the implementation of Agenda 21 at the country level and the fulfilment of current and future national obligations under UNFCCC. Through related activities, the “climate agenda” will contribute to the work of the United Nations Commission on Sustainable Development (CSD) and that of IPCC.

6. The future international activities of the “climate agenda” will be developed in four main areas called “thrusts”:

- “I. new frontiers in climate science and prediction;
- II. climate services for sustainable development;
- III. studies of climate impact assessments and response strategies to reduce vulnerabilities;
- IV. dedicated observations of the climate system.”

Attention is to be given to certain activities covering all four “thrusts”, namely capacity-building through training and development, improved institutional arrangements and technology transfer, and public information and education.

7. The focus of WHO’s potential contribution to work on the “climate agenda” will mostly be under point III above, although important developments by WHO may also be expected under II and IV. While, in contrast to the agricultural sector, programme planning in the health sector is not geared to the operational use of interseasonal and/or interannual climate predictions, increasing climate variability and improving technology for climate prediction may well become viable for medium-term planning for health care and disease control services in the near future.

8. Work on the “climate agenda” will be coordinated by the interagency committee (IACCA), which is currently composed (see paragraph 4 above) of representatives of WMO, UNEP, UNESCO and its IOC, WHO,

UNFCCC, FAO, ICSU, the World Climate Programme (WCP), the International Geosphere and Biosphere Programme (IGBP), the International Human Dimensions Programme (IHDP) and a variety of smaller bodies with related mandates. Major coordinative responsibilities have been delegated to individual agencies for each of the four “thrusts” (see paragraph 6 above), with UNEP taking the major role in coordination under point III. While IACCA will meet only once a year, the various coordinators will be in continuous contact through an office in WMO.

RELEVANCE TO PROGRAMMES OF WHO

9. As indicated by the WHO/WMO/UNEP assessment (in the document “Climate change and human health”, referred to in paragraph 2 above) increased climate variability and other manifestations of global climate change will place additional strains on public health programmes in most countries, both developed and developing. Numerous public health effects could ensue in varying degrees of directness and complexity, including disturbance of natural and managed ecosystems. The most direct impact would be through increased frequency of heatwaves, especially in urban areas, and other extreme weather conditions causing increased mortality and disability. As temperatures and ultraviolet radiation (UVR) rise the formation of photochemical “smog”, the synergism between climate change and stratospheric ozone depletion may aggravate some of the health problems associated with outdoor air pollution from the combustion of fossil fuels in built-up areas. Less direct effects of changing temperature, shifting precipitation patterns, increased UVR and rises in sea level may include the geographical range and endemicity of infectious and vectorborne diseases. In areas suffering reduced agricultural production (e.g., through increased desertification or greater exposure to weather extremes) more widespread starvation and diseases associated with malnutrition may result.

10. Measures to parry such diverse effects will require overall improvements in health service delivery systems in sensitive areas, as well as specific new approaches in forecasting, impact assessment and protective technology. In addition, countries may be expected to assume specific responsibilities as part of commitments under UNFCCC. In order for WHO to be able to respond to any new national needs resulting from these challenges, it should develop climate and health-related services in close collaboration with Member States and the international community.

11. The relation between climate change, the environment and human health requires highly interdisciplinary coordination involving climatology, climate forecasting, ecological impact assessment, understanding of other global environmental processes and the ways in which they interact with effects on human health, epidemiology and health care programming and planning. WHO association in work on the “climate agenda” and its participation in IACCA will give it access to the more extensive scientific and technological tools and data required and at the same time will help to ensure that human health remains in focus throughout the continuing international climate debate.

FUTURE PLANS

12. Depending on the availability of extrabudgetary resources, WHO will undertake to establish an interagency network on climate and human health, in collaboration with WMO and UNEP, to be implemented within the framework of the “climate agenda”. It is envisaged that the network will cover three areas:

- (1) capacity-building;
- (2) information exchange;
- (3) research promotion.

Fundraising for this activity is under way.

ACTION BY THE EXECUTIVE BOARD

13. The Executive Board may wish to consider the following resolution on climate change and human health.

The protection of human health from threats related to climate change and stratospheric ozone depletion

The Executive Board,

Noting the report of the Director-General on WHO's recent activities in the area of climate change, stratospheric ozone depletion and human health, and its association with the work on the "climate agenda",

RECOMMENDS to the Fifty-first World Health Assembly the adoption of the following resolution:

The Fifty-first World Health Assembly,

Having considered the report of the Director-General on WHO's activities on the health effects of climate change and stratospheric ozone depletion, and its association with the work on the "climate agenda";

Recalling resolutions WHA46.20 and WHA48.13 on the endorsement of the WHO global strategy for health and environment in full compliance with "Agenda 21" adopted by the United Nations Conference on Environment and Development in 1992, and on WHO's efforts to combat emerging and re-emerging infectious diseases associated with greater human mobility, global environmental changes and spreading drug resistance;

Aware of the serious threat to the environment and health of the depletion of ozone from the earth's stratosphere due to emissions of chlorofluorocarbons and other gases with ozone-destroying properties, used for refrigeration and for other industrial purposes;

Equally aware that the consequences of these phenomena for human health and well-being should be considered within the overall context of other global environmental changes, many of which are related, such as desertification, deforestation, transboundary air and water pollution and loss of biodiversity;

Acknowledging the leading role of WHO, in collaboration with WMO and UNEP, in bringing the potentially grave threats to human health of these global environmental phenomena to the attention of the international community through mechanisms provided by the Intergovernmental Panel on Climate Change and the United Nations Framework Convention on Climate Change;

1. ENDORSES WHO's participation in the "climate agenda" established by WMO, UNEP, UNESCO and its Intergovernmental Oceanographic Commission (IOC), FAO and the International Council of Scientific Unions (ICSU) to deal more effectively with climate-related issues among appropriate intergovernmental and international agencies,

2. URGES Member States:

(1) to consider the potential threats to human health of climate change and other factors in global environmental change and to take these into account in national planning for sustainable development;

(2) wherever appropriate, to consider new approaches to tackle these threats through greater use of weather and climate forecasts in disease prevention and control;

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- (3) to adopt other strategies, as appropriate, to face up to the human health consequences of climate change and other factors in global environmental change;
- (4) to encourage applied research and capacity-building in all of these areas;
3. REQUESTS the Director-General:
- (1) to develop further WHO's relations with WMO and other appropriate organizations of the United Nations system in order to ensure the continuation of international efforts to foster understanding of the correlation of climate and health and the pursuance of ways and means of mitigating public health effects of global environmental change;
- (2) to collect and review epidemiological information on climate-related risks to human health and to make it accessible to policy-makers and research institutions in Member States;
- (3) to pursue the assessment of research needs and priorities in the area of climate-related risks to human health and the environment, and to promote further research in this area, in particular in support of improved response strategies at the national level, in close cooperation with meteorological services;
- (4) to secure, through voluntary contributions, adequate human and financial resources for these activities, in consultation with other agencies concerned and interested members of the donor community.

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