

Health and the environment

Climate and health: outcome of the WHO Conference on Health and Climate

Report by the Secretariat

1. This report covers two topics: the outcome of the WHO Conference on Health and Climate (Geneva, 27–29 August 2014) and a revised WHO work plan on climate change and health.
2. The WHO Conference on Health and Climate marked a major step in responding to the requests of the Sixty-first World Health Assembly to the Director-General in resolution WHA61.19, adopted in 2008.

THE WHO CONFERENCE ON HEALTH AND CLIMATE

3. The overall objective of the Conference was to provide the health and sustainable-development communities with the most up-to-date and authoritative evidence, tools and information in order: to enhance population resilience to, and protect health from, climate change; to identify the health benefits associated with reducing emissions of greenhouse gases and other climate pollutants; and to support health-promoting policies on climate change.
4. The Conference was further intended to contribute the health perspective to the United Nations Climate Summit 2014 (New York, 23 September 2014), and to reinforce health ministers' participation in national and international policy discussions in preparation for the Conferences of the Parties to the United Nations Framework Convention on Climate Change to be held in Lima in December 2014 and Paris in December 2015.
5. The Conference was attended by some 400 participants, including 25 ministers, from 96 Member States in all WHO regions. The heads of four United Nations entities (WHO, WMO, the secretariat of the United Nations Framework Convention on Climate Change, and the secretariat of the United Nations Office for Disaster Risk Reduction) also participated together with representatives of civil society organizations, experts and health practitioners.
6. In order to set the example of the health community reducing its own environmental impact, WHO applied for the first time the United Nations' guidance on "green meetings". The Secretariat minimized the printing of documents, made maximum use of electronic documents and webcasting, and provided vegetarian and locally-sourced food that had minimal associated greenhouse gas emissions. The Conference was also the first carbon-neutral WHO meeting, with the greenhouse gas emissions associated with the travel of all participants offset through the purchase of carbon credits through the secretariat of the United Nations Framework Convention on Climate Change.

EVIDENCE PRESENTED AND CONCLUSIONS OF THE CONFERENCE¹

7. Evidence was presented that human actions, principally the burning of fossil fuels and associated release of climate pollutants, are causing significant changes to the global climate system. At the current pace of emissions of greenhouse gases, average surface temperatures are expected to rise by 4 °C by the year 2100.² Conservative estimates suggest that climate change will cause some 250 000 additional deaths per year before the middle of the current century.³ The main risks to health are expected to be more intense heatwaves and fires; increased prevalence of food-, water- and vector-borne diseases; increased likelihood of undernutrition resulting from diminished food production in poor regions; and lost work capacity and reduced labour productivity in vulnerable populations.

8. Less conclusive but still concerning evidence exists for other risks, including: breakdown in food systems and increased prevalence of violent conflict associated with resource scarcity and population movements; exacerbation of poverty stemming from a slow-down in economic growth, with negative implications for achieving health targets including those of the Millennium Development Goals and the objectives of the post-2015 sustainable development agenda currently under discussion. Poorer populations and children are disproportionately at risk of the effects of climate change, with different impacts on women and men. Overall, the impact is likely to widen existing health inequalities, both between and within populations.

9. Protection of health against climate change risks can be enhanced through ensuring better and more equitable access to services that mitigate and improve the social and environmental determinants of health, strengthening of basic public health interventions, and interventions targeted at climate-related risks.

10. The opportunity exists for policies that reduce the extent of climate change to yield also significant, local, near-term health benefits, in particular by reducing the annual mortality attributable to household and ambient air pollution (about 4.3 million and 3.7 million, respectively).⁴

11. Health can be improved by greener and more sustainable choices in various sectors, including household energy, electricity generation, transport, urban planning and land use, buildings, food and agriculture. For example, both the greater use of renewables in electricity generation and more efficient combustion of fossil fuels and biomass can cut ambient air pollution. Putting such policies into practice can translate into significant health cost-savings, particularly through reductions in the burden of noncommunicable diseases.

12. The health sector can also improve its own practices and at the same time minimize its carbon emissions. Health services in developed countries are major consumers of energy and significant

¹ A full report of the Conference by the International Institute for Sustainable Development's Reporting Services has been published on the WHO website; see <http://www.who.int/globalchange/mediacentre/events/climate-health-conference/en/> (accessed 18 November 2014).

² IPCC. Summary for policymakers. In: Stocker TF, Qin D, Plattner G-K, Tignor M, Allen SK, Boschung J et al, Eds. Climate change 2013: the physical science basis contribution of Working Group I to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge, England, and New York: Cambridge University Press; 2013.

³ WHO. Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Geneva: World Health Organization; 2014.

⁴ WHO. Air pollution estimates: summary of results and method descriptions. Geneva: World Health Organization; 2014. See also the accompanying document on air pollution and health, EB136/15.

emitters of greenhouse gases; energy efficiency, shifting to renewables, and greener procurement and delivery chains can both improve services and cut carbon emissions. In contrast, many health facilities in the poorest countries lack any electricity supply; for resource-constrained settings and off-grid hospitals and clinics, low-carbon energy solutions can form an important component of an overall energy supply strategy.

13. The Conference underlined the importance of meeting the challenges in line with the mandates from the Health Assembly, the United Nations Framework Convention on Climate Change and related processes, making use of existing mechanisms and building on the rapidly emerging experience worldwide. It also recognized the willingness of WHO to host a platform to further develop coordinated efforts on health and climate change with its expanding range of partners now active in this field.

14. The main messages and outcomes were presented at the United Nations Climate Summit 2014.¹ WHO is working with the United Nations Framework Convention on Climate Change secretariat and the governments of France and Peru to promote health on the agendas of the forthcoming Conferences of the Parties to the Convention.

THE WHO WORK PLAN ON CLIMATE CHANGE AND HEALTH

15. In January 2009, the Executive Board in resolution EB124.R5 endorsed the proposed WHO work plan on climate change and health. In response to subsequent requests of Member States,² the Secretariat has revised the existing work plan.³ The central focus is on environmental determinants of health (one of WHO's leadership priorities for 2014–2019), but several actions require consideration of climate change within other strategic priorities of the Organization.

Work plan aims

16. The revised work plan will provide support to Member States: to respond to the health risks presented by climate change, by strengthening the resilience of health systems to climate risks and improving their capacity to adapt to long-term climate changes; and to identify, assess and promote actions that reduce the burden of diseases associated with air pollution, and other health consequences of policies that also cause climate change.

17. WHO will implement the work plan with a particular focus on promoting health equity. It will take into account variation in the vulnerability of populations to climate risks, and in their capacity to respond, both of which are associated with gender and other social determinants of health. The work plan will focus in particular on improving the health of the most vulnerable population groups, including the poor, children and the elderly. Its implementation will be in line with the Twelfth General Programme of Work 2014–2019.

¹ United Nations. Climate, health jobs: thematic discussion at Climate Summit 2014. <http://www.un.org/climatechange/summit/2014/08/climate-health-jobs/> (accessed 6 October 2014).

² See document WHA67/2014/REC/3, summary record of twelfth meeting of Committee A of the Sixty-seventh World Health Assembly, section 9H, and document WHA66/2013/REC/3, summary record of seventh meeting of Committee B of the Sixty-sixth World Health Assembly, section 1E.

³ See document EB124/2009/REC/1, Annex 1.

18. The main proposed changes in the proposed work plan are (i) establishment of a partnership “platform” to respond to the increasing number of activities and actors engaged in this field; (ii) greater emphasis on actions that can improve health while also mitigating the extent of climate change; and (iii) promoting the need and providing tools for more systematic provision of country-specific information and monitoring of progress.

Objective 1. Strengthen partnerships to support health and climate within and outside the United Nations system

19. *Action 1.1* Establish a stable partnership platform to enable WHO to work with other organizations that have complementary capacities (for example, nongovernmental organizations on awareness raising, collaborating centres on research, and development banks on financing). This action will support and build on existing partnerships on specific issues, such as the Global Framework for Climate Services and the Climate and Clean Air Coalition to reduce Short-Lived Climate Pollutants, and develop new partnerships for specific thematic areas, such as the linkages between climate change, health, water and sanitation, and nutrition.

20. *Action 1.2* Continue to provide leadership on health throughout the system-wide response of the United Nations to climate change. Particular attention will be given to ensuring that health is appropriately reflected in policy and planning processes, and financial support mechanisms under the United Nations Framework Convention on Climate Change, the Post-2015 Framework for Disaster Risk Reduction and the post-2015 sustainable development goals currently being discussed.

Objective 2. Awareness raising

21. *Action 2.1* Develop tools, guidance, information and training packages for raising awareness of the links between health and climate, and the potential for enhancing health through mitigation of the extent of climate change. The focus will be on supporting national health decision-makers to engage effectively on setting policies for adaptation and mitigation, for example in negotiations being carried out under the United Nations Framework Convention on Climate Change.

22. *Action 2.2* Further develop WHO’s networks and mechanisms for disseminating information to the wider community of health professionals, and the general public, working particularly with relevant nongovernmental organizations and youth groups.

Objective 3. Promote and guide the generation of scientific evidence

23. *Action 3.1* Monitor and guide research agendas. This action will include the formulation of mechanisms to support exchange between researchers and decision-makers, definition of regional and national research agendas on climate change and health, and monitoring the extent to which research output is responsive to the priorities identified by the Health Assembly in resolution WHA61.19.

24. *Action 3.2* Lead, or contribute to, international assessments of the risks to health from climate change and of the benefits to health of mitigation policies, in collaboration with other partners, including the Intergovernmental Panel on Climate Change.

25. *Action 3.3* Further develop and support the use of tools for Member States to assess the effectiveness of interventions to increase resilience to climate change, and the health impacts of adaptation and mitigation decisions in other sectors. These evaluations should include assessment of

economic consequences and wider sustainable-development implications, including the cost-effectiveness of interventions; the costs of inaction; and health benefits from mitigation and adaptation policies.

26. *Action 3.4* Produce and systematically maintain country-specific profiles, including hazards, vulnerabilities and projected impacts, as well as the potential for health gains from health-promoting interventions to increase resilience and mitigate the extent of climate change.

Objective 4. Provide policy and technical support to the implementation of the public health response to climate change

27. *Action 4.1* Support a more systematic approach to increasing the resilience of public health systems to climate, by providing an operational framework that identifies health functions that should be strengthened and that should take account of climate risks. This action would encompass public health interventions within the formal health sector, and cross-sectoral action to improve the environmental and social determinants of health, ranging from improved air quality and wider access to clean water and sanitation to enhanced disaster preparedness.

28. *Action 4.2* Support capacity-building through the setting of norms and standards, development of technical guidance, and training courses. This action will include key areas such as the use of information on climate to improve disease surveillance and early warning; enhanced health preparedness for and response to extreme weather events; and opportunities to simultaneously tackle climate change and air pollution.

29. *Action 4.3* Implement pilot projects to test new approaches. These activities will be supported by a clear strategy for expansion and mainstreaming into policies, plans and programmes of health and health-determining sectors, such as water and sanitation, agriculture and energy provision.

30. *Action 4.4* Provide specific policy and technical support on health facilities, including: ensuring resilience to climate change risks; provision of environmental services, including access to electricity, clean water and sanitation, and waste management; and reduction of greenhouse gas emissions from health sector operations.

31. *Action 4.5* Provide guidance and technical support to Member States for accessing financial resources to enhance health protection from climate change risks, and valuation of health benefits in cross-sectoral policies. The Secretariat will serve as a clearing house for funding opportunities, and provide support through advocacy, monitoring and dissemination of evidence in order to ensure appropriate access and share of resources for health.

32. *Action 4.6* Establish a voluntary system for countries to report their progress in increasing the resilience of health systems to climate change and gaining health benefits from mitigation policies, using an agreed set of indicators. This action will also provide a systematic and objective basis for reporting to WHO's governing bodies.

IMPLEMENTATION OF THE REVISED WORK PLAN

33. The revised work plan will be implemented through WHO's programmes at all levels and partnerships supported by the platform referred to in Action 1.1. Impact will be monitored and evaluated with the indicators referred to in Action 4.6 through progress reports to the Health Assembly. Monitoring and evaluation will also take place through the mechanisms and indicators in the Twelfth General Programme of Work, 2014–2019. The Secretariat's work in this area has

expanded significantly since the previous work plan was endorsed, but within the same budget for the strategic priority. The programme budgets for future bienniums will need to be reassessed on the basis of the requirements of Member States for collaboration and support.

ACTION BY THE EXECUTIVE BOARD

34. The Board is invited to note the report and provide guidance on the revised work plan.

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