

Health and climate change

Report by the Secretariat

CONFERENCE OF THE PARTIES TO THE UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE

1. In December 2015, Parties to the United Nations Framework Convention on Climate Change reached the first global climate agreement.¹ The Paris Agreement sets the ambitious goal of holding the increase in the global average temperature to well below 2°C, with a target of 1.5°C. It is also legally binding, with differentiated responsibilities, recognizing the responsibilities of the richest countries, but also including actions by developing countries. It includes a commitment to mobilizing a minimum of US\$ 100 billion a year in international climate financing by 2020, for both climate mitigation (reducing the amount of climate change, mainly through cutting greenhouse gas emissions), and adaptation (reducing the negative impacts of the climate change that does occur). The Agreement also refers to “loss and damage” in recognition of the fact that some vulnerable populations will suffer significant impacts from climate change, even with mitigation and adaptation actions. The Agreement is flexible at the national level, with countries volunteering national actions on mitigation and adaptation through nationally determined contributions, which are to be revised every five years, with a view to continually raising ambition.

2. The contribution of evidence by WHO, and the engagement of the wider health community, resulted in specific references to health in the Agreement, and the resulting decision. These state that “Parties should, when taking action to address climate change, respect, promote and consider their respective obligations on human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity”. The Conference’s decision also recognizes “the social, economic and environmental value of voluntary mitigation actions and their co-benefits for adaptation, health and sustainable development”.

3. The Agreement further refers to previous decisions of the United Nations Framework Convention on Climate Change covering health including, inter alia, health impacts as a central justification for international climate action, national commitments to assess the health implications of climate policies, and the identification of health as a priority for climate adaptation.

4. Overall, the Agreement provides the basis for strong international action on climate change, as well as providing specific entry points to support action to protect and promote health, both through

¹Decision 1/CP.21, Annex (<http://unfccc.int/resource/docs/2015/cop21/eng/10a01.pdf>, accessed 11 April 2016).

increasing health resilience to climate risks, and through prioritizing mitigation actions that also improve health. The five-year revision of the nationally determined contributions provides an opportunity to continuously assess and accelerate national and global progress, including that towards protection of health. The commitments to international climate finance should provide additional resources that can contribute to health protection and promotion, particularly for the most vulnerable populations.

5. The reliance of the Paris Agreement on voluntary actions by countries, however, means that it remains necessary for the global health community to build on the platform of the Agreement and previous commitments of the Health Assembly in order to articulate and implement an action agenda to protect health from climate change.

6. The Paris Agreement provides a critical opportunity to advance public health as a central element not only of the response to climate change, but of the overall 2030 Agenda for Sustainable Development.

GLOBAL MANDATES ON CLIMATE CHANGE AND HEALTH

7. The principle global mandate for work on climate change and health is resolution WHA61.19 (2008). The Health Assembly urged Member States to develop health measures and integrate them into plans for adaptation to climate change; build capacity of public health leaders; strengthen health system capacity; promote effective engagement and collaboration of the health sector with all related sectors; and express commitment and provide directions for planning relevant actions and investments. It requested the Director-General to raise awareness of the public and policy-makers; engage in the mechanisms of the United Nations Framework Convention on Climate Change; promote consideration of the health impacts of climate change within the United Nations system; to work with Member States and appropriate organizations in the United Nations system and other partners to promote research and pilot projects; and to prepare a workplan for expanding WHO's provision of technical support to Member States. The Executive Board subsequently approved the WHO workplans for 2009–2013, and 2014–2019.¹ The work is also further reinforced by related resolutions, notably resolution WHA68.8 (2015) on the health impact of air pollution, which refers to opportunities to achieve co-benefits by simultaneously promoting air quality and reducing emissions of warming climate-altering pollutants.

UPDATED STRATEGIC PRIORITIES FOR WHO

8. The Secretariat proposes the following strategic priorities in light of the Paris Agreement.

9. *Expanding the public health response to climate change.* Member States can use the Paris Agreement commitments on climate change, for three purposes: (i) to strengthen the climate resilience of their health systems, for example through improved disease surveillance and preparedness for extreme weather events, ensuring climate-resilient health facilities, with access to essential services such as energy, water and sanitation; (ii) to identify and promote measures that both reduce climate pollution, and improve health, for example through reducing air pollution, and by reducing the environmental impact of the health sector itself; and (iii) to access the financial support mechanisms for climate action, to support the above objectives. The Secretariat will expand its technical and

¹ See respectively resolution EB124.R5 (2009) and decision EB136(15) (2015).

capacity development support by: guiding the health input for national adaptation plans; providing guidance and piloting work on the role of the health sector in climate change mitigation policies, particularly focusing on air pollution in urban areas; and assessing the health implications of adaptation and mitigation components of the nationally determined contributions. WHO could facilitate increased access to international climate finance for the health sector by becoming an accredited entity of the Green Climate Fund.

10. Significant progress has been made in raising awareness about the impact of climate change on health and expanding the international health response to this challenge. More than 95% of least developed countries identify health as a priority sector for adaptation, and about 67% of countries cited health in their Intended Nationally Determined Contributions¹ to the Paris Agreement under the United Nations Framework Convention on Climate Change, adopted in December 2015.² There are now systematic approaches to strengthening climate resilience of health systems, and emerging experience of their application.³ New evidence has shown the opportunities to improve health while cutting carbon emissions. For example, implementing a targeted set of measures specifically for short-lived climate pollutants would be expected to save about 2.4 million lives a year by 2030 and reduce global warming by about 0.5°C by 2050.⁴ Charging a price on carbon emissions in line with their health and environmental damages can be expected to halve outdoor air pollution, reduce greenhouse gas emissions by more than a fifth, and raise more than US\$ 3000 billion each year in revenue.⁵

11. The response, however, remains incomplete. Less than 1.5% of international finance for climate change adaptation is currently allocated to health projects.⁶ Few countries are currently taking advantage of the opportunity simultaneously to cut carbon emissions and improve health; only 15% of intended nationally determined contributions submitted for the Paris Agreement mention health gains through mitigation. There remains a need for more systematic, evidence-based and expanded implementation of national action to protect and promote health in response to climate change, within the context of the 2030 Agenda for Sustainable Development.

12. *Mobilizing the support of the health community behind action on climate change.* WHO can further increase support for protecting health from climate risks, and deriving health benefits from climate change mitigation actions through a sustaining and scaling up the outreach campaign initiated among health professionals and the general public in support of the 21st session of the Conference of the Parties to the United Nations Framework Convention on Climate Change. Activities could include continuing the WHO global conference on health and climate change as a regular event, in partnership with the Presidency of the Conference of the Parties, as is planned for 2016.

¹ Health in the Intended Nationally Determined Contributions (INDCs) to the United Nations Framework Convention on Climate Change, 2015. Geneva: World Health Organization; 2016.

² United Nations Framework Convention on Climate Change, Adoption of the Paris Agreement, decision 1/CP.21

³ WHO operational framework for building climate-resilient health systems. Geneva: World Health Organization; 2015, and WHO. Lessons learnt on health adaptation to climate variability and change. Geneva: World Health Organization; 2015.

⁴ Reducing global health risks through mitigation of short-lived climate pollutants: scoping report for policy-makers. Geneva: World Health Organization; 2015.

⁵ Coady D, Parry I, Sears L, Shang B. How large are global energy subsidies? Washington DC: International Monetary Fund; 2015.

⁶ Climate and health country profiles – 2015: a global overview. Geneva: World Health Organization; 2015.

13. *Strengthening the evidence base, and monitoring progress.* The health community should continue to improve the evidence base to inform climate policy, particularly in relation to: the effectiveness of health adaptation measures, and the health, economic and sustainable development benefits of climate change mitigation policies. There is a particular need to assess national and international progress on climate change and health in a manner that is systematic and consistent with the overall sustainable development agenda. The Secretariat proposes to work closely with Member States to: (i) ensure appropriate representation of health within the monitoring of progress towards Sustainable Development Goal 13 (Take urgent action to combat climate change and its impacts); (ii) to align the information provided in the WHO/United Nations Framework Convention on Climate Change climate and health country profiles with the monitoring of efforts to meet the Sustainable Development Goals; and (iii) to increase coverage of the profiles in order to establish them as the primary international reference for country-specific evidence, and for the tracking of global progress, on this issue.

14. *Reporting to WHO's governing bodies.* In light of the increased importance of climate change and health, the Board may wish to consider regular and systematic reporting to the Health Assembly, on progress made by Member States and the Secretariat.

ACTION BY THE EXECUTIVE BOARD

15. The Board is invited to note the report and provide guidance on the proposed strategic priorities outlined in paragraphs 8–14.

= = =