



**World Health Organization
Organisation mondiale de la Santé**

FIFTY-FIRST WORLD HEALTH ASSEMBLY

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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, FAO and the International Council of Scientific Unions.

The Health Assembly is invited to consider the resolution recommended by the Executive Board.

INTRODUCTION

1. Following adoption of the United Nations Framework Convention on Climate Change (UNFCCC) at the United Nations Conference on Environment and Development (Rio de Janeiro, 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 undertook 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”.¹
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. Negotiations at the third Conference of Parties of UNFCCC (Kyoto, Japan, December 1997) resulted in the adoption of the Kyoto Protocol. This protocol forms a legal instrument which describes the various obligations of parties to the Convention. According to the Kyoto Protocol, so-called Annex I parties (referring to a list of 39 of the most industrialized countries) are obliged to reduce their aggregate national emissions of a number of “greenhouse” gases² to at most 95% of 1990 baseline levels between 2008 and 2012 (the “first commitment period”). Both Annex I and non-Annex I parties must formulate cost-effective national and regional programmes to improve emission conditions of local greenhouse gas and produce periodic updates of national inventories of anthropogenic emissions by sources and removals by sinks. They must also formulate, implement and update national and regional programmes to mitigate climate change and measures for adaptation to climate change.
5. In 1996 the Coordinating Committee for the World Climate Programme 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, 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

6. The “climate agenda” addresses the need for coordinated scientific and technical programmes to support 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 country level and the fulfilment of current

¹ Document WHO/EHG/96.7, available on request.

² The Kyoto Protocol considers the combined greenhouse gas potentials of carbon dioxide, methane, nitrous oxide, hydrofluorocarbons, perfluorocarbons and sulfur hexafluoride, expressed in terms of total carbon dioxide equivalents.

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 and that of IPCC.

7. 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.

8. 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. Unlike the agricultural sector, programme planning in the health sector is not geared to operational use of interseasonal and/or interannual climate predictions, but increasing data on climate variability and improving technology for climate prediction may well become viable tools for medium-term planning for health care and disease control services in the near future.

9. Work on the “climate agenda” will be coordinated by IACCA, which is currently composed of representatives of WMO, UNEP, UNESCO and 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 7 above), with UNEP taking the major role in coordination under point III. Although 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

10. As indicated by the WHO/WMO/UNEP assessment, 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.

11. 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.

12. 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, while helping to ensure that human health remains in focus throughout the continuing international climate debate. In practical terms, it will also help WHO to improve the quality of its support to Member States on matters related to climate and human health, the use of climate data and climate forecasts in health planning, and the fulfilment of national obligations under the Kyoto Protocol.

FUTURE PLANS

13. 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: capacity-building, information exchange, and research promotion. Fundraising for this activity is under way. An internal WHO working group, consisting of all relevant WHO programmes, will promote interprogramme collaboration on climate and health issues, and serve as a clearing-house for WHO’s input into joint climate-related activities undertaken with other agencies in the United Nations system (for example, the Interagency Task Group on *El Niño*, within the framework of the International Decade on Natural Disasters Reduction).

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

14. The Health Assembly is invited to consider the resolution recommended by the Executive Board in its resolution EB101.R15.

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