FIFTH MEETING
CLIMATE CHANGE AND HEALTH
NADI, FIJI
20 - 22 AUGUST 2019
NOTE: The views expressed in this report are those of the participants of the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific as Secretariat and for those who participated in the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in Nadi, Fiji from 20 to 22 August 2019.

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World Health Organization
Regional Office for the Western Pacific

Asia-Pacific
Parliamentarian Forum on Global Health

Fifth Meeting

Climate Change and Health

Hosted by the Speaker of the:
Parliament of the Republic of Fiji

With support from:
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FIFTH MEETING
CLIMATE CHANGE AND HEALTH
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The Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health was convened in Nadi, Fiji, from 20 to 22 August 2019. The meeting was chaired by the His Excellency Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji, with support from the Ministry of Health and Medical Services of Fiji and the World Health Organization (WHO) Regional Office for the Western Pacific. The meeting was attended by 49 parliamentarians from 20 countries. The meeting aimed to enhance the role of parliamentarians in addressing the health impacts of climate change.

Participants reviewed progress to date on achieving the health-related goals of the 2030 Agenda for Sustainable Development (SDGs). Participants highlighted the role that parliamentarians can play in achieving health in the SDGs through their power to enact legislation, pass budgets, mobilize resources, and ensure government accountability and transparency. The catalytic energy that parliamentarians have can lead to progress towards achieving the SDGs.

Parliamentarians were presented with information highlighting the breadth of the health impacts of climate change in Asia and the Pacific and the immediacy of the threat that climate change poses to human health. The health risks from climate change include the following:

- heat-related illness and death, cardiovascular failure;
- forced migration, civil conflict, mental health impacts;
- malnutrition, diarrheal disease;
- cholera, cryptosporidiosis, campylobacter, leptospirosis, harmful algal blooms;
- respiratory allergies, asthma from increasing allergens;
- malaria, dengue, encephalitis, hantavirus, Rift Valley fever, Lyme disease, chikungunya, West Nile virus;
- asthma, cardiovascular disease from air pollution;
- and injuries, fatalities and mental health impacts from severe weather.

When considering responses to the health impacts of climate change, participants were urged to put human health at the centre of the climate change discussion and to ensure that health systems are climate resilient. Additionally, participants were urged to focus on actions where co-benefits beyond the direct policy goal were possible. During the plenary discussions about the health impacts of climate change and the responses to the risks, many participants highlighted the impact of climate change on mental health and the lack of understanding and research in this area.

When addressing the health impacts of climate change, many participants highlighted the importance of mitigation and adaptation working together to address the issues. Participants shared examples of their legislative initiatives, funding programmes, and specific mitigation and adaptation projects that they have undertaken. Participants from smaller countries noted the disproportionate difficulty and expense of adaptation projects where there are small budgets and populations.

During the field visits in Lautoka, Fiji, participants were able to witness a sea-wall construction project and its impact on the community and the work of a nongovernmental organization focused on local sustainable economic development and environmental stewardship. Participants also viewed...
a planned village with examples of climate-resilient affordable housing and a clinic providing HIV/AIDS treatment. Parliamentarians adopted the Nadi Communique, declaring climate change to be a crisis that presents one of the most critical threats to health in all countries in Asia and the Pacific. Parliamentarians noted that the very existence of some nations is at risk and recognized that a failure to act on the climate crisis will result in preventable injuries, illnesses and deaths.

Parliamentarians urged their fellow parliamentarians to strengthen legal frameworks, advocate the inclusion of health in all relevant portfolios, and engage in international partnerships, platforms and coalitions to address the climate crisis and the health impacts it creates. Finally, parliamentarians requested that WHO and the Forum Secretariat continue to provide normative guidance and technical assistance to countries in their efforts to address the health impacts of climate change, and to develop innovative mechanisms to scale up support to Member States.
INTRODUCTION

The Asia-Pacific Parliamentarian Forum on Global Health (Forum) is a platform for parliamentarians to exchange ideas, build political will, strengthen capacities and foster collaboration in driving sustainable action for health. Established in 2015 with technical support from the World Health Organization (WHO) Regional Office for the Western Pacific and other partners, the Forum is open to the 30 countries comprising the Member States of the WHO Western Pacific Region and the Association of Southeast Asian Nations (ASEAN).

As emphasized in the 2030 Agenda for Sustainable Development, parliamentarians have an essential role to play in advancing health through: enacting legislation, approving budgets and mobilizing resources, providing oversight to ensure government accountability and transparency, ensuring national implementation of global commitments, and fostering political constituencies for health.

Strategically positioned to help align global health mandates with regional and domestic priorities and to facilitate national implementation of international health commitments, the Forum is an important part of the Regional Office’s assistance to Member States in taking a whole-of-government approach to enhance the rule of law in health governance and expand the role of law in health policy.
1.1 MEETING ORGANIZATION

The Fifth Meeting of the Forum was hosted by the Honourable Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji, with support from the Ministry of Health and Medical Services, Republic of Fiji, and the WHO Regional Office for the Western Pacific. It was held at the Pullman Nadi Bay Resort in Nadi, Fiji from 20 to 22 August 2019.

The meeting was attended by 49 parliamentarians from 20 countries, including the Kingdom of Cambodia, Cook Islands, Republic of Fiji, Japan, Republic of Kiribati, Republic of Korea, Lao People’s Democratic Republic, Malaysia, Federated States of Micronesia, New Zealand, Republic of Niue, Republic of Palau, Republic of the Philippines, Independent State of Samoa, Solomon Islands, Kingdom of Thailand, Kingdom of Tonga, Tuvalu, Republic of Vanuatu and Socialist Republic of Viet Nam.

1.2 MEETING OBJECTIVES

The objectives of the meeting were:

1. to review progress in countries since the Fourth Meeting of the Forum towards developing, implementing and evaluating policies to achieve health in the Sustainable Development Goals;
2. to share country experiences in developing, implementing and evaluating policies to address the health impacts of climate change;
3. to enhance engagement with parliamentarians in support of proactive, effective and sustainable action to address the health impacts of climate change through the strengthening of climate-resilient health systems; and
4. to discuss next steps for the Asia-Pacific Parliamentarian Forum on Global Health.
2. PROCEEDINGS

DAY 1

2.1 TRADITIONAL WELCOME CEREMONY

A traditional welcome ceremony was held on the morning of the first day of the Meeting to welcome all meeting participants to Fiji and the Fifth Meeting of the Forum. Mr Ratu Sakiusa Raka of the Parliament of the Republic of Fiji was the master of ceremonies. The chief guest was His Excellency Jioji Konrote, President of the Republic of Fiji, and the distinguished guests were: the Honourable Keizo Takemi, Member of the House of Councillors of Japan and President of the Asia-Pacific Parliamentarian Forum on Global Health; Dr Takeshi Kasai, WHO Regional Director for the Western Pacific; and His Excellency Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji and Chair of the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health. Participants and guests were treated to a cultural demonstration reflecting the spirit and generosity of the people of Fiji. A list of participants is available in Annex 1.
2.2 OPENING CEREMONY

The Honourable Keizo Takemi, Member of the House of Councillors, Japan and President of the Asia-Pacific Parliamentarian Forum on Global Health, opened the meeting. He expressed that enhancing and strengthening the collaboration networks is a key element to explore the shared commitment for achieving health and well-being for all in the context of universal health coverage (UHC) in the SDG era. He highlighted that there is no “miracle injection” to solve climate change immediately, so parliamentarians’ concerted efforts across countries and continuous interventions are required. Professor Takemi noted that making substantial progress on addressing climate change would require sustainable financing. He also said that the meeting would further discuss the future of the Forum and how the Forum would move forward to enhance and further crystalize its impact. He urged parliamentarians to consider how they can use their catalytic energy to contribute to making people’s lives healthier and safer in their countries, the region and beyond.

Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, welcomed participants to the meeting. He noted that the health challenges of today are of unprecedented size and complexity and that successfully addressing them will require WHO collaborating and working with political leaders, in addition to health ministries. He highlighted that climate change not only affects health, but for many countries in the Pacific it threatens their very existence. He emphasized the global leadership role that Fiji has taken in advocating climate change action and in bringing Pacific voices to the global stage, through the country’s presidency of the 2017 United Nations Climate Change Conference.

His Excellency Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji and Chair of the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, also welcomed all participants. He highlighted that many people viewed health or health issues in isolation or disconnected from other development issues. However, as he pointed out, climate change affects the social and environmental determinants of health and cuts across many issues, including clean air and water, food and nutrition, and housing. He emphasized that for Pacific island countries, climate change was an existential threat and was already causing stress to
The Honourable Lee Myoungsu, Member of Parliament of the Republic of Korea and President of the Korean Parliamentarian Forum on Global Health, presented on the Seoul Declaration and parliamentarians’ commitment to action for health in the SDGs. The Seoul Declaration was adopted at the Second Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, held in Seoul, Republic of Korea in November 2016. He highlighted that parliamentarians have the power to enact legislation, pass budgets, mobilize resources, and ensure government accountability and transparency. With respect to UHC and the SDGs, he said parliamentarians have the ability to: mainstream the SDGs in national health plans, prioritize health agendas by strengthening rule of law, approve budgets and mobilize sustainable resources to implement health agendas, provide oversight and monitoring of the implementation of the SDG initiatives, ensure no one is left behind in the implementation of the SDGs, and foster international partnerships and align priorities for health in the SDGs. He noted that the Republic of Korea has taken steps to mainstream the SDGs into national health plans and to enact legislation to prioritize health agendas and ensure policy coherence. The Seoul Declaration includes a commitment to promote and protect the health and well-being of all people through the SDGs by forming social consensus, building political and social support, and strengthening international partnerships. Looking to the future, he noted there was a need for continued international cooperation and sharing of knowledge and lessons between countries, for further facilitation of communication between members of the Forum, and for parliamentarians to prioritize investments in the health sector.

Dr Ki-Hyun Hahm concluded the opening ceremony by providing an overview of the meeting programme and upcoming events. The programme agenda is available in Annex 1.

### 2.3 SESSION 1: HIGHLIGHTING PROGRESS IN COUNTRIES TO ACHIEVE HEALTH IN THE SDGS

#### 2.3.1 The Seoul Declaration: A commitment to action for health in the SDGs through the Asia–Pacific Parliamentarian Forum on Global Health

The Honourable Lee Myoungsu, Member of Parliament of the Republic of Korea and President of the Korean Parliamentarian Forum on Global Health, presented on the Seoul Declaration and parliamentarians’ commitment to action for health in the SDGs. The Seoul Declaration was adopted at the Second Meeting of the Asia-Pacific Parliamentarian Forum on Global Health, held in Seoul, Republic of Korea in November 2016. He highlighted that parliamentarians have the power to enact legislation, pass budgets, mobilize resources, and ensure government accountability and transparency. With respect to UHC and the SDGs, he said parliamentarians have the ability to: mainstream the SDGs in national health plans, prioritize health agendas by strengthening rule of law, approve budgets and mobilize sustainable resources to implement health agendas, provide oversight and monitoring of the implementation of the SDG initiatives, ensure no one is left behind in the implementation of the SDGs, and foster international partnerships and align priorities for health in the SDGs. He noted that the Republic of Korea has taken steps to mainstream the SDGs into national health plans and to enact legislation to prioritize health agendas and ensure policy coherence. The Seoul Declaration includes a commitment to promote and protect the health and well-being of all people through the SDGs by forming social consensus, building political and social support, and strengthening international partnerships. The Seoul Declaration also highlights the need for multisectoral action and whole-of-system, whole-of-government and whole-of-society approaches to achieving health in the SDGs. Looking to the future, he noted there was a need for continued international cooperation and sharing of knowledge and lessons between countries, for further facilitation of communication between members of the Forum, and for parliamentarians to prioritize investments in the health sector.

#### 2.3.2 Third Meeting of the Forum: Enhancing the role of parliamentarians to address healthy ageing

The Honourable Norihisa Tamura, Member of the House of Representatives of Japan and President of the Japan Parliamentarian League for the World Health Organization, who chaired the Third Meeting of the Forum held in Tokyo, Japan in August 2017, presented highlights from that meeting and opportunities for parliamentarians to take action on healthy ageing. At the Third Meeting, participants were introduced to Japan’s experiences addressing a super-ageing society and recent multisectoral actions ranging: from participation of institutions to the community, including social engagement; from cure to care, including prevention of physical, mental and social frailty; and from government to multistakeholder participation, including financing and governance. He called for further multisectoral action and international cooperation among countries, partners, donors and intergovernmental agencies.
2.3.3 Fourth Meeting of the Forum: Enhancing the role of parliamentarians to address universal health coverage

The Honourable Dr Angelina D.L. Tan, Chair of the House Committee on Health and Member of the House of Representatives of the Republic of the Philippines and Vice-President of the Asia-Pacific Parliamentarian Forum on Global Health, reviewed the actions and outcomes from the Fourth Meeting of the Forum held in Manila, Philippines in August 2018, which she co-chaired with the Honourable Senator Joseph Victor Ejercito, Chair of the Senate Committee on Health and Demography. She shared highlights from the plenary discussions on topics such as health in the SDGs, UHC, sustainable financing for health and legal frameworks to support UHC. The Fourth Meeting incorporated a field visit to the Bataan region to see local health governance in action, including primary health care and service delivery networks. She emphasized that participants at the Fourth Meeting recognized UHC as a viable goal for countries so that all people can access and afford health-care services, adding that participants agreed that countries need a strong primary health care system and a whole-of-society approach to achieve UHC and the SDGs. Finally, she discussed the 2019 Universal Health Care Act in the Philippines (RA 11223), a law intended to give all Filipinos access to quality health care and protect against the financial risks from health-care costs. She explained the law’s five pillars: service delivery, local health systems, regulation, financing and governance. Further, she said that implementing rules and regulations were being drafted for the new law and 33 “integration sites” had been appointed to demonstrate key reforms from the law.

2.3.4 Parliamentarian panel discussion

The Honourable Dr Hanako Jimi, Member of the House of Councillors of Japan, discussed Shoku-Iku, a school food and nutrition education programme, as part of Japan’s efforts to achieve health in the SDGs. She said that the programme teaches children about: nutritional, cultural and psychological aspects; respect for natural resources for food materials; and the importance of sustaining such essentials for health and well-being. The School Lunch Act was enacted in 1964 and the Basic Dietary Education Law in 2005, which are attributed with improving health outcomes in Japan and Japan’s lower rates of obesity among children and adults, she added. She noted that healthy eating habits are important to establish in childhood and require households, schools and day-care facilities to work together. She pointed out that school lunches have standards for nutritional content to ensure that they are well-balanced. She explained that Shoku-Iku is now seen as applicable throughout the life-course, with the nutrition principles recently being applied to older people to prevent frailty. She said climate change is also impacting healthy diets and nutrition in Japan and will continue to do so.

The Honourable Senator Stevenson Kuartei of the Palau National Congress discussed the implementation of the SDGs and the role of the SDGs in Palau’s health planning. He said the Yanuca Declaration of 1995 and 2015 on health in Pacific island countries and territories defines Healthy Islands as places where: children are nurtured in body and mind; environments invite learning and leisure; people work and age with dignity; ecological balance is a source of pride; and, in Palau, the ocean which sustains society is protected. In Palau, the SDGs came into effect in 2016, and he explained that they were grouped around four pillars: people at the centre of development (SDGs 2, 3, 4, 11); prosperity, poverty and equality (SDGs 1, 8, 9, 10); planet, protecting the island home (SDGs 6, 7, 12, 13, 14, 15); and partnerships for sustainability – participation, peace and partnerships (SDGs 5, 16, 17). He noted that the first voluntary national review of SDG progress in Palau was conducted in June 2019. Under Pillar 3, he said Palau had launched several initiatives including a plastic bag use reduction law, a ban and limit on certain sunblock and sunscreen chemicals, and creation of a Palau Marine Sanctuary and Palau’s Protected Area Network to increase the proportion of protected areas.

The Honourable Michael Woodhouse, Member of the House of Representatives of New Zealand, presented on New Zealand’s progress report He Waka Iki Noa, Towards a Better Future Together, which was tabled with the United Nations at the High-level Political Forum on Sustainable Development in July 2019. He said New Zealand had made much progress on its SDG targets, and continues to
build on this success moving forward. Based on work completed by the Organisation for Economic Co-operation and Development, New Zealand is developing a set of measures called the Living Standards Framework, he explained, adding that although the country has a high overall standard of living, there are still people experiencing poverty and hardship. He noted that New Zealand has increased its development assistance to support the SDGs and a majority of its development funds stay in the Pacific region. Climate change and health have been areas of focus, he said, expressing his hope for the Forum meeting to provide a better understanding of the impact of climate change on health in small island developing states.

The Honourable Dr Azman Bin Ismail, Member of Parliament of Malaysia, presented on the large increase in the number of people in Malaysia living with type 2 diabetes mellitus and how the Ministry of Health was managing the increase. He mentioned several civil society organizations that are solely dedicated to the issue of noncommunicable diseases, the most successful being the Reversing Diabetes and Obesity (RDO) groups, some of which focus on chronic inflammation resulting from poor diet such as foods high in sugar and refined carbohydrates. He explained that the inflammation is caused by raised population insulin levels and leads to the population developing insulin resistance, which can lead to diabetes and other noncommunicable diseases. RDO groups are educating the public to consume lower-carbohydrate foods and foods high in good fats and to do intermittent fasting, and they are also raising awareness about traditional diets, he said. This information is conveyed to people through WhatsApp, Telegram and Facebook, he explained, which has led to lively discussions online with trained trainers responding to questions and giving support and encouragement to participants. He noted that initial results showed these efforts have helped many people, but further data collection is needed to understand the impact of this citizen-empowerment approach.

2.4 SIDE EVENT: WHO MARKETPLACE

This session provided an opportunity for participants to learn about the priority technical items to be highlighted at the upcoming seventieth session of the Regional Committee for the Western Pacific to be held on 7–11 October 2019 in Manila, Philippines. This session was introduced by Dr Yunguo Liu, Director of Programme Management at the WHO Regional Office for the Western Pacific. WHO staff from the Regional Office and Division of Pacific Technical Support answered questions on the four priority technical items: ageing and health, tobacco control in the Western Pacific Region, protecting children from the harmful impact of food marketing, and antimicrobial resistance.

2.5 SESSION 2: IDENTIFYING THE HEALTH IMPACTS OF CLIMATE CHANGE

2.5.1 Informal poll: What does climate change mean to me?

Mr Kyle DeYoung, Consultant with the Health Law & Ethics Unit at the WHO Regional Office for the Western Pacific, led participants through an interactive poll to begin the discussion on identifying the health impacts of climate change.

When asked what words come to mind when hearing the term “climate change”, participants highlighted, among others, global warming/warming, sea level rise, disasters, crisis, heat and poverty. When asked about the top three major health risks in their countries from climate change, participants highlighted disease and illness from water and air pollution, vector-borne diseases, and extreme heat and heat stress. Somewhat lower emphasis was placed on food insecurity and malnutrition and increased illness, injury and death from extreme weather, with displacement and migration the least important for participants.
Finally, when asked what parliamentarians can do to protect and promote health of their citizens in a changing climate, participants emphasized legislating/law/policy change, advocacy/awareness and budgeting/money.
2.5.2 Threats and catalysts for change: health impacts of climate change at global, national, and local level

Professor Kristie L. Ebi from the University of Washington presented data and research on the health impacts of climate change that are being experienced now and are expected in the future. She highlighted the main human health impacts from climate change: a) heat-related illness and death, cardiovascular failure; b) forced migration, civil conflict, mental health impacts; c) malnutrition, diarrheal disease; d) cholera, cryptosporidiosis, campylobacter, leptospirosis, harmful algal blooms; e) respiratory allergies, asthma from increasing allergens; f) malaria, dengue, encephalitis, hantavirus, Rift Valley fever, Lyme disease, chikungunya, West Nile virus; g) asthma, cardiovascular disease from air pollution; and h) injuries, fatalities, mental health impacts from severe weather.

Professor Ebi discussed the adaptation and mitigation measures that must be taken to address climate change, and the health effects and health co-benefits that these actions can have. She explained how the climate drivers (increased temperatures, precipitation extremes, extreme weather events and sea level rise) impact the environmental and institutional context and the social and behavioural context, and then how the climate drivers flow into exposure pathways (extreme heat, reduced water and food quality, etc.) and ultimately poorer health outcomes.

She noted that the health impacts of climate change are not equally felt by all people, with older adults, communities of colour, children and low-income communities all facing increased health risk from climate change. She said the health impacts of climate change will be large and could include sharply reduced crop yields, reduced nutrient levels in foods and increased cases of stunting.

2.5.3 Climate change and health: from vision to actions and measurable results

Dr Corinne Capuano, Director of Pacific Technical Support and WHO Representative for the South Pacific, presented on moving forward with actions and measurable results to address climate change. She emphasized the importance of global political commitments such as the Paris Agreement and the role of parliamentarians in addressing the health impacts of climate change. She noted a number of actions parliamentarians can take to address the health impacts of climate change:

- Put human health at the centre of the discussion and make it part of the actions.
- Focus on building and sustaining climate-resilient health systems.
- Act on the co-benefits (the additional benefits resulting from a policy other than the direct intention) now for the biggest gains in the future.
- Strengthen legal frameworks to include the health impacts of climate change.
- Promote cross-sector coordination on climate change and health, including with civil society and communities.
- Increase the proportion of climate change funds allocated to protect health, both directly and indirectly.
- Parliamentarians can serve as a prominent voice for climate change with all members of society, and parliamentarians can facilitate cross-border and cross-jurisdictional cooperation.

2.5.4 What leaders can do to help us with climate change

Mr Timoci Naulusala spoke about the role that leaders have in addressing climate change for future generations. He is a year 9 student at Tailevu North College in Naivicula, Fiji, and has given speeches to many global leaders, including to the attendees at the 2017 Conference of the Parties to the 2017 United Nations Climate Change Conference (COP23) in Bonn, Germany. He directly experienced the impacts of Cyclone Winston in 2016, and his home, school and livelihood were destroyed and in chaos. He has seen the impacts of climate change and urged leaders to focus more on the environment. He noted
that the threat from climate change is real, serious and growing, and it is time to take action. Climate change needs to be a priority for everyone, and especially our leaders.

2.5.5 Plenary discussion

Professor Dr Alistair Woodward from the Faculty of Medical and Health Sciences at the University of Auckland facilitated the plenary discussion. The Republic of Korea and Fiji raised the issue of mental health and climate change, and the impact of people being displaced from their homes and traditional lands. The connection between mental health and climate change are rarely discussed, but there is a great deal of new research being conducted on this issue. Fiji noted that their Emergency Medical Team was recently verified as an international team, but there may be room to expand the attention paid to mental health when it comes to official Emergency Medical Teams. There are mental health tools for disaster response and first responders, but there may be a need to connect this with the broader issue of climate change and health. Palau noted that mental health is a large issue in their country, and mental health shouldn’t just be looked at post disaster, but on an everyday basis. Emphasis was put on adaptation as a tool for small island developing states to use their resources to build resilient facilities and resilient health systems. Small island developing states will need urgent support from development partners to do this. The funds from development partners to support adaptation in the health sector have been limited, but there are small projects under way in Asia and the Pacific. Advocacy is imperative to raise the importance of healthy people and climate-resilient health systems. Japan mentioned that heat and heat stress has many impacts, including the temperatures at the upcoming 2020 Olympic Games in Tokyo. The health and safety of athletes and spectators is important and may be impacted.

2.6.1 Parliamentarian panel discussion

The Honourable Sanghee Kim, Member of Parliament of the Republic of Korea, discussed the legislative initiatives related to the health impacts of climate change in the Republic of Korea. She noted that these initiatives include: a health impact assessment and damage mitigation plan for extreme heat and ultraviolet (UV) rays; predicting and managing allergic diseases triggered by climate change; monitoring, predicting and managing meteorological disasters; and infectious disease surveillance and response systems. She explained that the country has a climate change response law with the purpose to investigate the impact of climate change on health and to protect and maintain public health by preventing harmful effects in advance. Finally, the Framework Act on Health and Medical Services includes an article on national health impact assessments related to climate change, she said.

The Honourable Alexander O’Connor, Assistant Minister for Health and Medical Services of the Republic of Fiji, presented on Fiji’s experience in the sustainable financing for addressing the health impacts of climate change. He noted that Parliament has supported the national actions on climate change through legislation and oversight and that Fiji’s approach is multisectoral. He said Parliament passed the COP23 Presidency Trust Fund Act in 2017, which established a trust fund to support Fiji’s role as president of COP23 and to support the priorities of COP23. In 2019, Parliament amended the law for the trust fund to become the Climate Action Trust Fund Act, to continue supporting the government’s actions to address climate change, he explained, adding that the Environmental Levy Act 2015 prescribed a levy on the turnover of certain services and created the Environment and Climate Adaptation Fund to be used to fund climate change adaptation initiatives. He said these initiatives include energy conservation, water management, rural development, and disaster relief and response, which directly and indirectly support efforts to address the health impacts of climate change. He noted that the 2018–2019 budget
included tax incentives for the purchase of electric vehicles, to help with mitigation efforts. He said Fiji had created the new Ministry of Waterways and Environment to focus on the protection of the country’s natural environment, with FJ$ 33.9 million received in funding for its initiatives, which include preparation and protection of coastal communities through sea walls, drainage and flood protection. He explained that total allocation by the Government in 2019–2020 for climate change projects is FJ$ 180.1 million, funding 27 adaptation projects and 8 mitigation projects.

The Honourable Nguyễn Hoàng Mai, Member of the National Assembly of Viet Nam, presented on climate change adaptation in Viet Nam. He said the country is experiencing the impacts of climate change, including sea level rise, salinity intrusion, drought, flooding and landslides. Viet Nam has experienced an increase in diseases such as H5N1, H1N1, Zika, and foot and mouth disease, and the risk of dengue has increased between 7% and 11%, he noted. Increasing temperatures are raising the risk of heat stroke and myocardial infarctions, leading to higher hospitalization rates among older people and children, he said. In 2014, the National Assembly passed the Law on Environment, emphasizing the importance of health impact assessments. In 2017, the Central Party Committee promulgated Resolution No.20-NQ/TW, which provides additional health protection and care and gives solutions to deal with the health impacts of climate change. Also in 2017, the Government issued a National Strategy for Climate Change Adaption and Green Growth for 2016–2020. He said Viet Nam is facing challenges in dealing with the health impacts of climate change, including ineffective intersectoral cooperation, low funding for preventive health care and funding that is not proportionate.

The Honourable Khamphet Manivong, Member of the National Assembly of the Lao People’s Democratic Republic, presented on the country’s national strategy and plan of action. He noted that dry seasons are getting longer and rainy seasons shorter, with more sporadic and intense storms and that droughts impact vulnerable farmers heavily. Recent storms have impacted hydroelectric power and destroyed a dam that was under construction, he added. Thus, building resilient health system requires shifting from an emergency response mode to a proactive climate change reduction approach, he pointed out, emphasizing that this is only possible through strengthened governance and leadership. The Lao People’s Democratic Republic has created the National Strategy on Climate Change, and the National Adaptation Plan of Action, which was submitted to the United Nations Framework Convention on Climate Change and approved in law in 2018, identified public health as one of seven areas for action, he explained. He added that addressing climate change requires a whole-of-government approach and coordination across all areas of government, with high-level leadership. He concluded by mentioning that the Government has been supporting the health sector to mobilize funding for health sector adaptation projects through the Green Climate Fund and the Global Environment Facility.

General Worapong Sanganetra, Member of the Senate of the National Assembly of Thailand, presented on the National Assembly’s role in climate change and health. He noted that recent studies in Krabi Province and Bangkok have noted increases in mean temperatures, an increase in the length of the hot season and a higher number of days above 33°C and some river basins are expected to face water shortages and increases in floods and droughts. He also noted that Thailand is experiencing the impacts of climate change, including the worst flooding ever in Bangkok in 2011, a prolonged drought in 2015–2016 and damage to coastal zones including changes to erosion and accretion patterns. He pointed out Thailand’s climate change actions, which include ratification of the Kyoto Protocol and the United Nations Framework Convention on Climate Change, declaration of intent to implement the Nationally Appropriate Mitigation Actions or NAMAs in 2020 and the preparation of the Action Plan on National Climate Change as a five-year strategy on climate change from 2008 to 2012. The National Assembly has also approved ratification of the Paris Agreement, approved several climate-related bills and conducted a feasibility study on the harmonization of some climate-related provisions in domestic laws, he said. He noted that the country’s climate change adaptation approach has been in part based on adopting the King of Thailand’s philosophy, including the Sufficiency Economy Philosophy. He further explained that going forward Thailand will prepare the implementation of the Intended Nationally Determined Contributions plan, as outlined in the Paris Agreement.
2.6.2 Plenary discussion

The discussion started with a focus on mental health and climate change, the need for clarification and greater evidence about the connection between climate change and mental health, and the connection between climate change and other health issues. Participants agreed that it is difficult to decide on the best actions to address the health impacts of climate change but also to determine the effectiveness of the actions that are taken. The discussion noted the importance of health impact assessments and the importance of data and evidence for assessments as well as the need for capacity-building to support countries to create and develop health impact assessments. The discussion also covered the potential importance of digitization of health records for climate change and health, as it would allow countries to have a baseline of data and evidence to understand what the health impacts of climate change are in their countries.

2.7 SESSION 4: NEXT STEPS FOR THE ASIA-PACIFIC PARLIAMENTARIAN FORUM ON GLOBAL HEALTH, PART 1

2.7.1 Introduction of the Nadi Communique

The Honourable Dr Salik Govind, Member of the Parliament of the Republic of Fiji, introduced the draft outcome statement for the meeting, the Nadi Communique, for consideration by the participants. The draft was prepared by the Secretariat in consultation with the Chair of the Fifth Meeting. The draft reflected issues covered during the first day of the meeting and would incorporate changes from second and third days of the meeting. The outcome statement serves as the mandate for the Forum network to enhance the role of parliamentarians to address the health impacts of climate change. The draft was to be finalized and considered for endorsement on the third day of the meeting. Drainage and flood protection. He explained that total allocation by the Government in 2019–2020 for climate change projects is FJ$ 180.1 million, funding 27 adaptation projects and 8 mitigation projects.
DAY 2

2.8 FIELD VISIT 1

The first field visit site was Namoli Village, where participants witnessed a traditional welcome of the Speaker of the Parliament of the Republic of Fiji and the formal seeking of approval for participants to enter and walk the village grounds. Namoli Village provided an opportunity for participants to see first-hand the impacts of sea level rise on communities in Fiji and the associated health impacts. Participants listened to a presentation about the village and its history, and the Government of Fiji gave a presentation about the current reclamation and sea-wall construction project in Namoli Village. Participants were able to walk along the newly constructed sea wall and ask the local management officials about the project. The people of Namoli Village provided morning tea and a snack for all participants at the end of the tour.

2.9 FIELD VISIT 2

The second field visit was to the Foundation for Rural Integrated Enterprises & Development (FRIEND), a nongovernmental organization focused on community and economic development of rural and underserved regions in the country’s western, northern and central divisions. Participants were able to learn about FRIEND’s work in Fiji and witness the making of handmade cards and crafts, the agricultural programme, and beekeeping and honey production. FRIEND hosted lunch for all participants at their Tukuni Restaurant, where participants were able to try traditional local dishes made with sustainably sourced ingredients.

Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, presented FRIEND with the Healthy Islands Recognition Award for 2019 in the Best Practice category, in recognition of all the work FRIEND has undertaken with their backyard and health nutrition programme.
2.10 **FIELD VISIT 3 – OPTION A**

The third field visit site was Koroipita, hosted by the Model Towns Charitable Trust of Fiji. Koroipita is a village founded in 1985 to provide safe, climate-resilient housing to families in need. The focus of the visit was to view the village’s innovative housing structures, which are strong and able to withstand winds from category 5 cyclones. Koroipita has developed programmes for nutrition security and farming, water security, waste management and recycling, and economic security, which function as examples for how to address the health impacts of climate change.
2.11 FIELD VISIT 3 – OPTION B

His Excellency Sir Ratu Epeli Nailatikau accompanied a group of participants for a visit to the Naviti Street Sexual and Reproductive Health Clinic in Lautoka. The clinic is the HIV/AIDS Western Hub Centre. Dr Susanna Nakalevu, Divisional Medical Officer Western Division, and her team provided an overview of the status of HIV infections in Fiji and in the Western Division. She also discussed the counselling programmes available to those living with HIV/AIDS and the connections between HIV/AIDS and climate change. Dr Nakalevu and her team provided participants with a tour of the clinic and an overview of its other programmes.

2.12 SESSION 5: PROTECTING VULNERABLE COMMUNITIES FROM THE HEALTH IMPACTS OF CLIMATE CHANGE

A recap of the field visit activities from the second day was provided by Ms Kelera Oli, Ministry of Health and Medical Services of the Republic of Fiji.

2.12.1 Rapporteurs panel

Dr Corinne Capuano, Director of Pacific Technical Support and WHO Representative for the South Pacific, facilitated the panel.

The Honourable Joan Viliamu, Member of the Niue Legislative Assembly, was the rapporteur for the Namoli Village visit. Niue noted that the mango trees in Namoli Village were healthy, whereas Niue’s mango trees were not as healthy, likely due to the impacts of climate change. She said Niue has not built any sea walls yet, but will likely see sea level rise soon that will require projects similar to the one in Namoli Village.
The Honourable Speaker Niki Rattle, Speaker of Parliament of the Cook Islands, was the rapporteur for the visit to Tukuni Restaurant and FRIEND. She noted that FRIEND was a homegrown organization in Fiji, committed to sustainable development. FRIEND stressed the reliance on the local resources rather than imported goods and on the sustainability of the items that are being produced within the community. She appreciated the local and traditional foods that were served and expressed gratitude for having been able to experience the local cuisine. She said FRIEND had a number of products, such as sauces, honey and the crafts available for purchase, and praised its economic programmes.

The Honourable Michael Woodhouse, Member of the House of Representatives of New Zealand was the rapporteur for the visit to Koroipita. He said Koroipita was model village of the ability to strengthen communities. Policy-makers and legislators should be as passionate and energetic as Mr Peter Drysdale in assisting all citizens to have the chance to improve their lives and their children’s lives. He noted that Koroipita is an example of building community resilience through community engagement and improving education and provides an example of strong, sustainable housing. New Zealand has issues with creating jobs for low-skilled workers and affordable housing for low-income people, and the Koroipita model may be useful in New Zealand as well, he added.

The Honourable Angelina Tan, Member of the House of Representatives of the Republic of the Philippines, was the rapporteur for the visit to HIV/AIDS Western Hub Centre in Lautoka, Fiji. She said the health clinic provides services related to HIV/AIDS, sexually transmitted infections, reproductive health and mental health services as required. She added that there is an outreach and awareness raising programme on transmittable diseases as well. The vision for the clinic is a generation of Fiji Islanders free of sexually transmitted infections and HIV. She further noted that the targets for the clinic are those of the 1990 WHO targets. The visit to the clinic demonstrated the importance of climate-resilient health systems, as the clinic was one of the worst affected by Cyclone Winston in 2016.

2.12.2 Plenary discussion

Dr Corinne Capuano facilitated the plenary discussion about the experiences and lessons from the field visits.

Japan started the discussion by talking about the country’s experiences with heat stress and extreme heat. Japan has designated specific core prefecture-level hospitals as hub medical institutions, especially for preparedness and to respond to emergencies, as Japan is a particularly disaster-prone country. Japan has also created additional training and disaster drills, and medical professionals can be deployed outside of their normal areas to allow for additional surge capacity in the health system, to support a sustainable health system.

Kiribati is a very low-lying country and threatened by sea level rise. Namoli Village provided a good comparison with Kiribati, highlighting the changes in weather and the devastation that climate change is causing. Sea-wall construction in Kiribati is expensive, given that it is a low-income country. The sea wall designed for Namoli Village is simpler than what has been used in Kiribati and there may be potential for the design to be useful for Kiribati. Kiribati needs innovative approaches to address climate change, as the country’s unique context, such as a lack of soil to grow food, creates specific challenges for adaptation and sustainability.

Malaysia noted that the mental health aspect of the people impacted by climate change had been discussed by many participants. Malaysia has been impacted by more severe weather, but the effects have been mostly minimal. More than a decade after the 2004 tsunami, Malaysian doctors were treating patients from Aceh, Indonesia, and were still seeing post-traumatic stress and mental health issues. It was pointed out that parliamentarians need to focus on the mental health impacts of climate change.
2.13.1 Presentation: Nadi Communiqué

The Honourable Keizo Takemi, President of the Asia-Pacific Parliamentarian Forum on Global Health and Member of the House of Councillors, National Diet of Japan, presented the final version of the draft outcome statement for review. The draft outcome statement circulated on the first day was updated with changes and feedback received from participants during the meeting. Additional feedback was received and incorporated into the final document, including the impact of climate change on indigenous communities and people, the gender dimensions of the impacts of climate change, the need for parliamentarians and WHO to monitor the recommendations from the outcome statement going forward, and the use of the expression at-risk communities rather than vulnerable communities.

2.13.2 Update: WHO’s global engagement with parliamentarians

Ms Elisa Scolaro, External Relations Officer, Parliamentary Engagement at WHO headquarters, provided an overview of WHO’s global engagement with parliaments and parliamentarians. She noted the importance of parliaments as they are at the core of the global health agenda, explaining that WHO is collaborating with the Inter-Parliamentary Union (IPU) on a number of initiatives, including knowledge exchange, advocacy, awareness raising, technical support, information resources, promotion of parliamentary exchanges, capacity-building and strategic coordination. She said the WHO Director-General had signed a memorandum of understanding for 2018–2023 with the IPU to strengthen the partnership, with the priority areas being: UHC; global health security; promoting health, including of vulnerable groups; and parliamentary capacity-building.

In addition to the Asia-Pacific Parliamentarian Forum on Global Health, WHO works with the Pan African Parliament, the Regional Parliamentary Forum for Health and Well-being in the Eastern Mediterranean Region, the European Parliaments Network on Health in the European Region, and regional parliamentary forums in the Pan-American Health Organization and Southeast Asian regions.
2.13.3 Update: Draft resolution on universal health coverage at the 141st Assembly of the Inter-Parliamentary Union

Professor Habibe Millat, Chair of the IPU Advisory Group on Health and Co-rapporteur of the IPU resolution on UHC, provided an update and overview of the IPU resolution that would be considered at the 141st Assembly of the IPU in October 2019. He explained that the IPU was founded in 1889 and has 179 member parliaments, 12 associate member parliaments and 70 observers. The IPU advisory group on health was set up in 2006 and covers a broad health agenda, he added. In 2018, the IPU Standing Committee on Democracy and Human Rights accepted a proposal from Bangladesh to develop a resolution on UHC, with the first debate on the draft resolution taking place in April 2019 in Doha, Qatar and a technical briefing held at the World Health Assembly in May 2019, he noted.

He said the proposed UHC resolution has a number of suggested action points, including: creating a strong and enabling legal environment for UHC; placing priority on the availability, accessibility and affordability of primary health care; taking all possible measures to ensure global health security; ensuring sustainable public financing and harmonization of health investments; removing barriers to access; and promoting partnerships for UHC. He urged parliamentarians to get involved in the IPU process and to provide their input on the draft resolution on UHC, before the finalization and adoption on 13–17 October 2019 at the 141st IPU Assembly in Belgrade, Serbia.

2.13.4 Update: Executive leadership development course on social health insurance

Dr Sang-Baek Chris Kang, Director of International Relations and Cooperation with the National Health Insurance Service (NHIS) of the Republic of Korea, presented an update and overview about the Executive Leadership Development Course on Social Health Insurance. He said the course will take place in November 2019 in Seoul, Republic of Korea, after the need for this course was identified during the Fourth Meeting of the Forum in August 2018 and the Republic of Korea agreed to host and fund this initiative. He noted that the course is sponsored by the NHIS and WHO and focuses on the importance of legislation and the role of lawmakers in developing and strengthening social health insurance as well as knowledge-sharing and capacity-building for parliamentarians in the region.
There was discussion of scheduling the sixth meeting in 2021 and moving the Forum to a biannual schedule, although some delegations requested that it be scheduled for 2020. It was agreed that before finalizing the decision to move to a biannual schedule, the Executive Board of the Forum would discuss the matter.

The meeting was closed with informal remarks from Dr Takeshi Kasai, the Honourable Professor Keizo Takemi and His Excellency Sir Ratu Epeli Nailatikau, and a round of farewells from parliamentarians.

2.14 CLOSING SESSION

2.15 SIDE EVENT: ADVOCATING FOR STRONGER PARLIAMENTARIAN ACTION ON TUBERCULOSIS, PART 2

Following the conclusion of the meeting, approximately 30 members of parliament participated in the Global TB Caucus side event, which was chaired by the Honourable Alexander O’Connor in his capacity as Assistant Minister of Health for the Republic of Fiji and as a member of the Global TB Caucus. The event opened with remarks by His Excellency Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji, who spoke about the country’s HIV/AIDS response. A keynote address was delivered by the Honourable Dr Ifereimi Waqainabete, Minister for Health and Medical Services of the Republic of Fiji, regarding the country’s response to tuberculosis (TB). He described the current TB context in Fiji and emphasized the need for political commitment in bringing an end to the disease.

A panel discussed the United Nations High-level Meeting on TB and the Accountability Framework developed by WHO. The first panellist to speak was Dr Subhash Yadav from the WHO Division of Pacific Technical Support in Suva, Fiji. He spoke about the challenges in ending TB and the Multi-sectoral Accountability Mechanism proposed to overcome some of the challenges. Following this, Mr Tushar Nair presented an overview of the national, regional and global parliamentary action taken by parliamentarians across the Global TB Caucus network. He highlighted examples of successful
advocacy and championing by parliamentarians. The Honourable Kim Sanghee from the Republic of Korea discussed leadership on TB Action in the Asia-Pacific Region. The Honourable Dr Habibe Millat, Member of Parliament for Bangladesh, discussed the importance of parliamentarian work in TB and the importance of achieving the targets from the UN High-level Meeting on TB. He discussed his work as the Chair of the Health Advisory Committee of the IPU and suggested that TB be a permanent agenda item at future meetings of the Asia-Pacific Parliamentarian Forum on Global Health.

2.16 SIDE EVENT: ADVOCATING FOR STRONGER PARLIAMENTARIAN ACTION ON TUBERCULOSIS, PART 2

The side event concluded with a plenary discussion and the presentation of the Joint Statement on Tuberculosis. As part of the plenary discussion, the Honourable Angelina Tan, Member of the House of Representatives and Chair of the House Committee on Health for the Republic of the Philippines, shared her experience in passing TB legislation in the Philippines. The Honourable Dr Khamphet Manivong suggested that the Joint Statement emphasize the importance of multisectoral collaboration and the involvement of civil society organizations. The inputs from parliamentarians present at the side event were incorporated into the document and the statement was formally adopted by the participating parliamentarians.
CONCLUSIONS AND RECOMMENDATIONS

3. The parliamentarians, in the Nadi Communiqué, adopted the following conclusions:

1. reaffirmed their unified, continuing commitment to prioritize, promote, and protect the health and well-being of all people, while leaving no one behind, through the 2030 Agenda for Sustainable Development;
2. declared climate change to be a crisis, which presents one of the most critical threats to health in all countries across the region;
3. recognized the wide-ranging health impacts of climate change, including injuries, illnesses, and deaths from storms, floods, drought, heatwaves, and other extreme weather; increased vector-borne and water-related diseases; food insecurity and malnutrition; displacement; and psychological stress;
4. noted with alarm that global warming of 1.5°C is expected to threaten the very existence of low-lying island nations due to sea level rise and climate-related disasters;
5. concerned that at-risk communities and marginalized groups are most severely affected by the health impacts of climate change, including the poor, women and children, persons with disabilities, older people, migrants, refugees, the geographically isolated, and especially indigenous peoples due to their dependence upon and close cultural relationship with the land, environment and its resources;
6. recognized that the health impacts of climate change can affect economic growth and development; acknowledged that proactive actions to increase preparedness can reduce some risks to health and health infrastructure projected for later in the century, while adaptation policies and measures alone will unlikely be able to prevent all impacts;
7. acknowledged that reducing emissions from other sectors, such as transport, energy, food production, water resources and urban planning, has significant health, social and economic co-benefits;
8. recognized the climate crisis as both a threat and an opportunity for countries to strengthen their climate-resilient health systems, which are critical for national security, the economy and public safety;
9. emphasized the urgent need for action through a whole-of-government, whole-of-society approach, with political support at the highest levels, to mitigate, adapt to and respond to the climate crisis;
10. recognized that a failure to act on the climate crisis will result in preventable injuries, illnesses, and deaths, losses to infrastructure, losses to traditional knowledge and intangible cultural heritage, and reversal of health and development gains made, with impact on future generations;
11. emphasized that an effective response to the climate crisis requires action and coordination across local, national, regional and global levels;
12. expressed appreciation to the Parliament of the Republic of Fiji, with support from the Ministry of Health and Medical Services, for hosting the Fifth Meeting and demonstrating national and regional leadership in addressing climate change and health, and to the local government and communities of Lautoka for sharing their experiences to illustrate the health impacts of and responses to the climate crisis at the local level; and
13. acknowledged the technical and advocacy leadership of WHO in making the climate crisis one of the top priorities for health and well-being in Asia and the Pacific.

2.2 RECOMMENDATIONS

2.2.1 Recommendations for fellow parliamentarians

The parliamentarians urged their fellow parliamentarians to consider the following:

1. Advocate the inclusion of health in all relevant portfolios, policies, and projects to address the climate crisis as the core of our political, economic and development agendas.
2. Strengthen legal frameworks to enhance governance across sectors and ensure policy coherence for an effective, inclusive and sustainable response to address the impacts of climate change on health, as well as health systems.
3. Approve sufficient national appropriations and mobilize sustainable financing, such as through global climate financing mechanisms, as appropriate, to enable governments to address the health impacts of climate change, including through climate-resilient health systems.
4. Represent the interests of constituencies to ensure that the needs of all are met and to ensure inclusive participation, especially groups such as women and children, in the responses to climate change and health.
5. Maintain oversight to facilitate coordination across sectors and ensure government accountability and transparency in the implementation of policies to address the health impacts of climate change.

6. Engage in international partnerships, platforms and coalitions, including the Asia-Pacific Parliamentarian Forum on Global Health, to share experiences between countries and strengthen international cooperation for climate action.

7. Take actions to implement the recommendations in the Nadi Communique and report to the Forum on country progress, as appropriate.

2.2.2 Recommendations for WHO

The parliamentarians representing 20 countries across the region requested the Forum Secretariat and the WHO Regional Office for the Western Pacific to consider the following:

8. Continue to provide normative guidance and technical assistance to countries in their efforts to address the health impacts of climate change, including through the WHO Operational Framework for Climate-Resilient Health Systems which includes, but is not limited to, ensuring:
   a. health facilities that are green and safe and able to remain operational, especially during extreme weather events and disasters;
   b. safely-managed water, sanitation, and hygiene management are provided at all levels and types of health services, including primary health care in communities;
   c. integrated risk monitoring, early warning and response systems enable timely detection, prevention, intervention and management of climate-sensitive disease outbreaks; and
   d. institutional capacities and awareness are strengthened to facilitate preventive activities, such as environmental health services, vector control, reproductive health services and nutrition programmes.

9. Develop innovative mechanisms to scale up support to Member States, potentially including mechanisms for making high-quality, actionable climate change and health data and information available to all.

10. Engage in partnerships and mobilize expertise and resources within and beyond the health sector to identify and synergize opportunities to better support Member States to mainstream climate change and health into all policy, legislation and actions.

11. Strengthen engagement with parliaments, including through the Forum, to enhance the role of parliamentarians in addressing the impacts of climate change on health and health systems, and maximizing the co-benefits of climate action on health and well-being of all people, while leaving no one behind.
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Mr Oh Juhwan, Seoul National University, Seoul, Republic of Korea
Ms Kim Goht Byeol, Seoul National University, Seoul, Republic of Korea
Ms Kim Seyeon, Seoul National University, Seoul, Republic of Korea
Ms Kim Sun-Young, Seoul National University, Seoul, Republic of Korea
Ms Lee Sangmi, Seoul National University, Seoul, Republic of Korea
Ms Stephanie Ritland, Congress, Pohnpei, Federated States of Micronesia / stephanie.ritland@hotmail.com
Ms Kat Kapunan, House of Representatives, Quezon City, Philippines
Ms Salome Pilumate, National Parliament, Honiara, Solomon Islands / salome.pilumate@parliament.gov.sb
Mr Sanan Siriboon, National Assembly, Bangkok, Thailand / sanansiriboon@gmail.com

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Hon Mohammad Habibe Millat, Inter-Parliamentary Union (IPU), Parliament of Bangladesh / profmhmillat@gmail.com
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Mr Ryu Hogyun, Korea Foundation for International Healthcare (KOFIH), Seoul, Republic of Korea
Ms Lee Ho Seon, Korea Foundation for International Healthcare (KOFIH), Seoul, Republic of Korea
Mr Kang Sang-Baek Chris, Korea National Health Insurance Service, Seoul, Republic of Korea
Ms Yun Kyoungjin, Korea National Health Insurance Service, Seoul, Republic of Korea
Mr Kwon Yujin, Korea National Health Insurance Service, Seoul, Republic of Korea
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Dr Subhashni Iswari Lata Raj, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), Suva, Fiji / subhashni.raj@unwomen.org
Ms Shadiyana Begum, World Food Programme (WFP), Suva, Fiji / shadiyana.begum@wfp.org
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Mr Sefanaia Tudonu, Parliament, Suva, Fiji
Mr Sentieli Wainiu, Parliament, Suva, Fiji
Dr Luke Nasedra, Ministry of Health and Medical Services, Suva, Fiji
Mr Vimal Deo, Ministry of Health and Medical Service, Suva, Fiji
Mr Mosese Koroi, Ministry of Health and Medical Services, Suva, Fiji
Ms Maleli Nakulanikoro, Ministry of Health and Medical Services, Suva, Fiji
Mr Jese Vatukela, Ministry of Health and Medical Service, Suva, Fiji
Mr Ifereimi Waqasese, Ministry of Health and Medical Services, Suva, Fiji
Ms Ravuama Nagatalevu, Ministry of Rural and Maritime Development, Suva, Fiji
Mr Faiyaz Ali, Ministry of Rural and Maritime Development, Suva, Fiji
Mr Joshua Elisha, Ministry of Rural and Maritime Development, Suva, Fiji
Ms Apisai Vularika, Ministry of Rural and Maritime Development, Suva, Fiji

SECRETARIAT

Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, Manila, Philippines
Dr Liu Yunguo, Director of Programme Management, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Corrine Capuano, Director of Pacific Technical Support, WHO Representative to the South Pacific, Suva, Fiji
Dr Rokho Kim, WHO Regional Office for the Western Pacific, Manila, Philippines
Dr Angela Marianos, WHO Division of Pacific Technical Support, Suva, Fiji
Dr Ki-Hyun Hahm, WHO Regional Office for the Western Pacific, Manila, Philippines / hahmk@who.int
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Ms Ada Moadsiri, WHO Division of Pacific Technical Support, Suva, Fiji
Mr Asaeli Babiau Raikabakaba, WHO Division of Pacific Technical Support, Suva, Fiji
Dr Subash Yadav, WHO Division of Pacific Technical Support, Suva, Fiji
Mr William Seal, WHO Division of Pacific Technical Support, Suva, Fiji
Ms Katrina Fajardo, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Temalesi Vakaotia, WHO Division of Pacific Technical Support, Suva, Fiji
Mr Kyle Deyoung, WHO Regional Office for the Western Pacific, Manila, Philippines
Ms Elisa Scolaro, WHO Headquarters, Switzerland
# ANNEX 2

## MEETING PROGRAMME

### PRE-MEETINGS – 19 (Monday) August 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
<th>Chair</th>
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<tbody>
<tr>
<td>10:00 – 12:00</td>
<td>Technical Working Group Meeting</td>
<td>Wailoa Meeting Room 2, Pullman Nadi Resort</td>
<td>Parliament</td>
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<tr>
<td></td>
<td>- Final updates on administration, logistics, protocols, field visit</td>
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<tr>
<td></td>
<td>[By invitation only: Parliament, Ministry of Health and Medical Services, Ministry of Economy, Civil Service, Communications &amp; Climate Change, Ministry of Foreign Affairs, Ministry of Defense, WHO]</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Secretariat Meeting</td>
<td>Wailoa Meeting Room 2, Pullman Nadi Resort</td>
<td>WHO</td>
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<td></td>
<td>- Final review of technical program, roles and responsibilities</td>
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<td></td>
<td>[By invitation only: Parliament, Ministry of Health and Medical Services, WHO, international experts]</td>
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### DAY ONE – 20 (Tuesday) August 2019

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Venue</th>
<th>Master of Ceremonies</th>
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<tbody>
<tr>
<td>08:00 – 09:30</td>
<td>Traditional Welcome Ceremony</td>
<td>Wailoa Lawn (Chapel), Pullman Nadi Resort</td>
<td>Mr Ratu Sakiusa Rakai, Parliament, Fiji</td>
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<td></td>
<td>- Guests:</td>
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<td></td>
<td>- Chief Guest: His Excellency Jioji Konrote, President of the Republic of Fiji</td>
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<td></td>
<td>- Guest: The Honourable Keizo Takemi, Member of the House of Councillors, Japan; President of the Asia-Pacific Parliamentarian Forum on Global Health</td>
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<td></td>
<td>- Guest: Dr Takeshi Kasai, WHO Regional Director for the Western Pacific, Philippines</td>
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<tr>
<td></td>
<td>- Guest: Sir Ratu Epeli Nailatikau, Speaker of the Parliament of the Republic of Fiji; Chair of the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health</td>
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<td></td>
<td>- Group Photo</td>
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</table>
### FIFTH MEETING

#### PROVISIONAL PROGRAMME

**VENUE:** Soqoni Ballroom, Pullman Nadi Resort

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:30 – 10:00</td>
<td>Morning Tea</td>
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<tr>
<td>10:00 – 10:45</td>
<td>Opening Session</td>
<td>Master of Ceremonies: Mr Sefanaia Tudonu, Parliament, Fiji</td>
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<tr>
<td></td>
<td>- Opening Remarks (5 min) by the Honourable Keizo Takemi, Member of</td>
<td>President of the Asia-Pacific Parliamentarian Forum on Global Health</td>
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<td></td>
<td>the House of Councillors, Japan;</td>
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<tr>
<td></td>
<td>Opening Remarks (5 min) by Dr Takeshi Kasai, WHO Regional Director</td>
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<td>for the Western Pacific, Philippines</td>
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<td></td>
<td>Keynote Address (15 min): “Political Leadership and Global Commit-</td>
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<td></td>
<td>ment to Address Climate Change” by Sir Ratu Epeli Nailatikau,</td>
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<td></td>
<td>Speaker of Parliament, Fiji; Chair of APPFGH Fifth Meeting</td>
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<td></td>
<td>- Self-introductions (20 min) by all Members of Parliament</td>
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<tr>
<td>10:45 – 11:00</td>
<td>Mobility Activity</td>
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<td></td>
<td>Chair: Sir Ratu Epeli Nailatikau, Speaker of Parliament, Fiji; Chair</td>
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<td></td>
<td>of APPFGH Fifth Meeting</td>
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<tr>
<td>11:00 – 12:30</td>
<td>Session 1: Highlighting Progress in Countries to Achieve Health in</td>
<td>Moderator: Hon Angelina Tan, Chair of House Committee on Health,</td>
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<td></td>
<td>the SDGs</td>
<td>Philippines</td>
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*This session aims to highlight progress in countries towards achieving health across the Sustainable Development Goals (SDGs), the critical roles parliamentarians can play to advance health, including through the APPFGH, and how WHO can better support countries moving forward.*

- “Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health – Overview” (5 min) by Dr Ki-Hyun Hahm, Technical Officer for Health Law & Ethics, WHO Regional Office for the Western Pacific, Philippines
- “The Seoul Declaration: A Commitment to Action for Health in the SDGs through the Asia-Pacific Parliamentarian Forum on Global Health” (8 min) by Hon Lee Myoungsu, Member of the National Assembly, Republic of Korea
- “Third Meeting of the APPFGH: Enhancing the Role of Parliamentarians to Address Healthy Ageing” (8 min) by Hon Norihisa Tamura, President of the Japan Parliamentary League for the World Health Organization, House of Representatives, Japan; Chair of APPFGH Third Meeting
- “Fourth Meeting of the APPFGH: Enhancing the Role of Parliamentarians to Address Universal Health Coverage” (8 min) by Hon Angelina Tan, Chair of House Committee on Health, House of Representatives, Philippines; Co-Chair of APPFGH Fourth Meeting
- Parliamentary Panel (25 min) facilitated by Dr Yunguo Liu, Director of Programme Management, WHO Regional Office for the Western Pacific, Philippines
  - Japan
  - Palau
  - New Zealand
  - Malaysia
- Plenary Discussion (30 min)
- “Introduction to the WHO Marketplace” (5 min)
### Side Event: WHO Marketplace

This side event, held during the lunch break, aims to illustrate a broader range of priority health topics that will be featured at the upcoming 70th Session of the WHO Regional Committee for the Western Pacific in October 2019. Participants are invited to freely explore the marketplace for information and inspiration.

- Ageing and Health
- Antimicrobial Resistance
- Protecting Children from the Harmful Impact of Food Marketing
- Tobacco Control

### Session 2: Identifying the Health Impacts of Climate Change

**Moderator:** Hon Niki Rattle, Speaker of Parliament, Cook Islands

*This session aims to highlight the health impacts of climate change in countries, and how WHO can better support countries moving forward.*

- **Informal Poll:** “What Does Climate Change Mean to Me?” (10 min)
- “Threats and Catalysts for Change: Health Impacts of Climate Change at Global, National, and Local Levels” (10 min) by Dr Kristie Ebi, Professor, Center for Health and the Global Environment, University of Washington, Seattle, Washington, USA
- “Climate Change and Health: From Vision to Actions and Measurable Results” (15 min) by Dr Corinne Capuano, Director of Pacific Technical Support, WHO Representative for the South Pacific, Fiji
- “What Leaders Can do to Help Us with Climate Change” (10 min) by Timoci Naulusala, Fiji
- Plenary Discussion (30 min) - facilitated by Dr Alistair Woodward, Professor, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand

### Session 3: Addressing the Health Impacts of Climate Change

**Moderator:** Hon Togiavalu Pihigia, Speaker of Parliament, Niue

*This session aims to highlight the responses that have been taken by parliamentarians in countries to address the health impacts of climate change, including through legal frameworks and sustainable financing.*

- **Parliamentarian Panel** (30 min) - facilitated by Dr Alistair Woodward, Professor, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand
  - Republic of Korea
  - Fiji
  - Viet Nam
  - Lao PDR
  - Thailand
- Plenary Discussion (30 min)
17:15 – 17:30  
**Session 4: Next steps for the Asia-Pacific Parliamentarian Forum on Global Health, Part 1**  
Moderator: Member of Parliament, Fiji

- Introduction: Nadi Communique (draft outcome statement) (5 min)
- Plenary discussion (10 min)

17:30 – 18:00  
**Break**

VENUE: Barefoot Restaurant, Pullman Nadi Resort

18:00 – 20:00  
**Welcome Reception**

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**DAY TWO – 21 (Wednesday) August 2019**

09:00 – 09:30  
**Departure + Travel**

VENUE: Namoli Village, Lautoka

09:30 – 11:30  
**Field Visit, Part 1**

*This component, convened at the coastal village of Namoli, aims to show the health impacts of climate change at the local level and highlight local governance to develop and implement adaptation strategies. The visit will include discussions with stakeholders, followed by a tour of the village to meet with villagers in their homes to discuss how climate change has affected their lives.*

- Welcome Ceremony
- Welcome Remarks and Objectives
- Talanoa Dialogue: Health Impacts of Climate Change and Adaptation Strategy
- Tour (5 sites)
  1. Hall
  2. Industrial End
  3. Chief’s House
  4. Left End
  5. School
- Refreshments
- Vote of Thanks

11:30 – 12:00  
**Transit**
### Field Visit, Part 2

**VENUE:** Tukuni Restaurant, Lautoka

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</table>
| 12:00 – 14:15 | **Field Visit, Part 2**<br>
This component, convened at the traditional Fijian restaurant Tukuni, aims to showcase traditional Fijian cuisine through environmentally friendly and sustainable practices. The visit will also feature the initiative FRIEND (Foundation for Rural Integrated Enterprises & Development), which engages with local communities to strengthen their social, health, and economic capacities.|

- Welcome Remarks and Objectives
- Story-telling about Tukuni, Traditional Foods, and Cooking
- Self-Guided Tour (5 stations)
  1. Paper Recycling
  2. Organic Farming
  3. Healthy Cooking
  4. Bee Keeping
  5. Health Clinic
- Lunch
- Presentation of Healthy Islands Award

### Field Visit, Part 3 [Option A]

**VENUE:** Koroipita, Lautoka

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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</table>
| 14:45 – 16:30 | **Field Visit, Part 3 [Option A]**<br>
This component, convened at the Koroipita village, aims to showcase climate-resilient communities to address the health impacts of climate change. The visit will include discussions with stakeholders, followed by a tour of the village to view the village’s integrated and sustainable approach to community empowerment.|

- Tour (6 sites)
  1. Solid Waste Systems, Recycling, Fire Control, Health Clinic
  2. Kindergarten
  3. Housing Construction
  4. Honey Farm and Eco-Zone
  5. Sewage Treatment System (STATS)
  6. Sports Court and North End
- Plenary Discussion and Talanoa Dialogue
- Refreshments
- Vote of Thanks
### Field Visit, Part 3 [Option B]

This component, convened at the HIV/AIDS Western Hub Centre, aims to highlight Fiji’s efforts in addressing the HIV/AIDS epidemic. The visit will include discussions with staff and patients, followed by a tour of the facility.

- Welcome Remarks and Presentation
- Tour
- Plenary Discussion
- Vote of Thanks

### Welcome Dinner + Cultural Program

### Day Three – 22 (Thursday) August 2019

### Session 5: Protecting Vulnerable Communities from the Health Impacts of Climate Change

**Chair:** Sir Ratu Epeli Nailatikau, Speaker of Parliament, Fiji; Chair of the Fifth Meeting of APPFGH

**Moderator:** Hon Ifereimi Waqainabete, Minister for Health and Medical Services, Fiji

This session aims to highlight the health impacts of climate change at the local level and local governance to protect vulnerable communities.

- Recap (5 min) by Ms Kelera Oli, Ministry of Health and Medical Services, Fiji
- Rapporteurs Panel (25 min) - facilitated by Dr Corinne Capuano, Director of Pacific Technical Support, WHO Representative for the South Pacific, Fiji
  
  - Namoli Village
  - Tukuni Restaurant
  - Koroipita Village
  - HIV/AIDS Hub

- Plenary discussion (30 min)

**Morning Tea + Mobility Activity**
### Session 6: Next steps for the Asia-Pacific Parliamentarian Forum on Global Health, Part 2

**Moderator:** Hon Keizo Takemi, President of APPFGH

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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>10:30 – 11:15</td>
<td>- Presentation: Nadi Communique (final draft) (5 min)</td>
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<td>- Plenary Discussion (20 min)</td>
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<td>- Update: “WHO’s Global Engagement with Parliamentarians + 141st Assembly of the Inter-Parliamentary Union - draft resolution on universal health coverage” (10 min) by Ms Elisa Scolaro, External Relations Officer, WHO Headquarters, Switzerland + the Honourable Mohammad Habibe Millat, IPU Co-Rapporteur, Member of Parliament, Bangladesh</td>
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<td>- Update: “Executive Leadership Development Course on Social Health Insurance” (5 min) by Dr Sang-Baek Chris Kang, Director of International Relations and Cooperation, National Health Insurance Service, Republic of Korea</td>
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<td>- Announcement: Sixth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health (5 min) by the Secre</td>
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<tr>
<td>11:15 – 11:45</td>
<td>Closing Session</td>
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<td></td>
<td>- Round of farewells by all Members of Parliaments</td>
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<td></td>
<td>- Closing comments by APPFGH Executive Committee, WHO, Chair of APPFGH Fifth Meeting</td>
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</tbody>
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### VENUE: Magiti Restaurant, Pullman Nadi Resort

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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>11:45 – 13:00</td>
<td>Lunch</td>
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### VENUE: Soqoni Ballroom, Pullman Nadi Resort

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<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>13:00 – 14:00</td>
<td>Side Event: Advocating for Stronger Parliamentarian Action on Tuberculosis, Part 1</td>
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<td><em>This side event aims to strengthen engagement with parliamentarians to drive action on tuberculosis. The session is co-organized with the Global TB Caucus.</em></td>
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<tr>
<td></td>
<td>- Welcome Remarks</td>
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<td></td>
<td>- “Fijian Experience in the HIV/AIDS response” by Sir Ratu Epeli Nailatikau, Speaker of Parliament, Fiji</td>
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<td></td>
<td>- Panel: United Nations High-Level Meeting on TB and Accountability</td>
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<td></td>
<td>• Challenges to End TB and the Multi-sectoral Accountability Mechanism by Dr Subhash Yadav, WHO Division of Technical Support, Fiji</td>
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<td></td>
<td>• Overview of National, Regional, and Global Parliamentary Action by Mr Tushar Nair, Global TB Caucus</td>
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<td></td>
<td>• Republic of Korea</td>
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<td>• Bangladesh</td>
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<tr>
<td>14:00 – 14:15</td>
<td>Afternoon Tea</td>
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<tr>
<td>14:15 – 15:00</td>
<td>Side Event: Advocating for Stronger Parliamentarian Action on Tuberculosis, Part 2</td>
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<td>- Keynote: “Fijian Experience in TB Response” by the Honourable Dr Ifereimi Waqainabete, Minister for Health, Fiji</td>
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<td></td>
<td>- Plenary Discussion</td>
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<td>- Presentation and signing of Joint Statement</td>
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<td>- Plenary Discussion</td>
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<td>- Closing Remarks</td>
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END OF PROGRAMME
ANNEX 3
NADI COMMUNIQUE
We, Parliamentarians, representing 20 countries across the Asia-Pacific region, gathered at the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health in Nadi, Fiji, from 20 to 22 August 2019, on the theme of climate change and health:

1. **Reaffirm** our unified, continuing commitment to prioritize, promote, and protect the health and wellbeing of all people, while leaving no one behind, through the 2030 Agenda for Sustainable Development;
2. **Declare** climate change to be a crisis, which presents one of the most critical threats to health in all countries across the Asia-Pacific region;
3. **Recognize** the wide-ranging health impacts of climate change, including injuries, illnesses, and deaths from storms, floods, drought, heatwaves, and other extreme weather; increased vector-borne and water-related diseases; food insecurity and malnutrition; displacement; and psychological stress;
4. **Note with alarm** that global warming of 1.5°C is expected to threaten the very existence of low-lying island nations due to sea-level rise and climate-related disasters;
5. **Are concerned** that at-risk communities and marginalized groups are most severely affected by the health impacts of climate change, including the poor, women and children, persons with disabilities, older people, migrants, refugees, the geographically isolated, and especially indigenous peoples due to their dependence upon and close cultural relationship with the land, environment and its resources;
6. **Recognize** that the health impacts of climate change can affect economic growth and development;
7. **Acknowledge** that proactive actions to increase preparedness can reduce some risks to health and health infrastructure projected for later in the century, while adaptation policies and measures alone will unlikely be able to prevent all impacts;
8. **Acknowledge** that reducing emissions from other sectors, such as transport, energy, food production, water resources, and urban planning, has significant health, social, and economic co-benefits;
9. **Recognize** the climate crisis as both a threat and an opportunity for countries to strengthen their climate-resilient health systems, which are critical for national security, economy, and public safety;
10. **Emphasize** the urgent need for action through a whole-of-government, whole-of-society approach, with political support at the highest levels, to mitigate, adapt to, and respond to the climate crisis;
11. **Recognize** that a failure to act on the climate crisis will result in preventable injuries, illnesses, and deaths, losses to infrastructure, losses to traditional knowledge and intangible cultural heritage, and reversal of health and development gains made, with impact on future generations;
12. **Emphasize** that an effective response to the climate crisis requires action and coordination across local, national, regional, and global levels;
13. Express appreciation to the Parliament of the Republic of Fiji, with support from the Ministry of Health and Medical Services, for hosting the Fifth Meeting and demonstrating national and regional leadership in addressing climate change and health, and to the local government and communities of Lautoka for sharing their experiences to illustrate the health impacts of and responses to the climate crisis at the local level; and

14. Acknowledge the technical and advocacy leadership of the World Health Organization in making the climate crisis one of the top priorities for health and wellbeing in the Asia-Pacific Region.

**We urge our fellow parliamentarians to:**

1. Advocate for the inclusion of health in all of our relevant portfolios, policies, and projects to address the climate crisis as the core of our political, economic and development agendas;
2. Strengthen legal frameworks to enhance governance across sectors and ensure policy coherence for an effective, inclusive, and sustainable response to address the impacts of climate change on health, as well as health systems;
3. Approve sufficient national appropriations and mobilize sustainable financing, such as through global climate financing mechanisms, as appropriate, to enable governments to address the health impacts of climate change, including through climate-resilient health systems;
4. Represent the interests of our constituencies to ensure that the needs of all are met and to ensure inclusive participation, especially groups like women and children, in the responses to climate change and health;
5. Maintain oversight to facilitate coordination across sectors and ensure government accountability and transparency in the implementation of policies to address the health impacts of climate change;
6. Engage in international partnerships, platforms, and coalitions, including the Asia-Pacific Parliamentarian Forum on Global Health, to share experiences between countries and strengthen international cooperation for climate action; and
7. Take actions to implement the recommendations in this Nadi Communique and report to the Forum on country progress, as appropriate.

**We request the Secretariat to:**

1. Continue to provide normative guidance and technical assistance to countries in their efforts to address the health impacts of climate change, including through the WHO Operational Framework for Climate-Resilient Health Systems which includes, but is not limited to, ensuring:
   a. health facilities that are green and safe and able to remain operational, especially during extreme weather events and disasters;
   b. safely-managed water, sanitation, and hygiene management are provided at all levels and types of health services, including primary health care in communities;
   c. integrated risk monitoring, early warning, and response systems enable timely detection, prevention, intervention, and management of climate-sensitive disease outbreaks; and
   d. institutional capacities and awareness are strengthened to facilitate preventive activities, such as environmental health services, vector control, reproductive health services, and nutrition programmes;
2. Develop innovative mechanisms to scale up support to Member States, potentially including mechanisms for making high-quality, actionable climate change and health data and information available to all;
3. Engage in partnerships and mobilize expertise and resources within and beyond the health sector to identify and synergize opportunities to better support Member States to mainstream climate change and health into all policy, legislation and actions; and
4. Strengthen engagement with parliaments, including through the Asia-Pacific Parliamentarian Forum on Global Health, to enhance the role of parliamentarians in addressing the impacts of climate change on health and health systems, and maximizing the co-benefits of climate action on health and wellbeing of all people, while leaving no one behind.

We adopt this Nadi Communique on 22 August 2019 as the outcome statement of the Fifth Meeting of the Asia-Pacific Parliamentarian Forum on Global Health.
Climate change is a slow-onset crisis that presents the most critical threat to health and health systems in all countries in the Asia-Pacific region in the 21st century. Climate change is an alteration in one or more aspects of the climate (such as temperature and rainfall) that continue for an extended time, typically decades or longer. These changes are caused by human activity, such as burning fossil fuels, land-use change, and agriculture and industrial processes. If no action is taken to mitigate these causes, the planet is on course to reach around 4°C of warming and sea-level rise of almost one meter on average by the year 2100. This means that the very existence of low-lying island nations and coastal communities will be threatened due to sea-level rise and climate-related disasters. Even at the level of global warming of 1.5°C which is an ultimate target agreed at the Paris Agreement, there will be grave impacts on health and health systems in most countries. A failure to act on the climate crisis will result in preventable injuries, illnesses and deaths, losses to infrastructure, and reversal of health and development gains of the past decades, with catastrophic impacts on future generations.

**What is climate change?**

Climate change is a slow-onset crisis that presents the most critical threat to health and health systems in all countries in the Asia-Pacific region in the 21st century. Climate change is an alteration in one or more aspects of the climate (such as temperature and rainfall) that continue for an extended time, typically decades or longer. These changes are caused by human activity, such as burning fossil fuels, land-use change, and agriculture and industrial processes. If no action is taken to mitigate these causes, the planet is on course to reach around 4°C of warming and sea-level rise of almost one meter on average by the year 2100. This means that the very existence of low-lying island nations and coastal communities will be threatened due to sea-level rise and climate-related disasters. Even at the level of global warming of 1.5°C which is an ultimate target agreed at the Paris Agreement, there will be grave impacts on health and health systems in most countries. A failure to act on the climate crisis will result in preventable injuries, illnesses and deaths, losses to infrastructure, and reversal of health and development gains of the past decades, with catastrophic impacts on future generations.

**What are the health impacts?**

- Increased injuries, illnesses, and deaths from storms, floods, drought, heatwaves, and other extreme weather
- Increased vector-borne and water-related diseases, like dengue, malaria, and typhoid fever
- Increased food insecurity, leading to malnutrition, and increased risk of non-communicable diseases
- Increased respiratory disease and diarrhoeal disease from polluted air and water
- Increased risk to social and economic well-being due to displacement and decimated livelihoods
- Increased psychological stress

**KEY FACTS**

- **Approximately 12.6 million** global deaths each year are attributable to avoidable environmental risk factors
- **250,000 additional global deaths** per year from malnutrition, malaria, diarrhoea and heat stress between 2030–2050.
- The global direct costs to health from climate change are estimated to be **US$2–4 billion** per year by 2030.

Climate change could make it too hot to work, with the worst effects felt in Asia and Pacific countries. Heat stress will affect productivity and cut hours worked worldwide, eliminating 80 million jobs globally by 2030.

Policies that reduce climate change have huge potential for health co-benefits. For example, an increase of 7 per cent in total clean energy investment for the period 2012–2040 could prevent 1.7 million premature deaths from outdoor air pollution and 1.6 million deaths from household pollution in 2040.
What is a Climate Resilient Health System?

A climate-resilient health system anticipates, responds to, recovers from, and builds back better from climate-related shocks and stresses. The system brings sustained improvements in population health, despite an unstable climate. The WHO operational framework for building climate resilient health systems includes 10 essential components. Two critical components where parliamentarians have an essential role to play include climate and health financing and leadership and governance.

What roles do parliamentarians play to address the health impacts of climate change?

- Strengthen legal frameworks, including to ensure policy coherence in legislation for health and beyond health;
- Approve budgets and secure sustainable financing, including through global funding mechanisms;
- Monitor implementation of policies through oversight to ensure government efficiency, effectiveness, and accountability;
- Serve as a prominent voice to represent the interest of constituencies and empower local communities in participatory action;
- Provide political support to coordinate across sectors, including health, environment, transport, agriculture and energy;
- Engage in international partnerships and platforms, including the APPFGH, to facilitate information sharing and foster cross-border cooperation.

What are the co-benefits of climate action?

- Strengthen legal frameworks, including to ensure policy coherence in legislation for health and beyond health;
- Approve budgets and secure sustainable financing, including through global funding mechanisms;
- Monitor implementation of policies through oversight to ensure government efficiency, effectiveness, and accountability;
- Serve as a prominent voice to represent the interest of constituencies and empower local communities in participatory action;
- Provide political support to coordinate across sectors, including health, environment, transport, agriculture and energy;
- Engage in international partnerships and platforms, including the APPFGH, to facilitate information sharing and foster cross-border cooperation.

FIGURE 1
Ten components comprising the WHO operational framework for building climate resilient health systems, and the main connections to the building blocks of health systems.

ANNEX 5

ADDITIONAL RESOURCES

- Pacific Islands Action Plan on Climate Change and Health (2018)
  http://iris.wpro.who.int/handle/10665.1/14236

- Climate Change and Health in Small Island Developing States: A WHO Special Initiative in Collaboration with UNFCCC and the Fijian Presidency of the COP-23 (2018)
  http://iris.wpro.who.int/handle/10665.1/14273

  https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?ua=1

  http://iris.wpro.who.int/handle/10665.1/13653

- Climate Change and Health in the Western Pacific Region: Synthesis of Evidence, Profiles of Selected Countries and Policy Direction (2015)
  http://iris.wpro.who.int/handle/10665.1/12401

- Human Health and Climate Change in Pacific Island Countries (2015)
  http://iris.wpro.who.int/handle/10665.1/12399


- Western Pacific Regional Framework for Action for Disaster Risk Management for Health (2015)
  http://iris.wpro.who.int/bitstream/handle/10665.1/10927/9789290617082_eng.pdf?ua=1
ANNEX 6

JOINT STATEMENT ON TUBERCULOSIS

GLOBAL TB CAUCUS SIDE EVENT
We, Parliamentarians, at the session on “Advocating for Stronger Parliamentarian Action on Tuberculosis” hosted in Nadi, Fiji on the 22nd of August 2019 as a side event of the Fifth Meeting of the Asia Pacific Parliamentarian Forum on Global Health, hereby reaffirm our commitment to Ending Tuberculosis in the region. In doing so, as Members of Parliament from across the region, we:

- Acknowledge that TB is the world’s longest running global health emergency having been responsible for 50 million deaths since it was declared an emergency in 1993, and that it remains the world’s leading infectious killer, carrying a major socioeconomic impact; that there are more cases of drug-resistant TB every year than all other airborne, drug-resistant infections combined; that TB is among the top ten killers of children; and that forty per cent of all people affected by TB are not reported as diagnosed and treated which remains a major obstacle to overcoming the disease.¹
- Acknowledge that the achievement of targets laid out by the United Nations High Level Meeting on TB, held in September 2018 in New York, will get us back on track to meeting the Sustainable Development Goals target for 2030;
- Acknowledge that involvement of communities and civil society in a non-discriminatory manner in all aspects of TB care and prevention is critical to ending TB and thus achieving the SDGs.²
- Acknowledge that a holistic, multi-sectoral approach, must be adopted in TB elimination programs at the national level; with particular focus on childhood immunization (BCG); the involvement of the affected community; and tools to overcome the drug-resistant emergency.

And, recognising that, we, as political leaders in our own right, hereby commit:

- To push for health-related legislation in our respective countries that include TB and all related issues to the disease, exercise oversight functions, and ensure the involvement of key partners
- To advocate for the scaling up of global funding for the disease, complemented by national resource mobilisation, including a successful replenishment conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria;
- To work in collaboration with key partners in order to ensure that TB remains a priority on the agenda at regional fora including the APPFGH, ASEAN, APEC and the Pacific Islands Forum;
- To include TB as a regular item on the agenda of regional Head of State meetings in 2020 and beyond, to monitor and evaluate progress against TB as defined by the Sustainable Development Goals as well as the targets set at the United Nations High Level Meeting on TB;
- To ensure that TB is included in the agenda of Regional Health Organisation meetings, with concrete outcomes and outlined plans to reach the targets agreed in the global context.

¹ Data taken from World Health Organization Global TB Report 2017, more than 2 million people a year have died from TB on average since 2000, projected back to 1993 makes a total of 50 million.
² Language drawn from the Moscow Declaration to End TB.