NINTH MEETING OF THE WORKING GROUP ON HEALTH IN CLIMATE CHANGE (HIC) OF THE EUROPEAN ENVIRONMENT AND HEALTH TASK FORCE

VIRTUAL SESSION, 19 MAY 2021

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Ninth meeting of the Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force

Meeting report

19 May 2021
Virtual session
ABSTRACT

On 19 May 2021, the Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force convened virtually for its ninth annual meeting. The HIC meeting was held in conjunction with a civil society event arranged by the WHO Civil Society Working Group to Advance Action on Climate Change and Health the following day. Together, the meetings were organized to facilitate dialogue and cooperation among Member States of the WHO European Region and civil society stakeholders on addressing the health challenges posed by climate change. This report refers to the meeting on 19 May 2021 organized by the secretariat of HIC.

The HIC meeting also provided updates on global and European Region policy developments on climate change and health, and it articulated key messages on the topic from regional stakeholders in advance of coming national, regional and global meetings on climate change.

Keywords

CLIMATE CHANGE
ENVIRONMENT AND PUBLIC HEALTH
ENVIRONMENTAL HEALTH
HEALTH POLICY
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COVID-19

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**Executive summary**

**Meeting scope and purpose**

Since the 2017 Declaration of the Sixth Ministerial Conference on Environment and Health (the Ostrava Declaration), the Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force has continued to facilitate dialogue and cooperation among Member States of the WHO European Region and other regional stakeholders on addressing the health challenges posed by climate change.

The 2019 WHO Global Strategy on Health, Environment and Climate Change provides a framework to address persisting and emerging environmental health risks, including climate change, while the European Program of Work (2020–2025) sets out a vision for how the WHO Regional Office for Europe can support national health authorities in creating safe and supportive communities.

The COVID-19 pandemic has exacerbated the public health crisis related to climate change, putting communities and health systems under unprecedented strain. Many of the people who are especially vulnerable to COVID-19 are also vulnerable to climate-related health risks. Yet at the same time, COVID-19 recovery efforts offer unique opportunities to create a healthier and more sustainable future for all by addressing the causes and consequences of global warming. The WHO Manifesto for a Healthy Recovery from COVID-19 lays out a menu of prescriptions and concrete areas of action that will lead to more climate-friendly, sustainable and healthy societies.

The year 2021 is a pivotal one for international climate action, with far-reaching implications for the health and resilience of communities and societies. The 26th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26), which will take place in the United Kingdom in November 2021, provides countries with a historic opportunity to agree upon an evidence-based path to a zero-carbon future – and to incorporate at the same time human health considerations in national and international decision-making. To encourage parties to take this opportunity, WHO will launch a special report during COP26 that outlines the health case for climate action.

Climate change also needs to become an integral part of the health agenda, and the health sector needs to take the lead in promoting climate action. That includes striving for a green, low-carbon service economy while investing in initiatives that increase the resilience and adaptive capacity of health systems with respect to climate change.

The ninth meeting of HIC was convened to facilitate dialogue and cooperation among Member States and civil society stakeholders on accelerating and expanding health-related action on
climate change, and to identify opportunities for health sector engagement in national and international climate change efforts.

The HIC meeting was organized as part of a two-day event in close partnership with the WHO Civil Society Working Group to Advance Action on Climate Change and Health. HIC invited representatives from civil society health organizations to take part in its meeting on 19 May as observers. On 20 May, the Civil Society Working Group convened a European Region consultation on climate and health with these representatives and invited HIC members to participate as observers.

The HIC meeting had the following objectives:

- to share information on ongoing global and European Region initiatives that promote health in responding to climate change;
- to take stock of actions by Member States to incorporate health considerations into their climate change agendas;
- to articulate key messages from the European Region on climate change and health to communicate during coming national, regional and global meetings addressing climate change, notably COP26 and the 71st session of the WHO Regional Committee for Europe; and
- to strengthen bonds between relevant regional and global initiatives, while expanding and mobilizing the community of organizations that promote a health perspective on climate action.

The HIC meeting had several expected outcomes:

- growing recognition of the central role that human health should play in climate policy, and vice versa;
- inspiration of health sector policymakers to develop and advocate for an ambitious, exemplary response to climate change; and
- articulation of key messages on climate change and health to bring to the next session of the Regional Committee and incorporate in the WHO special report for COP26.

**Meeting programme**

The meeting consisted of five sessions during the course of the day. A number of Member State updates were sprinkled throughout the programme.

- The **opening session** provided an overview of the meeting’s background, objectives and expected outcomes.
- **Session 1** addressed WHO’s role at COP26 and presented a draft of a discussion paper entitled *Zero regrets: scaling up action on climate mitigation and adaptation for health in the WHO European Region*.
- During **Session 2**, participants discussed the *Zero regrets* draft in small groups and provided comments to fine-tune key messages to advance health-oriented climate action in the European Region.
- **Session 3** was devoted to a panel discussion on how to incorporate a climate change perspective in health policy and action – and vice versa.
• Session 4 featured civil society reflections on the day, followed by selected conclusions and next steps (summarized below).

**Selected conclusions**

• Time is running out on addressing climate change, and ambitious action is urgently needed.
• The health community should seek to be involved in climate change policymaking in all sectors in order to provide the necessary health arguments and perspective.
• Because of the COVID-19 pandemic, the health sector has the world’s attention and support, and this year’s COP presidency, held by the United Kingdom, is committed to looking at climate change through a health lens. The year 2021 thus offers a unique opportunity to present climate change in a health framework.
• The health community needs to be ambitious in its goals, and Member States need to take advantage of its considerable expertise.
• There are various ways that national action on health in climate change can be organized effectively, as the cases of Germany, Romania and the United Kingdom (specifically England) testify to.
• Awareness of climate change issues among the health sector workforce needs improvement in order to support climate resilience and sustainability in the sector. The International Association of National Public Health Institutes (IANPHI) and its climate and health programmes provide one good model of how to share good practices and build capacity in this area.
• Equity issues need to receive more attention in and among countries in the field of climate change, both intergenerationally (due to the increasing severity of climate change over time) and intragenerationally (due to climate change exacerbating existing socioeconomic vulnerabilities).
• Just as it is important to apply a health lens to all climate change policies, regardless of sector, it is also important to apply a climate change lens to all policies in the health and health-determining sectors.
• It is crucial to assess the health impacts of potential mitigation efforts in order to guide policymakers in securing the greatest health co-benefits – an effort that merits further development.

**Next steps**

The HIC secretariat committed to revising the *Zero regrets* paper on the basis of points raised by the discussion groups in Session 2 and the panel in Session 3, as well as comments submitted by participants. Afterwards, it planned to send the revised version to everyone involved. The paper is intended to support climate-and-health messaging at the 71st session of the WHO Regional Committee for Europe, which will be held virtually in September, and to help participants brief their national delegations on the health argument for action on climate change and prepare them to play an active role in COP26 in November.¹

Резюме

Цели и задачи совещания

С момента принятия Декларации Шестой министерской конференции по окружающей среде и охране здоровья (Остравской декларации) в 2017 г. Рабочая группа ВОЗ по вопросам охраны здоровья в условиях изменения климата (HIC) Европейской целевой группы по окружающей среде и здоровью постоянно содействует диалогу и сотрудничеству между государствами-членами Европейского региона ВОЗ и другими региональными заинтересованными сторонами в решении проблем здравоохранения, вызванных изменением климата.

В Глобальной стратегии ВОЗ в области здоровья, окружающей среды и изменения климата 2019 г. представлена рамочная основа для устранения уже существующих и только появляющихся рисков для здоровья, связанных с окружающей средой, в том числе с изменением климата, в то время как в Европейской программе работы на 2020–2025 гг. излагается видение того, как Европейское региональное бюро ВОЗ может поддержать национальные органы здравоохранения в создании безопасных и благоприятных сообществ.

Пандемия COVID-19 усугубила кризис общественного здравоохранения, связанный с изменением климата, создав беспрецедентную нагрузку для сообществ и систем здравоохранения. Многие из особенно уязвимых к вирусу COVID-19 людей также уязвимы к рискам для здоровья, связанным с климатом. В то же время усилия по восстановлению от пандемии COVID-19 открывают уникальные возможности для создания более здорового и устойчивого будущего для всех путем устранения причин и последствий глобального потепления. В Программном заявлении ВОЗ о принципах здорового восстановления после пандемии COVID-19 приводятся основные рекомендации и предлагаются конкретные направления для деятельности, осуществление которых приведет к созданию более климатически благоприятного, жизнестойкого и здорового общества.

2021 год является поворотным для международной деятельности по борьбе с изменением климата и будет иметь далеко идущие последствия для здоровья и жизнестойкости как отдельных сообществ, так и общества в целом. На 26-й сессии Конференции сторон Рамочной конвенции ООН по изменению климата (КС-26), которая пройдет в Соединенном Королевстве в ноябре 2021 г., странам выпадает историческая возможность договориться о научно обоснованном пути к безуглеродному будущему и одновременно учесть вопросы здоровья человека при принятии решений на национальном и международном уровнях. Чтобы побудить стороны воспользоваться этой возможностью, на КС-26 ВОЗ представит специальный доклад, в котором будут изложены аргументы здравоохранения в пользу принятия мер по борьбе с изменением климата.

Изменение климата также должно стать неотъемлемой частью повестки дня здравоохранения, а сектор здравоохранения должен взять на себя ведущую роль в ускорении принятия мер по борьбе с ним. Это включает в себя стремление к созданию «зеленой» и низкоуглеродной экономики услуг, а также инвестирование в инициативы, повышающие устойчивость и адаптационный потенциал систем здравоохранения к изменению климата.
Девятое совещание НИС было созвано для содействия диалогу и сотрудничеству между государствами-членами и заинтересованными сторонами гражданского общества по ускорению и расширению масштабов действий по борьбе с изменением климата в области здравоохранения, а также для определения возможностей участия сектора здравоохранения в национальных и международных усилиях по борьбе с изменением климата.

Совещание НИС было организовано в рамках двухдневного мероприятия в тесном партнерстве с Рабочей группой гражданского общества ВОЗ по продвижению действий по борьбе с изменением климата и охране здоровья. НИС пригласила представителей общественных организаций здравоохранения принять участие в своем совещании 19 мая в качестве наблюдателей. Рабочая группа гражданского общества провела 20 мая консультацию с этими представителями по вопросам климата и здоровья в Европейском регионе и пригласила членов НИС принять участие в качестве наблюдателей.

Задачи совещания НИС заключались в следующем:

- обменяться информацией о текущих инициативах на глобальном уровне и в Европейском регионе, которые способствуют укреплению здоровья человека в ответ на изменение климата;
- проанализировать действия государств-членов по включению вопросов здравоохранения в свои повестки дня по борьбе с изменением климата;
- сформулировать ключевые сообщения Европейского региона по вопросам изменения климата и здоровья для передачи во время предстоящих национальных, региональных и глобальных совещаний по решению проблемы изменения климата, в частности, на 26-й сессии КС и 71-й сессии Европейского регионального комитета ВОЗ;
- укрепить связи между соответствующими региональными и глобальными инициативами, одновременно расширяя и мобилизуя сообщество организаций, отстаивающих вопросы здравоохранения в рамках деятельности по борьбе с изменением климата.

Совещание НИС дало несколько ожидаемых результатов:

- растущее признание того, что вопросам охраны здоровья человека должна отводиться центральная роль в политике по борьбе с изменением климата, и наоборот;
- вдохновение лиц, вырабатывающих политику сектора здравоохранения, на разработку и пропаганду широкомасштабных и образцовых мер реагирования на изменение климата;
- формулирование ключевых сообщений по вопросам изменения климата и здоровья для представления на следующей сессии Регионального комитета и включения в специальный доклад ВОЗ для КС-26.
Программа совещания

Совещание состояло из пяти заседаний, проведенных в течение одного дня. В программу вошли несколько докладов с последней информацией из государств-членов.

- На вступительном заседании был сделан обзор исторического контекста, целей и ожидаемых результатов совещания.
- На первом заседании рассматривалась роль ВОЗ в КС-26, а также был представлен проект документа для обсуждения под названием «Ноль сожалений: расширение масштабов деятельности по смягчению последствий изменения климата и адаптации к ним в интересах охраны здоровья человека в Европейском регионе ВОЗ».
- В ходе второго заседания участники обсудили проект документа «Ноль сожалений» в небольших группах и представили свои комментарии для доработки ключевых сообщений с целью активизации мер по борьбе с изменением климата, ориентированных на охрану здоровья человека, в Европейском регионе.
- На третьем заседании было проведено панельное обсуждение способов включения вопросов изменения климата в политику и деятельность в области здравоохранения и наоборот.
- На четвертом заседании представители гражданского общества поделились впечатлениями о прошедшем дне, сделали выводы и определили дальнейшие шаги (краткое изложение приводится ниже).

Избранные выводы

- Время для решения проблемы изменения климата истекает, что требует срочного принятия широкомасштабных мер.
- Медицинское сообщество должно стремиться к участию в разработке политики по борьбе с изменением климата во всех секторах, чтобы предоставить необходимые аргументы и точки зрения работников здравоохранения.
- В связи с пандемией COVID-19 сектор здравоохранения пользуется особым вниманием и поддержкой мирового сообщества, и председательствующее в этом году на КС Соединенное Королевство намерено рассматривать проблему изменения климата через призму здравоохранения. Поэтому 2021 год открывает уникальную возможность представить вопросы изменения климата в рамках здравоохранения.
- Медицинское сообщество должно ставить далеко идущие цели, а государства-члены должны воспользоваться его богатым опытом.
- Существуют много способов эффективной организации национальных действий по охране здоровья человека в условиях изменения климата, о чем свидетельствуют примеры Германии, Румынии и Соединенного Королевства (в частности, Англии).
- Необходимо расширять осведомленность сотрудников сектора здравоохранения о проблемах изменения климата с целью повышения сопротивляемости к его последствиям, а также с целью содействия устойчивому развитию сектора.
здравоохранения (IANPHI) со своими программами, посвященными проблемам климата и здоровья человека, является хорошим примером обмена передовым опытом и наращивания потенциала в этой области.

- Необходимо уделять больше внимания вопросам обеспечения справедливости в условиях изменения климата внутри стран и между странами как между разными поколениями людей (в связи с растущим обострением проблем изменения климата с течением времени), так и в рамках одного поколения (в связи с тем, что изменение климата повышает существующую социально-экономическую уязвимость).

- Точно также, как важно рассматривать все стратегии по борьбе с изменением климата через призму здравоохранения, независимо от сектора, в котором они применяются, не менее важно рассматривать все стратегии в секторе здравоохранения и в секторах, влияющих на здоровье человека, через призму борьбы с изменением климата.

- Очень важно оценивать воздействие на здоровье человека потенциальных мер по смягчению последствий изменения климата, чтобы направлять лиц, вырабатывающих политику, в обеспечении наибольших сопутствующих выгод для здоровья – эта работа заслуживает дальнейшего развития.

### Последующие шаги

Секретариат HIC взял на себя обязательство переработать документ «Ноль сожалений» на основе вопросов, поднятых на групповом и панельном обсуждении во время заседания 2 и 3 соответственно, а также на основе комментариев участников. После этого он планировал разослать переработанную версию всем участникам. Документ предназначен для поддержки сообщений о вопросах климата и здоровья на 71-й сессии Европейского регионального комитета ВОЗ, которая пройдет виртуально в сентябре, а также для того, чтобы помочь участникам проинформировать свои национальные делегации об аргументах здравоохранения в пользу принятия мер по борьбе с изменением климата и подготовить их к активному участию в КС-26 в ноябре.

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Introduction

The ninth meeting of the Working Group on Health in Climate Change (HIC) was organized by the European Centre for Environment and Health of the WHO Regional Office for Europe, serving in its role as secretariat of HIC. It was organized as part of a two-day event in close partnership with the WHO Civil Society Working Group to Advance Action on Climate Change and Health. HIC invited representatives from civil society health organizations to take part in its meeting on 19 May 2021 as observers. On 20 May, the Civil Society Working Group convened a European Region consultation on climate and health with these representatives and invited HIC members to participate as observers. Both meetings took place via videoconference. This report refers only to the meeting on 19 May 2021 organized by the secretariat of HIC.

There were 96 regular participants in the HIC meeting on 19 May, including representatives from 26 Member States of the European Region, WHO and a variety of European and global organizations addressing issues of climate change and health. In addition, 39 representatives of civil society organizations took part as observers. See Annex 1 for the full list of participants and observers.

Opening session. Welcome and opening

The opening session provided an overview of the meeting’s background, objectives and expected outcomes.

Nino Berdzuli, Director of the Division of Country Health Programmes in the WHO Regional Office for Europe, opened the day’s meeting by welcoming participants and underscoring the gravity of a moment when the world confronts two intensifying global health crises: climate change and COVID-19. The Regional Office has made climate change a part of its health agenda, and the WHO Manifesto for a Healthy Recovery from COVID-19 calls for action on climate change as an essential element of a green, healthy recovery from the COVID-19 pandemic.

She was followed by Oliver Schmoll, Programme Manager for Water and Climate at the Centre, who provided an overview of the meeting background, objectives and expected outcomes.

HIC was established under the European Environment and Health Task Force. One of its chief responsibilities is to support Member States of the European Region in developing their national portfolios of action in the area of climate change and health, as stipulated by the 2017 Declaration of the Sixth Ministerial Conference on Environment and Health (the Ostrava Declaration). HIC is also tasked with facilitating dialogue and cooperation among the Member States and other stakeholders.

The year 2021 is a pivotal one for international climate action, with far-reaching implications for the health and resilience of communities and societies. In September, for the first time, a technical briefing on climate change will be held in connection with a session of the WHO Regional Committee for Europe. Then in November, the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26) will be held in Glasgow.
COP26 will provide countries with a historic opportunity to agree upon an evidence-based path to a zero-carbon future – a future that takes human health into consideration. To encourage parties to take advantage of this opportunity, WHO will launch a special report during COP26 that outlines the health case for climate action. In conjunction with COP26, WHO and the Global Climate and Health Alliance (GCHA) are also organizing the 2021 Global Conference on Health & Climate Change, which will run simultaneously.

The ninth meeting of HIC was convened to facilitate dialogue and cooperation among Member States and civil society stakeholders on accelerating and expanding health-related action on climate change, and to identify opportunities for health sector engagement in national and international climate change efforts. As noted, it was part of a two-day event organized in close partnership with the WHO Civil Society Working Group to Advance Action on Climate Change and Health, and numerous representatives of civil society took part as observers.

The HIC meeting had the following objectives:

- to share information on ongoing global and European Region initiatives that promote health in responding to climate change;
- to take stock of actions by Member States to incorporate health considerations into their climate change agendas;
- to articulate key messages from the European Region on climate change and health to communicate during coming national, regional and global meetings addressing climate change, notably COP26 and the 71st session of the WHO Regional Committee for Europe; and
- to strengthen bonds between relevant regional and global initiatives, while expanding and mobilizing the community of organizations that promote a health perspective on climate action.

The HIC meeting had these expected outcomes:

- growing recognition of the central role that human health should play in climate policy, and vice versa;
- inspiration of health sector policymakers to develop and advocate for an ambitious, exemplary response to climate change; and
- articulation of key messages on climate change and health to bring to the next session of the Regional Committee and incorporate in the WHO special report for COP26.

The participants approved the agenda and the programme for the meeting (see Annex 2 and Annex 3, respectively). Leonid Braslavski and Martina Würzburg provided both English–Russian and Russian–English interpretation, and Misha Hoekstra served as rapporteur.

**Session 1. Setting the scene**

The first thematic session addressed WHO’s role at COP26 and presented a draft discussion paper on scaling up action on climate change and health in the European Region. The paper is entitled *Zero regrets: scaling up action on climate mitigation and adaptation for health in the WHO European Region.*
The session began by looking at what WHO is seeking to accomplish at COP26. It has been more than a quarter century since COP1 was held in Berlin, yet only recently has the global community begun to look at climate change through the lens of human health. Since the most recent COP, in 2019, the COVID-19 pandemic has dominated the world’s attention, taking much of the focus away from climate change. At the same time, however, the pandemic has brought a renewed focus to bear on the critical role of health determinants, particularly the interconnected environmental determinants of human health, and underscored the need for coordinated international action to address public health crises. Moreover, the current moment is forcing governments to think about how they can best recover from the pandemic. Against this background, the WHO Manifesto for a Healthy Recovery from COVID-19 provides an invaluable roadmap for how governments can incorporate overdue measures to combat climate change and improve public health into their economic stimulus and recovery packages. In connection with COP26, WHO is also preparing a special report, The health argument for climate action, that will summarize the latest evidence on how climate change is adversely impacting human health and looks at how specific mitigation and adaptation efforts can create health co-benefits. Most notably, initiatives to reduce greenhouse gas emissions would cut air pollution significantly, thereby reducing a large proportion of the 7 million preventable deaths it causes each year globally.

The session then turned to a short discussion paper on intensifying climate change and health efforts in the European Region. Entitled Zero regrets: scaling up action on climate mitigation and adaptation for health in the WHO European Region, the paper lays out a range of goals and actions in the lead-up to COP26, where health will be one of three flagship science project areas. This HIC background paper, prepared by Public Health England and the European Centre for Environment and Health, encourages countries to commit to several overarching goals:

- accelerating a resilient, sustainable, inclusive recovery from the COVID-19 pandemic;
- making climate change an integral part of policy- and decision-making in all sectors;
- connecting mitigation and adaptation efforts and setting more ambitious targets for both;
- working toward a sustainable future with net zero emissions accompanied by the health co-benefits of improved air quality, greater physical activity and better diets;
- integrating health considerations into all mitigation and adaptation efforts and coordinating such efforts between different sectors;
- increasing the adaptive capacity of health systems while striving for green, low-carbon service delivery;
- strengthening the community of practice and building capacity in health and climate change initiatives; and
- mobilizing and sustaining scientific, technological and financial resources in health and related sectors, including through the elimination of fossil fuel subsidies.

In addition, the background paper sets out specific actions to undertake in the European Region. These concrete actions fall in the areas of assessment and communication; leadership and advocacy; implementation; alignment with national priorities and international commitments; and equity, financing, research and monitoring.
Session 2. Group discussions

During the second session, participants broke into groups to fine-tune the key messages in Zero regrets to advance health-oriented climate action in the European Region. They discussed how the paper might address three topics more effectively so that the arguments in the paper could be strengthened in advance of COP26. These three topics were adaptation, mitigation, and environmentally sustainable, climate-resistant health systems.

The groups discussing adaptation suggested adding another goal to the list of overarching goals in the draft paper, namely: to align health and climate change actions with existing international frameworks, particularly the SDGs and the European Commission’s Green Deal. They noted that while there exist a lot of experience and knowledge when it comes to health and climate change adaptation, the know-how is not always readily accessible, and that equity issues need to be addressed in both vulnerability assessments and communication efforts. Moreover, while nongovernment organizations (NGOs) and ordinary citizens have come up with many adaptation proposals, often these ideas are not translated into effective policy action. In many sectors, there is still a poor understanding of the linkages between climate change and health, underscoring the need to embed both health and climate change in all policies and not address them in isolation. For the health sector, that means incorporating climate change in the training of health professionals. Finally, people felt that there was a disconnect between the paper’s short-term actions and long-term goals, and they suggested adding some intermediate guidance and examples of how to move from the one to the other.

The groups who talked about mitigation in the discussion paper agreed on the importance of including equity as a goal and then reflecting that in specific actions. In particular, they felt a need for more focus on the local impact of mitigation efforts in considering both the potential harms of proposed actions, including how certain technologies and changes to the urban fabric might affect local communities, and the affordability and accessibility of mitigation measures and how they impact equity. In addition, they wanted to highlight the reduction of carbon subsidies and the imposition of carbon taxes and how to redirect the funds that were thereby freed up to make mitigation strategies more affordable, for instance by reducing the costs of such things as healthcare, healthy food and public transportation. While reducing air pollution is critical, they felt it is important to use a multiprong approach and work with other sectors such as agriculture and transport too. And they too wanted to strengthen the role of healthcare professionals in climate change issues by incorporating climate change into medical curricula and encouraging their professional networks to address climate change issues.

Finally, in the discussions of environmentally sustainable, climate-resilient health systems, similar comments were made about the importance of educating healthcare professionals about health and climate change in order to make them better advocates for making the health sector greener. Since climate action is still not an integral part of health sector culture and everyday practice, it is necessary to provide health workers with evidence that is readily understandable and a clearer understanding of how it can be translated into concrete actions, as well as with incentives for such actions. In general, the groups discussing this area felt that the paper needed to be more detailed to facilitate implementation, and that it needed to keep in mind the people who are the ultimate beneficiaries of such efforts, namely patients and healthcare workers. The groups also emphasized the importance of good data that can show the effectiveness of different measures in reducing the carbon footprint of health systems. Good examples would also be
valuable to include – and not only examples of what works, but of what does not work and which obstacles may need to be overcome.

Session 3. Panel discussion: how to mobilize the health community to anchor health in climate policy and action, and vice versa

Session 3 was devoted to a panel discussion on how to incorporate a climate change perspective in health policies and decisions – and a health perspective in climate change policies and decisions. The panel members began by presenting particular developments in the five countries and organizations they represent: Germany, Romania, England (in the United Kingdom), the European Commission and the International Association of National Public Health Institutes (IANPHI).

Last year in Germany, the Minister of Health established a health protection and sustainability division that focuses on environment, climate change and health – because climate protection helps protect health, and some sort of structure is needed if the health sector is to define its role in tackling climate change and carry it out. The division helps connect and mobilize relevant stakeholders to make climate change issues an integral part of the health system. Germany’s federal structure poses extra challenges because most actions need to be undertaken at the state and local level. The division is working to develop better evidence on the health impacts of climate change and on adaptation measures, as well as to improve the exchange of knowledge between academia and the health system, also internationally. Major challenges include preparing for emerging threats and de-siloing both governmental and academic research.

While climate action in Germany follows commitments in national legislation, climate action in Romania has been led by the current president. Last September he established a department of climate and sustainability, in part because he recognized climate change as a public health crisis. He has become increasingly involved in climate diplomacy, supporting Romania’s engagement with international climate and environmental frameworks and partnerships, attending high-level summits and hosting international conferences on relevant issues, including health and climate change. Under his leadership, Romania has begun to set priorities and make commitments in the area of climate change. Among these commitments are a transition to cleaner energy and transportation, increased climate resilience, afforestation, and the promotion of innovation and of climate and environmental education. One immediate priority is accessing green funding in order to continue moving forward with climate action.

The National Health Service (NHS) in England was the first national health system in the world to commit to carbon net zero. The NHS began reducing emissions a decade ago after looking at its core mission: high-quality care for all, both now and in the future, something that is impossible to provide without addressing climate change. The NHS is responsible for nearly 5% of national emissions, and 40% of public sector emissions. Once emissions began falling, the health service realized that cutting emissions was good for health and actually saved it a fair amount of money. A survey of its 1.3 million employees found that nine out of 10 emphatically wanted the NHS to act in a more sustainable manner. Since the workforce is the NHS’s biggest asset, that made environmental sustainability a matter of operational sustainability – and hence the net-zero commitment. Since the start of the pandemic, almost the entire NHS workforce has
been redeployed to work on the front lines with COVID-19, yet the Greener NHS team has been told directed to remain focused on climate change, and the size of its staff actually grew tenfold – and will more than treble again by the end of the year.

In February 2021, the European Commission launched a new climate adaptation strategy as part of the European Green Deal. The impact assessment for the strategy outlines the reasons for the ambitious policy choices it contains: the accelerating pace of climate change, poor preparedness, the planetary scale of the problem, data gaps, insufficient public engagement and professional awareness, the low prioritization of adaptation investment in many European Union (EU) countries and a lack of cost-effective, customized adaptation solutions. The new strategy promotes intelligent, data-driven, systemic adaptation that can be implemented quickly. While each EU member state remains responsible for its own adaptation plans and strategies, the EU is able to lead on research innovation, risk assessments and funding, and to advise countries on adaptation, including through the European Climate and Health Observatory.

Finally, IANPHI, a network of 110 public health institutes from around the world, created a working group last year to help its members develop capacities in climate change and health. Such institutes are on the front lines in observing the health impacts of climate change, and they rely on evidence and interdisciplinary collaboration to address climate-related issues ranging from vector-borne diseases to the social determinants of health to emergency response. Yet these institutes tend to be poorly represented in national mitigation and adaptation policymaking. Accordingly, the working group is preparing a position paper that advocates for national public health institutes to be involved as key stakeholders in climate change policymaking and implementation. The paper will be published during COP26, along with several case studies of good practices. At the same time, a survey of IANPHI members shows that less than half of the institutes consider climate change a priority, and only 10% have prepared a carbon footprint assessment and a plan to reduce their own emissions.

At the conference in Glasgow, WHO will join the COP26 presidency in calling on governments, businesses and civil society to put health at the forefront of COVID-19 recovery packages. The panellists were asked for recommendations on how to promote a strong focus on health in climate change efforts on the one hand, and on the other, how to encourage health sectors to address climate change themselves. Their key recommendations included the following:

- take a whole-of-society approach to climate change, using the One Health approach at all levels – nationally, regionally, internationally and institutionally;
- mobilize political leaders to address climate change publicly, stressing the health and economic co-benefits of climate action, and get them to commit to the societal transformations needed;
- work more closely with local populations, local authorities and community groups, as many health-protecting climate actions have to be implemented at the local level;
- design policies that support the most vulnerable groups and countries;
- raise awareness in the health sector about the impact of climate change on public health and healthcare;
- facilitate interactions between public health experts and climate change experts to inspire innovative policy solutions for the health sector;
- get health systems to commit to achieving net-zero emissions by 2045;
- compete with other countries’ health systems in achieving specific climate targets, such as establishing the first net-zero hospital;
• coordinate with other health systems to start phasing in emission reduction requirements for suppliers;
• integrate climate change adaptation in health sector policies – they need to address land use, building design, water use, food production, etc.;
• support capacity-building and preparedness in the health sector as part of broader disaster and emergency response strategies to increase resilience – such efforts have suffered from underinvestment since the global financial crisis in 2008;
• consider health services more broadly – not merely the provision of health care, but also prevention services, health education and the development of healthy, climate-friendly environments; and
• develop more expertise on the collective determinants of health and collective health interventions.

Session 4. Conclusions and next steps

The final session of the HIC meeting featured reflections on the day’s discussions from one of the organizers of the following day’s civil society consultation, as well as some preliminary conclusions and next steps from the HIC secretariat.

The civil society reflections began with an observation that even many of the politicians who are leading on climate change still have not grasped the gravity of the crisis and fail to realize that urgent, far-reaching action is needed that will fundamentally transform our way of life. The good news is that the climate solutions we have now – which will transform energy systems, transportation, agriculture, urban design and even social structures – will significantly benefit human health and well-being. It falls to the health community to make a strong, clear case for these changes, and to make this case to both policymakers and the general public. COP26 presents the best opportunity yet to make that case, thanks both to the way COVID-19 pandemic has underscored the importance of coordinated public health action, and to a COP presidency that embraces the health perspective on climate change. It is incumbent on HIC, especially at a time when many public health experts and health professionals are busy with the pandemic, to formulate the clear, strong messages that decision-makers need to hear at the conference.

The HIC secretariat and co-chairs drew the following selected conclusions from the meeting.

• Time is running out on addressing climate change, and ambitious action is urgently needed.
• The health community should insist on being involved in climate change policymaking in all sectors in order to provide the necessary health arguments and perspective.
• Because of the COVID-19 pandemic, the health sector now has the world’s attention and support, and this year’s COP presidency, held by the United Kingdom, is committed to looking at climate change through a health lens. The year 2021 thus offers a unique opportunity to present climate change in a health framework.
• The health community needs to be ambitious in its goals, and Member States need to take advantage of its considerable expertise.
• There are a variety of ways that national action on health in climate change can be organized effectively, as the differing examples of Germany, Romania and the United Kingdom (specifically England) testify to.
• Awareness of climate change issues among the health sector workforce needs improvement in order to support climate resilience and sustainability in the sector. IANPHI’s climate and health programmes for public health institutes provide one good model of how to share good practices and build capacity in this area.

• Equity issues need to receive more attention in and among countries in the field of climate change, both intergenerationally (due to the increasing severity of climate change over time) and intragenerationally (due to climate change exacerbating existing socioeconomic vulnerabilities).

• Just as it is important to apply a health lens to all climate change policies, regardless of sector, it is also important to apply a climate change lens to all policies in the health and health-determining sectors.

• It is crucial to assess the health impacts of potential mitigation efforts in order to guide policymakers in securing the greatest health co-benefits – an approach that merits further development.

The HIC secretariat committed to revising the Zero regrets paper on the basis of points raised by the discussion groups in Session 2 and the panel in Session 3, as well as comments submitted by participants. Afterwards, it planned to send the revised version to everyone involved. The paper is intended to support climate-and-health messaging at the 71st session of the WHO Regional Committee for Europe, which will be held virtually in September, and to help participants brief their national delegations on the health argument for action on climate change and prepare them to play an active role in COP26 in November.³

After thanking the organizers, presenters and participants for a productive meeting, HIC co-chairs Inge Heim and Jutta Litvinovitch closed the meeting.

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Annex 2. Meeting agenda

1. Opening and adoption of agenda and programme
2. Ongoing global and regional initiatives in promoting health in climate change
3. Zero regrets: scaling up action on climate mitigation and adaptation for health in the WHO European Region
4. Articulating key messages that advance health-oriented climate action from the perspective of the WHO European Region
5. Panel discussion on how to mobilize the health community to anchor health in climate policy and action and vice versa
6. Summary of the meeting and next steps
7. Closure of the meeting
# Annex 3. Meeting programme

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<th>Time</th>
<th>Session</th>
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<td>09:30 – 09:45</td>
<td>Opening and welcome (Nino Berdzuli, WHO Regional Office for Europe)</td>
<td>Background, objectives and expected outcomes (Oliver Schmoll, European Centre for Environment and Health)</td>
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<tr>
<td>09:45 – 10:30</td>
<td><strong>Session 1: Setting the scene</strong></td>
<td>Towards WHO’s health engagement at COP26 (Maria Neira, WHO)</td>
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<td>Zero regrets: scaling up action on climate mitigation and adaptation for health in the WHO European Region (Revati Phalkey and Raquel Duarte-Davidson, Public Health England)</td>
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<td>Discussion</td>
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<td>10:30 – 12:00</td>
<td><strong>Session 2: Interactive group discussions</strong></td>
<td>Group work kiosks:</td>
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<td></td>
<td>- Focus on climate change adaptation (moderated by Pauline Scheelbeek and Alan Dangour, London School of Hygiene &amp; Tropical Medicine, and Oliver Schmoll)</td>
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<td>- Focus on climate change mitigation (moderated by Marina Romanello, Lancet Countdown on Health and Climate Change, and Vladimir Kendrovski, European Centre for Environment and Health)</td>
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<td>- Focus on climate-resilient and environmentally sustainable health systems (moderated by Scott Brady, Health Care Without Harm, and Dorota Jarosinska, European Centre for Environment and Health)</td>
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<td>Reporting and discussion</td>
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<td>12:00 – 12:30</td>
<td><strong>Health break</strong></td>
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| 12:30 – 13:30| **Session 3: Panel discussion**: how to mobilise the health community to anchor health in climate policy and action, and vice versa | Anna Babette Stier, Federal Ministry of Health, Germany  
Alexandra-Maria Bocșe, presidential administration, Romania  
Nicholas Watts, National Health Service, United Kingdom  
Elena Višnar Malinovská, Directorate-General for Climate Action, European Commission  
Mathilde Pascal, International Association of National Public Health Institutes  
Discussion                                                                 |
| 13:30 – 14:00| **Session 4: Conclusions and next steps**                              | Reflections from the perspective of civil society (Jeni Miller, Global Climate and Health Alliance)                                    |
|              |                                                                         | Where from here: next steps and timelines (Oliver Schmoll and Dorota Jarosinska)                                                        |
|              |                                                                         | Conclusions and closure of the meeting                                                                                                  |
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