Improving coherence of climate change, health and development policy.
Update and policy proposals for UNFCCC CoP17 in Durban.

What we know about the problem:

There is now strong evidence that anthropogenic climate change is undermining the environmental determinants of health. These impacts are concentrated on the poorest populations, and affect some of the largest disease burdens, including malnutrition, diarrhea, and vector-borne diseases such as malaria, which together kill over 5 million people a year. In addition, many of the same inefficient and polluting uses of energy that are causing climate change are also contribute directly to very large health impacts, including the 1.3 million deaths each year from urban air pollution, and the 1.9 million from indoor air pollution. There are therefore important opportunities for health, and for the environment, in strengthening health adaptation to climate change, and promoting policies that simultaneously reduce greenhouse gas and health exposures.

Status of Policy Response:

Health protection is identified by the general public, the health community, and now by climate negotiators, as among the most important dimensions of climate change. Health is central to the justification of the UN Framework Convention on Climate Change (UNFCCC), and Member States passed a World Health Assembly Resolution on this issue in 2008. Health agencies have led development of regional frameworks of action on climate change. However, health is very poorly represented in the operating mechanisms for the climate change convention, including adaptation planning and finance, and within mitigation plans and finance streams such as the Clean Development Mechanism (CDM).

Mandates for alignment of climate change and health priorities:

- Rio Declaration: "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature." - Principle 1 of the Rio Declaration on Environment and Development, at the (Earth Summit) 1992.

- UNFCCC: Article 1 - "Adverse effects of climate change" means changes in the physical environment or biota resulting from climate change which have significant deleterious effects on the composition, resilience or productivity of natural and managed ecosystems or on the operation of socio-economic systems or on human health and welfare"

- UNFCCC: Article 4.1 (f) - "Take climate change considerations into account, to the extent feasible, in their relevant social, economic and environmental policies and actions, and employ appropriate methods, for example impact assessments, formulated and determined nationally, with a view to minimizing adverse effects on the economy, on public health and on the quality of the environment, of projects or measures undertaken by them to mitigate or adapt to climate change;"

- WHA resolution: The Sixty-first World Health Assembly, REQUESTS the Director-General...(3) to work on promoting consideration of the health impacts of climate change by the relevant United Nations bodies in order to help developing countries to address the health impacts of climate change;

Indicators of health coverage in climate change mechanisms:

Proportion of:
- National Adaptation Programmes of Action (NAPAs) which cite health as a priority: > 95%
- NAPAs that include health adequate health assessments and plans - 30%
- Estimated damage costs to health currently covered by climate funds - 0.5%
- Main economic models of climate mitigation that include health cobenefits - 8%
Key messages from policy fora on Climate Change, Health and Development

The health community has engaged in policy dialogue on the links between health, climate change, and development, through the UNFCCC process, the World Health Assembly, and related policy fora, such as the Conference on Social Determinants of Health in Rio de Janeiro in October 2011. These discussions have converged on the following key messages.

1. Protection and enhancement of health is an essential pillar of sustainable development, and of the response to climate change. A more integrated and intersectoral approach to enhancing health, fostering pro-poor growth, and protecting the environment, should improve policy coherence and increase efficiency.

2. Policies and investments to mitigate and adapt to climate change have great potential for improving health and health equity. Strengthening health systems, and enhancing population health, would increase resilience and lower vulnerability to environmental change. Well-designed actions to mitigate climate change could bring major health gains.

3. Progress in protecting and enhancing health through adaptation and mitigation should be tracked and monitored, both in relation to actions taken by the health sector, and by other sectors, such as energy, transport, housing, agriculture and water resources.

4. The role of health in climate change adaptation, and the potential health co-benefits of climate change mitigation policies, should be considered by the UN Framework Convention on Climate Change, and supported by its financial mechanisms.

Opportunities to improve health through climate policy at the UNFCCC CoP-17 in Durban

With reference to Ad hoc Working Group on Long-term Cooperative Action under the Convention (AWG-LCA)

- Ensuring that Article 11 of the UNFCCC, including the citation of health, is refereed to in the Ad Hoc Working Group on Long-term Cooperative Action under the Convention (AWG-LCA) under agenda point 3.1 A shared vision for long-term corporative action.2

- Recognising in the shared vision session that "human health is a key justification for climate change actions". This should be integrated in the Cancun Agreements point I.1.3 Reopening of item 3.1 A shared vision for long-term corporative action in LCA should seek to incorporate health as a separate shared vision, possibly before item 8.

- Inclusion of a health window under adaptation within the Green Climate Fund as well as the inclusion of measurable health benefits as criteria to screen and prioritize adaptation and mitigation programmes.

- Recognizing the implementation of article 4.1.f of the UNFCCC, related to the commitments of Parties to employ appropriate methods, for example impact assessments, to minimize the adverse effects of climate change on public health of mitigation and adaptation programmes and measures, in matters related to agenda point 3.1, 3.2 and 3.3 in LCA.

2 http://unfccc.int/bodies/body/6431.php
3 FCCC/CP/2010/7/Add.1, page 2 http://unfccc.int/documentation/decisions/items/3597.php?such=j&volltext=%22cancun%20agreements%22#beg
• Promote the economics of health adaptation and mitigation, and promote the achievement of other co-benefits, including health, as already agreed in Cancun (paragraph d)\(^4\) and to be discussed further under LCA 3.2.5.

**With reference to the Subsidiary Body for Scientific and Technological Advice (SBSTA 35) and the Subsidiary Body for Implementation (SBI 35)**

• Establishment of a health sub-programme/work programme within the UNFCCC negotiation structure preferably under Nairobi Work Programme on impacts, Vulnerability and Adaptation, under SBSTA agenda point 3 or 7\(^5\) and SBI agenda point 10\(^6\).

• Ensuring health expertise is represented in the committees on technical and financial support for health adaptation work through the UNFCCC work programmes on adaptation.\(^7\)

**With reference to the overall COP17 Agenda**

• Supporting health sector initiatives on climate change adaptation and mitigation, such as the implementation of regional frameworks for public health adaptation to climate change, to align with and contribute to the UNFCCC process.

• Inclusion of health within the Amended New Delhi Work Programme (NDWP) on article 6\(^9\) of the UNFCCC, related to education, training and public awareness on climate change and its effects. Since health is one of the main adverse effects of climate change, it is recommended to develop a capacity building programme on health to support the "training of scientific, technical and managerial personnel" who will be involved in building resilience of the health system.

• Encourage all parties to submit views on sustainable education and inclusion of health impacts in training, education and awareness rising in the revising of NDWP before February 14\(^{th}\) 2012.\(^10\)

*References and more information at [www.who.int/globalchange](http://www.who.int/globalchange)*

\(^4\) FCCC/CP/2010/7/Add.1, page 14
\(^5\) FCCC/SBSTA/2011/3 page 16
\(^6\) FCCC/SBI/2011/8
\(^7\) http://unfccc.int/bodies/body/6431.php
\(^8\) FCCT/CP/2011/1
\(^9\) http://unfccc.int/documentation/decisions/items/3597.php?such=\&volltext=9/cp.13#beg
\(^10\) http://unfccc.int/cooperation_and_support/education_and_outreach/items/2529.php