

*This draft has been shared with regions and countries and will be updated as feedback is received*

# **Climate Change and Health in Small Island Developing States:**

## **WHO Special Initiative in collaboration with UNFCCC Secretariat and Fijian Presidency of COP-23**

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### **The Challenge**

#### **1. Health impacts of climate variability and change in Small Island Developing States**

Climate change undermines the environmental determinants of health: clean air and water, sufficient food and adequate shelter; and can increase the risks of extreme weather events and infectious disease.

Although all populations are at risk, some are more vulnerable than others. Small Island Developing States are in the front line, encapsulating the range of acute to long-term risks, from more extreme floods and storms, to increased risks of water-borne and food-borne infectious disease, to sea-level rise threatening healthcare facilities, mainly situated in coastal areas.

Most small islands already present high burdens of climate sensitive diseases such as vector-, food- and water borne diseases. Climate change will manifest in increased average temperatures, increased incidence and severity of extreme weather events (such as floods, cyclones, storm surges and drought), sea-level rise, higher fresh-water temperature and decreased availability of water and food. All these hazards will translate in increased mortality and morbidity from extreme weather events (including mental health) and climate-sensitive diseases such as malaria, dengue, cholera, filariasis, leptospirosis, schistosomiasis and ciguatera fish poisoning. Furthermore, there is robust evidence showing how climate-related processes originated outside a specific country pose serious health risks to SIDs. These include air-borne dust, the spread of aquatic pathogens, the invasion of plant and animal species, and distant-source ocean swells from mid to high latitudes.

## **2. Health and climate change within international climate change and health policies**

Health has been included in relevant international climate change agreements. The 1992 United Nations Framework Convention on Climate Change (UNFCCC) refers to health as one out of three main sets of adverse effects of climate change and request Parties to employ appropriate methods to minimize the adverse effects on public health of all adaptation or mitigation policies or measures implemented by them. The 2015 Paris Agreement refers to the right to health in its preamble.

Small Island developing states (SIDs) are listed both in the UNFCCC and the Paris Agreement as countries especially vulnerable to the adverse effects of climate change. Additionally, the Paris Agreement calls all institutions serving the Agreement to ensure efficient access to financial resources for the least developed countries and SIDs.

The highest level of global health governance has also called for stronger action on climate change. In 2008, the Ministers of Health gathered at the World Health Assembly passed resolution on climate change and health, noting the severe impacts on health, including particularly on Small Island Developing States. They called for strengthened support from WHO, and endorsed a workplan covering advocacy and awareness raising, partnerships, enhancing scientific evidence, and health systems strengthening. This is now supported by relevant regional resolutions and workplans on climate change and health.

This effort has been taken up across the health community. In July 2016 WHO and the Government of France convened the Second Global Conference on Health and Climate, to support the implementation of the Paris climate agreement. This brought together Minister of Health and Environment, senior Government official, technical experts and civil society from around the world,

resulting in a comprehensive health action covering increasing the resilience of health systems, and the environmental and social determinants of health, to climate risks; gaining the health cobenefits of climate mitigation measures, particularly through reducing nearly seven million deaths from air pollution; scaling-up financial investments in climate change and health and developing a new approach to link health, economics and climate change; engaging the health community and civil society in communicating and preventing climate risks, and in taking advantage of opportunities for health; and measuring country progress and reporting through the WHO/UNFCCC climate and health country profiles and Sustainable Development Goal indicators.

### **3. Current lack of response to address the health impacts of climate change in SIDs:**

Despite the strong mandates, and the clear agenda for implementation, the international response remains weak, both for health in general and Small Island Developing States in particular. Less than 1.5% of international finance for climate change adaptation is currently allocated to health projects. Few countries are currently taking advantage of the opportunity to improve health at the same time as making the reductions in carbon emissions necessary to safeguard the future of the Small Island Developing States; only 15% of intended Nationally Determined Contributions submitted for the Paris Agreement mention health gains (e.g., reductions in air pollution mortality) that can be expected through mitigation.

WHO is committed to work with Member States to address these gaps, and to protect the health of the most vulnerable to the impacts of climate change, particularly in the Small Island Developing States, as a priority for the next five years.

### **The vision**

By 2030 all health systems in small island developing states are resilient to climate variability and change, and countries around the world are reducing carbon emissions both to protect the most vulnerable from climate risks, and to gain the health cobenefits of mitigation policies.

Success will be achieved when national health agencies have clear guidance on the approaches and interventions that will have the greatest and most sustainable impact in protecting health from climate-related risks, and enough financial resources and the political will to implement them are mobilized.

### **Country Ownership and Partnerships**

The central principles of the initiative are country ownership, and an open partnership for delivery.

Ministers of Health have already given high level input through consultation with the WHO Director-General, and in regional meetings covering the most affected countries. Based on this feedback, WHO proposes the following overall framework, and the proposed activities and contribution that the Secretariat will be able to make, to be support Member States.

A wide range of national health actors, civil society health groups, development agencies and other UN agencies are already making important contributions to protect health in the SIDS. Furthermore, within the framework of health in all policies, the current initiative aims to strengthen the role of the health sector in promoting health in health-determining sectors such as environment, transport, urban planning, and food. Strategic partnerships will be promoted and strengthened. The initiative aims to be an inclusive partnership that brings together existing and new efforts, and scales them up for more effective protection.

## Scope

The initiative aims to provide national health authorities in the Small Island Developing States with the political, technical and evidence and financial support to better understand and address the effects of climate change on health including those mediated via climate change impacts on the main determinants of health (i.e. food, air, water and sanitation); improve the climate-resilience and environmental sustainability of health services; and to promote the implementation of climate change mitigation actions by the most polluting sectors (e.g. transport, energy, food and agriculture) that maximize health co-benefits.

The initiative will also aim to lead the way in transforming health services in Small Island Developing States away from the current model of curative services with escalating costs, and towards one based on disease prevention, climate resilience and sustainability. It will also field-test approaches for WHO to work in a more integrated way both across its own programmes (e.g., environmental health, health systems strengthening, emergency preparedness and response, food security and nutrition), and with other partners. Both as an end in itself, but also to test approaches to be applied elsewhere, with roll out particularly to the Least Developed Countries and in a limited number of fragile states.

## Components of the Initiative

### 1) Empowerment: Supporting health leadership in Small Island Developing States to engage nationally and internationally.

Since the establishment of the United Nations Framework Convention on Climate Change (UNFCCC) in 1992, protecting “human health and welfare” has been recognised as a priority in responding to climate change. The Paris Agreement, adopted in December 2015, marks a new era, as the first agreement to commit both developed and developing countries to action, based on their own Nationally Determined Contributions. The first page of the Paris Agreement cites “the right to health”, presenting the opportunity to implement the agreement as a public health treaty.

Although health is increasingly recognized in the climate discussions, it is still not routinely recognized as a priority – missing opportunities both to protect health, and to mobilize health as an argument and success measure for climate action.

- strengthen national capacity and amplifying the voice of national health actors so for them to be able to effectively engage in climate change negotiations and processes at country level;
- integrating health into national climate change planning, and international support mechanisms – including national adaptation plans, and nationally appropriate mitigation actions under the UNFCCC;
- Strengthening the inclusion of health considerations to support the political positions of relevant groupings of SIDS, such as the Alliance of Small Island States (AOSIS);
- Support the Fijian Presidency of the UNFCCC Conference of Parties (COP23) to advance work on climate change and health as an outcome of COP23, and to mobilize support for its implementation in the Small Island Developing States and elsewhere.
- Advocating on the importance of promoting health co-benefits of climate change mitigation actions implemented by those sectors most responsible for overall GHG emissions at national level (e.g. energy, food and agriculture, transport);
- Convene a global conference on climate change and health in SIDS;

### 2) Evidence: Building the business case for investment.

Significant financial sources are potentially available from international climate finance, development banks and others. However, health in general, and Small Island Developing States in particular, lack the systematic economic evidence base that is necessary to make their case to potential investors. Knowledge on the interlinkages between climate change and health in SIDS is limited and needs to be constantly improved through research. Furthermore, capacity to undertake research in the area of climate change and health in SIDS should be strengthened.

The initiative will support the collection, and application into policy, of evidence on the following:

- Generation of country profiles for climate change and health for all SIDS, as an evidence summary and a mechanism for progress tracking, monitoring and evaluation.

- Conducting national vulnerability and adaptation assessments describing the specific vulnerabilities and adaptation options (e.g., morbidity and mortality attributed to unsafe water, unsafe sanitation, and lack of hygiene, malnutrition, disasters) for all Small Island Developing States;
- Promotion of a global SIDS, regional and national research agenda on climate change and health, including both adaptation and mitigation and strengthen the capacity of research institutions at all levels to conduct this research;
- Assessment of the additional financial investments that will be required to “climate-proof” the provision of Universal Health Coverage in Small Island Developing States;
- Health and economic benefits of investment in climate resilience and renewable energy for health facilities in Small Island Developing States;
- Health and economic gains from redirecting the resources that governments are currently spending on health-harming financial incentives (such as fossil fuel subsidies), both in Small Island Developing States and elsewhere, instead towards investment in Universal Health Coverage;
- Health and economic co-benefits of Nationally Determined Contributions to climate mitigation (e.g., through reductions in air pollution) in the major economies driving the climate change that threatens Small Island Developing States.

### **3) Implementation: preparedness for climate risks, and health promoting mitigation policies.**

The initiative would build on the experience gained in climate and health adaptation projects around the world, applying WHO’s Operational Framework for Building Climate-Resilient Health Systems, for integrating climate risks into the six “building blocks” of health systems (Leadership and governance, Health Workforce, Health Information Systems, Products and Technologies, Service Delivery, and Financing). Furthermore, the initiative would strengthen the role of the health sector in promoting health co-benefits of climate change mitigation actions implemented by those sectors more responsible for global warming.

- Strengthening the climate resilience and environmental sustainability (“greening”) of healthcare facilities, including through protection and capacity building among healthcare workers;
- Field testing and scale up of approaches to manage risks via the main environmental determinants of health (i.e., water, sanitation, food and air), such as Climate-Resilient Water Safety Plans and Sanitation Safety Plans.
- Using climate information to enhance multi-hazard early warning systems for extreme weather events, and risk mapping and early warning systems for diseases such as dengue and diarrhoea, and food security risks;
- Policy and technical support to implement the mitigation commitments included in the National Determined Contributions (NDCs) to the UNFCCC, so as to also promote health – for example through promotion of clean household energy sources, and sustainable diets and transport systems, that can decrease prevalence of obesity and associated non-communicable diseases.

#### 4) Resources: Facilitating Access to Climate and Health Finance

A significant change in current health vulnerability of the populations of small island developing states will not be possible without access to sufficient financial resources. Ministers of Health have prioritized the need to expand and diversify the funding streams potentially available to build health resilience to climate change.

- Convene development partners engaged in climate change, or health, in SIDS (e.g. development banks, multilateral and bilateral funds), to develop a consensus on the resource needs and opportunities.
- Work with the main multilateral climate funds, (Green Climate Fund, the Global Environmental Facility), and other development partners, to address the barriers for health sector access, so as to address the current deficit in climate finance to health.
- Provide direct technical support for national Ministries of Health to prepare submissions to the GCF and other donors.

#### Success measurement

Success will be measured with regards to the attainment of the goals designed for each of the four components of the initiative included above, namely:

1. **Empowerment:** The voice of health leaders, on behalf of the most vulnerable populations, becomes a driving force for adaptation in the Small Island Developing States, and for mitigation by countries around the world.
2. **Evidence:** Health Ministries of SIDS have the necessary health, environment and economic evidence to support scaled up investment in climate change and health, identify priority investments, and monitor their success.
3. **Implementation:** Transformational change in health systems, through promoting a culture of disease prevention, building the climate resilience of health systems and maximizing the health cobenefits of climate change mitigation policies – with a particular focus on saving lives through improving air quality.
4. **Resources:** Triple the current level of investment of climate finance for health in Small Island Developing States.

Furthermore, and in the context of the SDG's, success will also be measured based on WHO's contribution to relevant SDG indicators and targets, namely SDG targets 13.1 (strengthening resilience and adaptive capacity to climate change), and 13.4 (climate financing), and where appropriate indicator 3.9.2 (mortality from unsafe WASH) 6.1.1 (safe drinking water), 6.2.1 (sanitation), and 7.1.2 (clean household energy).