Putting health at the centre of the climate change discussion

At a glance

- Pacific island countries and areas (PICs) are among the most vulnerable to climate change and are at the frontlines of acute to long-term risks. Climate change threatens lives and livelihoods, fragile health-care facilities – which are often located in coastal or low-lying areas – and, ultimately, the very existence of some PICs.
- The priorities laid out in the Pacific Islands Action Plan on Climate Change and Health and the WHO vision paper, For the Future: Towards the Healthiest and Safest Region, coalesce around four focus areas:
  - advocacy to bring health into the centre of the climate change discussion;
  - building resilience into health systems to face the climate crisis;
  - strengthening regional and national scientific work to monitor the impact of climate change and the environment on health to inform evidence-based interventions and actions; and,
  - applying a climate change and environment lens to all areas of the health sector’s work.
- The health sector can play a leading role in inspiring the intersectoral and international action required to counter the rising climate crisis and ensure that countries and communities have the capacity to anticipate and respond to its health impacts.

Future vision

The vision for Pacific island countries and areas (PICs) calls for countries and communities to have, within the next decade, the capacity to anticipate and respond to the health consequences of the changing climate.

To make this vision a reality, the health sector must play a leading role in helping other sectors gain support for climate action. Through a combination of inspiring narratives and solid evidence, health professionals can collaborate with policymakers, business leaders, engineers, economists and experts in areas such as energy generation, transport, food and agriculture, urban environments, and nature to build support for “green policies” and priorities. The health sector can also show the way by committing to reducing its environmental impact through efforts such as transitioning to renewable energy sources and carefully managing health-care waste.

By stepping into this leadership role, the health sector can catalyse intersectoral and international action required to counter the rising climate crisis, resulting in better health outcomes for all.
Recent progress

Since the 13th Pacific Health Ministers Meeting (PHMM) in French Polynesia in 2019, progress has been made on climate change and health actions in the Pacific. The following sections of this document summarizes some of the key highlights and examples from “Action reported against commitments made during the 13th Pacific Health Ministers Meeting”.

The formation of the technical advisory group on climate change, the environment and health (CCE TAG)

To inform joint efforts to address the climate crisis, the World Health Organization (WHO) Regional Director for the Western Pacific announced the establishment of a regional platform on climate change, the environment and health (CCE Platform) at the 13th PHMM in French Polynesia in August 2019. Later that year, at the seventieth session of the WHO Regional Committee for the Western Pacific, Member States adopted For the Future: Towards the Healthiest and Safest Region, which highlights climate change, the environment and health (CCE) as a thematic priority for WHO’s work with countries and partners in the Region (RC70/INF/1).

To support the implementation of the thematic priority, a technical advisory group (TAG) on climate change, the environment and health (CCE) was established in April 2020, made up of 16 experts from diverse backgrounds, including academics, climate scientists, health professionals and human rights specialists, as well as five members from the Pacific. The TAG met virtually for the first time in June 2020, joined by representatives from six Member States, including two PICs. The CCE TAG identified the following pillars of work required to address the health impacts of climate change:

1. advocacy to raise the profile of the CCE priority and to articulate the health co-benefits of actions and policies from non-health sectors;
2. building resilience into health systems to withstand the impacts of climate change and environmental threats;
3. monitoring the impact of climate change and the environment on health to provide timely, accurate and strategic information to inform decision-making, guide advocacy, drive action, and track the impacts and successes of interventions; and
4. applying a climate change and environment lens to WHO work.

These pillars align with the priorities laid out in key vision papers and strategies, primarily the Pacific Islands Action Plan on Climate Change and Health, launched by Pacific health leaders at the World Health Assembly in May 2018, the road map to the Action Plan, proposed at the 13th PHMM in 2019, and For the Future.

Health in national climate change adaptation plans

PICs have made progress in the development of Health National Adaption Plans (H-NAPs) or their equivalents, including in Fiji, Kiribati, the Marshall Islands, the Federated States of Micronesia, Palau, Samoa, Solomon Islands, Tuvalu and Vanuatu. Other PICs have considered climate change resilience in their national disaster risk-reduction plans.

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1 WHO, For the Future: Towards the Healthiest and Safest Region, https://iris.wpro.who.int/10665.1/14476
2 WHO, Pacific Islands Action Plan on Climate Change and Health, https://apps.who.int/iris/bitstream/handle/10665/275484/9789290618645-eng.pdf?sequence=1&isAllowed=y
However, there are still gaps that need to be addressed, including translating the plans into practical action and investing in human and financial resources for health adaptation and mitigation measures. Many H-NAPs are still disconnected from broader National Climate Change Adaptation Plans, leaving health at the periphery of climate change work at the national and regional levels.

Pacific governments working on developing and implementing H-NAPs should continue to mainstream health with the national adaptation plans, and health leaders, in particular, should continue to advocate for the inclusion of health in climate change discussions.

**Strengthening the climate resilience and environmental sustainability of health-care facilities**

The coronavirus disease 2019 (COVID-19) pandemic has illustrated the fragility of health systems. The lack of basic water and hygiene in health-care facilities in some countries, for example, has compromised their ability to combat the disease. Health systems across the Pacific will need to be more resilient if they are to withstand the increasing threats related to climate change, as well as future pandemics.

In March 2021, Fiji launched its national *Guidelines for Climate Resilient and Environmentally Sustainable Health Care Facilities* (CRESHCF). And, with the support of Australia, the European Union and other international partners, Cook Islands, Fiji, Nauru, Tonga and Vanuatu are installing climate-friendly, non-burning systems for health-care waste management. These systems are improving health-care waste management to meet immediate needs during the pandemic, while also reducing the health system’s longer-term environmental impact.

However, a major challenge in building more resilient and sustainable health-care facilities across the Pacific is the lack of baseline information to give PICs and partners a clear idea of what the needs are and where resources should be allocated for maximum impact. Therefore, WHO and partners including the United Nations Children’s Fund (UNICEF), the Pacific Community (SPC) and other development agencies are working together to collect this baseline data on access to basic water, sanitation and hygiene (WASH) in health-care facilities, which includes health-care waste management. An energy assessment also has been initiated in selected PICs, aiming to understand the intensity of electricity usage in major health-care facilities and support building sustainable energy supply systems.

The way forward is for all PICs to develop plans on building climate resilient and environmentally sustainable health-care facilities and services. These plans should include investment in basic facilities, including WASH facilities, as well as access to climate-friendly electricity (e.g. solar power) and efforts to identify waste disposal systems that have a lower environmental impact and are appropriate for the context of the Pacific countries. The resilience of often overlooked reproductive, maternal, new-born, child and adolescent health (RMNCAH) services should also be considered.

3 In the WHO/United Nations Children’s Fund’s *Report on Global Baseline Report on WASH in Health Care Facilities* (https://washdata.org/sites/default/files/documents/reports/2019-05/jmp-2019-wash-hcf-highlights-1.pdf), only Cook Islands, Kiribati, Papua New Guinea, Tokelau, Tonga, Solomon Islands and Vanuatu have reported on access to basic water facilities in health-care facilities; only Cook Islands and Tokelau for basic sanitation; no countries report on basic hygiene facilities; and only Kiribati, Papua New Guinea, Tokelau, Tonga and Solomon Islands and have reported on basic medical waste management services.
Gathering evidence

There is an underlying need for stronger scientific evidence on the health impacts of climate change in the Pacific and, on the other hand, on the health co-benefits of the climate action taken by various sectors. Local evidence facilitates the prioritization of contextualized actions, including adaptation measures. The data required include that which will provide a better understanding of the spread of climate-sensitive diseases such as dengue, leptospirosis and typhoid; evidence on the impacts of climate change and variability on food and water security; the gendered health impacts of climate change; and the impact of increased frequency and intensity of extreme weather events on health.

WHO and SPC have developed a Manual on Surveillance and Control of Aedes Vectors in the Pacific that is supporting countries to better capture data on the increasing spread of these disease-carrying mosquitoes. SPC is also working collaboratively with WHO on the development of eight modules for entomology training in the region.

Building capacity in climate change and health

An online capacity-building programme mainly targeting the health workforce in PICs is currently co-developed by a consortium of partners including WHO, the Secretariat of the Pacific Regional Environment Programme (SPREP), SPC, the University of Melbourne, the University of Otago and the University of Washington in response to the recommendation made at the 12th PHMM in 2017. The capacity-building programme is aimed at addressing short- and long-term needs of PICs brought about by climate change by building competencies of PICs to protect health and well-being of their population through well-informed policies and plans.

Why urgent action is needed now

On 9 August 2021, United Nations Secretary-General Antonio Guterres issued “a code red for humanity”, noting the devastating findings of the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, including that “many changes due to past and future greenhouse gas emissions are irreversible”.

With the world already experiencing 1.1°C of warming compared to 1850-1900, PICs already are being battered by king tides, catastrophic cyclones, increasing salinity and sustained droughts. These crises are expected to increase in frequency and severity as the world gets even warmer (possibly by 1.8 °C by the year 2100), leading to greater food and water insecurity, and threatening lives and livelihoods.

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It is becoming increasingly difficult to discuss climate change without considering the right to health and other issues at the nexus between climate change and health. In addition, delays in acting on climate change will disproportionately affect the most disadvantaged populations. These are the groups that traditionally have had limited access to crucial health and nutrition services, and whose vulnerability is exacerbated in a disaster.

The COVID-19 pandemic is a reminder of the delicate relationship between people and the planet. As WHO Director-General said at the 73rd World Health Assembly, “Any efforts to make our world safer are doomed to fail unless they address the critical interface between people and pathogens, and the existential threat of climate change, that is making our planet less habitable.”

And while COVID-19 has temporarily diverted attention from the climate change agenda, it also has led to a greater understanding of the urgent need to ensure health systems are resilient and ready to meet the challenge of increasingly complex health emergencies – whether caused by pandemic-prone pathogens or climate-fuelled disasters.

At the 26th United Nations Climate Change (COP26), a special report on climate change and health, *The Health Argument for Climate Action*, was launched. The report provides recommendations for governments aiming to ensure a healthy, green and just recovery from COVID-19 by following an evidence-based path to a zero carbon, resilient and inclusive global economy.

The current influx of political and financial support for strengthening health systems in the face of the pandemic also could be harnessed to ensure that health-care facilities are not only better able to protect communities from the threat of COVID-19, but will also have a reduced environmental impact and be able to continue serving patients in a changing climate.

The moment is ripe to build better health-care facilities in the Pacific, with better WASH facilities, reliable and sustainable electricity supplies, and more robust infrastructure. Intersectoral collaboration is urgently needed to build a better and stronger workforce for service provision as well.

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7 WHO Director-General address to the Seventy-third World Health Assembly, https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-world-health-assembly
Recommendations to be considered by the ministers

Recommendations for governments

With the aim of protecting populations in the Pacific from the health impacts of climate change, health ministers are invited to consider the following recommendations:

1. Proactively advocate, on the national and international stage, for intersectoral and international action to address the health impacts of climate change.
   o Direct ministry staff to prioritize the gathering of data and evidence on the health impacts of climate change and the health co-benefits of action taken by colleagues outside the health sector and use this to inform workplans and budgets that are more focused on results.
   o Engage colleagues working in other sectors to help them gain support for action that addresses climate change, while also benefitting health.
   o Support the inclusion of health priorities (including those related to nutrition and essential services such as water and sanitation) in national adaptation plans and nationally determined contributions by developing or revising health adaptation plans (H-NAPs or equivalent plans).

2. Harness the resources available during the pandemic to ensure that health-care systems are not only better able to protect communities from the threat of COVID-19, but also have a reduced environmental impact and can continue serving patients in the face of a changing climate.
   o Conduct climate change and health vulnerability and adaptation assessments.
   o Commit to achieving the following proposed targets in the next five years:
     ▪ 100% of health-care facilities have access to basic WASH\(^9\) and medical waste management;
     ▪ 100% of health-care facilities have access to electricity; and
     ▪ health infrastructure has been assessed and strengthened and capacity of the health workforce built to withstand climate shocks and other health emergencies, including pandemics.

Recommendations for development partners

Development partners are invited:

1. To support the efforts of countries to develop or strengthen plans and budgets to address the health impacts of climate change, focusing on developmental effectiveness and identifying opportunities to optimize available resources to tackle both COVID-19 and climate change simultaneously.

2. To support efforts of Pacific leaders to inspire those beyond the health sector to play their part in addressing the health impacts of climate change, including through the development of communications and advocacy tools.

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\(^9\) In Sustainable Development Goal (SDG) 6, one of the targets calls for 100% access to basic WASH by 2030 at the community or population level. The goal of 100% access to basic WASH is proposed for health-care facilities only (a subset of the community) by 2027, which is three years before the SDG target. This is an ambitious yet achievable goal as not all health-care facilities in PICs have poor access to WASH, waste management and electricity. Several PICs already have 80% or greater access to basic WASH.
3. To produce and share regional guidance on climate resilient and environmentally sustainable health-care facilities, and support countries in its implementation.
4. To monitor the health and nutrition impacts of climate change and gather and share evidence to inform decision-making, guide advocacy, drive action, and track the impacts and successes of interventions.
5. To facilitate cross-country sharing of ideas and best practices, including through the digital arm of the CCE platform.