encompass improved monitoring of migrant health, policy reorientation, effective use of legal instruments and the development of health systems reflective of the diversity of today’s societies.

92. The Executive Board at its 126th session in January 2010 noted an earlier version of this progress report.\(^1\)

I. CLIMATE CHANGE AND HEALTH (resolution WHA61.19)

93. In January 2009 the Executive Board at its 124th session adopted resolution EB124.R5, which endorsed the Secretariat’s workplan for climate change and health and requested the Director-General, inter alia, to implement the actions contained in the workplan. In May 2009 the Sixty-second World Health Assembly noted the resolution and workplan. An earlier version of the present report was noted by the Executive Board at its 126th session.\(^1\) The relevant activities undertaken to date are presented according to the four objectives of the workplan.

94. **Advocacy and awareness raising.** A comprehensive toolkit of audiovisual material – including posters, slide shows, public service announcements, brochures and fact sheets – has been developed in order to provide support to countries and health professionals in responding to and preventing the health impacts of climate change. In May 2009, WHO and the nongovernmental organization Health Care Without Harm jointly prepared and issued a paper that begins to define a framework for analysing and dealing with the health sector’s impact on the environment. WHO’s climate and health web site has also been redesigned and updated.

95. **Partnerships with other organizations of the United Nations system and other sectors.** WHO has actively contributed to the United Nations System Chief Executives Board for Coordination (CEB) and related mechanisms. This has increased recognition of the health implications of climate change within the relevant United Nations documents, such as the Secretary General’s report on climate change and its possible security implications,\(^2\) which was considered by the General Assembly at its sixty-fourth session. WHO has also contributed to the negotiation process of the United Nations Framework Convention on Climate Change in support of a clear reference to the impact of climate change on health in the new climate agreement. WHO also participated actively in the 15th Conference of the Parties to the Framework Convention (Copenhagen, 7–18 December 2009). The Organization was involved in organizing events during the preparatory sessions for the Conference; and at the preparatory meetings held in Bangkok and Barcelona, WHO discussed with a number of Parties to the Framework Convention the best means of reflecting health concerns within the text of the new agreement. WHO also organized a side event on protecting health from climate change during the high-level segment of the 15th Conference of the Parties. Participants at the event included the health ministers of Bangladesh and Samoa, the Minister of State for Health and Family of the Republic of Maldives and high-level representatives from other countries. The Organization also participated in WMO’s World Climate Conference-3 (Geneva, 31 August – 4 September 2009), leading the technical working session on climate and human health.

96. In response to the United Nations Secretary General’s drive towards a “carbon neutral” United Nations system, a comprehensive analysis of the carbon footprint of WHO headquarters and other

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\(^1\) See document EB126/2010/REC/2, summary record of the thirteenth meeting, section 4.

\(^2\) Document A/64/350.
offices has been carried out. The Secretariat is reviewing policy options and developing an action plan to reduce its emissions of carbon dioxide.

97. **Promote and support the generation of scientific evidence.** WHO has published the results of a global consultation to define an applied research agenda in this field. An international collaborative project to improve estimates of the global burden of disease attributable to climate change has also been initiated. In November 2009 an international consortium, including WHO, published a first assessment of the health implications of actions to reduce greenhouse gas emissions.\(^1\) One example of these outcomes, which are generally positive, would be a reduction in the negative impact of air pollution on health. WHO has also reviewed and published the overall scientific evidence on the relationship between climate change and health that was distributed on the occasion of 15th Conference of the Parties to the Framework Convention.\(^2\)

98. **Strengthen health systems to protect populations from the threats posed by climate change.** The activities in support of this objective are being integrated into the relevant regional policy frameworks, such as the Libreville Declaration on Health and Environment in Africa (2008).

99. Guidance for assessing the threat posed by climate change to the health of local populations and for selecting the necessary adaptation measures has been updated by the Regional Office for the Americas, and is now being piloted in several countries. In August 2009, the WHO Regional Office for South-East Asia issued a set of lectures to provide training on climate change and health. In September 2009, a technical meeting was held on improving early warning systems in support of malaria control. During 2009, WHO and national governments co-organized capacity-building workshops in Albania, Bhutan, Maldives, Oman, Russian Federation, the former Yugoslav Republic of Macedonia and Uzbekistan.

100. WHO has initiated country projects on climate change and health. The projects have involved seven countries in eastern Europe (with support received from the Government of Germany). Funding from the Global Environmental Facility was received in early 2010 for an additional seven-country global project to be undertaken in collaboration with UNDP, involving Barbados, Bhutan, China, Fiji, Jordan, Kenya and Uzbekistan. Funding for additional projects in China and Jordan has been received from Spain.

101. The present report concerns one year of activities to implement resolution WHA61.19. However, the Health Assembly may wish to consider a two-year reporting cycle as suggested during the relevant discussion at the Sixty-second World Health Assembly in May 2009.\(^3\)

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\(^3\) See document WHA62/2009/REC/3, summary record of the seventh meeting.