



## Second Global Conference Health & Climate

Paris 7–8 July 2016

### Conference conclusions and Action Agenda

The Paris Agreement, adopted on 12<sup>th</sup> December 2015, marks the beginning of a new era in the global response to climate change. The world now has a global climate agreement that will have a major public health policy impact as countries take action. As stated in the agreement, “the right to health” will be central to the actions taken.

To build on this historic opportunity, WHO and the Government of France, holding the Presidency of the 21<sup>st</sup> Conference of Parties to the UN Framework Convention on Climate Change (UNFCCC COP21), have jointly hosted the Second Global Conference on Health & Climate: “Building Healthier Societies Through Implementation of the Paris Agreement”, in close collaboration with the Government of Morocco, as the incoming President of COP22.

The conference responded to the commitments of Parties to the UNFCCC to protect and promote health, and their requests through the World Health Assembly and WHO Executive Board, to renew and reinforce the engagement of the health community to respond to climate change, and to address closely related environmental issues, including air pollution. It also took account of the need to ensure coherence with other relevant intergovernmental agreements, including the Sendai Framework for Disaster Risk Reduction 2015-2030, and the 2030 Sustainable Development agenda.

The conference brought together Ministers of Health and of Environment, senior Government officials, technical experts and civil society from around the world, to discuss proposals for how the health community can better mobilize, organize and work with others, to protect and promote health in response to climate change.

On behalf of the participants, the WHO and the Government of France are pleased to deliver to the Moroccan Government, holding the Presidency of COP22, the following action agenda:

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# Action agenda

Urgent action is now needed to protect health from climate change. This is recognized in the references in the Paris Agreement to the need to protect “the right to health”, and of the need to hold global warming to well below 2 °C above pre-industrial levels, and to pursue efforts to limit the temperature increase to 1.5 °C.

Climate change represents a fundamental threat to lives and wellbeing. Its effects are being felt most immediately and severely among those living in Least Developed Countries and Small Island Developing States, but they will also affect, either directly or indirectly, the health of all populations.

The health risks range from those which are more direct, such as more intense heat waves and fires, increased risk of food, water and vector-borne diseases and under-nutrition in poor regions, to those which are more indirect and uncertain, including the potential for mass displacement and disruption of livelihoods in low-lying coastal zones and small island states, for increased risk of violent conflict associated with resource scarcity and population movements, and for a slow-down in economic growth and exacerbation of poverty.

At the same time, the drivers of climate change, mainly associated with the burning of fossil fuels, are also causing very large health impacts. The systems that supply energy for industry, and for households, contribute to nearly seven million deaths each year from air pollution. Urban transport systems that fail to facilitate public transport, walking and cycling, contribute to air pollution and road traffic injuries, and to physical inactivity. Unsustainable food production, distribution, and consumption patterns drive the growing disease burden associated with overweight and obesity.

While the challenges are great, addressing them is potentially the greatest public health opportunity of the century. Rather than incremental changes, this will require a fundamental shift towards disease prevention, protection of ecosystem services, sustainability, equity, and alignment with other aspects of sustainable development.

There are two main areas of engagement. The first is to adapt to climate change, by strengthening the resilience of health systems, and those which supply essential services, such as water and sanitation, and food and nutrition. The second is to ensure that global emissions of climate pollutants are reduced to a sufficient extent to protect the environmental and social determinants of health, and in such a way as to gain health “co-benefits”, through reductions in air pollution and other environmental risks.

Supporting this will require a new and more coherent approach to aligning the objectives of

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economic development with those of environmental protection, and with health and human wellbeing. It will also require the mobilization of the health community to advocate for action on climate change, and of financial resources to make the necessary investments in climate resilient health systems, and in low-carbon , health-promoting development . Finally, it will require monitoring and accountability to ensure that progress is measured and maintained.

It is time to build upon, and move beyond, the broad aims and commitments of the Paris Agreement. What is needed now is to ensure that it is implemented as a public health agreement, by defining an action agenda around which the health community can mobilize its trusted voice and massive strength, and work effectively with others to support our common goal of truly sustainable development.

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## 1) Addressing health risks and opportunities

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### Health adaptation to climate change: Increasing the resilience of health systems, and the environmental and social determinants of health, to climate risks.

1. Adopt a comprehensive approach to mainstreaming the management of climate risks into health systems, including public health interventions within the formal health sector, and cross-sectoral action to improve the environmental and social determinants of health.
  2. Show leadership and engage in inter-sectoral governance. The health community should engage fully in the inter-sectoral mechanisms for climate change adaptation. This includes the development of health contributions to National Adaptation Plans, and Nationally Determined Contributions to the UNFCCC, and for achieving the UN's Sustainable Development Goals.
  3. Develop the capacity of the health workforce to address climate risks. Support capacity-building through the setting of norms and standards, development of technical guidance and training courses, and through mainstreaming climate change and health topics into medical and public health training.
  4. Enhance health information systems. Assess future health risks and necessary responses, to enhance disease surveillance and develop early warning systems (EWS) for emerging risks including outbreaks. This action will include the use of meteorological information to improve disease surveillance, early warning and enhanced health preparedness for and response to extreme weather events. It also includes investment in research on risks and responses to protect health from climate change.
  5. Promote climate resilient and sustainable infrastructure and technologies. Ensure that health facilities, and the services they provide, are able to withstand climate risks and have access to essential services such as energy, water and sanitation, including during extreme weather events.
  6. Strengthen the management of environmental determinants of health, climate-informed health programming and emergency preparedness. Implement a comprehensive set of interventions, from management of the environmental risks exacerbated by climate change, to integrating climate considerations into vertical health programmes.
  7. Scale up financial investments, to develop and sustain health resilience to climate
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change. Take account of climate risks by investing in health systems and by guiding investment in other sectors that determine health. Where necessary, draw on climate funds to meet additional costs created as a result of climate change.

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**Gaining the health “co-benefits” of climate mitigation measures, particularly through reducing nearly seven million annual deaths from air pollution.**

1. Provide authoritative and evidence-based guidance on health risks and benefits associated with different climate mitigation policies, and about best buy policy options for climate and health. This will require a more systematic analysis of the health effects of a range of actions from specific technology choices, such as for energy provision, to broader interventions, such as carbon pricing. This should include estimates of burden of disease and economic costs and benefits for health services and the wider economy, alongside estimates of the effects on carbon emissions.
  2. Provide health leadership in multi-sectoral decision-making processes related to climate mitigation. This includes contributing to national intersectoral processes, such as the definition of Nationally Determined Contributions (NDCs) to the UN Framework Convention on Climate Change, and Nationally Appropriate Mitigation Actions. This would ensure that they do not miss opportunities to promote health while at the same time cutting carbon emissions.
  3. Target opportunities to reduce the health burden of air pollution at the same time as mitigating climate change. Improved coverage and standards of air quality monitoring are essential to spur action and track progress towards achievement of WHO Air Quality Guideline goals . Targeted interventions to reduce Short-Lived Climate Pollutants in particular, could significantly cut warming, and reduce air pollution deaths.
  4. Promote integrated health and climate mitigation policies at the city and community level: In a rapidly urbanizing world, cities and communities provide an important opportunity to work with relevant sectors, such as transport, energy and urban planning; and with civil society and the private sector to promote health, climate mitigation and sustainable development.
  5. Enhance sustainable, lower carbon and health promoting food systems . This can be achieved by developing coherent public policies from production to consumption across relevant sectors to promote diversified, sustainable and healthy diets that contribute to climate mitigation, adaptation and biodiversity conservation; through the adoption of WHO guidelines on healthy diets, and through consideration of sustainability criteria in dietary guidelines.
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6. Strengthen core public health functions and capacities to engage with other sectors addressing climate change: This includes the capacity to use tools and decision-support instruments such as health impact assessment (HIA) to assess health co-benefit opportunities and risks associated with different climate mitigation policies and technologies in compliance with Article 4.1. of the UNFCCC; and to monitor, evaluate, and report on the health effects of those policies and choices.
7. Lead by example, advancing models of low-carbon health care that improve access to health care services, reduce occupational and environmental health risks and save energy costs across high, middle and low-income settings. This includes scaling-up energy access for health facilities in low and middle income countries via renewable and other clean energy sources, reducing carbon emissions associated with healthcare in large facilities in high and middle income countries, and implementing sustainable, low carbon procurement, energy efficiency, transportation, and healthcare waste management policies in all settings.

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## 2) Ensuring support for health and climate action

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### Scale up financial investments in climate change and health

1. Mobilize political will to scale up financing. This would include strengthening evidence, integration into national policy, outreach and community engagement, to ensure that health is recognized as a priority for climate financing, and to mainstream climate considerations into national and international health financing mechanisms.
  2. Develop partnerships to mobilize and guide investment in climate change and health. Building a donor-focused community of practice, assessing the status of financing of national and international health goals and commitments, and by providing support -- particularly to the most vulnerable countries - in developing strategies and facilitating access to climate change finance. It may also include development of new financing mechanisms, such as national and regional trust funds.
  3. Scale up financial investment in key areas: Building on existing investments in core functions of health and related systems, including development of the capacity of the health sector to provide evidence and engage in policy development on both climate change mitigation and adaptation, climate informed health programming and services, and climate resilient and low carbon health-care services.
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4. Improve effectiveness, monitoring and accountability of investments. Ensure tracking and reporting of the scale and nature of investments in protecting health from climate risks, and in a development that promotes health, emphasizes low carbon and that is aligned with both monitoring progress towards the SDGs and with commitments under the UNFCCC and WHA.

### **Develop a new approach to link health, economics and climate change.**

1. Articulate a coherent approach to climate change, health, and economics, that includes the concept of natural capital and environmental health externalities, and could help policy makers to access the health gains and health savings from climate action.
2. Engage across relevant organizations to develop a comprehensive international assessment of the economic costs associated with the health effects of climate change under different scenarios of adaptation and mitigation action and/or inaction, including effects on the health sector itself, as well as valuing health externalities on optimum decisions in other sectors. This should include an assessment of the additional investment that will be required to ensure health resilience to climate change as part of universal health coverage.
3. Provide countries with the means for conducting such assessments of their Nationally Determined Contributions under the UNFCCC, particularly to equip countries to include evaluation of health within their internal cost-benefit analyses of the policies or technology choices to meet their commitments on climate change mitigation and adaptation.

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### **Engaging the health community and civil society in communicating and preventing climate risks, and in taking advantage of opportunities for health.**

1. Review, utilise and share up-to-date evidence to inform policy-makers and the public on the basic science of climate change and the risks it poses to human population health, and to communicate the links between climate change and human health to health professional peers, to inform health programmes.
  2. Raise public awareness about opportunities to simultaneously promote health and mitigate climate change. The health community can make use of its unique voice to build support and create demand for implementation of measures that both promote health and mitigate climate change.
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3. Support existing organisations and campaigns communicating climate change and health risks and responses, such as the WHO-led “Breathe Life” campaign to reduce air pollution for both health and near-term climate change benefits with the Climate and Clean Air Coalition.
4. Become well-informed advocates, community leaders, scientific educators and champions of the rights of individuals and populations worldwide to be protected from the health risks posed by climate change, drawing on the profession’s expertise specific to human health and the unique understanding that health professionals have of their communities.

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### 3) Measuring country progress

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#### **Measuring the progress that countries are making in protecting health from climate change, and reporting through the WHO/UNFCCC climate and health country profiles and Sustainable Development Goal indicators.**

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1. Assess the health gains that countries can expect through implementing their Nationally Determined Contributions to the UNFCCC, and the potential for greater health gains through more ambitious action on both mitigation and adaptation.
  2. Contribute to the representation of health and climate linkages within the monitoring of the Sustainable Development Goals on climate change and health, as well as the SDGs relating to other health determinants, including energy, water and sanitation, nutrition, and cities and communities.
  3. Promote standardized, evidence-based monitoring of national level progress in protecting health from climate change and gaining health benefits of climate mitigation, including expanding the coverage, scope and depth of the WHO/UNFCCC climate and health country profiles.
  4. Establish a global platform to share information on national level progress on health.
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