

Submission to the UNFCCC Global Stocktake first technical call from

The Global Climate and Health Alliance and the Health and Climate Network

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Background

The Paris Agreement acknowledges the relevance of the right to health, to climate action. Climate change presents an existential threat to humanity, and to human health and wellbeing¹. Meanwhile, an ambitious response to climate change not only reduces health impacts, but mitigation measures offer health co-benefits including cleaner air, healthier diets and improved physical activity². Healthy populations are fundamental to climate resilience. As such, the protection of healthy environments, with access to safe water, clean air, and nutritious diets, together with the strengthening of health services, are core pillars of adaptation and sustainable development across all sectors.

The Global Climate and Health Alliance (GCHA) is an alliance of 117 health and development organisations from around the world united by a shared vision of a healthy, equitable, sustainable future; with a vision of a world in which the health impacts of climate change are kept to a minimum, and the health co-benefits of climate change mitigation are maximised.

The Health and Climate Network (HCN) is a network of health and climate sector (including energy, transport and food sector) organisations who together advocate for ambitious climate actions which maximise outcomes for human health.

This submission reflects priorities outlined in four key documents developed and supported by stakeholders from across the climate and health community in 2022, namely:

- The Healthy Climate Prescription, an open letter signed by over 600 organisations, representing 46 million nurses, doctors and health workers worldwide and delivered to the UNFCCC and COP26 and COP27 Presidents in Glasgow³.
- The HCN Call to action 'Paris Climate Change Agreement: urgent priority for global health' which is signed by 42 organisations from across the globe, representing diverse health and climate sectors, delivered to the COP26 Presidency in October 2021⁴.
- The World Health Organization special report to COP26 'The Health Argument for Climate Action', published in advance of COP26 and developed in consultation with over 150 organisations and 400 experts and health professionals⁵.
- An editorial simultaneously published in over 220 health journals worldwide on 6 September 2021, which called on governments to take emergency action to tackle the catastrophic harm to health from climate change⁶.

Health is a prerequisite for and a critical indicator of the successful implementation of long-term goals of the Paris Agreement, and should thus be reflected as an integral component across the many themes to be examined as part of the Global Stocktake, as well as an explicit outcome for the collective work of all Parties. As such, the

¹ Romanello et al, 2021. The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future ([link](#)).

² Hamilton et al, 2021. The public health implications of the Paris Agreement: a modelling study ([link](#)).

³ 2021, Healthy Climate Prescription: An urgent call for climate action from the health community ahead of COP26 ([link](#)).

⁴ Health and Climate Network, 2021. Paris Climate Change Agreement: urgent priority for global health Call for actions by global leaders to tackle the climate crisis and improve health ([link](#)).

⁵ World Health Organization, 2021. COP26 Special Report on Climate Change and Health: The Health Argument for Climate Action ([link](#)).

⁶ Atwoli et al, 2021. Call for emergency action to limit global temperature increases, restore biodiversity, and protect health ([link](#)).

submission below comprises a mixture of health-focussed responses to questions proposed by the SB Chairs, and additional health-focussed questions suggested by the co-submitting organisations.

In future stages and cycles of the GST, we propose that Parties and other stakeholders should be encouraged to reflect health benefits and consequences in their submissions. This could be achieved either through the SB Chairs proposing additional health-specific questions, or providing a list of health and other climate-relevant socio-economic themes which Parties could consider including in their responses to broader questions. At present, while there is a growing body of evidence underpinning the links between climate change and health, there is limited research available on how this explicitly relates to the implementation of the Paris Agreement, and collection of national data where available would be of great value to guide future global and national implementation of the agreement. Furthermore, we propose that health linkages to climate change mitigation, adaptation, loss and damage and financing be reflected in the outcomes of the GST.

Mitigation

To what extent are health gains being maximised in progress towards reducing greenhouse gas emissions in line with the Paris Agreement? (Question proposed by GCHA and HCN).

Health and health equity are central to wider social equity, sustainable development, eradication of poverty and resilience to climate change and other impacts. Mitigation in the energy, food and agriculture, and transport sectors in line with the Paris Agreement can offer health and related economic gains in terms of improved air quality, healthier diets, and increased physical activity, with the potential to avoid 1.18 million, 5.86 million, and 1.15 million deaths respectively each year by 2040 across just nine countries². These health benefits can be reaped in far shorter time frames than those in which positive changes to the climate can be observed, and can motivate and build support for further action. For example, improvements in air quality during the first wave of the Covid-19 pandemic led to reduced air-quality related mortality in multiple countries⁷. Only 28% of updated NDCs in 2020–2021 recognise the health co-benefits of climate policies, targets or interventions⁸. The health sector itself, which contributes 4.9% of global greenhouse gas emissions, and represents around 10% of global GDP, also plays a role in cross-sectoral mitigation efforts, both directly and through its supply chains, purchasing power and public health outreach^{1,9}. Additional detail relating to these sectors can be found in a series of briefs by the HCN¹⁰.

Key resources

- The World Health Organization CarbonH tool and HEAT tool enable the quantification of health and economic co-benefits from mitigation actions and provide invaluable data for both national and international health and climate monitoring efforts ([CarbonH](#), [HEAT](#)).
- Lancet Countdown annual reports monitor health co-benefits from year to year since the adoption of the Paris Agreement. Relevant indicators are in section 3 of each report ([2021 report](#), [2020 report](#), [previous reports](#)).
- The Pathfinder Initiative, based out of the London School of Hygiene and Tropical Medicine and launched at the end of 2020, will support rapid progress towards a healthy, zero-carbon society by analysing replicable case studies of successful interventions that combine climate mitigation with health protection and other benefits ([link](#)).
- World Health Organization, 2018. 1.5 Health Report: Synthesis of Health and Climate Science in the IPCC SR1.5, pp 13-14 ([link](#)).
- Hamilton et al, 2021. The public health implications of the Paris Agreement: a modelling study ([link](#)).

⁷ Schneider et al, 2022. Differential impact of government lockdown policies on reducing air pollution levels and related mortality in Europe ([link](#)).

⁸ World Health Organization, 2021. 2021 WHO Health and Climate Change Survey Report ([link](#)).

⁹ Health Care Without Harm, 2019. Health Care's Climate Footprint ([link](#)).

¹⁰ Health and Climate Network, 2021. The connections between climate and our health ([link](#))

Adaptation

How adequate and effective are the current adaptation efforts and the support provided for adaptation towards achieving the goals defined in Articles 2.1(b) and 7.1 of the Paris Agreement? (Question 8 proposed by the SB Chairs).

Climate change presents a growing threat to both public health and health systems infrastructure. In any given setting, the burden of existing health threats may grow, new threats may emerge to which local systems are not well equipped to respond, and health infrastructure may be damaged by extreme events. At national level, many Parties are taking steps to improve health sector resilience, with 94% of countries surveyed by the World Health Organization including health in their respective National Adaptation Plans and over three quarters having developed or currently developing national health and climate change plans or strategies⁸. However, these plans may only be delivered if full means of implementation are made available. Lack of financing and human resource are currently the leading barriers to implementation⁸. The future effects of climate change on vector-borne diseases can be significantly offset through enhanced commitment to and implementation of integrated vector control management approaches, disease surveillance, early warning systems, and vaccine development¹¹. Consideration of health in broader adaptation planning is needed to ensure that adaptation measures deliver the maximum benefits for health. Current adaptation programmes, such as on agriculture, water resources and city infrastructure should also aim to build healthy, resilient populations which are well fed, with clean air and water, and healthy shelter. Liveable cities with ample green and blue infrastructure both protect inhabitants from extreme heat and promote active transport and mental wellbeing. Beyond urban environments, well-planned nature-based adaptation solutions also offer opportunities for health benefits¹². In order to realize these benefits, health sector representatives should be involved in adaptation planning. Health metrics applicable for assessing the Global Goal on Adaptation will facilitate monitoring of such linkages.

Key resources

- World Health Organization, 2021. Global Survey on Health and Climate Change ([link](#)).
- World Health Organization, 2021. Review of Health in National Adaptation Plans ([link](#)).
- World Health Organization, 2018. 1.5 Health Report: Synthesis of Health and Climate Science in the IPCC SR1.5, pp 15-16 ([link](#)).
- The World Health Organization Climate Change and Health Tool enables Parties to calculate likely investment required to respond to the health impacts of climate change ([link](#)).
- Intergovernmental Panel on Climate Change, 2022. Chapter 11, Climate Change 2022: Impacts, Adaptation and Vulnerability. Working Group II Contribution to the IPCC Sixth Assessment Report ([link](#)).

Finance Flows and Means of Implementation

What is the collective progress in terms of the implementation of, and ambition in, the provision and mobilization of scaled-up financial resources from a wide variety of sources, instruments, and channels towards achieving the goals defined in Article 9 of the Paris Agreement, noting the significant role of public funds, and aiming to achieve a balance between finance for adaptation and mitigation? (Question 12 proposed by the SB Chairs).

While the majority of countries surveyed by the World Health Organization have developed health adaptation policies and plans, 70% report financing as a major barrier to their implementation⁸. Health is not currently adequately funded via the GCF and other comparable funds: while water and agriculture are features of many projects and adaptation measures in these sectors is essential to protect health, the health sector is rarely involved

¹¹ Intergovernmental Panel on Climate Change, 2022. Chapter 11, Climate Change 2022: Impacts, Adaptation and Vulnerability. Working Group II Contribution to the IPCC Sixth Assessment Report ([link](#)).

¹² World Health Organization, 2021. COP26 Special Report on Climate Change and Health: the Health Argument for Climate Action ([link](#)).

in the development and implementation of such plans, and health benefits are thus not maximised¹³. In addition, it should be noted that the GCF has not, to date, been fully funded, and developed country failure to deliver promised funding should be reviewed. Furthermore, health projects covering adaptation in the health sector and those to maximise and quantify health co-benefits of mitigation in the energy, food and agriculture, and transport sectors; and co-benefits of adaptation in the agriculture, water resources and infrastructure sector currently lack adequate financing: a 2018 survey of the main multilateral funds that support climate adaptation indicated that only about US\$ 9million (0.5%) of over US\$ 1.5 billion of dispersed funding has been allocated to projects that specifically address health, despite strong demands for support from the health ministers of the most vulnerable countries.

Key resources

- UN Environment DTU Partnership, 2018. Adaptation Gap report 2018 ([link](#)). This report in 2018 included an explicit focus on health but more recent UNEP Adaptation Gap reports, which include health alongside other priorities, are also relevant.
- Watkiss & Ebi, 2022. A lack of climate finance is harming population health ([link](#)).

Loss and Damage

What is the collective progress in terms of the current implementation of, and ambition in efforts made to enhance understanding, action, and support towards averting, minimizing, and addressing loss and damage associated with the adverse effects of climate change? What further action is required to strengthen these efforts? (Question 17 proposed by the SB Chairs).

Health is recognised by the UNFCCC as a non-economic impact under loss and damage. Health impacts of climate change include vector-borne and water-borne disease, as well as injury, illness and mortality arising from wildfires, drought, extreme heat, food insecurity, floods, storms and other extreme weather events¹¹. These health impacts also have economic implications, including direct costs of health services, and loss of productivity in the wider economy. Health impacts are severe according to initial global estimations but not well quantified¹⁴. From a health perspective, financing is necessary both to enable operationalisation of the Santiago Network to provide governments with technical assistance to quantify health impacts (including both economic and non-economic costs relating to both public health and impacts on health systems), as well as to provide financial support to enable countries to recover from the health and wider impacts of climate change. It is imperative that health, as a critical non-economic impact, is fully considered in addressing and funding of loss and damage.

Key resources

- Intergovernmental Panel on Climate Change, 2022. Chapter 11, Climate Change 2022: Impacts, Adaptation and Vulnerability. Working Group II Contribution to the IPCC Sixth Assessment Report ([link](#)).
- Report of the Lancet Countdown on Health and Climate Change, 2021 report ([link](#)) and accompanying data visualisations ([link](#), [link](#)). Relevant indicators are 1.1-1.5 relate to health impacts and 4.1.1-4.1.4 on associated economic costs.
- The burden of heat-related mortality attributable to recent human-induced climate change ([link](#)).

¹³ Watkiss & Ebi, 2022. A lack of climate finance is harming population health ([link](#)).

¹⁴ World Health Organization, 2014. Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s ([link](#)).

- World Health Organization, 2018. 1.5 Health Report: Synthesis of Health and Climate Science in the IPCC SR1.5, pp 5-12 ([link](#)).
- The World Health Organization Climate Change and Health Tool enables Parties to calculate the costs of health impacts ([link](#)).

Cross-cutting

How is climate action respecting, promoting, and considering Parties' respective obligations on human rights, the right to health, the rights of indigenous peoples, local communities, migrants, children, persons with disabilities and people in vulnerable situations and the right to development, as well as gender equality, empowerment of women and intergenerational equity? (Question 19 proposed by the SB Chairs; the response below focusses on the right to health).

In Glasgow, Parties reaffirmed their commitment to “consider their respective obligations on human rights [including] the right to health...”. In October 2021, the UN Human Rights Council adopted Resolution 48/13, recognising that having a clean, healthy, and sustainable environment is a human right and calling on UN Member States to cooperate to implement this right. Insufficient action on climate change jeopardises both the right to health overall, and specifically the right to a healthy environment. According to the Global Climate and Health Alliance Healthy NDC Scorecard, which evaluates the 94 updated or enhanced by 1st October 2021, 90% of NDCs reflect health and climate linkages to some extent¹⁵. Health was mostly included in relation to adaptation and health impacts, followed by health co-benefits. However, few NDCs include financial provisions or economic assessments relating to health considerations, and mentions of health and climate links are often not accompanied by targets for commensurate reductions in greenhouse gas emissions^{15,16}. Health and equity also feature in long-term strategies, with 94% and 77% of the 31 LTS submitted by 30 July, 2021 including health and equity considerations respectively¹⁷, but work to deliver the targets outlined in LTS is in the earliest stages. The GST should gather data on the extent to which health and equity are considered in the development of climate policies, and the extent to which their implementation delivers health and equity in practice. We propose that such monitoring be strengthened as a component of future GST assessments.

Key resources

- Two relevant reports by the UN Special Rapporteur on human rights and the environment, first of all on human rights and a safe climate ([link](#)) and second on good practices in implementation and promotion of the right to a safe, clean, healthy and sustainable environment ([link](#)).
- Global Climate and Health Alliance, 2021. Healthy NDC Scorecard ([link](#), [link](#)).
- Wyns & Beagley, 2021. COP26 and beyond: long-term climate strategies are key to safeguard health and equity ([link](#)).

¹⁵ Global Climate and Health Alliance, 2021. Healthy NDC Scorecard ([link](#)).

¹⁶ Beagley et al, 2021. Assessing the inclusion of health in national climate commitments: Towards accountability for planetary health ([link](#)).

¹⁷ Wyns & Beagley, 2021. COP26 and beyond: long-term climate strategies are key to safeguard health and equity ([link](#)).