

Concept Note: A WHA Resolution on Climate Change and Health

Introduction

Global policy at the intersection of health and climate change has gained momentum since the adoption of the 2008 World Health Assembly (WHA) resolution on climate change and health. In more recent years, the devastating impacts of the changing climate on human health has been evident in every region of the world. Climate change has been described by the WHO as the greatest health threat of the 21st century¹. The potential for the climate crisis to increasingly undermine efforts to deliver Sustainable Development Goal 3 to “ensure healthy lives and promote well-being for all at all ages”, is well understood. In recent years, the Paris Agreement on climate change has come into effect, with the potential to profoundly protect and promote health if implemented with engagement of health ministries and health professionals.

As a coalition of civil society organisations, we call for a new WHA Resolution on climate change and health which is able to respond to the level of threat to health posed by climate change, and which maximises health co-benefit opportunities.

This concept note presents notable international policy developments on climate change and health. It provides a brief overview of the complex interlinkages between climate change and health that a resolution should consider. It closes with recommendations for action by the World Health Organization (WHO) Secretariat and for Member States to implement the resolution.

The list of organisations supporting the content of this document can be found on the final pages. As additional organisations sign on to this concept note, the latest iterations with up to date co-signatories will [be made available here](#). For further information, please feel free to contact the colleague who sent you this concept note, or alison.doig@climateandhealthalliance.org and jess.beagley@climateandhealthalliance.org.

Policy Background

In 2008, the WHA adopted resolution WHA61.19 on climate change and health², noting that climate change could “undermine the efforts of the Secretariat and Member States to improve public health and reduce health inequalities globally”. Since then, climate change has been referred to in related resolutions and decisions at WHA, reflecting the impact of climate change on issues discussed across the WHA agenda. In 2015, Member States adopted resolution WHA68.8 on addressing the health impacts of air pollution³, which is both exacerbated by climate change and shares fossil fuel combustion as a common driver. Climate change is additionally referred to in resolution WHA68.2 on the global technical strategy and targets for malaria 2016–2030 and WHA68.19 on the outcome of the Second International Conference on Nutrition⁴. The WHO Global Strategy on Health, Environment and Climate Change was adopted in 2019⁵, and a platform of the 13th General Programme of Work (GPW13) is dedicated to the issue of climate change in Small Island Developing States and other vulnerable States⁶.

The majority of these political agreements focus on a single disease, risk factor, or geography. Climate change threatens outcomes across the spectrum of physical and mental health, via a multitude of risk factors, and in every WHO region. It is necessary to consolidate understanding and action on these currently fragmented issues. Meanwhile, the Global Strategy on Health, Environment and Climate Change spans physical, chemical, biological and work-related factors. In order to accelerate action to address the many and growing risks that climate change presents to health, there is a need to complement the Strategic Objectives outlined in the Global

¹ World Health Organization, 2018. COP24 Special Report: Health and Climate Change. [Online](#).

² World Health Organization, 2008. Resolution WHA61.19, Climate Change and Health. [Online](#).

³ World Health Organization, 2015. Resolution WHA68.8, Health and the environment: addressing the health impact of air pollution. [Online](#).

⁴ World Health Organization, 2015. Sixty-eighth World Health Assembly Resolutions and Decisions. [Online](#).

⁵ World Health Organization, 2019. Global Strategy on Health, Environment and Climate Change. [Online](#).

⁶ World Health Organization, 2018. Thirteenth General Programme of Work, 2019-2023. [Online](#).

Strategy with more granular actions that specifically address climate related health threats, and those which maximise opportunities to promote the health co-benefits of climate action, in a comprehensive, coherent and accountable manner; based on the latest evidence, and taking into account available tools.

Recognition of the links between health and climate change is also gaining traction in other global policy fora. The human right to health is recognised in the 2015 Paris Agreement⁷ of the United Nations Framework Convention on Climate change (UNFCCC), with the human right to a clean, healthy and sustainable environment also acknowledged in the COP27 cover decision adopted in 2022⁸. Health is also included as a theme in the proposed framework for the Global Goal on Adaptation⁹, and has been integrated into the process of the first Global Stocktake to monitor implementation of the Paris Agreement. The United Arab Emirates, as host of COP28, is promoting further integration of health into UNFCCC discussions.

It is of the utmost importance that policymaking on health and climate change addresses three key pillars, supported by adequate finance, namely:

- (1) Mitigation - to reduce anthropogenic greenhouse gas emissions, keeping global mean temperature rise within the bounds of adaptation. This protects against the health hazards of climate-related extreme weather events, as well as offering health co-benefits;
- (2) Adaptation - to reduce impacts of climate related extreme effects, so far as the limits of adaptation permit¹⁰; and
- (3) Loss and damage¹¹ - impacts that occur when climate change threats exceed the pace and scope of mitigation and adaptation.

Fossil fuels (coal, oil and gas) are the greatest source of greenhouse gas emissions as well as health-damaging air pollution. The UNFCCC COP26¹² and COP27¹³ agreed on the need to phase down unabated¹⁴ coal and phase out inefficient¹⁵ fossil fuel subsidies. However, there is as yet no international governmental agreement on the need to phase out all fossil fuels. Vanuatu, Tuvalu, the European Parliament and WHO have all called for a Fossil Fuel Non-Proliferation Treaty¹⁶.

At COP26, WHO and partners launched the COP26 Health Programme, under which more than 60 governments have already committed to health systems which are both climate resilient and also low-carbon and environmentally sustainable¹⁷. The Alliance for Transformative Action on Climate Change and Health (ATACH) was created as a WHO-led mechanism to support delivery on the COP26 health commitments. It provides a platform for coordination; knowledge and best practice exchange; networks and access to support and link up to existing initiatives; tackling common challenges; and monitoring global progress¹⁸.

Progress in addressing the links between health and climate change is also being made at national level. Australia is developing a climate and health strategy¹⁹. Pakistan, working with WHO, has completed an assessment to quantify health co-benefits of climate action in its nationally determined contribution to deliver the Paris Agreement²⁰, with a similar analysis due to be published by Colombia. Bangladesh, Nepal and Thailand

⁷ UNFCCC, 2015. Paris Agreement. [Online](#).

⁸ UNFCCC, 2022. Decision -/CP.27 Sharm el-Sheikh Implementation Plan. [Online](#).

⁹ UNFCCC, 2022. Draft decision -/CMA.4 Glasgow–Sharm el-Sheikh work programme on the global goal on adaptation referred to in decision 7/CMA.3. [Online](#).

¹⁰ *It should be noted that some climate actions have mitigation and adaptation co-benefits. For example, a hospital previously powered by an unreliable connection to the national grid transitioning to using power from a local solar grid would both reduce emissions and benefit from a more reliable energy supply.*

¹¹ WHO. 2022. WHO Policy Brief: Loss and Damage. [Online](#).

¹² UNFCCC, 2021. Glasgow Climate Pact Decision 1/CMA.3. [Online](#).

¹³ UNFCCC, 2022. Decision -/CP.27 Sharm el-Sheikh Implementation Plan. [Online](#).

¹⁴ *Unabated coal power refers to the use of coal power that is not mitigated with technologies to reduce carbon dioxide emissions, such as Carbon Capture Utilisation and Storage (CCUS).* [More information](#).

¹⁵ The IEA defines “inefficient” subsidies as those which encourage wasteful consumption. However, all fossil fuel consumption is harmful to health.

¹⁶ Fossil Fuel Non Proliferation Treaty, 2023. [Online](#).

¹⁷ World Health Organization, 2021. COP26 Health Programme. Country commitments to build climate resilient and sustainable health systems. [Online](#).

¹⁸ World Health Organization, 2023. Alliance for Transformative Action on Climate Change and Health. [Online](#).

¹⁹ Australian Department of Health and Aged Care, 2022. New team and strategy to lead response to health and wellbeing impacts of climate change. [Online](#).

²⁰ World Health Organization, Health benefits of raising ambition in Pakistan’s nationally determined contribution: WHO technical report. [Online](#).

have prepared Health National Adaptation Plans²¹. Cambodia, Cape Verde and Moldova are leaders in the integration of health into their nationally determined contributions to the Paris Agreement, according to 2021 analysis²². Countries in PAHO, as well as the Maldives, have taken actions to establish climate SMART health systems, which are both climate resilient and environmentally sustainable^{23,24}. The UK National Health Service in England was the first health system to embed net zero emissions into legislation²⁵.

The Convention on Biological Diversity (CBD) also considers health and biodiversity as a cross-cutting thematic area, with links between climate, health and biodiversity acknowledged in resolutions adopted at CBD COP13 in 2016²⁶, and CBD COP14 in 2018²⁷. Like the UNFCCC COP27 cover decision, the Global Biodiversity Framework adopted at CBD COP15 in 2022 acknowledges the human right to a clean, healthy and sustainable environment, and “is to be implemented with consideration of the One Health Approach, among other holistic approaches”²⁸.

Climate Change and Health Linkages

Climate-related impacts threaten both public health and healthcare infrastructure (including hospitals, clinics, and supply chains and the vital commodities they transport), making it a major environmental determinant of health, and undermining progress towards universal health coverage (UHC). Meanwhile, action to address climate change offers great opportunity for physical and mental health, such as from cleaner air, water, active transport systems which promote walking and cycling, and more sustainable and healthy food systems benefitting both people and the planet. Below is a summary of the multiple, interlinking threats and opportunities that a resolution on climate change and health should address.

The Health Impacts of Climate Change

Climate change undermines the right to health and to a healthy environment. The Intergovernmental Panel on Climate Change (IPCC) Sixth Assessment Report on climate impacts, published in February 2022, shows that climate change is a threat multiplier²⁹. Climate change drives heatwaves and other extreme weather events. Changes to temperature and precipitation expand and alter spatial and temporal patterns of vector- and water-borne disease transmission, many of which lack effective health tools for prevention and treatment, and increase food and water insecurity. Climate change is also associated with worsening mental health impacts, and poor outcomes from other non-communicable diseases (NCDs). Data constraints present a barrier to fully understanding the extent of climate change on health, but the field of detection and attribution is advancing; with a key finding being that 37.0% (range 20.5–76.3%) of warm-season heat-related deaths can be attributed to anthropogenic climate change³⁰. Even at present 1.1°C temperature rise since pre-industrial times, severe impacts of climate change are being observed in all regions. Meanwhile, the world is off track to deliver the Paris Agreement target of limiting warming to well below 2°C and preferably to 1.5°C.

When climate-related events exceed the limits of adaptation in any setting, the health impacts can be catastrophic, resulting in severe loss and damage in social and economic terms for communities, countries and regions. For instance, heat exposure alone led to 470 billion potential labour hours lost globally in 2021, with potential income losses equivalent to 0.72% of the global economic output³¹. Tracking losses and damages,

²¹ ESCAP 75, 2021. Risk and Resilience Portal. [Online](#).

²² Global Climate and Health Alliance, 2021. Healthy NDC Scorecards. [Online](#).

²³ PAHO, 2023. Smart Hospitals Initiative. [Online](#).

²⁴ WHO Maldives and Health CareWithout Harm, 2018. Maldives Green Climate-Smart Hospitals: Policies and Strategies Report. [Online](#).

²⁵ NHS England, 2022. [Online](#).

²⁶ Convention on Biological Diversity, 2016. Biodiversity and Human Health (XIII/6). [Online](#).

²⁷ Convention on Biological Diversity, 2018. Biodiversity and Human Health (14/4). [Online](#).

²⁸ CBD, 2022. Kunming-Montreal Global biodiversity framework. [Online](#).

²⁹ Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Chapter 7. [Online](#). (Health impacts according to the IPCC report are also summarised in this [briefing note](#) by the Climate and Health Alliance of Australia).

³⁰ Vicedo-Cabrera, 2021. The burden of heat-related mortality attributable to recent human-induced climate change. [Online](#).

³¹ Romanello 2022. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. [Online](#).

including for health, can be challenging. New initiatives seek to better track losses and damages, and to support early warnings and preparedness³².

Climate change exacerbates health inequalities both within and between countries, with the impacts on upstream drivers and downstream effects weighing most heavily on marginalised communities. Children are especially climate-sensitive, but have contributed least to emissions, exacerbating issues of intergenerational inequity³³. Climate change is a known factor in inducing migration and displacement, further compounding physical and mental health concerns. Countries with a high burden of climate-sensitive disease stand to be severely impacted by progressive warming³⁴, and are often those with the lowest contributions to emissions.

Adaptation for Health

New and growing disease threats associated with climate change place strain on health systems and necessitate rapid adaptation in the health sector to build climate-resilient health systems to guard against climate change undermining progress towards universal health coverage. The IPCC notes that health systems have insufficient resourcing and capacity to respond, with support for mental health being particularly inadequate^{35 36}. Underlying gaps in disaster-specific adaptive capacity are apparent in most countries, rendering communities to increasing risk as climate disasters escalate³⁷.

Health is under-prioritised within climate adaptation finance. While health is one of three sectors most often prioritised for adaptation in NDCs, a mere 0.3% (\$14.0 million) of multilateral climate change adaptation funding was directed specifically at the healthcare sector from 2018-2020³⁸.

Adaptation beyond the health sector is also necessary to protect public health. For example, resilient food systems are needed for nutrition security, resilient water and sanitation systems for water security, resilient buildings to provide shelter during extreme events, and green space in cities to reduce the urban heat island effect.

Health Co-Benefits of Climate Change Mitigation

Climate change is accelerated by unsustainable systems and practices such as dependence on fossil fuels in the energy, transport, buildings, industrial farming (a major source of emissions), food/beverage and other industrial sectors; deforestation for urban expansion and industrial farming (removing natural carbon sinks); widespread overconsumption; and unsustainable economic growth. These same practices indirectly undermine public health. Meanwhile, as evidenced in the IPCC report on mitigation, widespread health and climate co-benefits of decarbonisation can be reaped if strategic climate action is taken³⁹, including through cutting use of fossil fuels, increased access to active and public transport, and shifting to plant-rich diets.

In addition to the health impacts of fossil fuel driven climate change itself, fossil fuels further contribute to 1.2-3.6 million deaths each year from ambient PM_{2.5}^{40,41}, and many more from the use of dirty fuels indoors.

³² WMO. UN seeks to track hazardous events and disaster losses and damages. [Online](#).

³³ WHO. 2022. WHO Policy Brief: Climate change, Health, & Intergenerational Equity. [Online](#).

³⁴ Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Box 7.2. [Online](#).

³⁵ Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability, Chapter 7. [Online](#). (Health impacts according to the IPCC report are also summarised in this [briefing note](#) by the Climate and Health Alliance of Australia).

³⁶ WHO, 2022, Review of IPCC Evidence 2022: climate change, health, and well-being. [Online](#)

³⁷ Marcus H, Hanna L, 2021. Barriers to Climate Disaster Risk Management for Public Health: Lessons from a Pilot Survey of National Public Health Representatives. *Disaster Medicine and Public Health Preparedness* 2022; 16(4): 1351–4

³⁸ Romanello 2022. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. [Online](#).

³⁹ Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group III Contribution, Climate Change 2022: Mitigation of Climate Change. [Online](#). (Health impacts according to the IPCC report are also summarised in this [briefing note](#) by the Climate and Health Alliance of Australia and the Global Climate and Health Alliance).

⁴⁰ Romanello 2022. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. [Online](#).

⁴¹ Relieved, 2019. Effects of fossil fuel and total anthropogenic emission removal on public health and climate. [Online](#).

Dependence on fossil fuels causes further health harm during extraction and processing, with disproportionate impacts on Indigenous peoples and local communities⁴².

We note emphatically that only a full phase-out of fossil fuels will yield full health gains: carbon capture use and storage technologies (CCUS) are not only unproven to work at scale, but will not address the health impacts of extraction, processing and air pollution. Similarly, blue hydrogen is derived from fossil gas, and depends on untested CCUS. Carbon offsetting allows continued fossil fuel use by the company or country purchasing the offset, with associated health impacts. Abatement “fixes” should be employed for only the hardest to avoid emissions, and should not be relied upon to achieve net zero.

According to the International Labour Organization, a just transition refers to greening the economy in a way that is as fair and inclusive as possible to everyone concerned, creating decent work opportunities and leaving no one behind, with positive implications for health. A “just transition” involves maximizing the social and economic opportunities of climate action, while minimizing and carefully managing any challenges – including through effective social dialogue among all groups impacted⁴³. Targeted subsidies to vulnerable communities should be provided to increase and maintain energy access, which is necessary for health, as part of a just transition. Energy pricing for other populations should reflect the true cost of the fuel in question, including health impacts⁴⁴. The transition away from fossil fuels should be led by those with highest historical emissions. A just transition to renewable sources must include measures to protect local communities and Indigenous peoples from mineral extractivism to support renewable energy infrastructure.

Fossil fuel phase-out would not only prevent health impacts, but also yield economic benefits. In China and India, costs of reducing greenhouse gas emissions could be compensated with the health co-benefits alone, with partial offsetting in the United States and Western Europe.⁴⁵

Increasing use of active and public transport can reduce physical inactivity (which currently causes 3.2 million deaths annually⁴⁶), reduce air pollution, and reduce road crashes. Reducing fossil-fuelled transport demand while promoting low-carbon options can reduce greenhouse gas emissions, also improving physical health and creating significant economic benefits. Transport systems designed around people, not vehicles, can ensure these benefits are more equitably distributed.⁴⁷

Imbalanced diets cause 11.5 million deaths each year, of which 17% (2 million) are associated with a high intake of red and processed meat and dairy products. These contribute to 55% of global agriculture emissions⁴⁸.

At the same time, the health sector itself contributes to nearly 5% of net global greenhouse gas emissions, and therefore has a role in decarbonization to align itself with the ambition of the Paris Agreement while simultaneously achieving global health goals.^{49,50} This is also addressed by the WHO ATACH initiative.

A Comprehensive Approach: Climate Change, One Health and Planetary Health

Climate change is interrelated to and exacerbates other global environmental changes. For instance, encroachment on nature by expanding populations both accelerates climate change, and also compounds the risk of emergence of new zoonotic diseases and reemergence of diseases. As of April 2022, experts recognize that boundaries of five of nine planetary processes that regulate the stability and resilience of the Earth system have been transgressed due to human activity, including climate change, freshwater cycle, biosphere integrity, biogeochemical cycles (nitrogen and phosphorous pollution), land-system change, and novel entities (pollution

⁴² Global Climate and Health Alliance. Cradle to Grave: the health harms of fossil fuel dependence and the case for a just phase out. [Online](#).

⁴³ International Labour Organization, n.d. Frequently Asked Questions on just transition. [Online](#).

⁴⁴ According to research by the [Health and Environment Alliance, 2017](#), in G20 countries, costs of health impacts of fossil fuel use were found to be six times greater than the sums invested in fossil fuel subsidies

⁴⁵ Markandya et al, 2018. Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study. [Online](#).

⁴⁶ World Health Organization, n.d. Physical Inactivity. [Online](#).

⁴⁷ Health and Climate Network, 2021. Transport Systems that Protect Health and Climate

⁴⁸ The Lancet, 2022, The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. [Online](#)

⁴⁹ Pichler, 2019. International Comparison of Health Care Carbon Footprints. Environmental Research Letters. [Online](#).

⁵⁰ Health Care Without Harm & Arup, 2019. Health Care's Climate Footprint: How the Health Sector contributes to the Global Climate Crisis and Opportunities for Action. [Online](#).

by synthetic substances)^{51,52}. Climate action must be planned in synchrony with efforts to address threats to other planetary boundaries. The established scientific field of planetary health, which analyzes and addresses the impacts of human disruptions to Earth's natural systems on human health and all life on Earth^{53,54} is an important element to the science-policy interface on climate change. An environmentally-comprehensive One Health approach⁵⁵ founded in planetary health, would help to bring together evidence and actions across health and health-determining sectors, and across scales of society and ecosystems to reflect the complex, interconnected reality of climate change, health, and wellbeing. Meanwhile, limiting climate change has additional positive effects on staying within other planetary boundaries and their detrimental effects on human health. Adopting a One Health approach would help to bring together evidence and actions across health and health-determining sectors, and across the whole of government and whole of society, reflecting the complex, interconnected reality of climate change and health.

Potential Actions for WHO Secretariat

This section sets out possible actions for WHO to accelerate the response to climate change and health, which could be detailed in a resolution.

- Update the estimate for the current global burden of disease mortality attributable to climate change. This will inform relevant discussions on financing. In addition, develop an estimate for the global burden of disease attributable specifically to fossil fuel extraction and use.
- Continue and expand the WHO and UNFCCC Health and Climate Change Country Profiles project, complemented by tools to calculate the health impacts of climate change, health co-benefits of climate action, and healthcare's climate footprint at national level.
- Support Member States to quantify health co-benefits of mitigation in additional sectors, such as the food and agriculture sector and nutrition⁵⁶, including complementing the Carbon Reduction Benefits on Health (CaRBonH)⁵⁷ tool on air pollution and the health and economic assessment tool (HEAT)⁵⁸ for cycling and walking. Develop other tools if possible, such as those relating to sustainable healthy diets, and urban greening.
- Work together with other UN Agencies supporting the SDG3 Global Action Plan to develop guidance to protect public health policies with respect to climate change from commercial and other vested interests of the fossil fuel and other large industries (e.g. large food and beverage producers), based on the example of Article 5.3 of the Framework Convention of Tobacco Control, and existing guidance for WHO staff on limiting engagement with the alcohol industry⁵⁹. The regulation of other climate and health impacting industries should also be considered, for their dependence on fossil-fuel derived plastics, and for exacerbating water-security issues.
- Provide technical assistance to support Member States to deliver on the targets to which they committed under the COP26 Health Programme (now ATACH), including:
 - Developing national strategies and plans for adaptation and mitigation in the health sector.
 - Using existing tools developed by WHO including those on conducting vulnerability and adaptation assessments, developing Health National Adaptation Plans (HNAPs), measuring carbon footprint and developing road maps for transitioning to climate resilient, sustainable, low-carbon health care.

⁵¹ Stockholm Resilience Center, n.d. Planetary boundaries. [Online](#).

⁵² Wang-Erlandsson, 2022. A planetary boundary for green water. [Online](#)

⁵³ Planetary Health Alliance, n.d. PAnetary Health. [Online](#)

⁵⁴ Myers & Frumkin, 2020 . Planetary Health: Protecting Nature to Protect Ourselves.

⁵⁵ UNEP, 2022. One Health Joint Plan of Action (2022-2026). [Online](#).

⁵⁶ WHO. 2022. WHO Policy Brief: Koronavirus Joint Work on Agriculture. [Online](#).

⁵⁷ World Health Organization Regional Office for Europe, 2018. Carbon Reduction Benefits on Health. [Online](#).

⁵⁸ World Health Organization Regional Office for Europe, 2017. Health economic assessment tool (HEAT) for walking and for cycling. [Online](#).

⁵⁹ World Health Organization, 2019. Information Note 12/2019: Principles and guidance for interaction between WHO Secretariat and the alcohol industry.

- Build capacity of National Focal Points and other Member State representatives to respond to the health impacts of climate change by developing specific guidance to respond to heat and other extreme weather events, and by integrating climate change into disease and issue-specific programmatic work.
- Vulnerable nations which lack systems to support anticipatory action should be provided technical and financial support to establish them.
- Build on existing resources such as the online Health in UN Climate Negotiations Course⁶⁰ to support representatives of national ministries of health to engage in UNFCCC processes, including the integration of health into NDCs and NAPs and other Party-driven work under the UNFCCC, and participation of health sector representatives in COPs and Subsidiary Board meetings.
- Build capacity of Member States to secure climate finance for health related projects through facilitating the sharing of examples of good practice in applications for climate funds for health projects, including to the Green Climate Fund, the Global Environment Facility, and the Adaptation Fund.
- As part of an environmentally-comprehensive One Health approach, rooted in planetary health, work with the Quadripartite (FAO, UNEP, WOAHA), WMO, UNDP, Unicef, World Bank, the Convention on Biological Diversity secretariat, the United Nations Framework Convention on Climate Change secretariat, and other relevant United Nations organizations, to ensure that above mentioned health impacts and their resource implications are understood and accounted for in further developing national and international responses to climate change. Establish a formal concrete structure to support collaboration across these agencies, with an accompanying joint programme of work, building on the existing collaboration of the WHO/WMO Joint Office, and the model of the Quadripartite.
- Support Member States to develop Disaster Risk Reduction strategies and emergency preparedness and response plans that fully integrate physical and mental health. WHO issued a Health Emergency and Disaster Risk Management Framework in 2019⁶¹.
- Technical support for the actions above may be provided through the WHO Academy and the WHO Country Support Programme.
- Ensure all WHO regional and country offices have a dedicated focal person for climate change and health who is able to support member states in the development of policy and practice on physical and mental health including disaster risk reduction and response.
- Establish structures which support cross-departmental coordination within WHO on different health issues including progress, including a Special Advisor on Climate Change to support coordination at senior levels.
- Convene a high-level conference on Health and Climate Change in order to update on the latest evidence and monitoring tools available, raise awareness of the need for action, and secure additional political commitments to measure and address the relevant physical and mental health issues, and with a view to securing a UN General Assembly High Level Meeting on Health and Climate Change by 2028.
- Allocate increased financial resources to climate and health related work in future budgets, and a worldwide focus on Health and Climate Change in the 14th General Programme of Work (GPW14).
- Following adoption of the resolution, report back annually on the progress made by Member States and the WHO Secretariat.

Potential Actions for Member States

This final section sets out possible actions for Member States to accelerate the response to climate change and health, which could be detailed in a resolution.

⁶⁰ World Health Organization, 2019. WHO launches Online Training on Climate and Health in the UN climate negotiations. [Online](#).

⁶¹ World Health Organization, 2019. Health Emergency and Disaster Risk Management Framework. [Online](#)

- Develop national climate change and health strategies. Identify priorities for action and where investment and support is needed to maximise health protection and benefits.
- Where possible, strengthen data available for the health impacts of climate change (i.e. health loss and damage) for health at national level, including disaggregated data to identify and better support vulnerable populations (for example, pregnant subsistence farmers in The Gambia are especially vulnerable⁶²).
- Support cross-sectoral dialogue and decision-making to maximise health co-benefits of climate mitigation and adaptation across sectors, including through:
 - Participation of health ministry representatives on national climate commissions, and in sectoral policymaking, in order to maximise the health co-benefits of mitigation and adaptation across sectors. In particular, health ministries should work with energy and climate ministries to make the case for prioritising policies for a just energy transition leading to a near-term phase-out of all fossil fuel investments and subsidies and a long-term phase-out of fossil fuel use, to improve climate and health outcomes. Work with the relevant ministries, and to regulate fiscal policies and advertisements for fossil fuels⁶³, as well as penalties where applicable, while seeking to protect public health and related policymaking from industry interests and vested influence. In particular, a just transition away from fossil fuels (with no new expansion and phase-out of existing infrastructure, as per the WHO-endorsed Fossil Fuel Non Proliferation Treaty⁶⁴), the ending of fossil fuel subsidies, and measures to prevent and counter industry interference in policymaking, are public health imperatives.⁶⁵
 - Participation of the national health ministry and wider health sector in the development of NDCs, NAPs, other party-driven work under the UNFCCC, including participation of Health Ministry representatives at future COPs and coordination between health ministry representatives and negotiating teams.
 - Develop recommendations supporting a just phase-out of fossil fuels, on health grounds comparable to those to regulate tobacco, including fiscal policies which reflect the true costs of unhealthy commodities and regulation of advertising.
- Achieve climate-resilient and low carbon sustainable health systems, which are both able to ensure care delivery during times of crisis, while adopting emissions trajectories aligned with the ambition of the Paris Agreement and consistent with current and historical responsibilities, as set out in the ATACH initiative.
 - Undertake a vulnerability and adaptation assessment for the health sector and develop a tailored HNAP to strengthen both health infrastructure and the health workforce in the face of climate change, and specify the budget required for delivery. Consider which medications are sensitive to climate extremes (e.g drugs which are heat sensitive) and how to manage this during climate-related events.
 - Ensure HNAPs include physical and mental health needs. WHO has promoted quality criteria to develop HNAPs⁶⁶.
 - Invest in monitoring mechanisms for mitigation and adaptation strategies, with indicators and metrics that can track and inform analysis on the understanding of the linkages between climate change and health. Map geographic and seasonal distribution of hazardous events that

⁶² Bonell, 2022. Environmental heat stress on maternal physiology and fetal blood flow in pregnant subsistence farmers in The Gambia, west Africa: an observational cohort study. [Online](#).

⁶³ Canadian Association of Physicians for the Environment, 2022. Fossil Fuel Ads Make Us Sick. [Online](#).

⁶⁴ The Fossil Fuel Non Proliferation Treaty, 2022. [Online](#). The Treaty Principles are [supported by health professionals](#) from around the world (signed by over 200 organizations and 1400 individuals as of 12 September 2022).

⁶⁵ World Health Organization, 2020. WHO Manifesto for a Healthy Recovery from COVID-19: Prescriptions and Actionables for a Healthy and Green Recovery. [Online](#).

⁶⁶ World Health Organization, 2021. Quality Criteria for Health National Adaptation Plans. [Online](#).

impact health. Develop and test early detection and warning systems in collaboration with people likely to be most impacted. Establish surveillance systems integrating physical and mental health outcomes (e.g. heat stress and mental health) and climate/weather information (e.g. seasonal forecasts, hazard mapping). Strengthen the capacity of health systems for anticipating and monitoring the public health impacts of climate change and building the evidence base for robust finance to enable recovery.

- o High emitting and high ambition countries⁶⁷ should set a target date by which to achieve health system net-zero emissions at latest by 2050. All countries should deliver a baseline assessment of greenhouse gas emissions of the health system (including supply chains) and develop an action plan or roadmap for a sustainable low carbon health system (including supply chains).
- Such measures will require robust financing, including international finance for low- and middle-income countries.
- Urge States to respect international laws and norms re refugees and asylum seekers; ensure access to healthcare for migrants, displaced people and refugees and include them in decision and policy making.
- Develop and implement climate change and health education and training as part of healthcare professional curricula.
- Promote public access to information, public awareness on climate change and health, as well as public participation, especially by vulnerable groups such as Indigenous communities and young people, responding to community needs and priorities. Prepare a risk communication strategy for disseminating essential information on climate risks to physical and mental health and well-being.
- Coordinate with national civil society partners working on health and climate change and with communities which experience the most severe impacts of climate change, making communities partners in the process through co-development and co-implementation of locally-appropriate interventions.

⁶⁷ “High emitting and high ambition” is language used under [Commitment 2](#) of the COP26 Health Programme. Countries with high emissions should urgently reduce emissions across all sectors, including the health sector. Countries which are not high emitters, but which nonetheless have high ambition to reduce emissions, may also opt to reduce emissions in the health sector.

The content of this concept note is supported by:

Global Organisations: [Health and Climate Network](#), [Global Climate and Health Alliance](#), [Health Care Without Harm](#), [International Council of Nurses \(ICN\)](#), [NCD Alliance](#), [Union for International Cancer Control](#), [International Society of Doctors for the Environment \(ISDE\)](#), [International Pediatric Association](#), [United for Global Mental Health](#), [International Network on Children's Health, Environment and Safety \(INCHES\)](#), [World Child Cancer](#), [Vital Strategies](#), [World Federation of Public Health Associations](#), [the Scientific Committee of the International One Health Conference](#), [Health In Harmony](#), [World Heart Federation](#), [World Medical Association](#), [Wellcome](#), [The George Institute for Global Health](#), [Planetary Health Alliance](#), [Drugs for Neglected Diseases initiative](#), [Partnership on Sustainable Low Carbon Transport \(SLOCAT\)](#), [International Pharmaceutical Students' Federation \(IPSF\)](#), [Médecins Sans Frontières](#).



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