Concept Note: WHA77 Resolution on Climate Change and Health

Introduction

In the 15 years since the last World Health Assembly (WHA) resolution on climate change and health, understanding of the links between climate and health has advanced significantly. There is however currently a piecemeal approach to mitigation, adaptation and responding to loss and damage, threatening to leave many of the most vulnerable individuals and communities behind. This civil society coalition calls on World Health Organization (WHO) Member States to respond to this with an updated resolution to be adopted at the 77th session of WHA (WHA77) to draw together existing initiatives, tools and resources, better align and support the work of key global actors, and set new ambitions for Governments and the WHO.

This concept note presents notable international policy developments on climate change and health and provides a brief overview of the complex interlinkages between climate change and health. Building on this, it maps out some of the key issues a resolution could consider, including a core set of recommendations for action by the WHO Secretariat and Member States.

This note has been co-developed by a broad coalition of civil society organisations, academia and philanthropies which are actively committed to supporting Governments and the WHO to take comprehensive action on climate and health. It seeks to provide a summary of the key issues facing communities and a set of potential actions to help support and inform Member State negotiations on a 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 is available below.

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Background

Global policy at the intersection of health and climate change has gained momentum since the adoption of the 2008 WHA resolution on climate change and health. In more recent years, the devastating impacts of the changing climate on human health have been evident in every region of the world. Climate change has been described by the WHO as the greatest health threat of the 21st century[1] and can be considered a global emergency. The potential for the climate crisis to increasingly undermine efforts to deliver Sustainable Development Goal (SDG) 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, academia and philanthropies, we call for a new WHA Resolution on climate change and health which reduces the human health threats posed by climate change, and which maximises health co-benefit opportunities.

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

International Agreements

WHO's engagement on climate change and health has been driven by resolution WHA61.19 on climate change and health[2], adopted in 2008, which notes that climate change could "undermine the efforts of the Secretariat and Member States to improve public health and reduce health inequalities globally" in the context of the Millennium Development Goals.

Since then, climate change has been referred to in related resolutions and decisions at WHA, reflecting the impact and intersections of climate change with issues discussed across the WHA agenda. However the majority of these resolutions and strategies have a single disease, risk factor or geographical focus, despite the fact that climate change threatens outcomes across the spectrum of physical and mental health, via a multitude of risk factors, and in every WHO region. In 2015, Member States adopted resolution WHA68.8 on addressing the health impacts of air pollution[3], a major risk factor for non-communicable diseases (NCDs) and infectious respiratory diseases, which is both exacerbated by climate change and shares fossil fuel combustion as a common driver. Climate change is also referred to in resolutions WHA68.2, the global technical strategy and targets for malaria 2016–2030, and WHA68.19, the outcome of the Second International Conference on Nutrition[4]. The WHO Global Strategy on Health, Environment and Climate Change was adopted in 2019[5], and a platform of the 13th General Programme of Work (GPW13) is dedicated to the issue of climate change in Small Island Developing States (SIDS) and other vulnerable States[6]. In 2023, WHO also supported the Bridgetown Declaration on NCDs, Mental Health and Climate Change adopted by SIDS Ministers of Health.[7]

Reflecting on progress to date, it is necessary to consolidate understanding and commitments across these currently fragmented issues, better connecting them to the more comprehensive approach adopted by the Global Strategy on Health, Environment and Climate Change, and to understand and respond to the inequities that climate change creates and exacerbates. To accelerate action, a resolution is needed to complement and connect the Strategic Objectives outlined in the Global Strategy with more granular actions that specifically address climate related health threats. Given calls for greater coordination in the Intergovernmental Panel on Climate Change (IPCC) Sixth Assessment Report (AR6) on climate

Key pillars

It is of the utmost importance that policymaking on health and climate change achieves accelerated action across three key pillars, supported by adequate finance grounded in principles of climate justice, namely:

Mitigation - reduction of anthropogenic greenhouse gas emissions, keeping global mean temperature rise within the bounds of adaptation and aligned with the Paris Agreement target of 1.5°C-2°C above pre-industrial levels. This protects against the health hazards of climate-related extreme weather events, as well as offering health co-benefits;

Adaptation - reduction of impacts from climate related effects and prevent further health inequities resulting from different levels of vulnerability, so far as the limits of adaptation permit; and

Addressing **loss and damage - health impacts that occur when climate change threats exceed the pace and scope of mitigation and adaptation.**

[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.

[7] World Health Organization and the Pan American Health Organisation, 2023. 2023 Bridgetown Declaration on NCDs and Mental Health. Online

impacts[8], further support is needed to maximise opportunities to promote the health co-benefits of climate action, in a comprehensive, coherent and accountable manner, and based on the latest evidence, and taking into account available tools.

The links between health and climate change is also gaining recognition in other global policy fora. The human right to health is recognised in the 2015 Paris Agreement[9] of the United Nations Framework Convention on Climate change (UNFCCC). The human right to a clean, healthy and sustainable environment is also acknowledged in the COP27 cover decision adopted in 2022[10]. Health is also included as a theme in the proposed framework for the Global Goal on Adaptation[11], and has been integrated into the process of the first Global Stocktake to monitor implementation of the Paris Agreement. In 2023, the Committee of the Convention on the Rights of the Child recognised in General Comment No. 26 on children's rights and the environment with a special focus on climate change that the triple planetary crisis (pollution, climate crisis and biodiversity loss) constitute a child rights violation[12]. The United Arab Emirates, as host of COP28, is promoting further integration of health into UNFCCC discussions via a dedicated Health Day and inter-ministerial meeting with Ministers of Health.

Fossil fuels (coal, oil and gas) are the greatest source of greenhouse gas emissions as well as health-damaging air pollution. The UNFCCC COP26[13] and COP27[14] agreed on the need to phase down unabated[15] coal and phase out inefficient[16] fossil fuel subsidies. However, there is as yet no international 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 Treaty[17].

At COP26, WHO and partners launched the COP26 Health Programme, under which more than 70 governments have committed to health systems which are climate resilient and/or low-carbon and environmentally sustainable[18]. 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 to enable

[8] ICCP, 2023. Sixth Assessment Report Online

[9] UNFCCC, 2015. Paris Agreement. Online.

[10] UNFCCC, 2022. Decision -/CP.27 Sharm el-Sheikh Implementation Plan. Online.

[11] 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.

[12] OHCHR, 2023. General comment No. 26 (2023) on children's rights and the environment with a special focus on climate change. Online.

[13] UNFCCC, 2021. Glasgow Climate Pact Decision 1/CMA.3. Online.

[14] UNFCCC, 2022. Decision -/CP.27 Sharm el-Sheikh Implementation Plan. Online.

[15] *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.*

[16] The IEA defines "inefficient" subsidies as those which encourage wasteful consumption. However, all fossil fuel consumption is harmful to health.

[17] Fossil Fuel Non Proliferation Treaty, 2023. Online.

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

coordination; knowledge and best practice exchange; access to support and link up to existing initiatives; tackling common challenges; and monitoring global progress[19].

Progress in addressing the links between health and climate change is also being made at national level. Australia is developing a climate and health strategy[20]. 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 Agreement[21], with a similar analysis due to be published by Colombia. Bangladesh, India, Nepal and Thailand have prepared Health National Adaptation Plans[22]. Cambodia, Cape Verde, Moldova, Burundi and Côte d'Ivoire are leaders in the integration of health into their nationally determined contributions to the Paris Agreement, according to 2021 and 2023 analysis[23,24]. 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[25,26]. The UK National Health Service in England was the first health system to embed net zero emissions into legislation[27].

Common But Differentiated Responsibilities and Respective Capabilities (CBDR-RC)

A guiding principle for the UNFCCC, the concept of CBDR-RC acknowledges that countries will have differing capabilities and responsibilities in addressing climate change, as a result of their current and historical economic and social development and emission levels.

The principle aims to support an equitable and collaborative global approach to addressing climate change by encouraging Parties to the UNFCCC to take the most ambitious action possible depending on national circumstances. This implies that countries with more resources bear a greater responsibility in providing financial and other support to support the implementation of the UNFCCC objectives.

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 2016[28], and CBD COP14 in 2018[29]. 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"[30].

Climate Change and Health Linkages

Climate change is already having a major impact on population health and health systems. As such, Ministries of Health are on the frontlines of climate change, and should cooperate with colleagues from Ministries overseeing climate and health-determining sectors. Climate-related impacts threaten both public health and healthcare infrastructure (including healthcare staff, hospitals, clinics, and supply chains and the vital commodities they transport) making it a major determinant of health, and undermining progress towards universal health coverage (UHC). Meanwhile, action to address climate change offers great opportunities for physical and mental health.

[19] World Health Organization, 2023. Alliance for Transformative Action on Climate Change and Health. Online.

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

[21] World Health Organization, Health benefits of raising ambition in Pakistan's nationally determined contribution: WHO technical report. Online.

[22] ESCAP 75, 2021. Risk and Resilience Portal. Online.

[23] Global Climate and Health Alliance, 2021. Healthy NDC Scorecards. Online

[24] Global Climate and Health Alliance, 2023. Healthy NDC Scorecards. Online.

[25] PAHO, 2023. Smart Hospitals Initiative. Online.

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

[27] NHS England, 2022. Online.

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

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

[30] CBD, 2022. Kunming-Montreal Global biodiversity framework. Online. .

These include cleaner air and 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 IPCC AR6 on climate impacts, published in February 2022, shows that climate change is a threat multiplier[31]. Climate change drives heatwaves[32] 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, testing and treatment, and increase food and water insecurity. Climate change is also associated with worsening mental health including anxiety, depression, substance abuse and suicidal behaviour[33], and poor outcomes from other NCDs. 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. The combined future costs of climate impacts from inaction far outweigh the cost of action. From 2000 to 2019, nearly 6,700 disasters claimed over 1 million lives, affected 4.2 million people, and caused nearly US$3 trillion in global economic losses[34].

Climate-related extreme events are already causing catastrophic health impacts, including premature death, injuries, disease and damage to health infrastructure, constituting severe loss and damage to individuals, communities and economies in countries and across 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 output[35]. While the complexity of the interactions which contribute to the health impacts of climate change make attribution challenging, new initiatives are also seeking to better track health losses and damages, and to support early warnings and preparedness[36].

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 and vulnerable countries, including SIDS. Children are especially climate-sensitive, but have contributed least to emissions, exacerbating issues of intergenerational inequity[37].

Climate change is also a known contributor to migration and displacement, both directly and indirectly, further compounding physical and mental health concerns. Displacement most often occurs in countries whose health systems are least equipped to deal with the health needs of incoming migrants and internally displaced populations. Countries with a high burden of climate-sensitive disease stand to be severely impacted by progressive warming[38], and are often those with the lowest contributions to emissions.

Certain populations are disproportionately impacted by climate change, on account of increased exposure or vulnerability, or both. Disadvantage due to discrimination, gender, poverty and income inequalities and/or lack of access to resources can mean these groups have fewer resources with which to prepare and react to climate

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[31] 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).*

[32] 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 change.

[33] WHO, 2022. Mental health and climate change: Policy Brief. Online

[34] UN Disaster Risk Reduction. The human cost of disasters: an overview of the last 20 years (2000-2019). Online.

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

[36] WMO. UN seeks to track hazardous events and disaster losses and damages. Online.

[37] WHO. 2022. WHO Policy Brief: Climate change, Health, & Intergenerational Equity. Online.

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

change and to cope with and recover from its adverse effects. Socioeconomic inequality, low incomes and high levels of debt, poor health and disabilities increase vulnerability and limit adaptation, creating a vicious cycle[39].

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 and develop health tools to guard against climate change undermining progress towards UHC. The IPCC notes that health systems have insufficient resourcing and capacity to respond, with support for mental health being particularly inadequate[40,41]. Underlying gaps in disaster-specific adaptive capacity are apparent in most countries, rendering communities vulnerable to increasing risk as climate disasters escalate in severity and frequency[42]. Specifically, health workforces trained in the competencies needed to care for those affected by rising temperatures and extreme weather will be needed.

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 2018-2020[43].

As recognised by the IPCC, climate change causes negative health impacts by influencing diverse causal pathways. As such, 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. A systems-based approach can promote identifying, implementing and evaluating solutions that support population health and health systems in the short and longer term. Such an approach provides insights into policies and programmes that promote health and well-being via multiple sectors and can ensure that health policies do not have adverse consequences in other sectors[44].

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 and industrial sectors; and deforestation due to urban expansion and industrial farming (removing natural carbon sinks). These same practices indirectly undermine public health. Meanwhile, as evidenced in the IPCC report on mitigation, widespread health co-benefits of decarbonisation can be reaped if strategic climate action is taken[45], including through cutting use of fossil fuels, increased access to active and public transport, and shifting to plant-rich diets and cleaner forms of energy.

In addition to the health impacts of fossil fuel driven climate change itself, fossil fuels further contribute to 3.6 million deaths each year from ambient fine particle air pollution ($PM_{2.5}$)[46], and many more from the use of dirty fuels indoors. Dependence on fossil fuels causes further health harm during extraction and processing, with disproportionate impacts on Indigenous peoples and local communities[47].

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[39] Intergovernmental Panel on Climate Change Sixth Assessment Report, 2022. Working Group II Contribution, Climate Change 2022: Impacts, Adaptation and Vulnerability. Online.

[40] 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).*

[41] WHO, 2022, Review of IPCC Evidence 2022: climate change, health, and well-being. Online

[42] 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

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

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

[45] 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).*

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

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

Despite commitments to phase out subsidies for fossil fuels, globally these were worth ($7billion in 2022)[48]. In addition, fossil fuel subsidies inflict direct damage to health via pollution in their production and use and by accelerating climate change. Health Ministers and decisionmakers should advocate for fossil fuel subsidy phase-out and redirection to health-improving public goods.

Just transition

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" therefore 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 impacted. For example, 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 impacts.

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.

We note emphatically that only a full phase-out of fossil fuels will yield full health gains: false solutions such as carbon capture use and storage technologies (CCUS), geoengineering and co-firing coal with ammonia 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.

Fossil fuel phase-out would not only prevent health impacts, but also yield economic benefits. For example, 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.[49]

[48] International Monetary Fund, 2023. Fossil Fuel Subsidies. Online

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

Increasing use of active and public transport can reduce physical inactivity (which currently causes 3.2 million deaths annually[50]), 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.[51] 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 emissions[52].

The health sector also has a proactive role to play in fossil-fuel phase out. The health sector itself contributes to 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.[53,54] This is also addressed by the WHO ATACH initiative.

A Comprehensive Approach: Health, 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, together with the reemergence and exacerbation of existing diseases. This issue is being particularly exacerbated by growing rates of rural-urban migration, and subsequent expansion of cities, as climate change disrupts the livelihoods of those dependent on agriculture and other natural resource sectors and places additional pressures on cities' health infrastructure. 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 by synthetic substances)[55,56], with severe implications for human health. For example, damage to ecosystems further undermines food security, including through loss of pollinators. One study estimates that a 50% loss of pollination services would be associated with 700,000 additional annual deaths and 13.2 million disability adjusted life years as a result of non-communicable and malnutrition-related diseases[57]. Climate action must be planned in synchrony with efforts to address threats to other planetary boundaries. The established scientific field of planetary health, which analyses and addresses the impacts of human disruptions to Earth's natural systems on human health and all life on Earth[58,59] is an important element to the science-policy interface on climate change.

An environmentally-comprehensive One Health approach[60] 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.

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[50] World Health Organization, n.d. Physical Inactivity. Online.

[51] Health and Climate Network, 2021. Transport Systems that Protect Health and Climate

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

[53] Pichler, 2019. International Comparison of Health Care Carbon Footprints. Environmental Research Letters. Online.

[54] 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.

[55] Stockholm Resilience Center, n.d.Planetary boundaries. Online.

[56] Wang-Erlandsson, 2022. A planetary boundary for green water. Online

[57] Smith 2015. Effects of decreases of animal pollinators on human nutrition and global health: a modelling analysis. Online.

[58] Planetary Health Alliance, n.d. Planetary Health. Online

[59] Myers & Frumkin, 2020 . Planetary Health: Protecting Nature to Protect Ourselves.

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

Mapping the scope of an updated resolution

This section summarises some of the key areas for action, as identified by civil society organsations working across global health and who are already seeing the impacts of climate change. Its goal is to provide Member States with a concise but ambitious summary of what a resolution could seek to achieve in order to drive change.

Potential Actions for the 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 morbidity and mortality attributable to climate change. Data should be disaggregated by sex, age, gender so far as possible, in order to better track and address inequities. This will inform relevant discussions on resource mobilisation, including financing and investments in the health workforce and infrastructure.
- 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, impacts on health systems under different warming scenarios, health co-benefits of climate action, and healthcare's climate footprint at national level.
- Build capacity of Member States to analyse vulnerability based on gender, age, disability, poverty and other social and cultural factors to fully understand the differential impacts of climate change, the interaction of divergent adaptive strategies, and build capacity among those conducting vulnerability assessments so that they are familiar with this intersectionality lens.
- Support Member States to quantify health co-benefits of mitigation in additional sectors, such as the food and agriculture sector and nutrition[61], including complementing the CLIMAQ-H tool (formerly the Carbon Reduction Benefits on Health; CaRBonH)[62] on air pollution and the health and economic assessment tool (HEAT)[63] for cycling and walking. Develop other tools if possible, such as those relating to sustainable healthy diets, and urban greening.
- 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 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).
- 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, including the fossil fuel and other large industries such as food and beverage producers.
- As part of WHO's new work on the commercial determinants of health, develop guidance, drawing on on lessons learned from Article 5.3 of the Framework Convention of Tobacco Control, and explore potential regulation of other climate and health impacting industries, such as the production and use of fossil-fuel derived plastics which exacerbates water-security issues among other health threats.

[61] WHO. 2022. WHO Policy Brief: Koronivia Joint Work on Agriculture. Online.

[62] World Health Organization Regional Office for Europe, 2018. Carbon Reduction Benefits on Health. Online.

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

- 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 the carbon footprint of healthcare and developing road maps for transitioning to climate resilient, sustainable, low-carbon health care.
- Build capacity of WHO National Focal Points, and Member State representatives to respond to the health impacts of climate change by developing specific guidance to respond to heat, intense air pollution, and extreme weather events, and by integrating climate change into disease and issue-specific programmatic work.
- Build on existing resources such as the online Health in UN Climate Negotiations Course[64] 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.
- Proactively engage with civil society organisations to support the implementation of the resolution and Global Strategy on Health, Environment and Climate Change, utilising the WHO-Civil Society Working Group for Action on Climate Change and Health where relevant, and encourage Member States to support civil society participation in the development, implementation and evaluation of national plans and strategies.
- Provide vulnerable Member States with additional technical and financial support for anticipatory actions in a timely and equitable manner, based on a multi-dimensional vulnerability index.
- 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 fellow members the Quadripartite (FAO, UNEP, WOAH); WMO, UNDP, Unicef, World Bank, the Convention on Biological Diversity secretariat, the UNFCCC 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, building on the WHO Health Emergency and Disaster Risk Management Framework in 2019[65] and ongoing pandemic preparedness and response work.
- Provide the technical support needed for the aforementioned actions, utilising the WHO Academy and the WHO Country Support Programme.
- Ensure all WHO regional offices and country offices have a dedicated focal person for climate change and health who is able to support Member States in the development of policies and practices on physical and mental health including disaster risk reduction and response.

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

[65] World Health Organization, 2019. Health Emergency and Disaster Risk Management Framework. Online

- Establish forums for regular intersectoral dialogue and 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.
- Explore the development of a report looking at the impacts of climate-related displacement and migration, including health needs of populations migrating or displaced in contexts of climate change and natural disasters
- Following adoption of the resolution, report back biennially 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.

- Evaluate the impacts of climate change, under different warming scenarios, on public health and health systems.
- Develop national climate change and health strategies with inputs from all relevant sectors, including health, agriculture, energy and environment, with accompanying monitoring and evaluation. Identify priorities for action nationally and locally, and identify where investment and support is needed to maximise health protection and benefits and reduce inequalities.
- Where possible, strengthen data on 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.
- Support the research and development of new health programmes/projects to prevent, test and treat climate-sensitive infectious diseases, to support affected communities in their efforts to adapt to the impacts of climate change, including support for the Global Arbovirus Initiative[66]. This must be complemented by an creating an enabling environment to facilitate equitable access to these tools by those hit hardest by climate-sensitive infectious diseases
- 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. Develop recommendations supporting a just phase-out of fossil fuels and redirection of subsidies, on health grounds comparable to those to regulate tobacco, including fiscal policies which reflect the true costs of unhealthy commodities and regulation of advertising,[67] 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 Treaty[68]), the ending of fossil fuel subsidies, and measures to prevent and counter industry interference in policymaking, are public health imperatives.[69].

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[66] WHO, 2022. Launch of Global Arbovirus Initiative. Online

[67] Canadian Association of Physicians for the Environment, 2022. Fossil Fuel Ads Make Us Sick. Online.

[68] *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).*

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

- 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 other climate meetings and coordination between health ministry representatives and negotiating teams.

- 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 diseases, medications and/or treatments are sensitive to climate extremes (e.g drugs which are heat-sensitive) and how to manage this.
    - Develop HNAPs to address physical and mental health needs. WHO has promoted quality criteria to develop HNAPs[70].
    - 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 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.
    - High emitting and high ambition countries[71] 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).
- Adequately invest in responding to the health impacts of climate change by ensuring the integration of health services as part of a coordinated response that ensures the most effective use of resources.
- Mobilise additional investment while ensuring that these resources do not undermine progress towards existing climate, environmental or health targets.
- Respect international laws and norms regarding refugees and asylum seekers and ensure access to healthcare for migrants, displaced people and refugees, and include these voices 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, people with disabilities and living with NCDs, and children 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.

[70] World Health Organization, 2021. Quality Criteria for Health National Adaptation Plans. Online.

[71] "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.

- 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.

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