6.4 Health and climate change

Contents

In focus

The Board will consider EB139/6 which reflects on the implications for WHO priorities and programs of the outcomes (FCCC/CP./2015/10/Add. 1) of the Dec 2015 Paris Conference on Climate Change.

The report reviews the outcomes of the Paris Conference; reviews the existing mandates for WHO action on climate change (WHA61.19 (2008) and WHA68.8 (2015)); and proposes a number of strategic priorities for WHO arising from the Paris Conference. These include:

- expanding the public health response to climate change;
- mobilizing the support of the health community behind action on climate change;
- strengthening the evidence base, and monitoring progress; and
- reporting to WHO's governing bodies.

The Board is invited to note the report and 'provide guidance' (meaning that a process for developing a draft resolution will be initiated).

Background

WHO has an excellent web site on climate change including a useful directory of web resources including links to websites and reports of various academic and not-for-profit organisations.

The 5th Report of the IPCC (2014) includes the report of Working Group 2 on *Impacts, Adaptation, and Vulnerability*, which includes a section on *Human Health, Well-Being, and Security* which includes three relevant chapters:

11. Human health: impacts, adaptation, and co-benefits - 3.7MB
12. Human security - 1.3MB
13. Livelihoods and poverty - 2.3MB

The Synthesis Report integrates the findings of all three main working groups (on the physics, adaptation etc, and mitigation).

PHM Comment

This is an excellent, important and urgent report. Paras 8-14 include some very constructive suggestions for action by both member states and the Secretariat. It seems likely that a resolution is anticipated or already underway.

Chapter 11 of AR5 discusses the impacts on human health, the principles (and limits) of adaptation and the concept of co-benefits (policies which contribute to better health and reduced climate pollution such as addressing indoor air pollution and promoting more active transport). The concept of co-benefits points towards ways in which the health sector can contribute to mitigation as well as adaptation. Some of the policy priorities that the idea of co-benefits points to include: transport planning (for low carbon but active transport and reduced road trauma); urban planning (for liveable environments and ameliorating heat sinks); and indoor air pollution.

EB139/6 also argues for a policy focus on co-benefits "that both reduce climate pollution, and improve health, for example through reducing air pollution, and by reducing the environmental impact of the health sector itself" and later, "Charging a price on carbon emissions in line with their health and environmental damages can be expected to halve outdoor air pollution, reduce greenhouse gas emissions by more than a fifth, and raise more than US$ 3000 billion each year in revenue".

Both EB139/6 and Chapter 11 use the concept of *resilience* in thinking through the priorities for adaptation policies in health; both the resilience of populations in the face of climate change (extreme heat, infectious disease, water and food insecurity, displacement, etc) and the resilience of health systems in the face of extreme weather events (heat waves, droughts, storms, floods, fires, etc).

Resilience, in relation to populations, is a property of social systems, including economic resources, effective governance, and social cohesion. It is here that climate change adaptation overlaps with social and economic development more generally. For less developed countries, and for excluded and marginalised populations, addressing the barriers to social and economic development is a key element of adaptation.

Resilience, in relation to health systems, reflects features such as: awareness and early warnings; capacity for early mobilisation; prior training so staff and managers can change gear quickly to address the crisis; and organisational integrity which allows for rapid and strategic redeployment. However, these features depend on pre-existing strong health systems: sufficient and appropriately trained staff, well equipped and distributed facilities, procurement and financing. Having a strong primary health care sector is particularly important. The first step in building resilient health systems is building strong health systems, firmly oriented around PHC.

The provisions (voluntary) for international climate finance is an important resource for mitigation and adaptation (although as noted in the quote above, charging a price on carbon emissions could raise significantly more resources). However, the barriers to social and economic development imposed through the prevailing regime of neoliberal globalisation overshadow the incremental benefits of relatively small green climate funding transfers.

LIkewise green funding transfers for health system resilience in the face of global warming is to be welcomed but such promises wane in view of the drive through the World Bank and various philanthropies to conceptualise “UHC” in terms of markets for health insurance and private sector health care delivery. There is no evidence that privatised health care contributes to resilience in the face of emergencies.

Notes of discussion at EB139