

Climate change and health

Draft resolution proposed by Barbados, Fiji, Kenya, Monaco, Netherlands (Kingdom of the), Peru, United Arab Emirates and United Kingdom of Great Britain and Northern Ireland

The Seventy-seventh World Health Assembly,

Having considered the report by the Director-General,

(PP1) Recalling resolution WHA61.19 (2008) on climate change and health and welcoming the work carried out so far by WHO in pursuit of it;

(PP2) Recalling also resolution WHA68.8 (2015) on addressing the health impact of air pollution and resolution WHA76.17 (2023) on the impact of chemicals, waste and pollution on human health, which recognize the link between health, environment and climate change;

(PP3) Recognizing that climate change is one of the major threats to global public health, and noting the urgent call issued by the WHO Director-General for global climate action to promote health and build climate-resilient and sustainable health systems;¹

(PP4) Aware that increasingly frequent extreme weather events and conditions are taking a rising toll on people's well-being, livelihoods and physical and mental health, as well as threatening health systems and health facilities; and that changes in weather and climate are threatening biodiversity and ecosystems, food security, nutrition, air quality and safe and sufficient access to water, and driving up food-, water-, and vector-borne diseases, underscoring the need for rapidly scaled-up adaptation actions to make health systems more climate resilient;

[(PP5) Recalling that modern health systems also contribute to environmental pollution and approximately 5%² of global carbon emissions, including through the end-to-end supply chain from product manufacturing, procurement, distribution, use, waste creation and its disposal, thereby negatively impacting health; and underscoring the need for mitigation and adaptation actions and use of new technologies to make health systems more environmentally sustainable, including at the primary health care level;]

[(PP6) Recognizing that the pace and scope of mitigation and adaptation efforts are being surpassed by climate change threats, which results in a range of sudden and long-term impacts to health and well-being; and underscoring the need to prepare and manage health sector needs for averting, minimizing and addressing loss and damage to help to protect and strengthen the resilience of individuals, communities, the workforce, livelihoods, and ecosystems in the face of climate change, including funding to assist developing

¹ WHO issues urgent call for global climate action to create resilient and sustainable health systems. Geneva: World Health Organization, 24 May 2023 (<https://www.who.int/news/item/24-05-2023-wha76-strategic-roundtable-on-health-and-climate>, accessed 20 December 2023).

² Document EB154/25.

countries that are particularly vulnerable to the adverse effects of climate change, in responding to loss and damage;] [RESERVE PP6 COL]

(PP7) Recognizing that limited access to finance is one of the major obstacles to developing climate-resilient and sustainable health systems;

(PP8) Noting further that climate change is jeopardizing implementation of the 2030 Agenda for Sustainable Development and its targets, and the “leave no one behind” commitment,³ and is undermining the efforts of the WHO Member States and Secretariat to improve public health and reduce health inequalities globally, through enabling timely, equitable and universal access to essential health services and products, especially in developing countries;

(PP9) Expressing concern over the latest assessment by the Intergovernmental Panel on Climate Change which states that “Continued emissions will further affect all major climate system components, and many changes will be irreversible on centennial to millennial time scales and become larger with increasing global warming. Without urgent, effective, and equitable mitigation and adaptation actions, climate change increasingly threatens ecosystems, biodiversity and the livelihoods, health and well-being of current and future generations”;⁴

(PP10) Recognizing that “any further delay in concerted anticipatory global action on adaptation and mitigation will miss a brief and rapidly closing window of opportunity to secure a liveable and sustainable future for all”;⁵ and that accelerated climate change adaptation and mitigation measures can also provide co-benefits for health and sustainable development;

(PP11) Recognizing also that the scientific evidence, diverse expertise and global experience, including local, traditional and Indigenous knowledge, systems and practice to respond to the issue of climate change and health have considerably improved, and at the same time that investments in research are necessary to support appropriate policy responses with co-benefits for both health and the environment;

[(PP12) Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments,⁶

ADD FTN The strategy highlights, among other issues, the need to reduce the impact of climate change through more sustainable life choices; access to universal health coverage; health-based air-quality targets; more resilience of health systems and communities to climate change; access to safe water, sanitation and hygiene; reduced exposure to chemicals; reduced exposure to ultraviolet

³ Leaving no one behind: equality and non-discrimination at the heart of sustainable development. United Nations: New York; 2017 (https://unsceeb.org/sites/default/files/imported_files/CEB%20equality%20framework-A4-web-rev3.pdf, accessed 22 January 2024).

⁴ Intergovernmental Panel on Climate Change. Summary for Policymakers, p. 24. In: Climate change 2023: Synthesis report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change. Geneva: IPCC; 2023 (<https://www.ipcc.ch/report/ar6/syr/>, accessed 20 December 2023).

⁵ Intergovernmental Panel on Climate Change. Summary for Policymakers, p.33. In: Climate change 2022: Impacts, adaptation and vulnerability. Working Group II contribution to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge and New York: Cambridge University Press; 2022 (https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC_AR6_WGII_SummaryForPolicymakers.pdf, accessed 23 January 2024).

⁶ Recalling the WHO Global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments. Geneva: World Health Organization, 2020 (<https://iris.who.int/bitstream/handle/10665/331959/9789240000377-eng.pdf?sequence=1&isAllowed=y>, accessed 22 January 2024).

radiation; sustainable health care systems; occupational health and safety; international agreements to efficiently deal with global and regional drivers of health such as climate change; the capacity to manage health services in emergencies; and cross sectoral governance to secure health in all relevant policies;

(PP13) Noting with appreciation the important work of the WHO-led Alliance for Transformative Action on Climate and Health (the Alliance) carried out so far to realize the ambition set at the 26th session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP26, the 26th United Nations Climate Change Conference) to build climate resilient and sustainable health systems, as well as the COP27 Initiative on Climate Action and Nutrition (I-CAN) institutionalized through the Alliance providing an informal network for WHO Member States and other stakeholders to share knowledge, facilitate access to technical assistance and financing, provide quality assurance and monitoring, and help drive a global shift on climate and health action;

[PP13bis. Noting the priority actions outlined in the COP28 UAE Declaration on Climate and Health, including the better integration of health considerations into climate policy processes and integration of climate considerations across health policy agendas, following the first ever health day and climate and health ministerial at the 28th United Nations Climate Change Conferences (UAE)] [RESERVE BRA]

(PP14) Recognizing the complex, multidimensional challenges posed by climate change, pollution and biodiversity loss, as well as malnutrition in all its forms and emphasizing that addressing these crises requires a truly integrated perspective and coordinated action, based on a whole-of-government, whole-of-society and the One Health approach;

(PP15) Recognizing also that climate change exacerbates existing health and gender inequalities and increases vulnerability and that many of those in marginalized and vulnerable situations currently bear the brunt of climate-sensitive health risks from extreme heat, poor air quality, lack of adequate water, flooding, extreme weather events, food insecurity and vector-borne and emerging infectious diseases, which can contribute to the migration and displacement of people;

(PP16) Underscoring the importance of paying particular attention to those disproportionately impacted and those already in vulnerable situations, when shaping inclusive, [equitable and gender- [responsive] / [sensitive]] climate action and health systems, [recognizing gender [-based] differences in needs, opportunities and capacities,] striving for equitable participation and influence by women and men in climate-related decision-making processes, and gender-equitable access to financial resources and other benefits such as climate information, technologies and services that are resulting from investment in climate action;

[(PP17) Recalling the United Nations Framework Convention on Climate Change and the Paris Agreement;]

[(PP18) Recalling further Article 2, paragraph 1, of the Paris Agreement, which provides that the Agreement, in enhancing the implementation of the Convention, including its objective, aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty;]

[(PP19) Recalling also Article 2, paragraph 2, of the Paris Agreement, which provides that the Agreement will be implemented to reflect equity and the principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances;]

[(PP20) Recognizing the importance of the best available science for effective climate action and policy-making;]

(OP)1. CALLS UPON Member States:⁷

(1) to commit:

(a) to strengthen the implementation of the WHO Global Strategy on Health, Environment and Climate Change, adopting a health-in-all policies approach, without diverting resources meant for primary health care, and consider engaging constructively in the forthcoming Global Plan of Action;

(b) to conduct periodic climate change and health vulnerability and adaptation assessments toward the development of a health national adaptation plan or other adaptation planning strategies, as appropriate and according to the national context;

(c) to cooperate in the development and implementation of national action plans, in accordance with national context and priorities, geared toward decarbonization and ensuring environmentally sustainable health systems, facilities and supply chains including with regard to issues of consumption, procurement, transport, and disposal of resources such as water, energy, food and waste, as well as medical supplies, equipment, pharmaceuticals and chemicals, with a view to lower greenhouse gas emissions, only when doing so does not compromise health care provision and quality, in line with relevant WHO guidance;⁸

[(d) to integrate climate data into existing monitoring, early warning, surveillance, and data collection systems, including data disaggregated by sex, age, disability and any other relevant factor, where appropriate, to enable evidence-based decision-making and targeted interventions that respond to the impacts of climate change, including loss and damage, on health and health systems as well as health sector impacts on the environment;]

(2) [to [collaborate, as appropriate, with (RESERVE RUS, PAK)] [note the work of] the Alliance for Transformative Action on Climate and Health (ATACH) as a WHO-led platform for the exchange of knowledge and best practices, and for collaboration on building health systems that are sustainable and resilient to the adverse effects of climate change;]

(3) to mobilize high-level attention to climate and health and related aspects within multilateral fora, following the Health Day and climate and health ministerial at COP28, to help ensure sustained and concrete political visibility and momentum, and explore ways in which to integrate health into climate actions towards adaptation, mitigation and loss and damage;

(4) to promote inter and multisectoral cooperation between national health ministries and relevant national authorities on climate change to address the interlinkages between the environment, the economy, health, nutrition and sustainable development, for a coherent and holistic approach to building resilience and addressing the root causes of climate change and climate-sensitive environmental and social determinants of health, taking into account the One Health Approach⁹ in line with national context, as appropriate;

(5) to support efforts to mobilize resources from all sources for integrated action on climate and health and consider expanding opportunities, with a focus on developing countries, especially

⁷ And, where applicable, regional economic integration organizations.

⁸ Operational framework for building climate resilient health systems. Geneva: World Health Organization; 2015 (<https://www.who.int/publications/i/item/9789241565073>, accessed 20 December 2023).

⁹ The One Health Approach, including the work of the Quadripartite organizations (WHO, WOA, FAO, UNEP), the One Health Joint Plan of Action: 2022-2026 and the One Health High-Level Expert Panel.

those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks, existing multilateral funds, among others, climate funds and health funds and innovative source;

- (6) to invest in climate adaptation measures that proactively address climate related health impacts, including early warning systems for climate related disease outbreaks and enhancing emergency preparedness and response; and pandemic prevention, preparedness and response;
- (7) to promote awareness among the public and health sector on the interdependence between climate change and health, as well as their engagement in the development of climate and health policies, fostering recognition of health co-benefits and sustainable behaviour in line with national context and priorities;
- (8) to encourage collaboration between policy-makers, researchers and developers in order to accelerate the translation of evidence to policy and innovation in the field of climate and health;
- (9) To promote research and development to detect, prevent, test, treat and respond to climate sensitive diseases and health outcomes, and to support affected communities in their efforts to adapt to the impacts of climate change, by creating an enabling environment to facilitate equitable access to health tools by those hit hardest by climate sensitive diseases and health impacts of climate change.

(OP)2. REQUESTS the Director General:

- (1) to develop a results based, needs-oriented and capabilities-driven global WHO Plan of Action on climate change and health within existing resources, as feasible, that is coherent with the text of the UNFCCC and the Paris Agreement by the Seventy-eighth World Health Assembly (2025), firmly integrating climate across the technical work of the WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate;
- (2) to include and accelerate actions on climate change and health in the implementation of the fourteenth General Programme of Work emphasizing the interlinkages between health and other sectors and the need for cross-sectoral cooperation;
- (4) to serve as a global leader in the field of climate change and health, including amongst others and where feasible, within available resources by establishing a WHO Roadmap to Net Zero by 2030 for the WHO Secretariat, in line with the UN Global Roadmap;¹⁰
- (5) to collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster more integrated [gender-responsive/gender-sensitive] action on climate change and health, to promote synergy and coherence with other relevant international organizations and fora, in particular the United Nations Framework Convention on Climate Change and Paris Agreement processes;
- (6) to support Member States, upon their request, in the development of national strategies for sustainable and climate-resilient health systems by, among other actions, capacity-building of health professionals

¹⁰ Global Roadmap for Accelerated SDG7 Action in Support of the 2030 Agenda for Sustainable Development and the Paris Agreement on Climate Change. New York: United Nations; 2021
(https://www.un.org/sites/un2.un.org/files/2021/11/hlde_outcome_-_sdg7_global_roadmap.pdf, accessed 20 December 2023).

and providing training to health professionals on the interdependence between climate change and health, including, among others, bearing in mind a One Health approach as feasible;

- (7) to report on progress in the implementation of this resolution to the World Health Assembly in 2025, 2027 and 2029, including on the development and implementation of the global plan of action on climate change and health.

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