

SUBMISSION BY THE WORLD HEALTH ORGANIZATION

AD HOC WORKING GROUP ON LONG-TERM COOPERATIVE ACTION UNDER THE CONVENTION EIGHTH SESSION - COPENHAGEN- 7–18 DECEMBER 2009

Key messages for COP15

The World Health Organization considers that rapid climate change poses substantial risks to human health, particularly among the poorest populations. The Organization therefore supports actions to reduce human influence on the global climate, and to protect populations from the negative impacts of climate variability and change. The Organization also believes that a greater appreciation of the human dimension of climate change would support both improved policy and greater public engagement.

In 2008, the 193 nations which constitute the World Health Assembly passed a resolution calling for increased support from WHO, and stronger engagement by Member States. WHO's efforts to facilitate increased awareness and action related to the health impact of climate change in the run up to COP15 and beyond are focussed around three key messages:

1. Besides environmental and economic damage, the ultimate impact of climate change represents a toll on our most precious resource - human lives and health.
2. Significant co-benefits for population health and well-being can result from mitigation policies in sectors such as energy, transport and agriculture.
3. The health sector will bear most of the burden of protecting and treating people that are negatively impacted by climate change, and will need support to play its critical role in relation to adaptation and resilience.

Health in the Climate Agreement

World leaders will gather for the United Nations Climate Change Conference in Copenhagen (COP-15) in December to define and hopefully adopt a strong and equitable climate change agreement that utilizes health impacts as a key factor in prioritizing action. WHO is keen to build on the momentum of these efforts for continued action through and beyond Copenhagen on all levels.

WHO welcomes the fact that health is now mentioned in the negotiating drafts (FCCC/AWGLCA/2009/14). However, WHO would strongly encourage the UNFCCC Secretariat and the Parties to ensure that these health references are retained and strengthened in the texts, and that the negotiating drafts take the positive opportunity to gain additional support and to greatly offset the costs of mitigation efforts, by promoting mitigation measures that can achieve health co-benefits .

1. Retain and strengthen the health references in the following sections

REF: I. A SHARED VISION FOR LONG-TERM COOPERATIVE ACTION

On Page 22, retain: 3. The serious adverse effects of climate change, notably those on crop [food] production systems, fisheries and food security, on poverty reduction, water resources, **human health and welfare**, including housing and infrastructure, on the composition, resilience and productivity of natural and managed ecosystems, including marine and coastal ecosystems, on the operation of socio-economic systems and on transboundary migration levels, as well as insufficient access to a global atmospheric resource and the related historical ecological debt generated by the cumulative GHG emissions, are [becoming] a major obstacle to the attainment of the Millennium Development Goals.

On Page 15, strengthen the concept of "right to live well" adding the reference to right to health (WHO addition in bold):

13. Noting that a shared vision for long-term cooperative action should take account not only of the rights of human beings, but also of the rights of Mother Earth and all its natural beings as the adverse effects of climate change also have a range of direct and indirect implications for the full and effective enjoyment of human rights – including the right to sustainable development, self determination, statehood, life, the right of people not to be deprived of their own means of subsistence, the right to water, **the right to health** and the right to live well – and are increasingly posing a risk to security and the survival, sovereignty and territorial integrity of states.

REF: II. ENHANCED ACTION ON ADAPTATION AND ITS ASSOCIATED MEANS OF IMPLEMENTATION

Page 35, retain: ***(A. Definitions, objectives, [guiding principles,] scope and roles and responsibilities)*** 1. Adaptation [shall] [should] encompass action to reduce the vulnerability and build the resilience of ecological and social systems and economic sectors to present and future adverse effects of climate change [and the impact of the implementation of response measures] in order to minimize the threats to life, human health, livelihoods, food security, assets, amenities, ecosystems and sustainable development.

Page 52, retain: (*Annex IV -Detailed functions of centres (paragraph 28)*) (o) Studying the stresses generated by climate change and variability, and estimation of past, current and future climate-related risks (e.g. sea level rise, intensification of storms, especially sand storms.) as well as risks to human health;

Page 58, retain: (*Annex I - National adaptation plans- Indicative objectives and functions*) (a) To [catalyse] [support] actions in and across different sectors, including agriculture and food security, water resources, health, ecosystems, coastal zones;

Page 60, retain: (*Annex III - Centres for adaptation - Indicative functions for regional centres*): (e) Enhancing impact, vulnerability and adaptation assessments based on the best scientific evidence available, including studying the stresses generated by climate change and variability, and estimation of past, current and future climate-related risks as well as risks to human health, oceans and coasts;

2. Gain additional support and greatly offset the costs of mitigation efforts, by promoting mitigation measures that can achieve health co-benefit

REF: III. ENHANCED ACTION ON MITIGATION AND ITS ASSOCIATED MEANS OF IMPLEMENTATION

The UN Framework Convention on Climate Change (UNFCCC) states that mitigation measures bringing about societal benefits should be prioritized. Health is one of the clearest of the societal benefits (as mentioned prominently in the opening section of the UNFCCC 1992, and substantiated by the Intergovernmental Panel on Climate Change)¹. Measures undertaken to reduce greenhouse-gas emissions in the sectors of household energy, transport, food and agriculture, and electricity generation both in low-income and high-income settings can have significant and economically important ancillary health benefits (or health co-benefits). Therefore, WHO recommends the Secretariat/Parties to consider the following:

On page 98, retain: -III. D. Cooperative sectoral approaches and sector-specific actions*(paragraph 1 (b) (iv) of the Bali Action Plan):

1. [Cooperative sectoral approaches and sector-specific actions [shall][should][enhance the][be focused on the enhanced] implementation of Article 4.1 (c) of the Convention, on:]

¹ Please refer to Article 4 of the UNFCCC, – Paragraph 1 (f): All Parties...shall “take climate change considerations into account, to the extent feasible, in their relevant social, economic and environmental policies and actions, and employ appropriate methods, for example impact assessments, formulated and determined nationally, with a view to minimizing adverse effects on the economy, on public health and on the quality of the environment, of projects or measures undertaken by them to mitigate or adapt to climate change”

(a) [The development, application and diffusion, including transfer, of technologies, practices and processes that control, reduce or prevent anthropogenic emissions of greenhouse gases not controlled by the Montreal Protocol, applicable to all relevant sectors, including, but not limited to, the energy, transport, industry, agriculture, forestry, health, tourism and waste management sectors;]

On page 104, add the “promotion of health co-benefits” (WHO addition in bold):

(h) Promotion of co-benefits, particularly those that:
(i) Respect and promote local sustainable communities;
(ii) Fully respect the rights of Indigenous Peoples and local communities;
(iii) Ensure local communities have the right to participate in the design, implementation and monitoring of such mechanisms that impact them, including procedural rights of redress;

(iv) Promote and protect human health and wellbeing.

On Page 84, Para 19 add the “promotion of health co-benefits” (WHO addition in bold):

The provision of support for NAMAs shall be guided by the following principles:

(a) Be underpinned by the principles of equity and common but differentiated responsibilities;
(b) Enable cost-effectiveness so as to ensure global benefits at the lowest possible cost;
(c) Enable direct access to funding by the recipients and ensure the provision of new and additional, adequate and predictable financing resources for technology transfer;
(d) Ensure recipient country involvement during the stages of identification, definition and implementation, making it truly demand-driven;
(e) Ensure that support is based on the needs identified by developing country Parties;
(f) Ensure that specific support is being provided for specific actions;
(g) Support the development and enhancement of endogenous capacities and technologies of developing country Parties;
(h) Ensure that the funds are spread evenly, ensuring equity, a fair distribution of benefits and an even spread across all economic sectors;
(i) Provide incentives by linking supporting measures in technology and finance and capacity-building with efforts in measurement, reporting and verification.

j) Provide incentives by prioritizing mitigation actions that achieve health and other socioeconomic co- benefits.

On Page 103: Para. 4. Under Option 1 (paragraph 6)(WHO addition in bold)

6. Market-based approaches should:

(a) Ensure that participation by Parties is on a voluntary basis;
(b) Ensure a net global mitigation benefit;
(c) Ensure environmental integrity, additionality of mitigation actions and the prevention of the double-counting of emission reductions;

- (d) Promote the development of a strong, transparent, integrated and well-regulated carbon market and the engagement of the private sector;
- (e) Promote incentives for the use of higher-cost mitigation opportunities;
- (f) Promote the availability of a range of scale in supported activities and ensure that mitigation actions are country-driven;
- (g) Provide incentives for investment, technology transfer and the realization of other cobenefits;
- (h) Promote fair and equitable distribution of activities across regions and the availability of upfront financing;
- (i) Ensure simplicity of administration and implementation;
- (j) Ensure that mitigation actions avoid health risks, and wherever possible, achieve health and other socioeconomic cobenefits.**

WHO would also recommend to add "reference to occupational health risks" in the following text:

On page 113, "III. F. Economic and social consequences of response measures* (paragraph 1 (b) (vi) of the Bali Action Plan)"(WHO addition in bold)

[Parties recognize the importance of avoiding and minimizing negative impacts of response measures on social and economic sectors, promoting a gradual and just transition in the most affected sectors, the creation of decent work and quality jobs **which take into account occupational health risks posed by climate change**, and contributing to building new capacities for both production- and service-related jobs .]

3. Final recommendation on financial mechanisms

VI. ENHANCED ACTION ON THE PROVISION OF FINANCIAL RESOURCES AND INVESTMENT

Financial Mechanisms to support climate change action should be accessible both to support actions that provide opportunities for improving health while reducing emissions of greenhouse gases, and to support programmes that help protect public health from climate change.