



World Health Organization

SUBMISSION BY THE WORLD HEALTH ORGANIZATION TO THE TWELTH SESSION OF THE AWG-LCA ON PARAGRAPH 1 OF THE BALI ACTION PLAN

Introduction

1. The World Health Organization (WHO) welcomes the opportunity to submit additional information, views and proposals to the Ad Hoc Working Group on Long-term Cooperative Action (AWG-LCA) under the Convention for consideration by the Parties at the Sixteenth Conference of the Parties (COP-16) in Cancun, Mexico, December 2010.

Background

2. The First Inter-Ministerial Conference on Health and Environment in Africa, held in Libreville, Gabon, 26-29 August 2008, explored the nature of, and opportunities offered by, the inter-linkages between the health and environment sectors. Ministers recognized the mutual importance and relevance of their respective sectors and the synergies that may be derived from intensified collaboration. Through the Libreville Declaration, they committed their countries to establishing a Health and Environment Strategic Alliance (HESA) as a basis for the development of joint plans of action and requested WHO and the United Nations Environment Programme (UNEP) to work with other partners in support of their efforts to address health and environment challenges in the continent of Africa.

3. WHO and UNEP have agreed with partners on a roadmap for implementing the Libreville Declaration and on key national and international milestones. Tools and methodologies have been developed to undertake country Situation Analyses and Needs Assessments (SANAs) and to elaborate National Plans of Joint Action (NPJAs). A synthesis of the data and information gathered will provide a first opportunity for ministers to examine an African continent-wide assessment of the state of health and environment linkages. In so doing, ministers will be able to define scientifically-based regional priorities and to agree on necessary national and regional actions.

4. Implementation of the Libreville Declaration and the establishment of the HESA aim to enhance adaptation to climate change in the health sector in Africa, in line with the Bali Action Plan and the negotiations under Chapter I, paragraphs 5 and 6, Chapter II, paragraphs 1-14 of the current text of the AWG-LCA (FCCC/AWGLCA/2010/14).

5. Subsequent to the First Inter-Ministerial Conference, it has become evident that the impacts of climate change on the African continent are likely to be more severe than originally anticipated and may exacerbate the effects of traditional and

emerging environmental risk factors on human health. In consequence, the probability of achieving the Millennium Development Goals in the countries of Africa has become increasingly low. Meanwhile, the challenges of climate change have led to a growing recognition that significant co-benefits for population health can result from adaptation and mitigation policies in sectors such as environment, energy, transport and agriculture.

6. It is in this context that WHO and UNEP convene the Second Inter-Ministerial Conference on Health and Environment in Africa, as requested by ministers in Libreville.

Second Inter-Ministerial Conference on Health and Environment in Africa

7. The Second Inter-Ministerial Conference will take place in Luanda, Angola, 23-26 November 2010. The general objective of the Conference is to sustain the political commitment made at the Libreville Conference on enhanced inter-sectoral actions and co-benefits for human health and the environment in support of sustainable development. A specific objective is the development of a Joint Statement of African Ministers of Health and Environment on Climate Change and Health for COP-16 in Cancun.

8. The Joint Statement will set out the commitment of governments to accelerate the implementation of the Libreville Declaration on Health and Environment in Africa by completing the SANA and NPJA processes, giving special attention to the management of adverse effects of climate change on health. Governments will establish timelines for all countries to: (a) undertake comprehensive health-and-environment climate-change vulnerability assessments; (b) establish national integrated environment-and-health surveillance systems; and (c) deploy an essential public-health package to enhance climate-change resilience. In addition, countries will commit to reducing vulnerability and to using ecosystems services to build natural adaptive resilience against the impact of climate change.

Negotiations under the AWG-LCA related to the Joint Statement

9. Given the strong connections between climate change, environmental degradation and human health, WHO wishes to recall Article 1 of the UNFCCC, which defines adverse effects of climate change as "changes in the physical environment or biota resulting from climate change which have significant deleterious effects on the composition, resilience or productivity of natural and managed ecosystems or on the operation of socio-economic systems or on human health and welfare".

10. WHO agrees with the text that states that developing country Parties are faced with urgent and severe long-term challenges from the impacts of climate change, including those on human health, as per paragraph 5 of the shared vision in Chapter I.

11. Furthermore, WHO agrees with the text that states that enhanced action on adaptation should take into consideration vulnerable groups and communities and ecosystems, with a view to integrating adaptation into relevant public health and environmental policies and actions, where appropriate, as per paragraph 6 of the shared vision.

12. We believe, in addition, that there is a need to take the particular vulnerability of countries in Africa affected by drought, desertification and floods into account, and that this should be reflected in the text.

Contact Points

Tim Meredith, WHO Headquarters (mereditht@who.int)

Lucien Manga, WHO Regional Office for Africa (mangal@afro.who.int)

