



WHO SUBMISSION ON NATIONAL ADAPTATION PLANS

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The World Health Organization welcomes the opportunity to provide the UNFCCC with information on the experiences of the public health community with the application of the guidelines for the national adaptation plan process for least developed country Parties and recommendations on financial arrangements for the formulation and implementation of national adaptation plans.

Health Community support to the national adaptation plans

In recent years the health community has become much more engaged on climate change issues. In addition to the mandates from the UNFCCC, there are now strong political mandates from the international health governing bodies, through a 2008 World Health Assembly resolution (WHA 61.19)¹ on climate change and health, and equivalent commitments at Regional level. These include, for example, the Libreville Declaration and the Luanda Commitment, through which African Ministers of Health and Environment have jointly proposed a regional framework for health adaptation to climate change, with similar commitments being made in the Americas², European³, Eastern Mediterranean⁴, South-East Asian⁵ and Western Pacific Regions⁶.

These political mandates are also supported by advances in technical guidance, and in health adaptation projects. The health community is therefore much better equipped to engage in the new round of national adaptation planning that is now under discussion.

WHO is currently supporting the national adaptation planning through the following activities:

- 1) Awareness raising and guidance to support greater health sector engagement in climate-change adaptation programming at national, regional and global level.

¹ http://www.who.int/globalchange/A61_R19_en.pdf

² http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=14471&Itemid=

³ <http://www.euro.who.int/en/what-we-do/health-topics/environment-and-health/Climate-change/publications/2010/protecting-health-in-an-environment-challenged-by-climate-change-european-regional-framework-for-action>

⁴ <http://www.emro.who.int/rc55/media/pdf/EMRC55R7a.pdf>

⁵ http://www.searo.who.int/linkfiles/sde_ndds.pdf

⁶ http://www.wpro.who.int/nr/rdonlyres/d386d219-a3fd-43bc-9746-b7b8df1f576d/0/wpr_rc59_r07.pdf

- 2) Technical and policy support for vulnerability and adaptation assessment based on newly-revised guidance produced by WHO and the Pan-American Health Organization, following consultation with health and environment practitioners.
- 3) Integration of adaptation measures within a comprehensive approach to strengthening health systems to protect populations from the impacts of climate change.
- 4) Sharing of lessons learned and technical resources from the range of WHO pilot projects on health adaptation to climate change, through the Nairobi Work Programme and other UNFCCC mechanisms, as appropriate.
- 5) Technical and policy support for new projects and programmes on health adaptation to climate change.
- 6) Technical support in developing national strategies and action plans.

Planning Health Adaptation in the most vulnerable countries

Through its country, regional and headquarters offices, WHO supports countries in planning and implementing health adaptation to climate change, contributing to the implementation of the decisions of the UNFCCC CoP, and its support mechanisms, such as the Nairobi Work Programme. WHO is currently executing major projects to pilot adaptation to climate change in 14 countries in all six WHO regions, and has provided support for assessments of health vulnerability and adaptation to climate change in over 30 countries.

WHO is now bringing this experience and tools together into a more comprehensive and programmatic approach to supporting health adaptation. While WHO's work in all parts of the world is relevant to this process, it can be best illustrated in relation to the LDCs through the comprehensive Plan of Action for Public Health Adaptation to Climate Change to minimize the adverse public health effects of climate change in Africa. This was developed by WHO and UNEP in response to the UNFCCC process, and to specific calls from the Ministers, the African Union Commission and the African Development Bank, to provide technical assistance to countries for implementation, and to facilitate access by African countries to existing climate funds, to protect health from climate change. The plan has now been endorsed by the Ministers of health and Ministers of environment of Africa⁷,

Countries will implement a set of public health and environment interventions to strengthen their resilience by developing and implementing national action plans for public health adaptation to climate change. These plans will be based on an essential public health package of interventions that would include baseline risk and capacity assessments, capacity building, integrated environment and health surveillance, awareness raising and social mobilization, public health oriented environmental management, scaling up of existing public health interventions, strengthening of partnerships and, promotion of research. At the international level, specialized agencies and technical institutions are requested to coordinate their actions to provide guidance, tools and technical support to countries for implementation of the above interventions. An initial estimated budget required for implementation is USD 1 001 000 000 for a 5 year period (2012–2016), or less than US 15 cents per capita per year.

⁷ Resolution AFR/RC61/R2 of the WHO Regional Committee for Africa, and Decision SS4/1 of the African Ministerial Conference on Environment, both adopted in September 2011. http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=6661

Programmatic and Financial support for health in national adaptation plans

The process established under the Cancun Adaptation Framework (CAF) to enable least developed country Parties (LDCs) to formulate and implement national adaptation plans (NAPs) is supposed to build upon their experience in preparing and implementing national adaptation programmes of action (NAPAs), as a means of identifying medium- and long-term adaptation needs and developing and implementing strategies and programmes to address those needs.

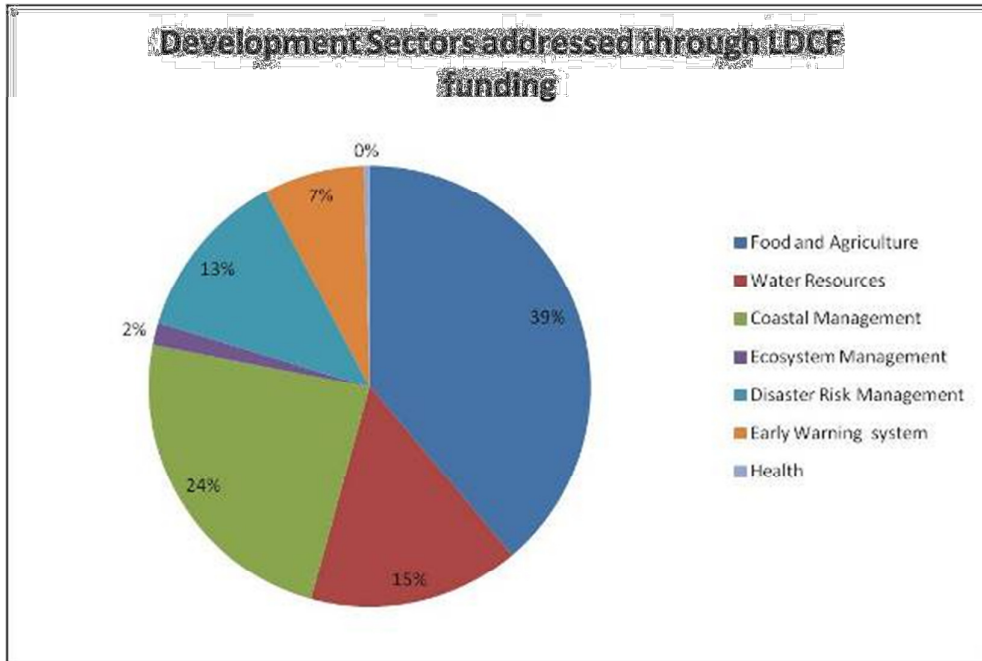
Health is one of the priority sectors identified by the UNFCCC National Adaptation Programmes of Action (NAPAs) guidelines and key development sectors addressed through the LDCF (the Least Developed Countries Fund). To assess the degree to which this has been reflected in national adaptation planning, particularly in developing countries, WHO undertook a review of the coverage of health in September 2010. Nearly all of the 41 NAPAs reviewed consider health as being one of the sectors on which climate change will have an impact. However, only just under a quarter of the NAPAs were considered to be comprehensive in their health-vulnerability assessment⁸. Notable gaps in vulnerability assessments include a lack of baseline epidemiological data for the diseases and medical conditions specified that would be affected by climate change, and a description of the trends anticipated in these disease and conditions. In most plans, there were no specific health protection objectives, targets or articulation of the public health strategy or national disease prevention and control programme under which they would be implemented. In many instances, this resulted in inadequate adaptation actions and the proposed projects were for the most part insufficient in terms of scope, size and resources.

Important implementation activities are taking place on climate change and health, but these have mainly taken place in parallel to the previous NAPA process. A recent systematic scoping review of intervention projects which aim to protect human health from climate change identified more than 40 eligible health focused intervention projects, including several of significant size⁹. However, none of these resulted directly from the outcome of the NAPA process, or were supported by the UNFCCC financial mechanisms. Weaknesses in connection between the international climate change and health processes, may contribute to the relative lack of investment in this area. It is estimated that current international support for health adaptation is only approximately 0.5% of the health-damage costs sustained from climate change. This is also shown by the distribution of LDCF resources by priority sector identified in the NAPAs - with less than 1 % allocated to health protection¹⁰. The investments that have been made in areas such as agriculture, disaster risk reduction and water resources may contribute to health protection, but this is more likely to happen if health is designed as an objective of the programmes in other sectors, and the health community are engaged as stakeholders in such initiatives.

⁸ Manga, L., Bagayoko, M. et al. (2010). Overview of health considerations within National Adaptation Programmes of Action for climate change in least developed countries and small island states. http://www.who.int/phe/Health_in_NAPAs_final.pdf

⁹ The review identified 18 currently active implementation projects in non Annex-1 countries that have a budget of over US\$500,000. This included seven countries participating in a project on health adaptation to climate change in Eastern Europe and Central Asia coordinated by the WHO Regional Office for Europe, funded by the German Government; seven in a global project coordinated by WHO and UNDP funded by the GEF SCCF; three run by WHO country offices funded by Spain through the MDG-F, and one run by UNDP funded by the GEF SCCF.

¹⁰ <http://www.thegef.org/gef/LDCF>



Conclusions and Recommendations

Climate change will worsen the main health problems of the LDCs, and other vulnerable populations, most importantly by increasing malnutrition, reducing access to safe water and adequate hygiene, from deteriorating air quality and increasing exposure to vector-borne diseases such as dengue, malaria, chikungunya etc. and other emerging and re-emerging infectious diseases. The climate change that has occurred since the 1970s already causes over 140 000 excess deaths each year, and climate change is estimated to add at least US\$2-4 billion in annual health sector costs by 2030¹¹. International funding for health adaptation is less than 1% of this figure. Over 95% of least developed countries identify health as a priority sector for adaptation—but less than 30% have an adequate health assessment or response plan.

There is therefore an urgent need to increase the climate resilience of health systems to provide adequate protection to the most vulnerable populations. WHO is promoting a comprehensive approach to strengthen health systems to assess and address the adverse effects of climate change on health, and has made significant progress in defining policy frameworks, providing technical guidance, assessing risk and vulnerability and piloting adaptation with health actors at the national level. All of this work contributes to the UNFCCC goals. However, until now it has proceeded largely in parallel to the UNFCCC process, and receives very little programmatic or financial support from the UNFCCC mechanisms. The new initiative on national adaptation planning provides an excellent opportunity to address these weaknesses, and more effectively link health and climate change goals, capacities and support mechanisms.

Key recommendations include:

- 1) Continuation of UNFCCC endorsement for greater engagement of the health community in adaptation planning at national, regional and global level;

¹¹ UNFCCC. Investment and Financial Flows to Address Climate Change. Bonn, 2007.

- 2) Ensuring health expertise is represented in the committees on the different technical and financial forums which support adaptation works through the UNFCCC work programmes on adaptation;
- 3) Inclusion of a health window under adaptation within the green climate fund as well as the inclusion of measurable health benefits as criteria to screen and prioritize adaptation and mitigation programmes and actions to be funded;
- 4) Establishment of a health sub-programme/work programme within the UNFCCC negotiation structure;
- 5) Promotion of implementation of article 4.1.f of the UNFCCC, related to the commitments of Parties to employ appropriate methods, for example impact assessments, to minimize the adverse effects of climate change on public health of mitigation and adaptation programmes and measures;
- 6) Supporting health sector initiatives on climate change adaptation and mitigation, such as the implementation of the Frameworks for public health adaptation to climate change in Least Developed Countries, to align with and contribute to the UNFCCC process and also to regional and national strategies.