



World Health Organization

SUBMISSION BY THE WORLD HEALTH ORGANIZATION TO WORK STREAM I OF THE TRANSITIONAL COMMITTEE FOR THE DESIGN OF THE GREEN CLIMATE FUND

The World Health Organization (WHO) welcomes the invitation to submit views on the work stream I of the Transitional Committee for the Design of the Green Climate Fund: Scope, guiding principles, and cross-cutting issues.

In particular, we would like to take this opportunity to address the suggested questions on the "Thematic scope" of the fund.

Thematic scope

WHO would like to highlight the need for a **thematic funding window** to protect and enhance human **health and welfare** under the new CGF.

As stated in article 1 of the UNFCCC, the intention is to avoid adverse effects of climate change, defined 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*".

Based on evidence summarized and assessed by the IPCC, WHO and others¹⁻³, it is clear that a warmer and more variable climate threatens to lead to higher levels of certain air pollutants, increased transmission of diseases from poor water, sanitation and hygiene, and an increase in the adverse health consequences of extreme weather events. It is also recognized that Least Developed Countries (LDCs) and Small Island Developing States (SIDS), which currently experience high burdens of climate sensitive diseases and include highly vulnerable populations, are likely to experience significant negative impacts of climate change, without immediate and adequate adaptive (i.e. preventive) measures.

Clear mechanisms to support health adaptation would also be consistent with political and public demand. The 193 WHO Member States have passed a resolution highlighting the need for stronger health action on climate change, and 95% of LDCs identify health as a priority sector for support in their NAPAs⁴. Surveys of public opinion also place health issues near or at the top of public concerns over climate change (e.g. approximately double the next highest priority in data reported in the 2007 Human Development Report⁵). Political mandates, implementation structures, and potential interventions are already available in many cases. For example, the "Framework for Public Health Adaptation To Climate Change In Africa" responds to a mandate from the environment and Health Ministers of the African Nations, is designed based on strengthening of proven, cost-effective public health functions to address climate sensitive diseases, with an implementation structure led by national

Health, Environment and related Ministries, supported by the relevant agencies of the UN system.

To date, these advantages have not yet been effectively mobilized to meet the UNFCCC commitment to avoid adverse impacts on human health and welfare. Although almost all LDCs identify health as a priority, less than 30% have adequate health assessments or intervention plans⁴. Current international support for health adaptation to climate change is about US\$10 million per year, or about 0.25-0.5% of the annual health impact costs estimated out to 2030, based on WHO, UNFCCC and World Bank figures⁶⁻⁸. The current situation is a missed opportunity to address climate-sensitive diseases and protect vulnerable populations, and to increase political and public support for adaptation.

WHO would also like to propose that implementation arrangements for the GCF to support mitigation policies should take full account of the commitments in Article 4.1. (f) of the UNFCCC - i.e. "All Parties...shall: ...f. 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 and measures undertaken by them to mitigate or adapt to climate change;". There is emerging evidence that climate mitigation policies can potentially pose significant risks to socioeconomic development, health and welfare, for example, via food prices and food security. At the same time, there is also now strong evidence that interventions in sectors such as household energy and urban transport could bring very large and immediate health gains, for example through reduced air pollution and respiratory disease, in many cases repaying much of the costs of mitigation measures⁹⁻¹¹. These cobenefits are currently not considered in the implementation mechanisms for international support for mitigation, but could potentially be assessed and quantified in a results-based approach. Application of the conditions in Article 4.1 f would help to ensure that mitigation efforts support, rather than compete with, other sustainable development objectives.

WHO would finally like to restate its commitment to help achieve the goals of the UNFCCC, and to lend all available technical support for health protection from climate change, under the structures finally agreed by Member States.

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