

KEY MESSAGES for UNFCCC SBSTA/SBI 56
by the World Health Organization and the Global Climate and Health Alliance

Climate change is an important environmental determinant of health. Stabilizing greenhouse gas concentrations is essential for a clean, healthy, and sustainable environment, including for clean air, water security, and food security and nutrition.

Elevated levels of greenhouse gas impact the health and wellbeing of humans and all other species with whom we co-exist.¹ These impacts are broad, and include heat stress, respiratory disease, increased prevalence of infectious and non-communicable disease, malnutrition, and emergencies linked to increased strength and frequency of natural hazards.

Climate change is a threat to health.¹

We note with emphasis:

- Climate change and air pollution are closely interlinked. Approximately 2/3 of outdoor air pollution exposure is caused by the burning of fossil fuels.² Long-term exposure to fine particulate matter (known as PM_{2.5}) exceeds WHO 2021 Air Quality Guidelines for over 90% of the global population³, resulting in over 4.2 million deaths a year, while total annual air pollution deaths are approximately 7 million⁴.
- Climate change threatens water security for 80% of the global population.⁵ By 2050, approximately 3.2 billion people are projected to live in severe water scarcity, which will further exacerbate barriers to safe water, sanitation and hygiene.⁶
- Food production contributes approximately 30% to global carbon emissions,⁷ and, of that, food loss and waste contributes 8% to carbon emissions,⁸ while the diet this system produces, and makes most available to the majority of consumers, results in a state of malnutrition for approximately 3 billion people, worldwide⁹.

The WHO further recognizes the adverse impacts of climate change on biodiversity loss in marine and terrestrial ecosystems, and that, among its many interlinkages to health, biodiversity loss contributes to zoonotic spillovers, like coronavirus.¹⁰

The WHO also recognizes that “children are disproportionately affected by changes in their environment, due to their unique metabolism, physiology and developmental needs”¹¹ and, to that end, recognizes the importance of strengthening emissions reduction ambition for the health and development of children and youth, as a point of intergenerational equity.

The Paris Agreement – an environmental agreement – is also a critical public health agreement. In the lead up to COP 27, WHO urges its Member States, and Parties to the UNFCCC, to acknowledge the significant impact that environmental degradation has on global mortality by including reference to health in COP 27 outcomes.

The WHO encourages environmental ministries to build a common dialogue with health ministries and encourages UNFCCC Parties to mobilize action on health at global, regional, and national levels to implement the UNFCCC as a component to public health strategy.

The WHO supports efforts for policy convergence across related forums on climate change, biodiversity, pollution, food systems, and health,¹² and therefore, we propose that Member States and Parties to the UNFCCC include links between climate change and health promotion in all related forums where climate change is on the agenda.

The WHO supports a multi-sectoral approach to health, and in line with the 2022 Geneva Charter for Wellbeing,¹³ we emphasize a “whole of society” approach to stewardship of wellbeing.

Promoting health and well-being and preventing disease by addressing its root causes is a priority for the WHO. Strong outcomes at COP 27 will promote health and wellbeing and are important for reducing global disease burden caused or exacerbated by climate change.

RECOMMENDATIONS

SUBSIDIARY BODY FOR SCIENTIFIC AND TECHNOLOGICAL ADVICE:

Preambular text to COP 27 decisions and/or an outcome document:

Recognize that stabilization of greenhouse gas concentrations will promote health and positive health outcomes for people and planet.

KJWA (agenda item 4):

We support a new, expanded mandate to discuss agriculture and food systems in the UNFCCC, including by anchoring dialogue in a permanent body under the UNFCCC. The mandate of a permanent body on agriculture under the UNFCCC should address food system mitigation, adaptation, and co-benefits.

The mandate of this body should be based in the understanding that ensuring “food production is not threatened” (UNFCCC Article 2):

- a) Is framed in line with Sustainable Development Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture);*
- b) Is in context of the definition of food security under the UN Committee on World Food Security (CFS) Global Strategic Framework¹⁴*

“Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life (FAO, 1996)”;

- c) That b) is in context of the evolving understanding of this definition, as specified in the CFS High Level Panel of Experts 2020 Building a Global Narrative Towards 2030¹⁵ report, as a “concept which is now based on addressing “multiple manifestations of hunger, malnutrition and food-related diseases through coordinated, multisectoral policies and actions.”; and*

d) Draws dietary considerations from FAO and WHO's Sustainable Healthy Diets-Guiding Principles.¹⁶

Santiago Network (agenda item 5):

Within the Santiago Network support collaboration among existing development, disaster-risk, food, and health agencies who are expert in risk management, early warning, and emergency interventions. The response and assistance to developing countries through this network should build on existing programs to facilitate efficient and effective implementation to address loss and damage.

Global Stocktake (agenda item 7):

The Stocktake should be utilized to input on mitigation and adaptation health co-benefits, including on impacts to health outcomes, as well as to reflect on the progress of the health sector to achieve climate resilient and low carbon health systems. This will promote implementation (UNFCCC article 4.1.f), by which countries commit to consider public health implications of any mitigation or adaptation policies or measures.

Glasgow–Sharm el-Sheikh Work Programme on the Global Goal on Adaptation (agenda item 18):

Within this Work Programme, the health community should be called upon to support decision on impact and response indicators and cost-benefit analyses for health actions. A combined option, of including avoided deaths, Disability Adjusted Life Years Saved (DALYs), or impacts to human security and avoided costs, individually proposed under the Adaptation Committee,¹⁷ would provide comprehensive analyses that could be utilized across sectors.

SUBSIDIARY BODY FOR IMPLEMENTATION:

Ensure health expertise is represented within the agencies accredited to the Green Climate Fund and other financing mechanisms.

GUIDANCE ON HEALTH AND CLIMATE CHANGE FOR MEMBER STATES AND PARTIES TO THE UNFCCC:

- *Increase emissions reduction ambition, including of short-lived climate pollutants, and to phase out fossil fuels as a public health imperative.*
- *Build on the commitments made to the COP26 Health Initiatives¹⁸ on climate resilient and low carbon sustainable health systems to promote national action aiming to protect and promote population health.*
- *Integrate health within the National Adaptation Plan (NAP) process, including formulating health national adaptation plans (HNAPs) as a component to adaptation strategies, and include HNAPs in communication materials with the UNFCCC secretariat.*
- *Assess and account for the health effects of climate change adaptation and mitigation measures within Nationally Determined Contributions (NDCs) and national climate policies, and include these within any update on NDCs.*
- *Take up the WHO 2021 Air Quality Guidelines² in national planning.*

- *Address the health risks posed by climate change via water by adopting risk assessment and management approaches (e.g. Water and Sanitation Safety Plans¹⁹).*
- *Promote sustainable healthy diets, in a national context, with the co-benefit of a low carbon footprint.*
- *Integrate public health considerations within all climate change adaptation and mitigation policies and programmes to be implemented at national level (UNFCCC Article 4.1.f).*
- *Encourage ministries to incorporate climate change into One Health²⁰ approaches.*
- *Encourage national institutions of medicine to advocate for a clean, healthy and sustainable environment and to incorporate climate change into advisories and curriculums.*
- *Use climate and weather information to inform health surveillance systems and service delivery.*
- *Encourage health ministries to engage on, and build capacity in, UNFCCC policymaking.*

WHO CLIMATE CHANGE AND HEALTH, *at a glance*

Updates COP26 to SBs56:

59 – countries pledged to the COP26 Commitments for climate resilient and low carbon health systems¹⁸

67 – countries have formulated an HNAP²¹

80 – WHO/UNFCCC climate change and health country profiles developed

Select Climate Change and Health Resources

[Compendium of WHO and other UN Guidance on Health and Environment](#)

[IISD Health in the Global Environmental Agenda: A policy guide](#)

[Review: Health in National Adaptation Plans \(NAPs\)](#)

[WHO Climate and Health Survey \(2021\)](#)

[WHO Climate Change City Profiles](#)

[WHO Climate Change Country Profiles](#)

[WHO COP 26 Health Programme](#)

[WHO COP 26 Special Report on Climate Change and Health](#)

[WHO Gender, Climate Change, and Health](#)

[WHO Guidance for Climate Resilient and Low Carbon Sustainable Health Systems](#)

[WHO Health in Nationally Determined Contributions](#)

[WHO Methods for Climate Change and Health Vulnerability and Adaptation Assessments](#)

[WHO Operational Framework for Building Climate Resilient Health Systems](#)

[WHO Quality Criteria for Health National Adaptation Plans \(HNAPs\)](#)

[WHO Quality Criteria for Evaluation of Climate-Informed Early Warning Systems for Infectious Diseases](#)

[WHO Strategy on Health, Environment, and Climate Change](#)

Resources on Climate Change Diplomacy

[UNITAR Training Course: Climate Change Negotiations and Health](#)

[WHO Online Training on Climate and Health in the UN Negotiations](#)

World Health Assembly Resolutions on Climate Change

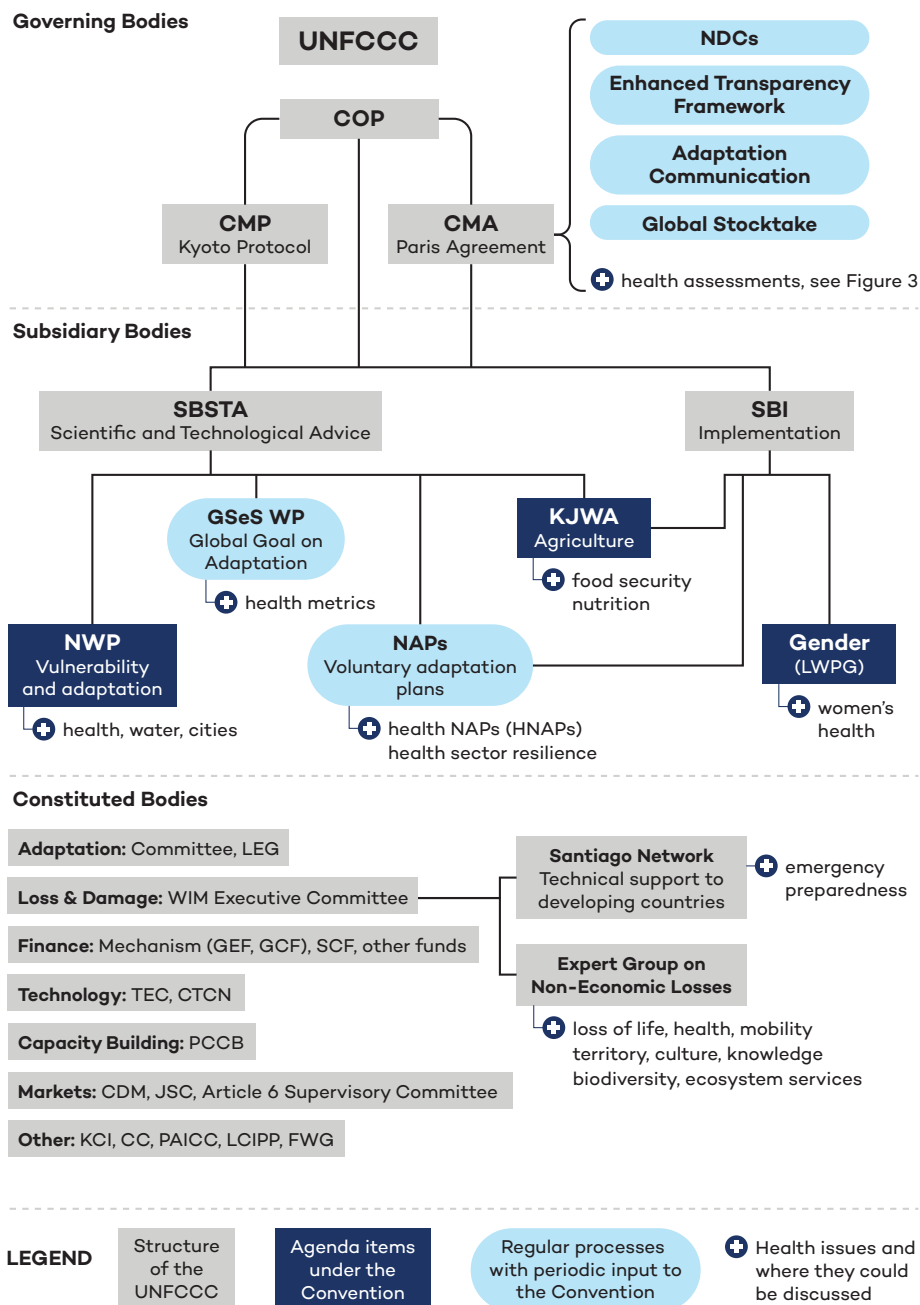
[WHA51.29](#) The protection of human health from threats related to climate change and stratospheric ozone depletion (1998)

[WHA61.19](#) Climate change and health (2008)

[WHA68.8](#) Health and the environment: addressing the health impact of air pollution (2015)

UNFCCC through a health lens

Figure from ENB's *Health in the Global Environmental Agenda*
<https://www.iisd.org/health-environment>



Note: See <https://unfccc.int/> for more information and acronyms.

REFERENCES

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- ¹ IPCC AR6 WGII Impacts, Adaptation, and Vulnerability, See <https://www.ipcc.ch/report/ar6/wg2/>
- ² Lelieveld et al. (2019). Effects of fossil fuel and total anthropogenic emission removal on public health and climate, See <https://doi.org/10.1073/pnas.1819989116>
- ³ WHO 2021 Global Air Quality Guidelines, See <https://www.who.int/news/item/22-09-2021-new-who-global-airquality-guidelines-aim-to-save-millions-of-lives-from-air-pollution>
- ⁴ WHO Air Pollution Factsheet, See https://www.who.int/health-topics/air-pollution#tab=tab_2
- ⁵ IPCC SR1.5, Chapter 3, See https://www.ipcc.ch/site/assets/uploads/sites/2/2019/02/SR15_Chapter3_Low_Res.pdf
- ⁶ UNFCCC 2020 Transformational Action Needed for Paris Agreement Targets - United in Science Report, See <https://unfccc.int/news/transformational-action-needed-for-paris-agreement-targets-united-in-science-report>
- ⁷ Climate change and land: An IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems, See Chapter 5 https://www.ipcc.ch/site/assets/uploads/sites/4/2021/02/08_Chapter-5_3.pdf
- ⁸ 2011 calculation, FAO Food Wastage Footprint and Climate Change, See <https://www.fao.org/3/bb144e/bb144e.pdf>
- ⁹ Independent Expert Group 2021 Global Nutrition Report: the state of global nutrition, See <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
- ¹⁰ WHO & CBD. (2015). Connecting global priorities: Biodiversity and human health: A state of knowledge review, See <https://www.cbd.int/health/SOK-biodiversity-en.pdf>
- ¹¹ UN Human Rights Council 2017 [A/HRC/35/13], See <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/110/91/PDF/G1711091.pdf?OpenElement>
- ¹² WHO 2020 Global Strategy on Health, Environment and Climate Change, See <https://www.who.int/publications/i/item/9789240000377>
- ¹³ See WHO: <https://www.who.int/publications/m/item/the-geneva-charter-for-well-being>
- ¹⁴ See <https://www.fao.org/cfs/policy-products/onlinegsf/en/>
- ¹⁵ See CFS <https://www.fao.org/3/ca9731en/ca9731en.pdf>
- ¹⁶ See <https://www.who.int/publications/i/item/9789241516648>
- ¹⁷ https://unfccc.int/sites/default/files/resource/ac19_6a_gga.pdf
- ¹⁸ See <https://www.who.int/initiatives/cop26-health-programme/country-commitments>
- ¹⁹ See WHO-IWA <https://wsportal.org/what-are-water-safety-plans/>
- ²⁰ For One Health definition, December 2021, See <https://www.who.int/news/item/01-12-2021-tripartite-and-unep-support-ohhlep-s-definition-of-one-health>
- ²¹ Note: Currently this indicator includes countries that have only a chapter on health in their NAP document. In the future, this indicator will be further refined to disaggregate those countries that have a health chapter in their NAP document from those that have developed a comprehensive HNAP stand-alone document.