

# Health Community Submission in Advance of the Eighth Workshop on the Glasgow Sharm El-Sheikh Work Programme on the Global Goal on Adaptation: Taking Stock of the Glasgow Sharm El-Sheikh Work Programme (Framework)

September 2023

## Background

This submission has been prepared by the Global Climate and Health Alliance (GCHA), based on input from the members of the wider climate and health community. Previous submissions made on the GGA by the health community include a submission by the World Health Organization (WHO) and GCHA with input from the Lancet Countdown on Health and Climate Change in [October 2022](#) on metrics, WHO, GCHA, Pathfinder Initiative, Health Care Without Harm, Health in Harmony, and the UK Health Alliance on Climate Change in [February 2023](#) on transformational adaptation, and by GCHA with inputs from Health in Harmony and Mahidol Oxford Tropical Medicine Research Unit in [May 2023](#). **This submission provides latest proposed options by the health community on potential targets and metrics to be considered for the GGA Framework, and proposes broader ways forward**, noting the inclusion of health as a theme in the [draft framework](#) proposed in Sharm el-Sheikh, and the presentation of health as a key element of wellbeing by AOSIS as noted in a [March 2023](#) submission.

## Health and Adaptation

Climate change presents the greatest threat to health of the 21st century<sup>1</sup> and thus also a severe threat to wellbeing. As described by the IPCC, climate change has profound direct and indirect impacts on health and wellbeing, driving heatwaves and other extreme weather events, vector- and water-borne disease transmission, food and water insecurity, and negative mental health impacts.

Adaptation across sectors is imperative in order to reduce these impacts on health and wellbeing. Indeed, health is determined not only by adaptation in the healthcare sector, but in the agriculture sector to promote food security and good nutrition, the water sector to prevent water-borne disease, energy, housing, infrastructure, and ecosystems. These concepts are discussed further in the February 2023 submission.

Health and wellbeing can also be considered a core pillar of adaptation: measures to improve the health and wellbeing of a population will support healthy populations which are more resilient to climate impacts and more able to recover quickly from climate shocks. This can be understood as “health resilience”, also described further in the February 2023 submission.

**Good public health is therefore an indicator of successful adaptation across sectors, as well as a pillar of resilience in itself.** Targets and metrics for public health outcomes would eventually be crucial to include under the GGA. Given challenges in monitoring overall health status of a population, this could initially include metrics

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<sup>1</sup> WHO, 2019. COP24 Special Report on Health and Climate Change.

<https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?sequence=1&isAllowed=y>

on adaptation in the health sector, combined with metrics in other sectors which promote health and wellbeing, such as agriculture, sanitation, infrastructure and ecosystems.

### Goals, targets and metrics for a GGA which protects wellbeing

We acknowledge the challenging nature of identifying and defining indicators for successful adaptation. **We also underscore the importance of measuring these outcomes, even imperfectly, in order to plan future adaptation actions with greatest benefit, and encourage Parties to adopt preliminary targets and metrics at COP28 which allow monitoring to commence** (rather than, for example, high level messages or a delayed decision on indicators), which can be strengthened in future through a standing agenda item on the GGA. As such, we present several options for monitoring of the GGA below, and discuss the potential strengths and limitations of each.

#### Options for an Overarching Goal:

- We support a resilient outcomes-based goal, such as the following: *Wellbeing needs are met and improved upon, particularly in the key areas of water, food, health, infrastructure, and ecosystems, in spite of increasing climate and weather impacts*. This goal would point to underlying targets and metrics on these themes which contribute to overall wellbeing.
- A loss-avoidance goal may confirm the extent to which adaptation actions can protect populations and could be phrased as follows: *Substantially reduce mortality, people affected, and economic loss and damage due to climate and weather-related events*. In this context, ‘people affected’ could refer to incidence of diseases and emergency hospitalisations from disasters. However we acknowledge that monitoring progress towards a loss-avoidance goal would be challenging without improved data collection and accompanying detection and attribution analysis.
- We do not support an overarching goal which depends solely on early warning systems, since this is one type of solution among many required, and not an outcome in itself. Early warning systems must be accompanied by measures to build resilience in order to ensure that populations are protected from a climate threat, and not merely warned about it.

#### Possible Targets and Metrics:

Targets and metrics for the GGA could be based on the following indicators:

##### *Health impacts of climate-sensitive weather events*

Target: Elimination of deaths and/or injuries from climate sensitive weather events; or elimination of disability adjusted life years (DALYs)<sup>2</sup> due to climate-sensitive disease. OR a % reduction of these impacts in the populations known to be most vulnerable<sup>3</sup>.

Metric: Deaths and/or injuries from climate sensitive weather events; or disability adjusted life years (DALYs) due to climate-sensitive disease

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<sup>2</sup> WHO (n.d.) Disability-adjusted life years. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158>

<sup>3</sup> In order to ensure the most vulnerable populations are not left behind, any target based on these metrics should either seek to entirely eliminate climate-related diseases and deaths, or focus on impacts solely in the populations known to be most vulnerable.

- Deaths and injuries caused by disasters, including extreme weather events that may be exacerbated by climate change, are partially recorded through [EM-DAT](#), while additional data on impacts may also be available at national level. This can indicate where adaptation interventions need to most urgently be implemented. Progress in adaptation could then be measured by monitoring deaths from events which are known to be climate sensitive, as compared to changing intensity, frequency and duration. Improved data collection will permit greater accuracy.
- However, health impacts of climate change extend beyond acute deaths from climate sensitive extreme weather events, and this indicator may not accurately capture impacts in settings where health losses and damages are slower onset. In section [7.2.1](#) of the AR6 WGII report, the IPCC notes that the global magnitude of climate-sensitive diseases was estimated in 2019 to be 39,503,684 deaths (69.9% of total annual deaths) and 1,530,630,442 DALYs. Attributing a portion of this burden to climate change would require advances in detection and attribution science. Measuring climate-attributable DALYs would provide a comprehensive measure of the extent to which adaptation measures are preventing health impacts of climate change.
- These options relate to options previously circulated which referred to heat-related morbidity and mortality, increased incidence of vector-borne diseases, reduced food security, the impact of heat stress on human health, and reduced water availability. Monitoring DALYs saved is also proposed in a 2021 paper by the UNFCCC Adaptation Committee<sup>4</sup>.
- In order to optimally monitor progress in adaptation, the effectiveness of adaptation interventions in reducing the risks necessitates monitoring impacts and whether they have changed according to the hazard.

### *Combined approach of Early Warning Systems and Universal Health Coverage*

Target: 100% coverage of Early Warning Systems and Universal Health Coverage

Metric: % coverage of Early Warning Systems and Universal Health Coverage

- While limited to health systems rather than wider public health outcomes, this indicator could be considered as a proxy for overall health sector resilience and could be readily included in the GGA Framework to be adopted at COP28, with UHC already monitored under SDG target 3.8. Strengths and limitations are discussed in the May 2023 submission.
- This indicator is related to two options previously circulated during SB58, namely *“100 percent coverage of all regions with early warning systems; the enhancement of health infrastructure and cooperation for the same, across regions”* and *“Enhance wellbeing and prosperity by increasing access to water, food and health for the most vulnerable groups by 2030”*.

### *Climate resilient health systems*

Target: TBC

Metric: TBC

- As part of its global monitoring programme on climate change and health, the WHO has developed indicators which track health sector progress in building climate resilient health systems, including process

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<sup>4</sup> UNFCCC Adaptation Committee (2021). Considering approaches to reviewing the overall progress made in achieving the global goal on adaptation. [AC19/SUM-INFO/6A] <https://unfccc.int/documents/268841>

indicators related to health adaptation<sup>5,6,7,8</sup>. Further work on climate resilient and low carbon sustainable health systems is being carried out under the WHO-led [Alliance for Transformative Action on Climate and Health](#) (ATACH).

- An interim target and metric could be based on the number of governments which have achieved national commitments to climate resilient health systems made under ATACH. We note that committing to achieve a climate resilient health system is not in itself sufficient to protect population health and wellbeing.
- Another option for an interim target and metric could be based around recorded impacts on healthcare facilities or supply chains during climate-sensitive extreme weather events.

### *Synergies with the Sharm el-Sheikh Adaptation Agenda*

- We note that adaptation outcomes are also being considered as part of the Sharm el-Sheikh Adaptation Agenda. If more comprehensive health metrics emerge in the Sharm el-Sheikh Adaptation Agenda, it could be valuable to cross-reference indicators referred to under the GGA Framework and the Sharm el-Sheikh Adaptation Agenda.

### **Ways forward**

- We urge Parties to adopt a GGA Framework at COP28 with an overarching goal, underpinned by targets and metrics, including for health as part of a broader wellbeing framing and reflecting health as an outcome of adaptation across sectors, which enables the commencement of monitoring to optimise future action on adaptation without delay.
- We strongly support a permanent agenda item on the Global Goal on Adaptation (GGA) under CMA and SBs, including regular reporting on progress through identified metrics for themes included in the final GGA framework, and to enable redefining, restructuring and strengthening the targets and metrics of the Global Goal on Adaptation and its wider architecture as needed.
- We look forward to confirmation of how the GGA can best inform future rounds of the Global Stocktake.
- We encourage the UNFCCC Secretariat and Parties to coordinate with health stakeholders who have expertise in monitoring, including the World Health Organization, the Lancet Countdown on Health and Climate Change, and other academic institutions.
- We urge meaningful engagement with most affected people and communities when designing adaptation interventions and monitoring adaptation progress including Indigenous peoples, women, youth, and people with disabilities.

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<sup>5</sup> WHO (2022). Measuring the climate resilience of health systems. <https://iris.who.int/handle/10665/354542>

<sup>6</sup> WHO (2021). WHO Health and Climate Change Global Survey. <https://www.who.int/publications/i/item/9789240038509>

<sup>7</sup> WHO (2020). WHO guidance for climate resilient and environmentally sustainable health care facilities. <https://www.who.int/publications/i/item/9789240012226>

<sup>8</sup> WHO (2015). Operational framework for building climate resilient health systems. <https://www.who.int/publications/i/item/9789241565073>