

This submission represents WHO response to the letter received from the United Nation Office of the High Commissioner for Human Rights, inviting United Nations Organizations to submit their inputs to a study on climate change and the right to health.

WHO welcomes the Human Rights Council Resolution A/HRC/29/15 on human rights and climate change and the request to the Office of the United Nations High Commissioner for Human Rights the “conduct of a detailed analytical study on the relationship between climate change and the human right of everyone to the enjoyment of the highest attainable standard of physical and mental health” in consultation and taking into account the views of the World Health Organization among other relevant stakeholders.

I. The right to health in International Human Rights Law.

The right to health is included in the international human rights law, specifically in[1]:

- The 1965 International Convention on the Elimination of All Forms of Racial Discrimination: art. 5;
- The 1966 International Covenant on Economic, Social and Cultural Rights: art. 12;
- The 1979 Convention on the Elimination of All Forms of Discrimination against Women: arts. 11, 12 and 14;
- The 1989 Convention on the Rights of the Child: art. 24;
- The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families: arts. 28, 43, and 45;
- The 2006 Convention on the Rights of Persons with Disabilities: art.25.

In addition to being included in international law instruments, a number of international conferences and declarations have provided further insights on relevant aspects of public health that contribute to understanding the right to health.

Of special relevance is the Declaration of Alma-Ata, which was issued in 1978 as an outcome of the International Conference on Primary Health Care. The declaration affirms that “access to primary health care is the key to attaining a level of health that will permit all individuals to lead a socially and economically productive life (art.5) and to contributing to the realization of the highest attainable standard of health”[1].

Additionally, the right to health and to health care is recognized in relevant regional instruments and at least 115 national constitutions[1].

States having ratified international human right treaties have the obligation to give effect to these rights, including the right to health.

II. Health in the International Climate Change Law

Health was central to the 1992 United Framework Convention on Climate Change (UNFCCC) as it is included in two of its key articles as follows[2]:

- Article 1, related to definitions, includes health as one of the three main sets of adverse effects of climate change by stating that “adverse effects of climate change are those that have a “deleterious effect on natural and managed ecosystems, on the operation of socio-economic systems or on human health and welfare”.

- Article 4, 1 (f), related to commitments from Parties, request Parties to the Convention to minimize public health implications of all mitigation and adaptation projects and measures undertaken by them, by using relevant tools such as impact assessments.

Although article 4 is not being systematically implemented at the moment, all Parties (196 countries) to the UNFCCC are expected to implement the commitments included in the Convention (i.e. article 4), including its obligation to consider the public health implication of all adaptation and mitigation measures and projects implemented by them.

The outcomes of meetings of the Conference of the Parties (COP) to the UNFCCC also include important references to health. Parties gathered at COP20, held in Lima from 1-12 December 2014, decided “to continue the technical examination of opportunities with high mitigation potential, including those with adaptation, health and sustainable development co-benefits, in the period 2015–2020” [3]. Of special relevance is the agreement reached at COP21, held in Paris by the end of 2015, which not only recalls articles 1 and 4 of the UNFCCC but also makes reference to the Cancun agreement (outcome of COP16) which included health as a priority sector for adaptation. Additionally, the Paris outcome includes explicit references to the right to health in both the preambles of the decision and the Paris agreement itself but also the importance of health co-benefits is included under the section related to enhanced action prior to 2020[4].

Countries having ratified international legal instruments on climate change are obliged to implement them and translate these international obligations into national law. As per the information included in this section, health and the right to health are a key justification for countries committing to take action against climate change.

Although jurisprudence it is not very extensive yet, there is an important example in the Netherlands, where the State was held accountable for unfulfilment of climate change obligations on the basis of the “threat to human rights around the world, most notably to the right to life and the right to health” [5]. This is an important precedent that will hopefully serve to initiate other similar cases across the globe.

III. Available data on the impacts of climate change on the enjoyment of the human right to health.

Relevant quantitative and qualitative data on the impacts of climate variability and change on health can be found in several WHO publications. Some of the most recent and relevant are listed below:

- Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s <http://www.who.int/globalchange/publications/quantitative-risk-assessment/en/>
- Country profiles on climate change and health <http://www.who.int/globalchange/resources/countries/en/>
- Gender, climate change and health http://www.who.int/globalchange/publications/reports/gender_climate_change/en/
- Report of the first Global Conference on Climate and Health where you can find information on the main approaches to climate change and health, namely health

system's strengthening and health co-benefits of mitigation

<http://www.who.int/globalchange/mediacentre/events/climate-health-conference/whoconferenceonhealthandclimatechangefinalreport.pdf?ua=1>

- The social dimensions of climate change
<http://www.who.int/globalchange/mediacentre/events/2011/social-dimensions-of-climate-change.pdf>
- Health in the green economy http://www.who.int/hia/green_economy/en/
- Air pollution http://www.who.int/topics/air_pollution/en/
- Indoor (household) air pollution and health
<http://www.who.int/mediacentre/factsheets/fs292/en/>
- Ambient (outdoor) air pollution and health
http://www.who.int/phe/health_topics/outdoorair/en/
- Further WHO publications on climate change and health can be found here:
<http://www.who.int/globalchange/publications/en/>
- Enhancing women's leadership to address the challenges of climate change on nutrition security and health
http://unscn.org/files/NutCC/Paper_Enhancing_Women_leadership_final.pdf
- Key messages on climate change and health for different target audiences
<http://www.who.int/globalchange/publications/did-you-know/en/>

Furthermore, key messages on climate change and health are included below:

Climate change is affecting health now, and will continue to do so. WHO conservatively estimates that climate change will cause some 250,000 additional deaths per year by the 2030s. The main health risks are more intense heatwaves and fires; increased prevalence of food-, water- and vector-borne diseases; increased likelihood of undernutrition resulting from diminished food production in poor regions; and lost work capacity in vulnerable populations. Uncertain but potentially more serious risks include: breakdown in food systems, violent conflict associated with resource scarcity and population movement, and exacerbation of poverty, undermining the health and other objectives of the post-2015 sustainable development agenda. Poorer populations and children are disproportionately at risk, with different impacts on women and men. Overall, climate change is expected to widen existing health inequalities, both between and within populations.

Health protection is possible, and should be a priority for investment of climate adaptation funds. Health can be protected against climate change through protecting and improving the social and environmental determinants of health such as water and sanitation, ensuring equitable access to health services, and health interventions that are targeted specifically at climate-related risks, such as surveillance and response for climate-sensitive infectious diseases. These are good investments for both development and climate funds, as they are proven to save lives now, and can also strengthen long-term resilience to climate change.

Mitigating climate change can bring large and immediate benefits for health, and for the economy. Policies that reduce carbon emissions can also yield large, local, near-term health benefits for populations at all stages of development. The most obvious gains are from

reducing the annual mortality attributable to ambient and household air pollution (about 4.3 million and 3.7 million, respectively), which is among the largest causes of death globally. Implementing proven interventions to reduce emissions of short-lived climate pollutants, such as achieving higher vehicle emissions and efficiency standards, would be expected to save approximately 2.4 million lives a year and reduce global warming by about 0.5°C by 2050. Placing a price on polluting fuels to compensate their negative health impacts would be expected to cut outdoor air pollution deaths by half, reduce carbon dioxide emissions by more than 20%, and raise approximately US\$ 3 trillion per year in revenue – over half the total value of health spending by all of the world’s governments.

Healthcare provision is responsible for approximately 10 per cent of global Gross Domestic Product (GDP) – and its size and contribution to climate change is growing. The health sector can also improve its own practices and at the same time minimise its carbon emissions. Health services in some developed countries responsible for between five and fifteen per cent of carbon emissions. Energy efficiency, shifting to renewables, and greener procurement and delivery chains can both improve services and cut carbon emissions. In contrast, many health facilities in the poorest countries lack any electricity supply; for resource-constrained settings and off-grid hospitals and clinics, low-carbon energy solutions can form an important component of an overall energy supply strategy.

The Paris agreement is a strong health agreement. The Paris agreement is essential to safeguard public health. The agreement reinforces the original UNFCCC principle of health as a primary motivation for action; identifies health as an adaptation priority, and promotes climate change mitigation policies that also bring health benefits. It is expected to help bring about a planet that is not only more environmentally intact, but also has cleaner air, more abundant and safer freshwater and food, more effective and fairer health and social protection systems - and as a result, healthier people.

IV. Existing adaptation and mitigation measures being promoted.

WHO is supporting countries in its efforts to build health system’s resilience to climate change through its programme on climate change and health. The main initiatives are summarized below:

- I. Health component of national adaptation plans (H-NAPs).** Created under the global UNFCCC climate change agenda, the National Adaptation Plan (NAP) process is intended to provide support for medium- and long-term adaptation planning needs in LDCs and other developing countries. Having the UNFCCC in general, and the NAP process in particular, as a framework, WHO is supporting the health sector, working with partners in the environment and other related communities at national level, to develop the health component of the NAP. Further information on the H-NAP process can be found here http://apps.who.int/iris/bitstream/10665/137383/1/9789241508001_eng.pdf

- II. Intended nationally Determined Contributions (INDCs).** As part of the UNFCCC process, countries agreed to submit to the UNFCCC Secretariat their Intended Nationally Determined Contributions (INDCs) towards achieving mitigation objectives prior to COP21. The INDCs are reports where countries specify which mitigation actions they are ready to take under a new climate agreement. Although not all countries submitted their INDCs by the proposed deadline, a synthesis report was prepared by the Secretariat, which estimated that the aggregate greenhouse gas emission levels in 2025 and 2030 does not fall within least-cost 2°C scenarios[6]. The INDCs provide an opportunity to estimate the aggregate health co-benefits of mitigation commitments made by countries. WHO is committed to estimate these and is already working to come up with this information in the near future.
- III. National communications (NCs).** All countries party to the Convention are expected to develop and submit their NCs to the UNFCCC as a means of reporting on implementation of the UNFCCC commitments (as listed in Article 4 of the UNFCCC). The NCs constitute an important reporting mechanism established under the UNFCCC that should include information related to health both in relation to resilience and also promotion of health co-benefits. WHO is supporting countries to strengthen the collaboration and communication with the Minister of Environment or the office responsible of climate change issues at national level, so as to ensure that actions taken on climate change and health, both in relation to adaptation and mitigation, are also included into relevant climate change processes such as the NCs or INDCs.
- IV. WHO resolution on climate change and health and regional resolutions and workplan.** The 193 Member States represented at the World Health Assembly adopted a resolution on health protection from climate change in 2008. WHO was mandated to strengthen its programme on climate change and health and to prepare its first workplan in the subject, which was approved in 2009 focusing in four priority areas of work, namely partnerships, awareness raising, research and evidence, and strengthening health systems[7]. The second WHO workplan on climate change and health was approved last year for the period 2015-2019[8].

Furthermore, regional resolutions and work plans on climate change and health have been adopted across all WHO Regions such as the WHO Regional Office for Africa (AFRO) “Adaptation to climate change in Africa: Plan of action 2012–2016”; the WHO Regional Office for the Americas (AMRO) “Strategy and plan of action on climate change”; the WHO Regional Office for Europe (EURO) “Protecting health in an environment challenged by climate change: European regional framework for action”; the WHO Regional Office for South-East Asia (SEARO) “Regional strategy for protecting health from climate change”; and guidance given in resolutions on climate change and health by the WHO Regional Office for the Eastern Mediterranean (EMRO) and WHO Regional Office for the Western Pacific (WPRO).

V. Operational framework for building climate resilient health systems. WHO has been working on climate change and health for more than 20 years, first generating evidence on the linkages between climate variability and change and health and then, translating the evidence into concrete actions aiming to support countries to build the resilience of its health systems and promote health co-benefits of mitigation actions. The experience gained during this time allowed WHO to define a systematic approach to support countries in their work on climate change and health. This approach is summarized in its operational framework for building climate resilient health systems. The framework builds on the six building blocks of health systems (i.e. leadership and governance; health workforce; health information systems; essential medical products and technologies; service delivery; and financing) and identify 10 key functions to be strengthened if health systems are to become prepared to face the risks posed by climate variability and change. The diagram below summarizes these functions:

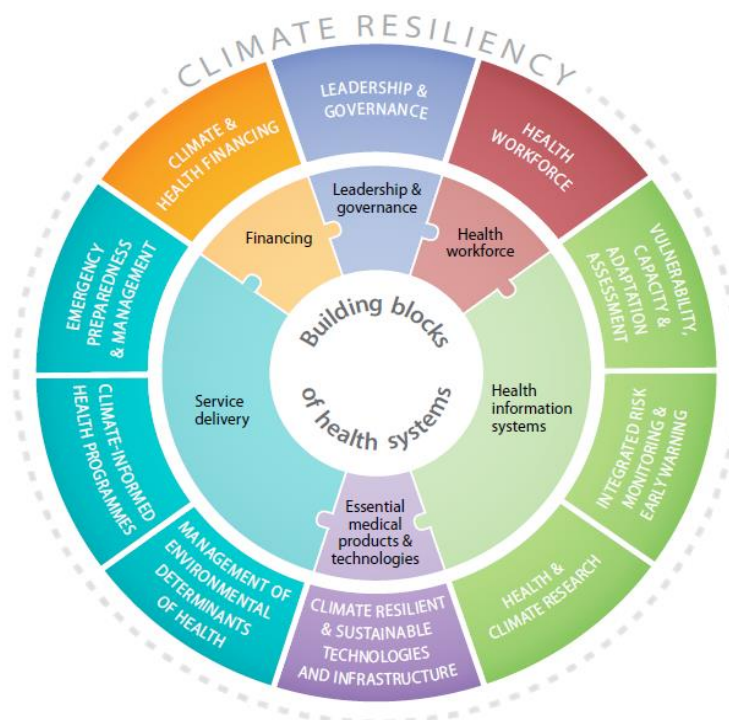


Figure 1: WHO operational framework for building climate resilient health systems

Conclusions

Countries having ratified international human rights and climate change laws are obliged to implement and translate these obligations into national legislation.

Although not very extensive yet, there is incipient jurisprudence holding a State accountable for unfulfilment of climate change obligations on the basis of the threat to the human rights related to life and health. Health is beginning to be perceived as the main justification for countries to tackle climate change and as an important co-benefit of mitigation actions.

Litigation offers an entry point to further protect health in those cases where countries are not fulfilling their international obligations on climate change.

WHO has been working on the links between climate change and health for over 20 years and extensive evidence on impacts and vulnerability has been made available so far.

Additionally, WHO has defined a practical approach to support countries in their response efforts so as to effectively build climate resilient health systems and promote health co-benefits of mitigation actions undertaken by them. The response includes diverse actions such as the assessment and management of risks, the implementation of early warning systems for health, building the resilience of technologies and infrastructure, disaster risk reduction and finance. WHO's approach is summarized in the Operational framework for building climate resilient health systems.

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