Climate Change and Health in Small Island Developing States:

WHO Special Initiative in collaboration with UNFCCC Secretariat and Fijian Presidency of COP-23

Contents

The Challenge

1. Health impacts of climate variability and change in Small Island Developing States

Climate change undermines the environmental determinants of health: clean air and water, sufficient food and adequate shelter; and can increase the risks of extreme weather events.

Although all populations are at risk, some are more vulnerable than others. Small Island Developing States (SIDS) are in the front line, encapsulating the range of acute to long-term risks, from more extreme floods and storms, to increased risks of water-, vector- and food-borne infectious diseases, and other communicable and non-communicable diseases, to sea-level rise threatening fragile healthcare facilities, mainly but not exclusively, situated in coastal areas.

Most small islands already present high burdens of climate sensitive diseases such as vector-, food- and water-borne diseases. Climate change will manifest in increased average temperatures, increased incidence and severity of extreme weather events (such as floods, cyclones, storm surges and drought), sea-level rise, higher fresh-water temperature and decreased availability of water and food. All these hazards will translate in increased mortality and morbidity from extreme weather events (including mental health) and climate-sensitive diseases such as malaria, dengue, cholera, filariasis, leptospirosis, schistosomiasis and ciguatera fish poisoning. Sea-level rise will threaten the vey existence of some SIDS. Furthermore, there is robust evidence showing how climate-related processes originating in other countries pose serious health risks to SIDS. These include air-borne dust, the spread of aquatic pathogens, the invasion of plant and animal species, and distant-source ocean swells from mid to high latitudes.

2. Health and climate change within international climate change and health policies

Health has been included in relevant international climate change agreements. The 1992 United Nations Framework Convention on Climate Change (UNFCCC) refers to health as one out of three main sets of adverse effects of climate change and request Parties to employ appropriate methods to minimize the adverse effects on public health of all adaptation or mitigation policies or measures implemented by them. The 2015 Paris Agreement refers to the right to health in its preamble.

Both in the UNFCCC and the Paris Agreement list SIDS as countries especially vulnerable to the adverse effects of climate change. Additionally, the Paris Agreement calls all institutions serving the Agreement to ensure efficient access to financial resources for the least developed countries and SIDS.

The highest level of global health governance has also called for stronger action on climate change. In 2008, the Ministers of Health gathered at the World Health Assembly passed resolution on climate change and health, noting the severe impacts on health, including particularly on SIDS. They

called for strengthened support from WHO, and endorsed a workplan covering advocacy and awareness raising, partnerships, enhancing scientific evidence, and health systems strengthening. This is now supported by relevant regional resolutions and workplans on climate change and health, including initiatives and commitments specifically addressing SIDS.

This effort has been taken up across the health community. In July 2016 WHO and the Government of France convened the Second Global Conference on Health and Climate, to support the implementation of the Paris climate agreement. This brought together Ministers of Health and Environment, senior Government officials, technical experts and civil society from around the world, resulting in a comprehensive health action covering: increasing the resilience of health systems, and the environmental and social determinants of health, to climate risks; gaining the health co-benefits of climate mitigation measures, particularly through reducing nearly seven million deaths from air pollution; scaling-up financial investments in climate change and health and developing a new approach to link health, economics and climate change; engaging the health community and civil society in communicating and preventing climate risks, and in taking advantage of opportunities for health; and measuring country progress and reporting through the WHO/UNFCCC climate and health country profiles and Sustainable Development Goals indicators.

3. Current lack of response to address the health impacts of climate change in SIDS

Despite the strong mandates, and the clear agenda for implementation, the international response remains weak, both for health in general and SIDS in particular. Less than 1.5% of international finance for climate change adaptation is currently allocated to health projects. Few countries are currently taking advantage of the opportunity to improve health at the same time as making the reductions in carbon emissions necessary to safeguard the future of SIDS; only 15% of intended Nationally Determined Contributions submitted for the Paris Agreement mention health gains (e.g., reductions in air pollution mortality) that can be expected through mitigation.

WHO is committed to work with Member States to address these gaps, and to protect the health of the most vulnerable to the impacts of climate change, particularly in Small Island Developing States, as a priority for the next five years. Partnerships - with UNFCCC, as well as with UN Environment and WMO, other IGOs, NGOs and civil society - are key to success.

The vision

By 2030 all health systems in Small Island Developing States are resilient to climate variability and change, and countries around the world are reducing carbon emissions both to protect the most vulnerable from climate risks, and to gain the health co-benefits of mitigation policies.

Success will be achieved when national health agencies have clear guidance on the approaches and interventions that will have the greatest and most sustainable impact in protecting health from climate-related risks, and enough financial resources and the political will to implement them are mobilized.

Country Ownership and Partnerships

The central principles of the initiative are country ownership, and an open partnership for delivery supported by WHO.

Ministers of Health have already given high-level input through consultation with the WHO Director-General, and in regional meetings covering the most affected countries. Based on this feedback, WHO proposes the following overall framework, activities and contribution that the Secretariat will be able to make, to support Member States.

A wide range of national health actors, civil society health groups, development agencies and other UN agencies are already making important contributions to protect health in SIDS. Furthermore, within the framework of health in all policies, the current initiative aims to strengthen the role of the health sector in promoting health in health-determining sectors such as environment, energy, transport, urban planning, and food. Strategic partnerships will be promoted and strengthened. The initiative aims to be an inclusive partnership that brings together existing and new efforts, and scales them up for more effective protection.

Scope

The initiative aims to provide national health authorities in SIDS with the political, technical and financial support, and the evidence to better understand and address the effects of climate change on health including those mediated via climate change impacts on the main determinants of health (e.g. food, air, water and sanitation, vectors); improve the climate-resilience and environmental sustainability of health services; and to promote the implementation of climate change mitigation actions by the most polluting sectors (e.g. transport, energy, food and agriculture) that maximize health co-benefits, both within and outside SIDS.

The initiative will also aim to lead the way in transforming health services in SIDS away from the current model of curative services with escalating costs, and towards one based on disease prevention, climate resilience and sustainability. It will also implement approaches for WHO to work in a more integrated way both across its own programmes (e.g., environmental health, worker's health, health systems strengthening, emergency preparedness and response, food security and nutrition), and with other partners.

Components of the SIDS Initiative

The initiative has four components, as follows:

1) Empowerment: Supporting health leadership in SIDS to engage nationally and internationally

2) Evidence: Building the business case for investment

3) Implementation: preparedness for climate risks, and health promoting mitigation policies

4) Resources: Facilitating Access to Climate and Health Finance

These four components are inter-linked (figure 1).

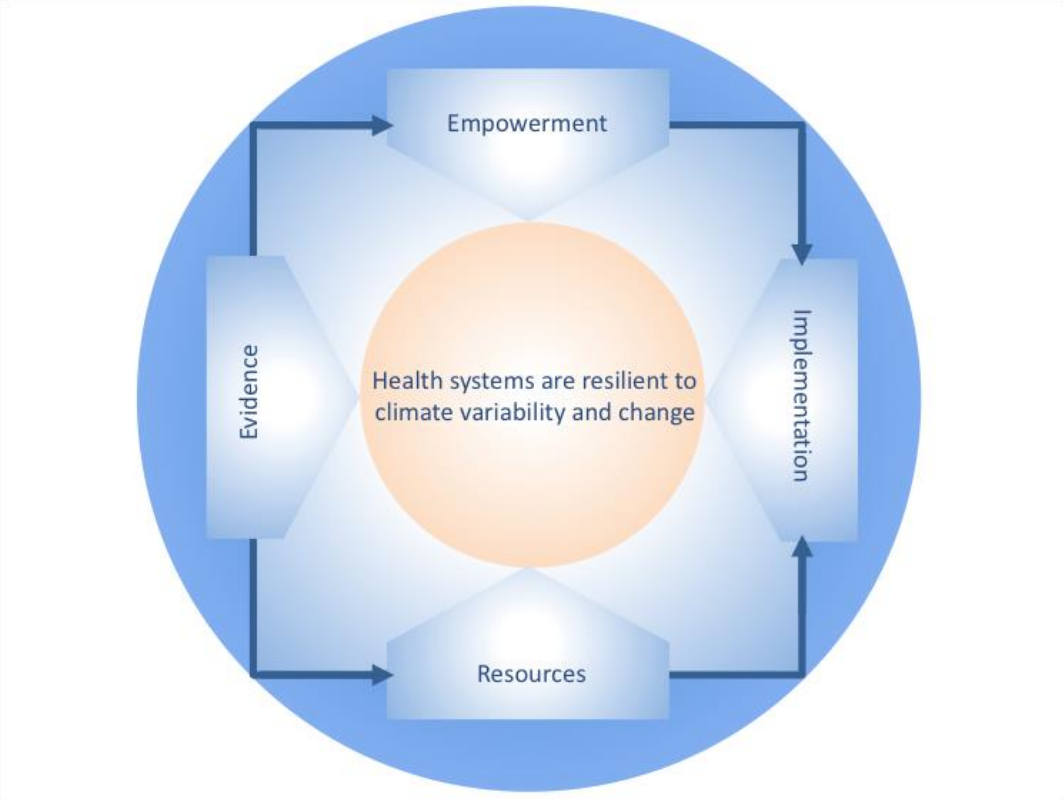

Fig.1 Interlinkages among the four components of the SIDS initiative. *Evidence* leads both to *Empowerment*, and access to *Resources*. Both Empowerment and access to Resources lead to successful *Implementation* of actions. The four components aim at making health systems in SIDS resilient to climate variability and change.

1) **Empowerment:** Supporting health leadership in Small Island Developing States to engage nationally and internationally

Since the establishment of the United Nations Framework Convention on Climate Change (UNFCCC) in 1992, protecting "human health and welfare" has been recognised as a priority in responding to climate change. The Paris Agreement, adopted in December 2015, marks a new era, as the first agreement to commit both developed and developing countries to action, based on their own Nationally Determined Contributions. The first page of the Paris Agreement cites "the right to health", presenting the opportunity to implement the agreement as a public health treaty. This is particularly relevant to SIDS, which have made minimal contribution to global carbon emissions, but are among the most susceptible counties to climate change impacts.

Although health is increasingly recognized in the climate discussions, it is still not routinely recognized as a priority – missing opportunities both to protect health, and to mobilize health as an argument and success measure for climate action. In this context the initiative aims to:

- Strengthen national capacity and amplifying the voice of national health actors to enable them to effectively engage in climate change negotiations and processes at country level;
- Engage with communities, civil society and NGOs to strengthen their capacities and preparedness to support the SIDS initiative and help building local resilience
- Integrate health into national climate change planning, and international support mechanisms – including national adaptation plans, and nationally appropriate mitigation actions under the UNFCCC;
- Strengthen the inclusion of health considerations to support the political positions of relevant groupings of SIDS, such as the Alliance of Small Island States (AOSIS);
- Support the Fijian Presidency of the UNFCCC Conference of Parties (COP23) to advance work on climate change and health as an outcome of COP23, and to mobilize support for its implementation in SIDS and elsewhere.
- Advocate on the importance of promoting health co-benefits of climate change mitigation actions implemented by those sectors most responsible for overall GHG emissions at national level (e.g. energy, food and agriculture, transport, solid waste management);
- Convene a global conference on climate change and health in SIDS;

2) **Evidence:** Building the business case for investment

Significant financial sources are potentially available from international climate finance, development banks and others. However, health in general, and SIDS in particular, lack the systematic economic evidence base that is necessary to make their case to potential investors. Knowledge on the interlinkages between climate change and health in SIDS is limited and needs to be constantly improved through research. Furthermore, capacity to undertake research in the area of climate change and health in SIDS needs to be strengthened.

The initiative will support the collection, and application into policy, of evidence on the following:

- Generation of country profiles for climate change and health for all SIDS, as an evidence summary and a mechanism for progress tracking, monitoring and evaluation.
- Conducting national vulnerability and adaptation assessments describing the specific vulnerabilities and adaptation options (e.g., morbidity and mortality attributed to unsafe water, unsafe sanitation, and lack of hygiene, malnutrition, disasters) for all SIDS;
- Promotion of a global SIDS, regional and national research agenda on climate change and health, including both adaptation and mitigation and strengthen the capacity of research institutions at all levels to conduct this research;
- Assessment of the additional financial investments that will be required to "climate-proof" the provision of Universal Health Coverage in SIDS;
- Health and economic benefits of investment in climate resilience and renewable energy for health facilities in SIDS;
- Health and economic gains from redirecting the resources that governments are currently spending on health-harming financial incentives (such as fossil fuel subsidies), both in SIDS and elsewhere, instead towards investment in Universal Health Coverage;
- Health and economic co-benefits of Nationally Determined Contributions to climate mitigation (e.g., through reductions in air pollution) in the major economies driving the climate change that threatens SIDS.

3) **Implementation:** preparedness for climate risks, and health promoting mitigation policies

The initiative would build on the experience gained in climate and health adaptation projects around the world, applying WHO's Operational Framework for Building Climate-Resilient Health Systems, for integrating climate risks into the six "building blocks" of health systems (Leadership and governance, Health Workforce, Health Information Systems, Products and Technologies, Service Delivery, and Financing). Furthermore, the initiative would strengthen the role of the health sector in promoting health co-benefits of climate change mitigation actions implemented by those sectors more responsible for global warming. The initiative will support:

- Strengthening the climate resilience and environmental sustainability ("greening") of healthcare facilities, including through protection and capacity building among healthcare workers;
- Field-testing and scale up of approaches to manage risks via the main environmental determinants of health (i.e., water, sanitation, food and air), such as Climate-Resilient Water Safety Plans, and Sanitation Safety Plans, Food Safety Plans, and clean air initiatives.
- Using climate information to enhance multi-hazard early warning systems for extreme weather events, and risk mapping and early warning systems for diseases such as dengue and diarrhoea, and food security risks;
- Policy and technical support to implement the mitigation commitments included in the Nationally Determined Contributions (NDCs) to the UNFCCC, so as to also promote health – for example through promotion of clean household energy sources, and sustainable diets

and transport systems, that can decrease prevalence of obesity and associated non-communicable diseases.

4) Resources: Facilitating Access to Climate and Health Finance

A significant change in current health vulnerability of the populations of SIDS will not be possible without access to sufficient financial resources. Ministers of Health have prioritized the need to expand and diversify the funding streams potentially available to build health resilience to climate change. The initiative will assist countries to:

- Convene development partners engaged in climate change, or health, in SIDS (e.g. development banks, multilateral and bilateral funds), to develop a consensus on the resource needs and opportunities.
- Work with the main multilateral climate funds, (Green Climate Fund, the Global Environmental Facility), and other development partners, to address the barriers for health sector access, so as to address the current deficit in climate finance to health.
- Provide direct technical support for national Ministries of Health to prepare submissions to the GCF and other donors.

Success measurement

Success will be measured with regards to the attainment of the goals designed for each of the four components of the initiative included above, namely:

1. **Empowerment**: The voice of health leaders, on behalf of the most vulnerable populations, becomes a driving force for adaptation in SIDS, and for mitigation by countries around the world.
2. **Evidence**: Health Ministries of SIDS have the necessary health, environment and economic evidence to support scaled up investment in climate change and health, identify priority investments, and monitor their success.
3. **Implementation**: Transformational change in health systems, through promoting a culture of disease prevention, building the climate resilience of health systems and maximizing the health co-benefits of climate change mitigation policies
4. **Resources**: Triple the current level of investment of climate finance for health in SIDS.

Furthermore, and in the context of the SDG's, success will also be measured based on WHO's contribution to relevant SDG indicators and targets, namely SDG targets 13.1 (strengthening resilience and adaptive capacity to climate change), and 13.4 (climate financing), and where appropriate indicator 3.9.2 (mortality from unsafe WASH) 6.1.1 (safe drinking water), 6.2.1 (sanitation), and 7.1.2 (clean household energy).