

# SIXTH MEETING OF THE WORKING GROUP ON HEALTH IN CLIMATE CHANGE (HIC)

OF THE EUROPEAN ENVIRONMENT AND HEALTH  
TASK FORCE

Meeting report

12–13 June 2018  
Bonn, Germany





**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

**Sixth meeting of the Working  
Group on Health in Climate  
Change (HIC)  
of the European Environment and  
Health Task Force**

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## ABSTRACT

On 12–13 June 2018, the Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force held its sixth annual meeting in Bonn, Germany. The main purpose of the meeting was to support the work of Member States from the WHO European Region in developing their national portfolios of action in the area of climate change and health, as outlined in the Ostrava Declaration.

In addition, the meeting provided updates on global and European policy developments on climate change and health; the health impacts of climate change in the Region; Member State activities addressing climate change and health; a new heat–health action planning guidance from the WHO Regional Office for Europe; tools to improve the response to extreme weather events and to estimate the health co-benefits of reducing greenhouse gas emissions; urban climate adaptation strategies; and the development of national climate and health profiles initiated by WHO and the United Nations Framework Convention on Climate Change (UNFCCC).

### Keywords

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## **Executive summary**

### ***Meeting scope and purpose***

The Working Group on Health in Climate Change (HIC) was established under the European Environment and Health Task Force to encourage dialogue among Member States and other stakeholders in the WHO European Region on matters relating to climate change and health, and to facilitate the fulfilment of their commitments to protect human health from the adverse effects of climate change. HIC was created in response to the 2010 [Parma Declaration on Environment and Health](#), and it has met almost annually since its formation in 2012.

In adopting the 2017 [Declaration of the Sixth Ministerial Conference on Environment and Health](#) (the Ostrava Declaration), Member States of the European Region committed themselves to developing national portfolios of action on environment and health in seven priority areas, one of which is climate change and health. The climate change and health actions in these portfolios are meant to be broad, coherent, coordinated and based on evidence. At the same time, the portfolios are supposed to take into account the progress that already has been achieved at the country level, or that could be achieved by strengthening the implementation of other global and regional commitments, including commitments made in 2015 under the [2030 Agenda for Sustainable Development](#) and the [Paris Agreement](#) of the United Nations Framework Convention on Climate Change (UNFCCC).

The overriding purpose of the present meeting of HIC was to support the work of Member States in developing their national portfolios of action in the area of climate change and health, as outlined in the Ostrava Declaration. The specific objectives of the meeting included the following:

- providing an update on global, European and national policy developments and progress on climate change and health;
- facilitating the exchange of experience among Member States on implementing the parts of the Ostrava Declaration addressing climate change and health;
- helping Member States identify priority themes and actions for their national action portfolios on climate change and health;
- describing the update in progress of the Regional Office guidance on heat–health action planning;
- providing information on the outcomes of the joint WHO/European Commission (EC) project to address the impact of climate change on health; and
- providing information on the joint WHO/UNFCCC initiative to develop climate and health country profiles for Member States in the European Region.

The chief expected outcome for the meeting was an increased awareness and understanding among participants of the relevance of climate change and health adaptation policies in developing their national portfolios of action under the Ostrava Declaration. The meeting also provided participants with information on WHO's current and future activities in the area of climate change and health at the global level, and how these activities are being reflected in the work of the WHO Regional Office for Europe.

## ***Meeting programme***

The meeting consisted of an opening session, six thematic sessions and a closing session over the course of two days.

- The [opening session](#) provided an overview of the meeting's background, objectives and expected outcomes.
- [Session 1](#) considered climate change and health in terms of WHO's global priorities, the European Environment and Health Process, and current and projected health impacts of climate change in the Region.
- [Session 2](#) consisted of a *tour de table* in which representatives from attending Member States and NGOs summarized recent activities and plans for climate change and health.
- [Session 3](#) examined heat–health action planning, including a case study from England, a heat wave early warning system for cities, and discussion of good practices in heat–health action planning.
- [Session 4](#) dealt with two items of business: the revision of HIC's scope and objectives, and the election of new co-chairs.
- [Session 5](#) explored the WHO/UNFCCC country profiles, a new tool for estimating the health co-benefits of reducing emissions, and an online WHO European resource toolkit.
- [Session 6](#) looked at the Ostrava Declaration's agenda for climate change, the EU climate change adaptation policy, adaptation in cities and the compilation of best practices, followed by brainstorming on developing national portfolios of action on climate change and health.
- [Session 7](#) featured conclusions drawn from the meeting and recommendations for follow-up actions by the HIC secretariat (the WHO Regional Office for Europe).

## ***Conclusions***

- Climate change is very high on the WHO global health agenda.
- For the WHO European Region, the Ostrava Declaration provides an effective framework for further integration of health systems and public health with national and international climate change policies and programming.
- Climate change health adaptation and mitigation efforts inform the other priority areas of the Ostrava Declaration, and they should be fully embedded in the policies of all government sectors.
- Health and climate change efforts need to address not only government policy, but also the awareness, behaviour and involvement of the general public.
- Although adaptation plans are now in place almost everywhere in the European Region, health impacts are not always a driving force, the plans do not always emphasize health actions, and implementation is lagging.
- It is increasingly clear that disaster risk reduction needs to involve all sectors.
- Progress on health and climate change requires both multisectoral cooperation and multilevel governance. While national or federal policies can provide a framework for local and subregional actions, local initiatives provide inspiration and encouragement for action at higher levels.
- The health sector needs to take a stronger leadership role on climate change, as well as become more of a role model for mitigation and adaptation efforts, for instance by

making hospitals carbon-neutral , resilient to climate change and prepared to address its health impacts.

- When health co-benefits are included in calculations, it is clear that mitigation efforts are cost-effective – a conclusion that should be communicated much more forcefully.
- Monitoring and evaluation of mitigation and adaptation measures are vital for improving the effectiveness of national and local planning and action.
- There are a wide variety of national and local actions on health and climate change throughout the Region, but little awareness of them. Publicizing these actions would provide inspiration and collaboration opportunities for Member States addressing similar issues.
- There are now an increasing number of apps and other smart tools that let authorities make better decisions and communicate with the public more effectively, particularly in response to extreme weather events.

### ***Next steps: follow-up***

At the end of the meeting, the secretariat committed to doing the following things before the next HIC meeting:

- facilitate completion of the WHO/UNFCCC country profiles on climate and health; evaluate the contribution of the health sector of national emission rate
- update the Regional Office for Europe guidance on heat–health action planning, based on Member State experiences and in close collaboration with HIC (with guidance on cold–health action planning to be finished and published at a later point);
- provide training on the Carbon-Reduction Benefits on Health (CaRBon-H) tool in needed, likely through the WebEx platform;
- compile good practice case studies on health adaptation, concentrating on cases from non-EU Member States to complement the cases already available through the joint WHO/EC project Addressing the Impacts of Climate Change on Health;
- explore establishing an automated email discussion list to encourage dialogue and collaboration among HIC members;
- compile and make available relevant e-learning and training materials being used in the Region for various target audiences, such as students and health care professionals;
- increase collaboration with the WHO European Healthy Cities Network (HCN) to promote climate change and health planning and actions, as well as perhaps with other networks such as the Global Covenant of Mayors for Climate and Energy; and
- assist HIC in sponsoring and preparing for a side event at the 24th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP24), featuring Member State actions on climate change and health in the European Region.

## Резюме

### ***Цели и задачи совещания***

Рабочая группа по изменению климата и его влиянию на здоровье (HIC) была образована при Европейской целевой группе по окружающей среде и здоровью с целью поощрения диалога между государствами-членами и другими заинтересованными сторонами в Европейском регионе ВОЗ по вопросам изменения климата и его влияния на здоровье, а также для содействия выполнению ими обязательств по защите здоровья населения от негативных последствий изменения климата. Рабочая группа была создана в 2012 г. в соответствии с положениями [Пармской декларации 2010 г. по окружающей среде и охране здоровья](#) и с момента своего создания собирается на свои совещания практически ежегодно.

Принимая [Декларацию Шестой министерской конференции по окружающей среде и охране здоровья](#) (Оставскую декларацию) 2017 г., государства-члены в Европейском регионе заявили о своей решимости разработать национальные программы действий в области окружающей среды и охраны здоровья по семи приоритетным направлениям, одним из которых является изменение климата и его влияние на здоровье. Предусматриваемые в этих программах меры в связи с изменением климата и его влиянием на здоровье должны быть широкими, логически последовательными, согласованными и опираться на доказательную базу. В то же время в программах должен учитываться уже достигнутый странами прогресс или прогресс, который мог бы быть достигнут при более активной реализации других глобальных и региональных обязательств, включая обязательства, принятые в 2015 г. в рамках [Повестки дня в области устойчивого развития на период до 2030 года](#) и [Парижского соглашения](#) Сторон Рамочной конвенции Организации Объединенных Наций об изменении климата (РКИК ООН).

Общая цель данного совещания HIC заключалась в том, чтобы поддержать работу государств-членов над национальными программами действий в области изменения климата и защиты здоровья от его влияния, о которых говорилось в Оставской декларации. Конкретными задачами совещания были следующие:

- представить последнюю информацию о том, что происходит в политике, и о достигнутом прогрессе в области изменения климата и его влияния на здоровье на глобальном, европейском и страновом уровнях;
- предоставить возможность для обмена опытом между государствами-членами в деле реализации положений Оставской декларации, касающихся изменения климата и его влияния на здоровье;
- оказать помощь государствам-членам в определении приоритетных тем и мер для включения в национальные программы действий в области изменения климата и его влияния на здоровье;
- информировать участников о ходе обновления методического руководства Регионального бюро ВОЗ по разработке планов действий по защите здоровья населения от воздействия аномальной жары;
- представить информацию об итогах совместного проекта ВОЗ и Европейской комиссии (ЕК) по противодействию влиянию изменения климата на здоровье;



- представить информацию о совместной инициативе ВОЗ и РКИК ООН по составлению страновых профилей государств-членов в Европейском регионе ВОЗ относительно климата и охраны здоровья населения.

Главным итогом совещания, как и ожидалось, стало повышение уровня осведомленности и понимания участниками важности стратегий адаптации к изменению климата и его влиянию на здоровье при разработке национальных программ действий в соответствии с положениями Оставской декларации. На совещании также была представлена информация о нынешних и будущих мероприятиях ВОЗ в области изменения климата и его влияния на здоровье на глобальном уровне и о том, как эти мероприятия отражаются в работе, проводимой Европейским региональным бюро ВОЗ.

### ***Программа совещания***

Программа совещания, которое продолжалось два дня, включала вступительное заседание, шесть тематических заседаний и заключительное заседание.

- На [вступительном заседании](#) был сделан обзор общей ситуации, на фоне которой проводилось совещание, его целей и ожидаемых итогов.
- На [первом заседании](#) рассматривались вопросы изменения климата и его влияния на здоровье с точки зрения глобальных приоритетов ВОЗ, Европейского процесса "Окружающая среда и здоровье" и нынешних и прогнозируемых последствий изменения климата в Регионе для здоровья.
- [Второе заседание](#) представляло собой раунд кратких выступлений, в которых представители государств-членов и НПО рассказывали о последних мероприятиях и планах, связанных с изменением климата и его влиянием на здоровье.
- [Третье заседание](#) было посвящено разработке планов действий по защите здоровья населения от воздействия аномальной жары: в ходе его был представлен пример из практики Англии, была рассмотрена система раннего предупреждения о периодах сильной жары в городах и состоялась дискуссия о надлежащей практике планирования действий по защите здоровья от воздействия аномальной жары.
- На [четвертом заседании](#) рассматривались два вопроса регламента: пересмотр целей и задач НИС и выборы новых сопредседателей.
- На [пятом заседании](#) были рассмотрены составляемые по инициативе ВОЗ/РКИК ООН страновые профили, новое методическое пособие по оценке сопутствующих выгод для здоровья от снижения углеродных выбросов и онлайн-справочное пособие ВОЗ для Европейского региона.
- На [шестом заседании](#) обсуждались положения Оставской декларации, касающиеся изменения климата, политика ЕС в отношении адаптации к изменению климата, вопросы адаптации в городах и сбор примеров передовой практики в этой области, после чего было проведено обсуждение в формате мозгового штурма по вопросу разработки национальных программ действий в области изменения климата и его влияния на здоровье.
- На седьмом заседании обсуждались выводы, сделанные на основании состоявшихся дискуссий, и рекомендации совещания относительно дальнейших действий секретариата НИС (Европейского регионального бюро ВОЗ).

## **Выводы**

- Изменение климата является одним из главных вопросов, стоящих в повестке дня ВОЗ по охране здоровья населения мира.
- Действительной основой для дальнейшей интеграции систем здравоохранения и общественного здоровья с национальными и международными стратегиями и программами в области изменения климата для Европейского региона ВОЗ является Оставская декларация.
- Меры по адаптации здравоохранения к изменению климата и по смягчению его последствий определяют содержание деятельности в остальных приоритетных направлениях, обозначенных в Оставской декларации, и их необходимо во всей полноте включать в стратегии всех секторов государственного управления.
- Усилия по охране здоровья в условиях изменения климата должны быть направлены не только на совершенствование государственной политики, но и на повышение информированности, изменение поведения и вовлечение населения в целом.
- Хотя планы адаптации к изменению климата в настоящее время приняты в Европейском регионе почти везде, не всегда движущей силой при их разработке выступает стремление добиться положительных последствий для здоровья, не всегда в них делается упор на действия по охране и укреплению здоровья и в их осуществлении наблюдается отставание от намеченных сроков.
- Становится все яснее, что снижение риска катастрофы требует участия всех секторов.
- Достижение прогресса в области защиты здоровья от последствий изменения климата требует как многосекторального сотрудничества, так и многоуровневого стратегического руководства. В то время как национальные или федеральные стратегии могут служить рамочной основой для действий на местном и субрегиональном уровне, местные инициативы служат источником вдохновения и поддержки действий на более высоких уровнях.
- Сектору здравоохранения необходимо более решительно выступать в роли сильного лидера в вопросах изменения климата, а также стать более ярким образцом для других секторов в деятельности по адаптации к изменению климата и смягчению его последствий, например, путем превращения больниц в углеродно-нейтральные учреждения, способные преодолевать негативные последствия изменения климата и готовые противостоять его воздействию на здоровье.
- Когда в расчеты включаются сопутствующие выгоды для здоровья, становится ясно, что меры по смягчению последствий имеют положительное соотношение затрат и результатов, и этот вывод следует более энергично доводить до сведения всех.
- Первостепенное значение для повышения эффективности планирования и практических действий на уровне страны и на местном уровне имеют мониторинг и оценка мер по смягчению последствий и адаптации к изменению климата.

- Во всем Регионе предпринимаются самые разнообразные меры по охране здоровья в условиях изменения климата, но информации о них мало. Широкое освещение этих мер послужило бы источником вдохновения и открыло бы возможности сотрудничества для государств-членов, решающих аналогичные проблемы.
- В настоящее время появляется все больше мобильных приложений и других умных приборов, которые позволяют органам власти принимать более разумные и обоснованные решения и более полноценно общаться с населением, особенно по поводу экстремальных погодных явлений.

### ***Дальнейшие действия: реализация намеченных мер***

В конце совещания секретариат обязался до очередного совещания HIC предпринять следующие действия:

- содействовать завершению составления по инициативе ВОЗ/РКИК ООН страновых профилей по климату и охране здоровья; оценить вклад сектора здравоохранения в национальный показатель объема углеродных выбросов;
- обновить методическое руководство Европейского регионального бюро ВОЗ по планированию действий по защите здоровья населения от воздействия аномальной жары с учетом опыта государств-членов и в тесном сотрудничестве с HIC (руководство по планированию действий по защите здоровья от аномальных холодов предполагается завершить и опубликовать позднее);
- при необходимости организовать обучение по применению Методического пособия по обеспечению благоприятного воздействия снижения углеродных выбросов на здоровье населения (CaRBon-H), возможно, с использованием платформы WebEx;
- подготовить сборник примеров передовой практики по адаптации здравоохранения, в котором основное внимание будет уделено примерам из опыта государств-членов, не входящих в ЕС, чтобы дополнить уже имеющиеся примеры, собранные в рамках совместного проекта ВОЗ/ЕК "Противодействие влиянию изменения климата на здоровье";
- изучить вопрос о создании автоматизированного списка для проведения дискуссий по электронной почте в целях поощрения диалога и сотрудничества среди членов HIC;
- собрать используемые в Регионе материалы по данной тематике для электронного обучения и обучения в очном формате и обеспечить доступ к ним для различных целевых аудиторий, таких как студенты и медицинские специалисты;
- активизировать сотрудничество с Сетью ВОЗ "Здоровые города" (HCN) с целью поддержки и стимулирования планирования и осуществления практических действий в области изменения климата и его влияния на здоровье, а также, возможно, наладить сотрудничество с другими сетями, такими как "Глобальный пакт мэров городов по вопросам климата и энергетики";
- оказать помощь HIC в спонсировании и подготовке параллельного мероприятия во время 24-й Конференции Сторон Рамочной конвенции Организации Объединенных Наций об изменении климата (КС-24), на котором будут продемонстрированы

меры по охране здоровья в условиях изменения климата, предпринимаемые государствами-членами в Европейском регионе.

## Introduction

This meeting was organized by the European Centre for Environment and Health of the WHO Regional Office for Europe, acting in its role as secretariat of HIC. It took place on the United Nations Campus in Bonn, Germany, on 12–13 June 2018.

The 57 participants in the two-day meeting represented 28 Member States of the WHO European Region, WHO and a variety of European and global organizations addressing issues of climate change and health. See [Annex 1](#) for a full list of participants.

## Opening session. Background, objectives and expected outcomes

Elizabet Paunovic, Head of the European Centre for Environment and Health, opened the meeting and welcomed participants to Bonn. Oliver Schmoll, Programme Manager for Water and Climate at the Centre, then provided an overview of the meeting's **background, objectives and expected outcomes**.

HIC was established under the European Environment and Health Task Force to encourage dialogue among Member States and other stakeholders in the European Region on matters relating to climate change and health, and to facilitate fulfilment of their commitments to protect health from the adverse effects of climate change. HIC was created in response to the 2010 [Parma Declaration](#), and it has met almost annually since its formation in 2012.

In adopting the 2017 [Declaration of the Sixth Ministerial Conference on Environment and Health](#) (the Ostrava Declaration), Member States of the European Region committed themselves to developing national portfolios of action on environment and health in seven priority areas, one of which is climate change and health. The climate change and health actions in these portfolios are meant to be broad, coherent, coordinated and based on evidence. At the same time, the portfolios are supposed to take into account the progress that already has been achieved at the country level, or that could be achieved by strengthening the implementation of other global and regional commitments, including commitments made in 2015 under the [2030 Agenda for Sustainable Development](#) and the [Paris Agreement](#) of the United Nations Framework Convention on Climate Change (UNFCCC).

The overriding purpose of the present meeting of HIC was to support the work of Member States in developing these national portfolios on climate change and health, as outlined in the Ostrava Declaration. The specific objectives for the meeting included the following:

- providing an update on global, European and national policy developments and progress on climate change and health;
- facilitating the exchange of experience among Member States on implementing the parts of the Ostrava Declaration addressing climate change and health;
- helping Member States to identify priority themes and actions for their national action portfolios on climate change and health;
- describing the ongoing update of the Regional Office guidance on heat–health action planning;
- providing information on the outcomes of the joint WHO/European Commission (EC) project to address the impact of climate change on health; and

- providing information on the joint WHO/UNFCCC initiative to develop climate and health country profiles for Member States in the European Region.

The main expected outcome for the meeting was an increased awareness and understanding among participants of the relevance of climate change and health adaptation and mitigation policies in developing their national portfolios of action under the Ostrava Declaration. The meeting also provided participants with information on WHO's current and future activities in the area of climate change and health at the global level, and how these activities are being reflected in the work of the WHO Regional Office for Europe.

The participants approved the programme for the meeting (see [Annex 2](#)), with the outgoing HIC co-chairs, Jutta Litvinovitch (German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety (BMU)) and Patrick Rampal (Scientific Centre of Monaco), agreeing to chair the remainder of the meeting's first day. Olga Aleksinskaya and Vladimir Ilyukhin served as Russian–English interpreters and Misha Hoekstra as rapporteur.

## Session 1. Setting the stage

The first thematic session provided current context for the work of HIC with an up-to-date examination of WHO's global priorities, the European Environment and Health Process, and current and projected health impacts of climate change in the Region.

The session began with a review of **WHO's global priorities for climate change and health**. Its newly approved [Thirteenth General Programme of Work, 2019–2023](#) (GPW13) focuses on the Organization's impact on people at the country level, ensuring healthy lives and promoting well-being for all at all ages, in line with a general focal shift from outcomes to impacts. One key platform in GPW13 is devoted to climate change and health in small island developing states (SIDS) and other vulnerable settings. It is also telling that the first substantive agenda item at the 71st World Health Assembly in May 2018 was devoted to health, environment and climate change, and the topics are intertwined. For instance, dirty energy sources not only drive climate change, but they are also responsible for millions of deaths through pollution, particularly air pollution. Mitigating climate change brings immediate health co-benefits to all countries, which is why the Paris Agreement has been called the most important health treaty of the 21st century, and these health co-benefits will help cover the costs of mitigation. It is also critical to build climate-resilient health systems.

Unfortunately, not only does climate change investment fall woefully short of the UNFCCC's global annual target of US\$ 100 billion, but very little of the world's climate project funding has been allocated to health. The Regional Office for Europe and the BMU have been implementing a seven-country initiative to protect health from climate change. The project addresses climate adaptation, health system strengthening and institutional capacity-building in south-eastern Europe and central Asia. For 2018–2019, WHO has three global priorities, starting with the finalization of a strategy on climate change, environment and health that will be discussed at the regional committee meetings and presented at the next World Health Assembly. Second is scaling up the SIDS initiative and starting to look at other groupings of affected countries. Third and finally, WHO wants to increase national implementation efforts, focusing on health resilience to climate risks and the health co-benefits of climate mitigation, beginning with the First Global Conference on Air Pollution and Health, to be held in Geneva in October 2018.

Participants then examined the European Environment and Health Process, focusing on **Ostrava Declaration implementation and follow-up**. The Ostrava Declaration has provided European countries with a concrete opportunity to accelerate gains in health and well-being in the context of the SDGs, and it has strengthened the combined voice of the environment and health sectors in calling for reducing the emissions of greenhouse gases and undertaking mitigation and adaptation work. Annexes 1 and 2 of the Declaration are particularly relevant for the work of HIC. Annex 1 provides direction to the Member States in building their national portfolios for action, including 10 suggested actions covering adaptation, resilience and mitigation issues. Annex 2 institutionalizes HIC within the Environment and Health Process as a permanent working group and platform for the collaboration of Member States on these issues. HIC is the only platform where experts from the Region convene with a single focus on climate change and health. HIC plays a key role in advocating for the climate change and health agenda before the Environment and Health Task Force, the Regional Office and Member State governing bodies. Actions to promote this agenda need to be situated within the larger environment and health agenda, which means engaging key stakeholders, including for instance both urban planners and agricultural ministers. Within health, climate change needs to be recognized as one of the most significant determinants of health and well-being in today's world. The aforementioned seven-country initiative that the Regional Office and the BMU began a decade ago has demonstrated that WHO and Member States can take effective action to address climate change and health issues holistically and effectively. In another five years, HIC will be asked what it has contributed to the billion-person targets in the WHO GPW13, particularly the hard-to-assess target of 1 billion people enjoying better health and well-being.

The session ended with an **update on the observed and projected impacts of climate change in the WHO European Region**. Climate events such as heat waves, cold spells, droughts and floods have been increasingly impinging on the daily lives of Europeans, and they will only get much worse. Over the last quarter century, heat waves have killed thousands of people, with higher rates in the western and southern parts of the Region, while deaths due to severe cold have been highest in the northern part. Heat mortality increases sharply above a temperature threshold whose magnitude varies significantly with location. The WHO European Region land temperature has been rising more quickly than the global temperature. Heat waves in the Region are increasing in intensity and duration, with models predicting up to 96 000 additional deaths per year by the end of the century for selected countries (43 of the 53 Member States). Heavy precipitation events are also increasing in severity, and inland floods are becoming more frequent. Due to the great diversity of climatic conditions within the European Region, some countries are much more vulnerable to the effects of climate change than others. While cities are engines of economic growth and social change, they are also responsible for three quarters of greenhouse gas emissions. Climate change is also projected to increase the spread of many communicable diseases by improving conditions for vectors, such as mosquitoes, rodents and ticks, and facilitating the spread of diseases, such as chikungunya, dengue, hanta, borreliosis etc.

## **Session 2. Updates by Member States on activities on climate change and health**

This session consisted of a *tour de table* in which representatives from participating Member States summarized their recent activities and plans in the area of climate change and health, followed by similar summaries from participating NGOs. During the session it was suggested that, at the [24th Conference of the Parties to the United Nations Framework Convention on](#)



[Climate Change](#) (COP24), which will be held in December in Katowice, Poland, HIC arrange a side event to showcase these Member State activities, just as it did at COP23.

**Armenia** continues to have an active climate change agenda, though the financing for health initiatives is still minimal. The national communications to the UNFCCC include a section on health. The risk for infectious diseases such as anthrax is expected to increase, and studies show that Armenians with cardiovascular, central nervous system and respiratory diseases will be more vulnerable to climate change, as will rural populations and other people who work with the natural landscape. The government has been adopting new legislation and regulations relating to water resources and food, as well as undertaking preventive preparedness under the International Health Regulations (IHR). The country's surveillance system is robust. Since the last national communication, the country has undertaken a joint evaluation of IHR with WHO.

**Austria** revised its climate change adaptation strategy in 2017. There have been a series of heat waves since May, with parks closing for the first time due to a small animal species causing allergic dermatitis, and macrophytic growth clogging the Danube and preventing swimming and boating. A pollen forecasting system is in place for ragweed levels, which have been at an all-time high. There are also plans for such events such as heat waves, disease outbreaks, floods, avalanches and rock falls. The authorities are also addressing risk management for toxic and allergenic species and pollutants, establishing monitoring and early warning systems, and training health personnel to address related health problems. The heat wave warning system has been especially important due to a major increase in days over 30 °C, especially in cities; the Central Institute of Meteorology and Geodynamics alerts the national provincial health authorities, who in turn alert hospitals, retirement facilities and nursery schools. Vienna has a new urban heat island strategic plan that involves planting trees, expanding water supplies and cooling public transport. The Austrian Panel on Climate Change will publish a scientific report on health in the autumn 2018 to address evidence on the relationship between health, demographics and climate change.

Under the Paris Agreement, **Azerbaijan** has committed to reducing its greenhouse gas emissions 35% by 2030. According to a preliminary assessment by the ministries of health and environment, the country's greatest vulnerability to climate change is in water resources, agriculture, energy, tourism, and alpine and coastal areas, which have accordingly been the subject of adaptation plans. A strategic roadmap for climate mitigation projects was approved in 2016. In December 2017, a national centre for sustainable development was established to develop priorities aligned with the SDGs. Its main goals are to improve air quality by promoting alternate technology and renewable energy sources through tax relief and higher emission standards. The country has planted 10 million trees, increasing forested areas by 150%. Natural gas supplies 95% of the population with energy. Several long-term political documents on environmental protection in the face of climate change have been issued, including a strategy for the environmental protection and sustainable use of biodiversity for 2017–2020.

In **Belarus**, a government programme is implementing mitigation efforts and supporting sustainable energy sources. A recent environment and health protection strategy that runs through 2025 is implementing new technologies. Working with the World Meteorological Organization (WMO), the country has developed a strategy for hydrometeorological activities, including information exchange with other countries in the Commonwealth of Independent States (CIS). Institutions that conduct environmental monitoring and those that do disaster forecasting are also sharing information with each other. The health ministry has assessed health facility preparedness for extreme weather events and climate change, as well as developing



information exchange among the systems in place for environmental monitoring, social hygiene and disaster monitoring and forecasting, and then sharing information with health care facilities to facilitate emergency preparedness. A programme on the prevention of noncommunicable diseases addresses the impact of climate change on allergic and cardiovascular diseases, and there are new regulations for housing construction and urban development, including tree planting. Finally, 200 clinicians and epidemiologists undergo a continuing education programme on the health impacts of climate change each year.

As a low-lying country, **Belgium** is at great risk from flooding of the North Sea, in addition to the usual risks from heat waves, air pollution, the spread of vector-borne diseases and compromised water and food safety. As the Belgian platform tasked with addressing these challenges, the National Environment and Health Action Plan Cell has is preparing an e-learning project for environmental health professionals, including modules on the health impacts of air pollution, prevention and control measures for environmentally related diseases, and mitigation and adaptation tools to address health issues connected with climate change. In 2016, the Cell updated Belgium's 2003 heat wave and ozone warning plan, which provides strategic and operational guidelines for surveillance, notification, preparedness and response, as well as recommendations for preventing and treating medical conditions linked to heat waves and ozone peaks.

In **Croatia**, the Ministry of Environment and Energy has prepared two key strategies on climate change that are now awaiting government approval: a multisectoral strategy to decrease CO<sub>2</sub> emissions through 2030 and a climate change adaptation strategy through 2040 that includes measures to address health impacts. In 2012, the Ministry of Health approved a protocol of procedures and recommendations for protection against heat waves. It is currently developing a heat–health action plan and a cold snap action plan. Zagreb, Croatia's capital and largest city, has been very active on climate change issues. A member of the WHO European Healthy Cities Network (HCN), it issues a biometeorological weather forecast including recommendations, air pollution advisories, and a map of water taps, green areas, swimming pools and air-conditioned public buildings, all available on the web.

**Finland** renewed its climate change adaptation strategy in 2013, based on the principle that the key to effective adaptation is to maintain effective health protection structures, energy supplies, surveillance systems and housing standards. In 2015, a climate change act was passed requiring regular reporting and follow-up from specific elected officials. The Ministry of Agriculture and Forestry, the Ministry of Social Affairs and Health and the Association of Finnish Local and Regional Authorities are tasked with implementing this act. A network of various actors is responsible for surveillance and monitoring of natural events. There has also been a good deal of mitigation activity. Major Finnish concerns include energy security as more and more bioenergy facilities are built – the country ran out of heat pellets during the cold snap in early March – and increasing levels of fine particulates in the air from small-scale burning.

**France** is scheduled to publish its second national climate adaptation plan in July 2018. The plan's chief recommendations for the health sector are to implement health services related to climate change, including local sharing of environmental and health data; to have medical students take the lead on relevant preventive health activities; and to review what hospitals are doing to adapt to climate change. In April 2018, the French Agency for Food, Environmental and Occupational Health & Safety (ANSES) published [\*Effects of climate change in the workplace\*](#), which concluded that workplace risks would increase due to rising temperatures, alteration of the biological and chemical environment, and a heightened frequency and intensity of certain

climate hazards. The report recommends that workplaces disseminate information and train employees to promote awareness of the health effects of climate change, and that they integrate climate change impacts into their occupational risk assessments in order to take appropriate preventive measures. Finally, the public health agency just published six articles on the health impacts of heat waves in France and a survey of whether people follow the public health recommendations on how to respond to them.

In **Georgia**, the Ministries of Internally Displaced Persons from the Occupied Territories, Accommodation and Refugees; of Health, Labour and Social Affairs; and of Environmental Protection and Agriculture have developed the National Environmental Health Action Plan with technical assistance from the WHO European Centre for Environment and Health. This plan includes analysis of current and projected health risks from climate change; identification of public health policies and programmes needed to reduce these risks; elaboration of national reports on climate change vulnerability, impact and adaptation; and a national adaptation strategy and action plan for healthcare and adaptation to climate change. The 2015 action plan addresses Georgian commitments made in the area of health, environment and climate change in the country's association agreement with the EU, and Georgia fully supports the WHO global strategy on climate change, environment and health that is now being finalized.

The public in **Germany** seems cognizant of the changing climate yet not the need for adaptive measures. The government has responded by raising awareness of climate change and health in schools and health institutions through education and training, utilizing a climate adaptation school and e-learning modules. Germany made health a key element in its 2008 adaptation strategy and subsequent action plan I. In 2015, the German cabinet adopted a progress report and implementation evaluation containing a new action plan II. In another four years, it will launch a re-evaluation and updated progress report. In 2008, the BMU launched the International Climate Initiative (IKI) to promote practical cooperation between developing and developed countries on climate change and biodiversity conservation, including policy development. IKI has supported more than 500 projects worldwide, including the initiative with seven pilot projects in south-eastern Europe and central Asia mentioned above. The BMU has also overseen research correlating heat waves with coronary heart disease, other projects addressed extreme weather events, vector-borne diseases (mosquitos, ticks, rodents as main potential vectors) and on climate change related allergens. In 2017, the environment and health ministries on federal and federal states level agreed on and published recommendations for developing heat–health action plans, based on the WHO Regional Publication, in German, Russian and [English](#).

**Italy** is one of the Member States in the Region most affected by heat waves, and a study of their health impact in the country was first published in 1984. The country issued its first heat prevention plan in 2004. It was implemented initially in the largest cities and then extended gradually to 34 cities, covering 93% of all urban dwellers. The plan is centrally managed, but the warning systems are city-specific; it also includes heat–health guidance and measures targeting the elderly, people with chronic cardiorespiratory diseases, infants, pregnant women and outdoor workers. As part of the plan, a network has been developed that includes general practitioners (GPs), paediatric associations and national, regional and local institutions. An ad hoc rapid mortality surveillance system with real-time monitoring was also developed. Now implemented in all Italian cities, the system allows authorities to produce periodic reports on the impact of not only heat waves, including short-term heat exposure, but also other public health stressors such as influenza epidemics. In 2015, the Ministry of Health extended the initiative to other extreme events such as cold snaps and floods. In 2017, the heat prevention plan was further expanded on a trial basis to address the acute effects of pollen and air pollution peaks with similar alerts,

advice and surveillance. During summer 2018 the Ministry developed a mobile app to make all the plan's materials readily available, especially to GPs and paediatricians.

**Kazakhstan** has committed to reducing greenhouse gases 10% by 2030, and to start shifting to a green economy by 2020 through increasing energy efficiency, relying more on renewable energy and addressing environmental pollution. The national public health centre has developed priority actions on noncommunicable diseases, including cardiovascular and respiratory diseases, and a national map of air pollution risks. The map was used to introduce measures to reduce the impact of air pollution on health, including associated diseases. Kazakhstan is vulnerable to floods, earthquakes and heat waves. Trainings have been implemented for primary care providers on the measures to take in emergencies. Communicable diseases of serious concern include anthrax, plague, cholera and tularaemia. Recently, the entomological consequences of changing temperatures have been observed in seven Kazakh areas. Mosquito populations, which were not a problem before, have increased in delta areas, an indicator of changes in climate and water quality. The country has also observed an increase in paediatric diseases and allergic reactions.

In **Lithuania**, a recent international study concluded that extreme temperatures pose a significant environmental health problem to the country, one that is only likely to become worse in the coming decades. Fortunately, the country has already put into place the great majority of recommended governmental structures, strategies and plans for action on health and climate change. They include a climate change focal point in the Ministry of Health and a national climate change strategy addressing health impacts, although the strategy does not prioritize health and the Ministry has not yet developed its own strategy. A heat–health action plan is being implemented; while there is no corresponding cold–health action plan, the health sector now receives advance warnings of cold spell forecasts. In collaboration with Latvia, the country has developed a personalized mobile app to predict when an individual is likely to experience an allergic reaction to pollen. It has also arranged a variety of workshops with foreign experts to increase institutional and technical capacity on climate and health.

**Malta** adopted a climate change adaptation strategy in 2012. The health sector is represented on the national climate change board, which is drafting a new low-carbon development strategy with mitigation and adaptation provisions. Projections forecast an increased frequency of heat waves, flooding and summer droughts. The island state is monitoring potential outbreaks in infectious diseases transmitted by tiger mosquitoes, including chikungunya, dengue fever and Zika fever. Malta is also developing its national portfolio of environment and health actions, and it plans to ratchet up the level of mitigation activity within the health sector. A technical working group from the ministries of health and environment is conducting a situation analysis of the major hospitals with respect to renewable energy, energy efficiency and waste production. In addition, it will be developing proposals for streamlining health sector mitigation efforts.

In 2016, **Monaco** created the Energy Transition Mission to increase energy efficiency, reduce energy use, shift to renewable energy and raise awareness, one of several initiatives to help the principality achieve its goal of becoming carbon-neutral by 2050. The Monaco Alert Service uses text messages and emails to alert vulnerable and isolated individuals about heat waves, high winds, storms and floods. Air quality monitoring is carried out by a network of five automated sampling stations with 52 sensors that create a high-resolution, three-dimensional map. Monaco's one public hospital, the Princess Grace Hospital Centre, has committed to sustainable development and is a signatory of the National Energy Transition Pact. The Scientific Centre of Monaco has developed a free online learning programme on the health effects of climate and environmental change for all Monegasque high school students.

As an EU candidate country, **Montenegro** has made much progress on climate change through the process of aligning itself with the *acquis communautaire*, though much remains to be done on implementation and enforcement. In 2015, the country adopted a national climate change strategy that extends through 2030, focusing on mitigation rather than adaptation. In 2016, Montenegro drafted a national strategy for aligning itself with the *acquis*, including a very ambitious action plan through 2020 that includes climate change activities. Its Paris Agreement target is to reduce baseline emissions 30% by 2030. Montenegro is currently preparing its third national communications to the UNFCCC. It has received a great deal of assistance from the WHO European Centre for Environment and Health, including help last year on developing a national roadmap and adaptation plan for climate change. In 2013, with assistance from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), the Public Health Institute conducted a public information campaign on heat waves and their impact on health, a campaign that has been repeated every year. The main obstacles to action on climate change in the country are a lack of funding support and institutional capacity.

**Poland** adopted its national climate change adaptation strategy this year, establishing guidelines for adaptation activities by local and regional authorities. In response to extreme weather events, the government has established a national warning system that uses monitoring data to issue short-term forecasts, which can be accessed online or with a mobile phone app. In 2017, Poland piloted an adaptation strategy for small cities, focused on health effects, in five locations. Adaptation plans for the 44 cities with more than 100 000 inhabitants are still under development. When given a choice of 10 different sectors, 40 of the cities chose public health as the primary focus for their adaptation plans. Another adaptation project based on living systems is being launched later this year in Warsaw. Finally, the country is developing health indicators for air quality and climate change.

**Portugal** is now in the second phase of its national climate change adaptation strategy, which runs through 2020. The General Directorate of Health coordinates the work of the health sector under the strategy. The regional health authorities are responsible for implementing regional strategies tailored to the conditions in their region. Priority domains within health include water, air, extreme temperatures, extreme weather events and vector-borne diseases. Since 2003, Portugal has had seasonal health plans, including a warning system for heat waves. More information on health indicators needs to be gathered, particularly for health gains due to specific mitigation measures.

As a country in economic transition, the **Republic of Moldova**'s adaptive capacities are limited by financial constraints. The first climate change adaptation strategy and action plan runs through 2020 and covers all public sectors. While the health sector has developed its own adaptation strategy, the government has yet to adopt it. This strategy addresses institutional coordination, the establishment of a national health information system for climate change, the strengthening of early warning systems for extreme weather events, disaster response, increasing public awareness, health risk communications, improved epidemiological surveillance and increasing the resilience of health institutions and services. The national sustainable development strategy, which also addresses climate change adaptation, is still under development. A recent survey found that public awareness of climate change impacts has almost doubled since the previous survey. A new communications strategy has provisions for disseminating risk information to the public, including during extreme weather events, while other information on health impacts is being developed for the public with the national health insurance fund. Trainings on relevant issues are being organized for health professionals later in 2018.

In its 2014 national adaptation strategy, **Slovakia** defined the health impacts of climate change and established priorities for adaptation measures; an updated strategy with more detailed measures is nearly ready for adoption. Some cities are modifying existing measures, including heat wave plans, for local use. This year, a new action plan is being prepared for environment and health under the Ostrava Declaration. The health ministry updates its webpage regularly with information on responding to floods, heat waves and cold spells. Later in 2018, a project is being launched to expand the public information monitoring system and develop a mobile app. A drought response plan was finished in March of this year; it covers a monitoring and warning system, research on vulnerability to drought, and adaptation measures. An air protection strategy is also being developed, and an interactive webpage with information on air quality activities and proper home heating methods. The Slovak Hydrogeological Institute has a warning system for events such as floods, heat waves and air pollution spikes.

**Slovenia** has developed six indicators for the health impact of climate change relating to communicable diseases, heat waves, air quality and melanoma. It runs a successful school programme for teenagers addressing sun exposure and solaria. In 2018, a government study concluded that the population has not adapted to heat waves, as they caused more deaths in 2015 than in the record-setting year of 2003, with the elderly and people with circulatory diseases being the most vulnerable. A project is now analysing mortality due to heat waves during the past two decades. A warning system for extreme weather events has been implemented across the country; the Internet is proving an effective way to inform the general population. The WHO European Centre for Environment and Health held a training on emergency risk communications in 2017. Earlier this year, the government published a major report on climate change in Slovenia from 1960 to the present.

In **Sweden**, the government has been quite active in the area of climate change in health. In 2017 it launched a political framework on climate change that obligates future governments to address climate change so that it does not become a political issue, and to conduct yearly assessments on their actions on the issue. In March 2018, the government launched a new adaptation strategy, with health as a major component, as part of a quinquennial policy cycle that provides for monitoring, evaluating and revising successive strategies. The new strategy established an expert board on adaptation at the Meteorological and Hydrological Institute. The public health agency published a guide to help county councils and municipalities prepare their own heat–health action plans; it includes instructional films for health care workers and vulnerable population groups, advice for people in specific professions and a web-based training programme for health care workers.

**Switzerland** adopted the action plan for its climate adaptation strategy in 2014, including a plan on health and climate change that addresses vector-borne diseases, higher temperatures and heat waves, and illnesses transmitted by food and water. Because Switzerland is a federal state, implementation often occurs at the canton level, including the response to heat waves. The country is now preparing a renewed action plan for 2020 and beyond. The Swiss health foreign policy is also under revision; the new policy will have a sharpened focus on environmental determinants and climate change, and the government is expected to adopt it in autumn 2018.

**The former Yugoslav Republic of Macedonia** has revised its disaster contingency plans to address heat and cold waves. In 2017, a safety index was prepared for key hospitals, including the impact of climate change. There are heat and cold wave action plan for hospitals. In 2017 there was a heat wave that kept the entire country in the orange zone for seven days in a row. A

city plan for green space in Skopje, the capital, has become the basis for a proposed law as part of the country's 2020 health and environment action plan, but the law has yet to be adopted because of its financial implications. With assistance from the WHO European Centre for Environment and Health, work has been done on urban heat island effects in Skopje, including projections through 2100. Under the Protocol on Water and Health, much relevant work was done this year on water, sanitation and health (WASH) in schools. A health adaptation strategy has been prepared by a multisectoral committee. Recently, the WHO report on protecting health from climate change in the European Region was translated into Macedonian, and a paper was published on the health impacts and economic costs of air pollution in Skopje.

While **Ukraine** has a great deal of multisectoral experience in addressing climate change, health does not play a major role in decision-making under the national climate change strategy. Although an adaptation plan is being prepared, there has been no agreement on which health measures to prioritize and which to postpone. The process has slowed down, with many people saying that Ukraine is not vulnerable to climate change, despite evidence of increasing mortality. While there are plenty of laws and approved documents addressing health adaptation, the measures being implemented relate only to heat waves and cold spells. The climate change implications for infectious diseases and allergies have been largely ignored; instead, the focus is on air pollution and the water shortages in the south. People are worried about droughts because they lead to poor harvests, but as the country has established no economic value for human life and well-being, it has been hard to argue for health action. Other major problems related to climate change include floods and forest fires. The health sector has been working together with the weather service to inform the public about health risks from such things as pollen and forest fires. In medical school, a special course on climate change and health has been added to the curriculum.

The **United Kingdom's** 2008 climate change act requires a new national risk assessment and adaptation programme every five years. The first programme in 2013 includes a chapter on healthy resilient communities. The latest risk assessment was issued in 2017, including a set of priority actions for the next five years; it will be followed by a second adaptation programme this year, including a 25-year sustainability plan for environment and health. During the past eight years, the United Kingdom has invested £540 million to improve energy conservation, lighting and insulation, creating an estimated savings of £1.8 billion during that period while reducing air pollution at the same time. The 2017 risk assessment identified risks from high temperatures to health, well-being and productivity as a national priority. More research is needed on the ability of the health and social system to manage climate risk by monitoring service capacity and the impact of climate change on the population. Priorities for action relating to health include addressing flooding, heat waves, droughts, other extreme weather events and the disruption of health services and care delivery. A reduction in cold weather due to climate change may confer health benefits. Research priorities for the country include risks to health from changes in air quality and vector-borne pathogens.

The session concluded with summaries of attending organizations' key activities in the area of health and climate change, with the exception of HCN, whose work was covered in [Session 6](#).

The **Central Asia Regional Economic Cooperation (CAREC) Program** launched its environmental health programme in 2016 to identify correlations between human health and environmental factors and to reduce the health impact of environmental hazards in central Asia; one of its programme areas is dedicated to climate change. The CAREC Programme has been helping the five central Asian republics to fulfil their Ostrava Declaration commitments.



Together with the United Nations Environment Programme, it has initiated a research project on achieving sustainable low emissions in transport to reduce the negative impact of emissions on public health, including through promotion of walking and cycling. Major events this year that address climate change and health in central Asia include a large environmental forum in early June and an event in November on environment and health in transport. In 2016, the World Bank and the CAREC Program launched a five-year project, the Climate Adaptation & Mitigation Program for the Aral Sea Basin (CAMP4ASB), to facilitate stakeholder access to climate knowledge services, strengthen climate change collaboration among the five central Asian republics, and increase investments and improve capacity-building for adaptation and mitigation.

The **European Environment and Health Youth Coalition (EEHYC)** represents the Region's people aged 10–24 in the WHO European Environment and Health Process. It has contributed to the ministerial conferences in Parma and Ostrava as well as HIC meetings. The Ostrava Declaration includes an explicit commitment to work with the EEHYC to develop national youth platforms in countries; the EEHYC would also like to integrate and align its activities with the national portfolios on climate change and health and actively collaborate with Member States. It also participated in COP22 and COP23, and in the run-up to COP23, it organized a side event at the 13th Conference of Youth (COY13) to discuss the youth perspective on the health effects of climate change. The EEHYC has sought to tap the energy and vision of the demographic they represent in various ways, especially as the innovative drive and consumption choices of youth are critical to increasing ecological efficiency, minimizing waste and pollution, and achieving the SDGs.

The **Regional Environmental Center for Central and Eastern Europe** has two major projects that particularly support HIC activities. The first is **ClairCity**, a four-year pilot project in six EU cities designed to stimulate broad citizen involvement in developing city-specific policy packages to move toward a democratically defined clean air, low-carbon future. The results will be analysed to provide policy lessons at the city, country and EU levels, and the engagement and quantification toolkit developed for ClairCity will later be rolled out to all EU cities with more than 50 000 inhabitants. The second project, the CARE toolkit, is being developed as an awareness-raising, educational multimedia toolkit focusing on climate change and its impacts on human society and the environment. The toolkit is targeted at the teachers of children aged 10–12 and includes modules on not only climate change causes and impacts, but also mitigation, adaptation and health risk reduction. It should be available online by year's end in English, Italian and other languages.

### **Session 3. Heat–health action planning in the European Region**

The third session included presentations on a heat–health action planning in England and an emergency notification system for extreme heat in European cities, as well as a general discussion of good practices in heat–health action planning. The WHO Regional Office for Europe published its [guidance on heat–health action plans](#) in 2008. In the intervening decade, a good deal of relevant research has been conducted, and most countries have now developed such plans. The WHO European Centre for Environment and Health will be updating the guidance with the newer evidence and lessons learned from experience in countries. This session served as a preliminary exchange on heat–health action plans, to be followed by a technical meeting in November where national experiences will be discussed more systematically.

The first presentation examined **heat–health action planning in England**. The English heat wave plan was developed by Public Health England together with the United Kingdom Meteorological Office, effective collaboration between these two sectors being key to the success of any heat–health action plan. The English plan is updated regularly and informed by a special research arrangement with the London School of Hygiene & Tropical Medicine. Since heat waves affect and involve a variety of public services, specific heat wave plans and targets have been developed for hospitals, health and social workers, care homes, children and homes. The English plan has five levels that range from green to red: long-term planning, preparedness, warning, action and emergency.

An independent evaluation was recently conducted on the effect of the plan on mortality, the quality of the plan’s implementation, and general population awareness. This evaluation assesses the plan’s success in bringing about intended health benefits, its cost–effectiveness and its acceptability to target populations, and it comprises both outcome and process evaluations. The individual heat plans are generally quite economical, except when they involve active finding of people in need. A previous evaluation determined that for the employees involved, awareness was quite high among top management, but the key messages did not filter down to front-line staff; the results of the new evaluation are not public yet, so it is unclear whether that has improved. Most heat-related deaths actually occur below the heat wave threshold because there are many more very warm days than hot days, a point that action plans should address. The evaluation’s population survey discovered that during heat waves, most people carry out most of the recommended actions, such as avoiding the sun, yet their likelihood of doing these actions had little to do with whether they believed hot weather was a risk to their health – or indeed, with whether they had actually heard hot-weather advice at all. While awareness of heat risks is high and improving, the survey found several challenges to communicating these risks better: it is hard to survey high-risk individuals; people who are old or frail do not respond to the advice targeting them because they don’t identify as old or frail; the English have a positive attitude toward high temperatures; and they have no personal experience of severe heat waves to draw upon.

If a country does not have the possibility of commissioning an outside evaluation, it can do its own basic assessment using the criteria of *simplicity*, *acceptability*, *timeliness*, *sensitivity* and *specificity*. While there are a variety of actions that can be included in an action plan, very little research has been done on individual interventions; one exception is a study that found that fans work well in moderately high temperatures, but not when it is hot. An assessment of the overall climate adaptation strategy found that it was urgent to address heat risks because they are not being managed in the built environment and there is no strategy for doing so.

Participants then heard about **an emergency notification system for extreme temperatures**, [EXTREMA](#), that offers real-time surveillance and evaluation of health risks during heat events. This mobile application tool helps municipal authorities manage heat waves and provides residents with personalized heat risk assessments on their phones. It features a map that shows the spatial distribution of risk based on a 1-km<sup>2</sup> grid, updated every 5 minutes. The map also displays the location of nearby cooling centres – cool, publicly accessible places such as malls, museums and parks – and personalized risk info. At present, EXTREMA is geared to cities, which, due to the urban heat island phenomenon, are warmer than rural areas and thus more prone to heat waves. The city of Athens endorsed a prototype version of the tool in 2016. Two more cities and the island of Mallorca have implemented EXTREMA since, each of them adapting it to local conditions. For instance, Paris added swimming pools and parks, Rotterdam added drinking-water sources, and then Athens subsequently incorporated their ideas. The tool is



now being adapted for cold spells as well. Because each city has its own temperature–mortality correlations, it needs to use local epidemiological data to establish its own thresholds. Since the risks are higher for certain subpopulations, the app prompts users for age, medication use and chronic diseases to create a profile so that their risk assessment can be tailored to their situations. While more detailed user data would improve the accuracy of the risk assessment, the profiles have been kept simple so that people are not discouraged from creating one. One can also create profiles for others, such as vulnerable relatives. When a heat threshold is exceeded, the app provides personal recommendations, including the locations of nearby drinking-water and cooling centres, with routes and opening hours. Options for municipal officials include alerts, the ability to adjust cooling centre availability, and targeted actions, for instance messages offering refugees services in their native language. DiscovAir, a similar app for air pollution and pollen risks, is also being released soon, and it may be possible to incorporate its features in EXTREMA.

The end of the session was devoted to a panel discussion of **good practices and lessons learned in heat–health action planning**, ending with questions and comments from the audience. The discussion and comments included the following lessons learned from Member State experiences.

- In **Croatia**, the biggest challenge has been to get experts from different sectors to come together and share what they are doing. Even with shortcomings in data collection, technological capacity in remote locations and human resources, a heat–health action plan can still function well and save lives. An autumn debriefing can help authorities learn from experience and establishing priorities for improving the next year’s response.
- **Germany** has found that evidence on the health impacts of heat needs to be translated from scientific language to a language that policymakers will understand. It also makes sense to seek out synergies and alignment with other plans and strategies. In addition, all relevant stakeholders need to be involved in the planning process. Since they have different informational needs and priorities, the process will be more time-consuming than if a more homogenous group undertook it.
- **Italy** has used a variety of methods to identify members of vulnerable populations. They include surveys, lists of diseases and medications that indicate vulnerability, serostatus data, recent hospital admissions for diabetes or cardiovascular disease and the use of GPs to identify people who are not already included on lists of people at risk.
- During heat periods, **Romania** mobilizes police, ambulance workers and city cleaners. It recommends that residents try to avoid being outside during the middle of the day and sets up social centres for people to access.
- The **United Kingdom** has found that it is important to allocate funding to have an independent body evaluate the action plans. Such a body could be a government commission, a university group or a private consultancy.

## Session 4. Procedural matters

During this session, participants dealt with two items of business: the revision of HIC’s scope and objectives, and the election of new co-chairs.

The session began with **an update of the HIC’s scope and objectives**. The previous ones had been adopted in 2013, and as such they reflected the commitments of the Parma Declaration. Because HIC had been given a new mandate by the Ostrava Declaration, updated scope and

objectives were called for. The section on HIC's scope in the new version was taken from the prior terms of reference. The objectives were rewritten to match the aspirations of the Ostrava Declaration, particularly with respect to dialogue around actions. They specify that HIC is the voice of advocacy for action on health in the climate change debate; that HIC promotes the integration of health considerations in national and international climate change policies, strategies and processes; that HIC advances evidence and promotes research, tool development and the exchange of good practices addressing health in climate change; and that HIC remains the engine for health and climate change contributions to the European Environment and Health Task Force and to future ministerial conferences on environment and health in the Region. The final section of the document addresses HIC's working procedures.

Germany and Monaco proposed a pair of small changes to the background section to reflect more accurately the genesis of HIC. **The revised scope and objectives were adopted unanimously as amended** (see [Annex 3](#) and [Annex 4](#) for the new versions, in English and Russian, respectively). They will be published along with this meeting report on [the HIC website](#), which is now being updated, including a bit more history on how HIC came to be. Participants were also reminded to consult the [European Regional Framework for Action to Protect Health from Climate Change](#) and the [policy brief](#) and [fact sheet](#) prepared for the Ostrava Conference, which contain a great deal of material not found in the Ostrava Declaration that can be used to build national action upon.

The participants then turned to **the election of new co-chairs**. Nominations were invited, with the reminder that one of the co-chairs should come from the health sector and one from the environment. The BMU, the German environment ministry, nominated Jutta Litvinovitch, one of the current co-chairs, and the Belgian Ministry of Health nominated Luc Tsachoua. **Jutta Litvinovitch and Luc Tsachoua were elected by acclamation as the new HIC co-chairs**. Gratitude was expressed to outgoing co-chair Patrick Rampal for all the hard work and dedication he brought to the running of HIC.

The remaining sessions were co-chaired by Jutta Litvinovitch and Luc Tsachoua.

## **Session 5. Supporting Member States on health and climate change information**

The fifth session explored three ways to improve national health and climate change information: the WHO/UNFCCC country profiles, a new tool for estimating the benefits of reducing emissions, and the online WHO European toolkit to support the development of national action portfolios under the Ostrava Declaration.

The **WHO/UNFCCC country profiles** are a mechanism for strengthening evidence and measuring progress on climate and health. While they form a key part of the global action agenda on climate and health and of the report that WHO is preparing for COP24, the profiles' main function is to help Member States and national health authorities identify the health risks of climate change and opportunities for action. More than 45 profiles have been published to date, including four from the European Region Member States: France, Germany, Italy and the United Kingdom. One purpose of the profiles is to highlight the health co-benefits of mitigation actions in different sectors. The profiles are a collaborative effort by WHO headquarters, WHO regional offices, WHO country offices and ministries of health. The review process includes the involvement of other sectors, thereby promoting multisectoral dialogue and collaboration.

The final profiles use a visual, data-driven, easy-to-understand design to facilitate action. The data derive from global databases, national estimates, models of the health impacts of extreme climate conditions, and the WHO Climate and Health Country Survey. The six sections cover climate hazards, health risks, air pollution, health co-benefits, commitments and policy response. The plan is to have at least 80 updated profiles in 2019. When WHO initiates a new profile, it asks the country to nominate a focal point; it then prepares a first draft before engaging on an iterative process to obtain the most accurate data and reflect national priorities. The Country Survey, consisting of 25 online questions, was launched in the WHO European Region in May; by the time of the present meeting, 6 surveys from the Region had been completed and 18 were in progress. A revised Country Survey will be conducted every two or three years. It was suggested that, when the results are published, they be stratified by climate zone to facilitate cross-country inspiration and collaboration. There are still some technical interface and survey timing issues to be ironed out, but the WHO European Centre for Environment and Health is glad to provide countries with assistance.

The participants then turned their attention to **the Carbon-Reduction Benefits on Health (CaRBon-H) tool**, which can be used to quantify the health co-benefits and economic costs of different courses of action on climate change. Emission reduction efforts that confer these co-benefits include shifting to cleaner energy sources, improving energy efficiency, improving access to reproductive health services (which slows population growth), reducing consumption of beef and encouraging active transport, such as cycling and walking. The benefits from measures that reduce air pollution are especially substantial; airborne fine particles are responsible for 560 000 deaths annually in the European Region, and reducing their concentration to WHO's Air Quality Guideline would avert 150 000 deaths each year (double that number according to some risk models).

The CaRBon-H tool quantifies the health gains and related economic gains a Member State will realize if it achieves its Intended Nationally Determined Contribution (INDC) under the Paris Agreement. This tool is particularly useful for countries to assess the physical and economic benefits of reductions in carbon and air pollution emissions. To utilize CaRBon-H, the user simply enters emission reductions to see the impact of different scenarios. The tool is preloaded with demographic, epidemiological and exposure data, which the user can supplement to improve the accuracy of the results. CaRBon-H shows not only the benefits of a country's own reduced emissions, but also the effects of reduction efforts by neighbouring countries, underscoring the importance of regional cooperation. Outputs include various measures of averted morbidity and mortality, as well as economic measures, including health care costs, productivity losses, and welfare losses due to pain and suffering. If all Member States meet their INDCs, the tool estimates that by 2030, the health co-benefits in the European Region would be worth roughly US\$ 200 billion each year, or about 1% of the regional gross domestic product, making the INDCs cost-effective. CaRBon-H was launched during the meeting and will be available on the WHO Regional Office for Europe website, with possible training opportunities planned for the future.

To round out the session, participants heard about the WHO European **online toolkit to support the development of national portfolios for action on environment and health**. The overarching aim of this resource toolkit is to help Member States fulfil their Ostrava Declaration commitments, both by facilitating development of national portfolios and by supporting action and policymaking in the seven priority areas of the Declaration. It is integrated into the WHO [European Health Information Gateway](#), which is a comprehensive platform in both English and

Russian for all of the Regional Office's relevant documentation and tools. The toolkit consists of resources in various environment and health thematic areas and can be accessed on the Gateway under the heading "[Themes](#)", one of which is [climate change adaptation, resilience and mitigation](#). Each individual theme provides links to relevant stakeholders, evidence, policy documents, tools, indicators and visualizations. The databases and maps are also available through the free WHO European Health Statistics app. The toolkit will be updated on an ongoing basis with new materials, and participants are encouraged to provide feedback, including suggestions for additional documents and data to include, to the European Centre for Environment and Health.

## **Session 6. Developing national portfolios of action on climate change and health**

The last thematic session began by considering several regional efforts that support action on climate change and health in the WHO European Region: the agenda on climate change in the Ostrava Declaration; the EU adaptation policy; urban adaptation efforts in city networks; and a regional collection of case studies highlighting best practices. To round out the session, participants broke into groups to brainstorm on the development of national action portfolios on climate change and health under the Ostrava Declaration.

**The regional climate change and health agenda found in the Ostrava Declaration** builds on the commitments of previous European ministerial conferences on environment and health during the past 30 years. At the Ostrava conference, the ministers committed to developing national portfolios for action in seven key areas, one of which was climate change. To support countries in their efforts, Annex 1 to the Declaration was developed, a compendium of possible actions that countries can incorporate in their portfolios for each priority area. For climate change, Annex 1 suggests 10 actions:

1. develop a national climate change adaptation strategy or action plan
2. assess the health risks of climate change
3. incorporate health considerations in Member State commitments to the UNFCCC
4. address climate change adaptation and mitigation in environment and health policies
5. strengthen extreme weather event surveillance and preparedness systems
6. develop information and tools to increase resilience to climate change health risks
7. integrate the health aspects of climate change into various educational programmes
8. expand awareness-raising campaigns on climate change and health
9. conduct national health vulnerability, impact and adaptation assessments
10. research the effectiveness and cost of climate change and health interventions.

Given the interconnectedness of the Declaration's priority areas, it is worth noting that there are also suggested actions in other parts of Annex 1 that relate directly or indirectly to climate change – for instance, actions addressing air quality, pesticide use, safe WASH, waste management, urban adaptation strategies and the environmental sustainability of health systems.

Participants then turned their attention to the **EU climate adaptation policy** as it relates to health. Since climate adaptation is the responsibility of the individual EU countries, the 2013 EU climate adaptation strategy focuses on facilitating national efforts, climate-proofing EU policies and funding, and encouraging research and knowledge that will inform adaptation decision-making. An evaluation of the strategy is being issued in September 2018; it concludes that the

EU strategy should be revised to align with recent developments such as the Paris Agreement; adaptation efforts should be better integrated into other policy areas, especially disaster risk reduction and human, plant and animal health; scenarios should be developed for global temperature increases greater than 2 °C; more collaboration should be undertaken with the business sector; and there should be greater cooperation with countries outside the EU. Twenty-five of the EU member states already have adaptation strategies in place, and the other three – Bulgaria, Croatia and Latvia – will be finalizing theirs soon. Nearly all of the countries have identified health as a sector that is particularly vulnerable to the effects of climate change. The EU has also developed an adaptation preparedness scoreboard with 11 indicators to assess national readiness.

Participants then heard briefly about a **European Region collection of case studies in health sector adaptation and mitigation** – an opportunity to help Member States learn from each other's experiences. In 2017, the WHO Regional Office for Europe and the EC launched Addressing the Impacts of Climate Change on Health, an 18-month project to analyse health-related developments in national climate change adaptation efforts in the EU and compile a selection of good practice case studies. The outcomes of this project will be available by the end of the year. The EU's European Climate Adaptation Platform (Climate-ADAPT) already has [a tool](#) that displays adaptation case studies by sector, location, climate event and bioregion. As part of the joint WHO/EC project just mentioned, the WHO European Centre for Environment and Health has been gathering additional cases focusing specifically on health sector adaptation and mitigation, employing a simple template that includes a section on lessons learned. From the cases submitted so far, it will be publishing 15. To expand the variety and geographical range of this compendium, meeting attendees were urged to submit additional good-practice examples, particularly from outside the EU. Several participants stressed how useful such cases can be, particularly as the climate continues to change; for instance, Italy's challenges today may be Belgium's tomorrow.

The session also heard about **urban adaptation efforts, particularly by members of HCN and other city networks**. Urban adaptation actions can include investments in infrastructure, for instance in water retention, drainage, sewerage and climate-resilient buildings; the development of green and blue infrastructure, such as forests, parks, wetlands, green roofs and floodplains; and soft measures like information sharing, capacity-building, intersectoral cooperation and development of extreme weather apps. The EU co-finances some innovative projects on urban adaptation through [LIFE Climate Action](#). A study of nearly 900 EU cities found that only 25% have a climate adaptation plan in place. European cities are much more likely to have plans if their countries have a national adaptation framework, or if they belong to an international city network such as HCN, [Eurocities](#) or the [Global Covenant of Mayors for Climate & Energy](#). Within the Global Covenant, more than a thousand municipalities in the European Region have committed to a 40% reduction in greenhouse gas emissions by 2030, and to the development and monitoring of adaptation plans.

Members of HCN have been especially notable for tackling the health impacts of climate change. Founded in 1988, HCN is a regional network of cities and national city networks that use a multisectoral approach to incorporate health in all policies, regardless of sector – and increasingly, to address health *inequalities* in all policies. Nearly 100 cities in the European Region are now members of HCN. The regional network's theme for the next five or six years is expected to be health, sustainability, resilience and inclusive cities. Together, HCN and the WHO Regions for Health Network have signed a statement of support for the Ostrava Declaration, including a commitment to climate-proofing in urban development. In the HCN city

of Utrecht, for instance, current initiatives include introducing plants to stony environments and urban wadis; transforming rooftops into gardens, parks and polders; creating a low-emissions zone downtown; redesigning roads to encourage biking and walking; promoting a bike culture; creating a solar car-sharing scheme for a poor neighbourhood; and involving local citizens in disaster response planning.

Finally, attendees broke up into four groups to brainstorm on **developing good national portfolios of climate actions** and strengthening national policies and programmes that address climate change and health. The groups generated suggestions for five distinct questions.

1. What elements would help ensure that climate change and health are appropriately addressed in developing a national portfolio of climate actions under the Ostrava Declaration?
  - National environmental policy and legislation that address health and climate change and are aligned with international instruments
  - A coordinating body to take the lead on portfolio development
  - Within the health sector, a health and climate change adaptation plan or strategy
  - Consultation with stakeholders, including decision-makers, NGOs, international health organizations, young people and the general public
  - Adequate funding and technical capacity
  - Campaigns to ensure public awareness of health impacts and risks
  - National strategies on climate change, green economy and low-carbon development
  - National plans for emissions reduction and climate adaptation
  - Programmes for public health and the prevention of noncommunicable diseases
  - Relevant data from government reports
  - Water- and air-quality assessments
  - Surveillance of both communicable and noncommunicable diseases
  - Intersectoral and interinstitutional collaboration
  - Emergency response programmes
  - Integration of relevant indicators from various sectors
  
2. How should a country identify and prioritize actions on climate change and health in its national portfolio?
  - Consultation of the compendium of actions in Annex 1 of the Ostrava Declaration
  - Baseline risk assessment of the health impacts of climate-associated hazards and events for both the general population and vulnerable groups
  - Risk assessment projections for future climate change scenarios
  - Determination of the level of public concern
  - Consultation with academics and researchers
  - Referral to the results of the WHO Climate and Health Country Survey
  - Determination of the economic cost, the public health impact, the urgency of implementation and the scientific evidence for each action
  - Surveillance of communicable and noncommunicable diseases
  - Intersectoral and interinstitutional collaboration
  - Environmental data and emergency response data

- Prioritization by a combination of public health benefits, scientific evidence and cost/cost–effectiveness
3. Which actions from the compendium of possible actions (Annex I of the Ostrava Declaration) are appropriate to include in the national portfolio? What other actions are worth including?

There was consensus that all of the actions in Annex 1 are both useful and feasible. Several additional actions were suggested:

- monitoring and evaluation of all actions and policy mechanisms;
  - proper training of specialists, especially in emerging diseases and in economic and cost–benefit analysis;
  - arranging capacity-building support from WHO, especially for cost–benefit tools; and
  - development of online and mobile warning systems for extreme weather events, perhaps with the inclusion of pollen and allergenic flora, disease vectors, recreational water quality and other hazards.
4. How can a country ensure policy coherence in responding to different international commitments on climate change and health?
- Ratify the Paris Agreement of the UNFCCC, if it has not been ratified already.
  - Utilize international commitments as a framework for national climate change policy.
  - Assign competent relevant agencies responsibility for aligning national policies with international commitments and for ensuring coherence among policies.
  - Create a steering committee of focal points on key issues and affected sectors.
  - Exchange experiences with other countries by participating in various international platforms, networks and working groups dealing with health and climate change.
5. What can be done to strengthen health arguments in national climate change negotiation processes?
- Develop and refer to evidence, including evidence on cost–effectiveness.
  - Strengthen dialogue among relevant ministries and institutions.
  - Advocate for the importance of health impacts in the UNFCCC.
  - Improve regional cooperation and consultation with other countries in similar climate zones.
  - Develop more case studies, and exchange experiences of both effective and ineffective practices with other countries.
  - Conduct more research and analysis on barriers to effective action.
  - Develop motivators for civil society action.
  - Allocate more money for the development of stronger arguments.

## **Session 7. Conclusions and next steps**

The final session included a summary of some of the meeting conclusions, a list of proposed actions for the secretariat to undertake, and some final remarks in closing.



The HIC co-chairs and secretariat presented the following list of **selected conclusions** from the meeting, which the participants then endorsed.

- Climate change is very high on the WHO global health agenda.
- For the WHO European Region, the Ostrava Declaration provides an effective framework for further integration of health systems and public health with national and international climate change policies and programming.
- Climate change health adaptation and mitigation efforts inform the other priority areas of the Ostrava Declaration, and they should be fully embedded in the policies of all government sectors.
- Health and climate change efforts need to address not only government policy, but also the awareness, behaviour and involvement of the general public.
- Although adaptation plans are now in place almost everywhere in the European Region, health impacts are not always a driving force, the plans do not always emphasize health actions, and implementation is lagging.
- It is increasingly clear that disaster risk reduction needs to involve all sectors.
- Progress on health and climate change requires both multisectoral cooperation and multilevel governance. While national or federal policies can provide a framework for local and subregional actions, local initiatives provide inspiration and encouragement for action at higher levels.
- The health sector needs to take a stronger leadership role on climate change, as well as become more of a role model for mitigation and adaptation efforts, for instance by making hospitals carbon-neutral, resilient to climate change and prepared to address its health impacts.
- When health co-benefits are included in calculations, it is clear that mitigation efforts are cost-effective – a conclusion that should be communicated much more forcefully.
- Monitoring and evaluation of mitigation and adaptation measures are vital for improving the effectiveness of national and local planning and action.
- There are a wide variety of national and local actions on health and climate change throughout the Region, but little awareness of them. Publicizing these actions would provide inspiration and collaboration opportunities for Member States addressing similar issues.
- There are now an increasing number of apps and other smart tools that let authorities make better decisions and communicate with the public more effectively, particularly in response to extreme weather events.

Representing the WHO Regional Office for Europe in its role as HIC secretariat, the European Centre for Environment and Health committed to carrying out the following actions before the next HIC meeting:

- facilitate completion of the WHO/UNFCCC country profiles on climate and health;
- update the Regional Office for Europe guidance on heat–health action planning, based on Member State experiences and in close collaboration with HIC (with guidance on cold–health action planning to be finished and published at a later point);
- provide training on the CaRBon-H tool if needed, likely through the WebEx platform;
- compile good practice case studies on health adaptation, concentrating on cases from non-EU Member States to complement the cases already available through the WHO/EC project Addressing the Impacts of Climate Change on Health;



- explore establishing an automated email discussion list to encourage dialogue and collaboration among HIC members;
- compile and make available relevant e-learning and training materials being used in the Region for various target audiences, such as students and health care professionals;
- increase collaboration with HCN to promote climate change and health planning and actions, as well as perhaps with other networks such as the Global Covenant of Mayors for Climate and Energy; and
- assist HIC in sponsoring and preparing for a side event at COP24 featuring Member State actions on climate change and health in the European Region.

In **closing the meeting**, Elizabet Paunovic, Head of the WHO European Centre for Environment and Health, noted that, despite the Regional Office's pioneering role a decade ago in making health a fundamental part of the climate change agenda, there is still no sense of urgency in having health systems in the Region address climate change; they have not made a concerted effort to become carbon-neutral or environmentally sustainable. She challenged people in the health sector to collaborate more with other sectors addressing climate change because in the end, health and climate change are fundamentally intertwined.

## **Annex 1. List of participants**

### **Final list of participants**

#### **Armenia**

Nune Bakunts  
National Center for Disease Control and Prevention  
Ministry of Health  
Yerevan

#### **Austria**

Silvia Baldinger-de-Smet  
Federal Ministry for Sustainability and Tourism  
Vienna

#### **Azerbaijan**

Ismayil Afandiyev  
Ministry of Health  
Baku

#### **Belarus**

Alena Drazdova  
Scientific-Practical Centre of Hygiene  
Ministry of Health  
Minsk

#### **Belgium**

Luc Tsachoua  
Ministry of Health  
Brussels

#### **Croatia**

Inge Heim  
Croatian Academy of Medical Sciences  
Zagreb

#### **Finland**

Mikko Paunio  
Ministry of Social Affairs and Health  
Helsinki

#### **France**

Alice Kopel  
DGS  
Paris

**Georgia**

Marine Baidauri  
Ministry of Labour, Health and Social Affairs of Georgia  
Tbilisi

**Germany**

Jutta Litvinovitch  
Federal Ministry for the Environment, Nature Conservation  
and Nuclear Safety  
Bonn

**Israel** (*remote participation*)

Orna Matzner  
Ministry of Environmental Protection  
Jerusalem

**Italy**

Paula Michelozzi  
Department of Epidemiology, Lazio Region  
Rome

**Kazakhstan**

Saule Sharipova  
PC for Sanitary-Epidemiological Expertise and Monitoring  
Ministry of Health  
Almaty

**Lithuania**

Dovile Adamonyte  
Centre for Health Education and Disease Prevention  
Vilnius

**Malta** (*remote participation*)

Roberto Debono  
Office of the Superintendent of Public Health  
Valletta

**Monaco**

Patrick Rampal  
Scientific Centre of Monaco  
Monaco

**Montenegro**

Borko Bajić  
Institute of Public Health of Montenegro  
Podgorica

**Poland**

Leszek Karski  
Department of Strategy and Communication  
Chief Inspectorate of Environmental Protection  
Warsaw

Krzysztof Skotak  
National Institute of Public Health  
National Institute of Hygiene  
Warsaw

**Portugal**

Anabela Santiago  
Direção-Geral da Saúde  
Lisbon

**Republic of Moldova**

Ion Salaru  
National Centre of Public Health  
Chisinau

**Slovakia**

Milada Estoková  
Public Health Authority of the Slovak Republic  
Bratislava

Zuzana Kopinová  
Ministry of Environment of the Slovak Republic  
Bratislava

**Slovenia**

Simona Perčič  
Slovenian National Institute of Public Health  
Ljubljana

**Spain** (*remote participation*)

Maria José Aliaga García  
Ministry of Health  
Madrid

**Sweden**

Ida Knutsson  
Public Health Agency  
Östersund

**Switzerland**

Stefan Ruchti  
Federal Department of Foreign Affairs  
Bern

**The former Yugoslav Republic of Macedonia**

Mihail Kochubovski  
Institute of Public Health of the Republic of Macedonia  
Skopje

**Ukraine**

Olena Turos  
Marzeiev Institute for Public Health  
of the National Academy of Medical Science  
Kiev

**United Kingdom**

Giovanni Leonardi  
Public Health England  
London

**Temporary Advisers**

Iphigenia Keramitsoglou  
National Observatory of Athens  
Penteli, Greece

Sari Kovats  
London School of Hygiene and Tropical Medicine  
London, United Kingdom

Joseph Spadaro  
SERC  
Algorta, Spain

**Representatives of other organizations**

**European Centre for Disease Prevention and Control (ECDC) (*remote participation*)**

Jan Semenza  
Stockholm, Sweden

**European Commission**

Jelena Milos  
Directorate-General for Climate Action  
Brussels, Belgium

Arila Pochet  
Luxembourg, Luxembourg

**European Environment Agency (EEA) (*remote participation*)**

Aleksandra Kazmierczak  
Copenhagen, Denmark

**European Environment and Health Youth Coalition (EEHYC)**

Danilo Arsenijevic  
Belgrade, Serbia

Viktor Jósa  
Hungarian Focal Point  
Budapest, Hungary

**Health and Environment Alliance (HEAL)**

Eva Takaria  
Brussels, Belgium

**Healthy Cities Network (HEN)**

Miriam Weber  
City of Utrecht  
Utrecht, The Netherlands

Tania Radulescu  
City Hall, Bucharest Municipality  
Bucharest, Romania

**The Regional Environmental Centre** (*remote participation*)

Eva Csobod  
Regional Environmental Center  
Budapest, Hungary

**The Regional Environmental Centre for Central Asia (CAREC)**

Irina Bekmirzayeva  
Almaty, Kazakhstan

**Representatives of UN-Organizations**

**World Meteorological Organization** (*remote participation*)

Joy Shumake-Guillemot  
WHO/WMO Climate and Health Office  
Geneva, Switzerland

**World Health Organization**

**Regional Office for Europe**

Karin Geffert  
Intern, Water and Climate  
WHO European Centre for Environment and Health  
Bonn, Germany

Vladimir Kendrovski  
Technical Officer, Water and Climate  
WHO European Centre for Environment and Health  
Bonn, Germany

Srdan Matic  
Coordinator, Environment and Health Process  
Copenhagen Ø, Denmark

Elizabet Paunovic  
Head of Office, Bonn Office  
WHO European Centre for Environment and Health  
Bonn, Germany

Oliver Schmoll  
Programme Manager, Water and Climate  
WHO European Centre for Environment and Health  
Bonn, Germany

**WHO Headquarters**

Tara Neville (*remote participation*)  
Consultant: PHE  
Geneva 27, Switzerland

Joy St. John  
Assistant Director-General  
Geneva 27, Switzerland

**Secretariat**

Edith Kimotho  
WHO European Centre for Environment and Health  
Bonn, Germany

Andrea Rhein  
WHO European Centre for Environment and Health  
Bonn, Germany

**Rapporteur**

Misha Hoekstra

**Interpreters**

Olga Aleksinskaya

Vladimir Ilyukhin

## Annex 2. Meeting programme

### Programme

#### Tuesday, 12 June 2018

- 09:15 – 10:00 Registration of participants and welcome refreshments
- 10:00 – 10:30 Welcome and opening  
*Elizabet Paunovic, WHO Regional Office for Europe*  
Background, objectives and expected outcomes  
*Oliver Schmoll, WHO Regional Office for Europe*  
Introduction of participants
- 10:30 – 11:45 **Session 1: Setting the stage**  
WHO global priorities on climate change and health  
*Joy St John, Assistant Director General, WHO*  
European Environment and Health Process: Ostrava implementation and follow up  
*Srdan Matic, WHO Regional Office for Europe*  
Update on climate change, impacts and vulnerability in Europe  
*Vladimir Kendrovski, WHO Regional Office for Europe*  
Questions and answers
- 11:45 – 13:00 **Session 2: Updates by Member States on activities on climate change and health**  
Tour de table
- 13:00 – 14:00 Lunch break
- 14:00 – 14:45 **Session 2 (continued)**  
Tour de table
- 14:45 – 15:30 **Session 3: Heat health action planning in the WHO European Region**  
Heat health action planning – 10 years later  
*Sari Kovats, London School of Hygiene & Tropical Medicine, United Kingdom*  
Emergency notification system for extreme temperatures  
*Iphigenia Keramitsoglou, National Observatory of Athens, Greece*
- 15:30 – 16:00 Afternoon break
- 16:00 – 17:00 **Session 3 (continued)**  
Panel discussion on good practices in heat health action planning
- 17:00 – 17:30 **Session 4: Procedural matters**  
Introduction to scope and objectives of HIC



**Wednesday, 13 June 2018**

- 09:00 – 09:30 **Session 4 (continued)**  
Election of a new co-Chairs
- 09:30 – 10:45 **Session 5: Supporting Member States on health and climate change information**  
WHO/UNFCCC initiative on developing climate and health country profiles  
*Tara Neville, WHO*  
Introduction to the CaRBonH-tool: Carbon reduction benefits on health  
*Joseph Spadaro, WHO consultant*  
Toolkit to support the development of national portfolios for action on environment and health  
*Dovile Adamonite, National Public Health Institute, Lithuania*  
Questions and answers
- 10:45 – 11:15 Morning break
- 11:15 – 13:00 **Session 6: Developing national portfolios of action on climate change and health**  
Climate change in the regional agenda: The Ostrava Declaration  
*Oliver Schmoll, WHO Regional Office for Europe*  
EU adaptation policy and urban climate action: Addressing the impacts of climate change and health  
*Jelena Milos, European Commission*  
Facilitate exchange of experience among Member States: collection of case studies on best practices in health sector adaptation and mitigation  
*Vladimir Kendrovski, WHO Regional Office for Europe*  
WHO Healthy Cities Network and the European Environment and Health Process: cities' challenges and approaches on climate change and health  
*Miriam Weber, WHO European Healthy Cities Network*  
Questions and answers  
*Group work: Identification of priority themes and actions at national level*
- 13:00 – 14:00 Lunch
- 14:00 – 16:00 **Session 6 (continued)**  
*Group work (continued)*  
Feedback to plenary  
Plenary discussion
- 16:00 – 16:30 **Session 7: Conclusions and next steps**
- 16:30 Closure of the meeting and farewell coffee

## **Annex 3. Scope and objectives**

### **Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force (EHTF)**

#### **Scope and objectives**

13 June 2018

#### **Background**

1. The Working Group on Health in Climate Change (HIC) is a working group of the European Environment and Health Process (EHP) established in 2012 by the European Environment and Health Task Force (EHTF) at the request of the Member States of the WHO European Region to support the 2010 European Regional Framework for Action to protect health from the adverse effects of climate change.
2. The EHP is a regional intersectoral process and platform for the development and implementation of policies advancing environment, health and well-being in the WHO European Region. The WHO Regional Office for Europe serves as the Secretariat of EHP.
3. On 15 June 2017, Member States of the WHO European Region adopted the Declaration of the Sixth Ministerial Conference on Environment and Health in Ostrava, Czech Republic.
4. The Ostrava Declaration stipulates the development of national portfolios of actions on environment and health by the end of 2018, including actions on “strengthening adaptive capacity and resilience to health risks related to climate change and supporting measures to mitigate climate change and achieve health co-benefits in line with the Paris Agreement”.
5. The EHP operates through the EHTF. According to Article 21 of Annex 2 to the Ostrava Declaration, EHTF may establish working groups with a specific mandate given by EHTF and based on nominations received from Member States and stakeholders in order to support the implementation of the commitments made at the Sixth Ministerial Conference.
6. At the eighth meeting of the EHTF (Bonn, 20–21 March 2018), nominated representatives confirmed the continuation of HIC.

#### **Overall scope**

7. HIC facilitates dialogue and cooperation among Member States in the WHO European Region and other stakeholders, as well as communication and implementation of commitments to protect health from the adverse effects of climate change.

## Objectives

8. HIC acts as a catalyst in promoting, implementing and monitoring climate change and health commitments in the Ostrava Declaration at international, national and subnational levels. To this end, HIC facilitates exchange of experience in support to the formulation and implementation of possible actions to be included in the national portfolios, which Member States may choose from *Annex 1: Compendium of possible actions* to advance the implementation of the Ostrava Declaration.
9. HIC promotes and advocates integration of health considerations in national climate change mitigation and adaptation policies and strategies and in implementing the outcomes of international processes, such as the 2030 Agenda for Sustainable Development and the Paris Agreement of the United Nations Framework Convention on Climate Change.
10. HIC advances science and evidence of innovative implementation practices in climate change and health. To this end, HIC provides a platform for exchange of experiences and innovations, promotion of tools, communication of evidence and demonstrating good practices in climate change and health and encourages partnership among countries and stakeholders towards sustainable development.
11. HIC supports the development of climate change and health contributions to the EHTF and the next Ministerial Conference on Environment and Health.

## Methods of work

12. HIC operates according to the Rules of Procedure of the EHTF.
13. HIC reports on the progress of its work to EHTF.
14. HIC elects two co-chairs, one from the health sector and the other from the environment sector.
15. HIC meets annually. HIC meetings will be convened and organized in the spirit of sustainability. To minimize travel, work between meetings should take place via electronic communication. HIC may convene additional technical meetings on a topic that requires and justifies further technical work.

## Annex 4. Цели и задачи

### **Рабочая группа по изменению климата и его влиянию на здоровье (HIC) при Европейской целевой группе по окружающей среде и здоровью (ЦГОСЗ)**

**Цели и задачи**  
13 июня 2018 г.

#### **Общие сведения**

1. Рабочая группа по изменению климата и его влиянию на здоровье (HIC) представляет рабочую группу, созданную в 2012 г. Европейской целевой группой по окружающей среде и здоровью (ЦГОСЗ) в рамках Европейского процесса "Окружающая среда и здоровье" (ЕПОСЗ) по просьбе государств-членов Европейского региона ВОЗ с целью поддержки реализации принятой в 2010 г. Европейской рамочной основы для действий по обеспечению защиты здоровья от негативных последствий изменения климата.
2. ЕПОСЗ – это региональный межсекторальный процесс и платформа для выработки и реализации стратегий, направленных на улучшение качества окружающей среды, укрепление здоровья и повышение благополучия населения в Европейском регионе ВОЗ. Функции Секретариата ЕПОСЗ выполняет Европейское региональное бюро ВОЗ.
3. 15 июня 2017 г. государства-члены Европейского региона ВОЗ приняли в г. Острава, Чешская Республика, Декларацию Шестой министерской конференции по окружающей среде и охране здоровья.
4. В соответствии с Оставской декларацией, до конца 2018 г. должны быть разработаны национальные комплексы мероприятий в области окружающей среды и охраны здоровья, предусматривающие действия, направленные на *"повышение адаптивной способности и устойчивости к рискам для здоровья, связанным с изменением климата, а также поддержку мер по смягчению последствий изменения климата и получению дополнительных преимуществ для здоровья в соответствии с Парижским соглашением"*.
5. Механизмом осуществления ЕПОСЗ является ЦГОСЗ. В соответствии со статьей 21 Приложения 2 к Оставской декларации, для содействия выполнению обязательств, принятых на Шестой министерской конференции, ЦГОСЗ может учреждать рабочие группы с конкретным кругом и сроком полномочий, которые определит ЦГОСЗ, и формировать их состав из числа тех кандидатов, которые будут представлены государствами-членами и заинтересованными сторонами.
6. На Восьмом совещании ЦГОСЗ (Бонн, 20-21 марта 2018 г.) уполномоченные представители государств-членов подтвердили необходимость продолжения деятельности HIC.

## **Общая сфера ответственности**

7. HIC содействует диалогу и сотрудничеству между государствами-членами в Европейском регионе ВОЗ и другими заинтересованными сторонами, а также распространению информации и реализации обязательств, касающихся защиты здоровья от негативных последствий изменения климата.

## **Цели**

8. HIC выступает в роли катализатора в вопросах поддержки, реализации и мониторинга обязательств в области изменения климата и охраны здоровья, содержащихся в Оставской декларации, на международном, национальном и местном уровнях. С этой целью HIC содействует обмену опытом, помогающему разрабатывать и осуществлять возможные действия, включаемые в национальные программы мероприятий, которые государства-члены могут выбрать из Приложения 1 "Комплекс возможных мер для содействия осуществлению Оставской декларации".
9. HIC поддерживает и активно отстаивает необходимость включения интересов здоровья в национальные программы и стратегии по смягчению последствий изменения климата и адаптации к этому изменению и в деятельность по реализации итоговых документов международных процессов, таких как Повестка дня в области устойчивого развития на период до 2030 г. и Парижское соглашение Сторон Рамочной конвенции Организации Объединенных Наций об изменении климата.
10. HIC содействует укреплению научной и доказательной основы инновационных путей и средств реализации планов в области изменения климата и его влияния на здоровье. С этой целью HIC предоставляет государствам платформу для обмена опытом и новаторскими решениями, продвижения методических разработок, распространения фактических данных и демонстрации передовой практики в области охраны здоровья в условиях изменения климата и поощряет партнерство между странами и заинтересованными сторонами на благо устойчивого развития.
11. HIC поддерживает разработку материалов об изменении климата и его влиянии на здоровье для ЦГОСЗ и следующей Министерской конференции по окружающей среде и охране здоровья.

## **Методы работы**

12. HIC строит свою работу в соответствии с Регламентом ЦГОСЗ.
13. HIC отчитывается перед ЦГОСЗ о ходе и результатах своей работы.
14. HIC избирает двух сопредседателей – одного от сектора здравоохранения, другого от сектора охраны окружающей среды.

15. HIC собирается на совещания ежегодно. Совещания HIC неизменно созываются и организуются в духе долгосрочной устойчивости. Для того, чтобы минимизировать поездки, работа в промежутках между совещаниями должна проводиться по электронным каналам связи. HIC может созывать дополнительные технические совещания по той или иной теме, которая требует и оправдывает проведение более углубленной технической работы.

## The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Azerbaijan  
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Belgium  
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Cyprus  
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Denmark  
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Finland  
France  
Georgia  
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United Kingdom  
Uzbekistan

### World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark

Tel: +45 45 33 70 00 Fax: +45 45 33 70 01

Email: [eurocontact@who.int](mailto:eurocontact@who.int)

Website: [www.euro.who.int](http://www.euro.who.int)