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Europe



# Second meeting of the Working Group on Health in Climate Change (HIC)

of the

European Environment and Health Task Force  
(EHTF)



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**Meeting Report**

**9 December 2013  
Bonn, Germany**

## ABSTRACT

The second meeting of the Working Group on Health in Climate Change (HIC) provided opportunities to report back on climate change and health developments at the regional, subregional, national and subnational level and allowed a wider discussion on future needs. Specifically, discussion focussed on priority themes and items that should be considered in the preparations for the 2014 Parma Mid-Term Review and the next European Ministerial Conference on Environment and Health.

### Keywords

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## List of abbreviations

BMU	Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Germany
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Environment Agency
EEHP	European Environment and Health Process
EHTF	(European) Environment and Health Task Force
EHMB	(European) Environment and Health Ministerial Board
EU	European Union
HEAL	Health and Environment Alliance
HIC	Working Group on Health in Climate Change of the EHTF
IPCC	Intergovernmental Panel on Climate Change
MS	Member State
MTR	Mid-term Review
NHS	National Health Service, England (United Kingdom)
REC	Regional Environmental Center
TOR	Terms of reference
UN	United Nations
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
WHA	World Health Assembly
WHO	World Health Organization
WMO	World Meteorological Organization

## Acknowledgements

Jutta Litvinovitch (Germany) and Louise Newport (United Kingdom of Great Britain and Northern Ireland) were appointed as co-chairs of the HIC by the EHTF.

The meeting was held with the financial support of the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety.

## SCOPE AND PURPOSE OF THE MEETING

The European Commitment to Act on Climate Change and Health, endorsed at the Fifth European Ministerial Conference on Environment and Health in Parma, Italy, 2010, commits European Member States to protect health and well-being, natural resources and ecosystems and to promote health equity, health security and healthy environments in a changing climate.

Between 2008 and 2010, an officially nominated task force worked on climate change and health to develop the European Regional Framework for Action. At the meeting of the European Task Force on Environment and Health in Bled in 2011, it was decided to establish a Working Group on Health in Climate Change (HIC), which will follow up on the implementation of the Parma “Commitment to act” on climate change and health.

The first meeting of HIC took place in Bonn, Germany on 4–6 June, 2012. Nominated representatives reviewed working arrangements and other statutory matters regarding HIC and prepared a proposal to EHTF at its next meeting for review and decision. The meeting agreed that Germany (environment) and United Kingdom of Great Britain and Northern Ireland (health) will serve as interim co-chairs of HIC until the working group is fully established by EHTF.

Nominations to HIC were received from 38 Member States and 5 international organizations. Key conclusions from the first HIC meeting in June 2012 included the development of a draft discussion paper on “Climate change and health lessons learnt” prepared by the co-chairs and the WHO secretariat. This draft was distributed prior to this second HIC meeting and to the third meeting of the Environment and Health Task Force (EHTF) (see Annex I).

This second meeting aimed to:

- discuss the co-chairs’ discussion document;
- update on progress at national and regional level;
- identify priority themes and items that should be considered in the preparations for the 2014 Mid-term Review and the next Ministerial Conference; and
- identify and agree on possible areas for action and collaboration, where National Focal Points and stakeholders would be interested in taking a lead role.

## SUMMARY OF RESULTS OF THE MEETING

### *Comments on the co-chairs’ discussion document*

The co-chairs’ discussion document was highly welcomed. The HIC terms of reference received final approval from the EHTF on 10 December 2013 (see Annex II).

### *Progress at national and regional level*

Significant progress in the implementation of the Parma Commitment to Act has been observed in countries which have a HIC representative. Strong areas of development are vulnerability and impact assessments, strengthening of health systems, and raising awareness. Key areas such as the economic consequences of inaction in climate policy are still rare in VIA materials and communications.

Efforts to reduce greenhouse gas emissions in other sectors are also a relatively strong area of implementation, though the evaluation of the health implications (e.g. health benefits) of these activities is as yet rare. Implementation would benefit from further support in the development of National Adaptation Strategies, green health services, and sharing best practices. Countries reported a wealth of activities on health systems strengthening, with strong overall performance on infectious disease surveillance, the implementation of the international health regulations, environmental health and early warning systems. However, important areas are lacking, for example the development of integrated climate, environment and health surveillance, or building climate-resilient health infrastructures. There is a need to further account for the additional burden of health impacts brought about by climate change. There is room for improvement regarding governmental approval and uptake of national health adaptation plans. Most countries reported activities pertaining to the “greening” of health services (i.e. improving their overall, mainly environmental, sustainability). This may suggest an increasing realization of the potential of the health sector to improve its environmental performance. However, a better and more frequent evaluation of the effectiveness of the measures taken is needed.

#### *Priority themes for the Mid-term Review (MTR)*

It was agreed that the focus of the MTR should not be linked to further direction, but exclusively on the review of implementation. Thus, it should be a retrospective internal self-reflection of implementation of the Parma commitments. Suggested highlights, include areas of rapid implementation (e.g. weather early warning, national assessments), and governance and harmonization processes with sustainable development activities.

#### *Items proposed for the next Ministerial Conference*

Several cross-cutting areas have been identified as being important for implementation of the Parma “Commitment to act” such as: health impact assessment; environmentally sustainable health systems; the food, water and energy nexus; and regional differences.

#### *Next steps*

The Member States asked the WHO secretariat:

- to signpost key meetings in different sectors to stimulate national discussions in advance;
- to submit the country profiles for their approval before finalization and publishing;
- to continue regular information on technical developments.

Member States are requested to confirm to the WHO secretariat their nominations to the HIC by 30 May 2014.

## DETAILED DISCUSSION SUMMARY

### Comments on the “Summary of the chairs”

A number of comments were provided on the summary of the chairs, including on the Terms of Reference, and in particular on the priorities. The proposed changes suggested by Italy, Germany, Norway, Hungary, and the United Kingdom of Great Britain and Northern Ireland, were further discussed at the following EHTF meeting. The revised Terms of Reference were subsequently endorsed by the EHTF (see Annex II).

### Current political and technical developments in European Member States

Croatia has a National Strategy on Climate Change Adaptation. An early-warning system on heat-waves was implemented two years ago. They also have early warning for vector-borne diseases, and are reducing greenhouse gas emissions through changing fuel use and increasing the proportion of renewable energy use. This has been further helped by changes in building standards regarding insulation.

Germany is a federal country and thus responsibility for adaptation and mitigation is shared between the federal government and the Länder (states). A strategy was developed in 2008 and an action plan in 2010. They have also developed a specific paper on climate change and its impacts on health. A working group has been established with the states to focus on climate change and health. They are also undertaking surveillance of rodent and vector-borne disease (ticks and mosquitoes), as well as awareness raising and education in schools and in the health services. The work on assessing vulnerability to climate change is ongoing.

Hungary has a National Climate Strategy, now with more emphasis put on adaptation and disaster risk reduction. In terms of greening health services, it is the task of the national public health services to assess the current status of hospitals and their use of renewable energy and energy-saving activities. In collaboration with WHO, they are working on climate-related indicators and are close to offering the indicator and tool for calculation in the Parma Mid-Term Review. The heat–health system is quasi-real time due to a lack of centralized reporting of daily mortality data, but Hungary is planning to implement an electronic recording system for real-time mortality data. Infectious diseases surveillance has also been strengthened.

Italy has presented a national strategy for consultation and adoption by June 2014. Three main areas for action in health are: (1) strengthen governance at national and local level, (2) improving resilience and (3) training and research. In 2010 a call for proposal was launched for energy production from renewable sources; recipients are public buildings (including hospitals), but work has been postponed until July 2014.

Kyrgyzstan has identified five priority areas of action on climate change: water, agriculture, health, forestry and biodiversity. A national health action plan was ratified in October 2013 and a sectoral programme of climate change and health will be established by 2014.

Lithuania approved a *National Strategy for the Implementation of the UNFCCC until 2012* in 2008. The strategy covers both adaptation and mitigation actions, and is coordinated by the Ministry of



Environment. Many other ministries are involved in implementation, including health, education and science, and agriculture. They have also developed a heat–health action plan.

Montenegro does not currently have a national strategy, but with assistance from WHO and GIZ they are putting forward a proposal to develop a national strategy for the health sector. A vulnerability and impact assessment will be the first step, as well as developing a heat–health action plan.

Serbia has developed climate change documentation, including a heat–health action plan, with the help of the WHO. They would like to develop a climate change strategy and seek assistance in doing so.

Slovenia has established an intersectoral committee of climate change. They are in the process of developing a national adaptation strategy. A programme is also in place to review old hospital infrastructure in the country.

Spain has a National Adaptation Plan led by the Ministry of Agriculture. In the national plan the health sector is one of the main players. The Observatory on Health and Climate Change, launched three years ago, is responsible for meeting the Parma objectives. They are currently working on early-warning and surveillance systems, especially for heat-waves. Work is ongoing to increase public awareness, and prevent the impacts of vector-borne diseases.

Tajikistan has recently had a general election and thus implementation activities in the country have been temporarily stalled. They also requested additional support from WHO and EU countries. Tajikistan assessed the health effects of climate change and developed a national health adaptation strategy. The strategy is not yet approved due to the aforementioned change in government.

The former Yugoslav Republic of Macedonia has undertaken many activities in the field of greening the health sector. In many hospitals they have introduced natural gas as a heating fuel, replacing heavy oil. They are requested advice on possibilities to mainstream greening activities through World Bank initiatives. They held an intersectoral meeting with the WHO to discuss an interim paper on addressing the adverse effects of UV radiation on human health. The WHO secretariat requested permission to share the English translation of the evaluation of the national adaptation plan. They have held the first workshop to assess the implementation of the national health adaptation strategy.

Turkey qualitatively assessed the vulnerability to climate change as discussed in two technical meetings. It then developed the key elements of the health adaptation that would be required. These were then integrated into the UNDP development of a national adaptation strategy. A review was organized in November.

Ukraine has set up a multisectoral committee to deal with climate change under the Cabinet of Ministers. No functional support is provided. A multisectoral strategy is under development, and several regulatory documents try to align national policy with EU policies, such as in the area of building codes.

In the United Kingdom of Great Britain and Northern Ireland, the adaptation subcommittee of the Committee on Climate Change will be reporting next year. In January 2014, there will be a new sustainable development strategy for the health sector published, developed by the NHS Sustainable Development Unit (SDU). Responsibility for climate change is divided between several ministries,

and the Department of Health is holding a health event to raise awareness within the other departments on the health impacts of climate change and the co-benefits of mitigation.

## **Current political and technical developments within organizations**

UNDP presented developments in the field of environmentally sustainable health systems and the informal United Nations Interagency Task Team on Green Procurement in the Health Sector (iIATT-SPHS) Joint Programme proposal to develop green procurement guidelines for products and services in the health sector, engage with suppliers and global health funding agencies and promoting innovations and research towards green solutions in the health sector. [See: <http://www.undp.org/>]

UNFCCC gave feedback from the COP19 climate change conference. The Warsaw Climate Change Conference took place in Poland from 11–23 November, 2013. Negotiations in Warsaw focused on the implementation of agreements reached at previous meetings, including pursuing the work of the Ad Hoc Working Group on the Durban Platform for Enhanced Action (ADP). Concluding 27 hours after its scheduled closing time, the meeting adopted an ADP decision that invites parties to initiate or intensify domestic preparations for their intended nationally-determined contributions, and resolves to accelerate the full implementation of the Bali Action Plan and pre-2020 ambition. Parties also adopted a decision establishing the Warsaw international mechanism on loss and damage, and the “Warsaw REDD+” framework, a series of seven decisions on REDD+ finance, institutional arrangements and methodological issues. The health was actively engaged in the United Nations climate talks; however there is more that can be done to improve health representation through national delegations. [See: <http://unfccc.int/>]

WMO presented the Global Framework for Climate Services which has four priority areas: agriculture and food security, disaster risk reduction, health and water. A management group and partner advisory committee has been established (of which WHO is member of partner committee). So far, they have developed an early-warning mechanism for Africa, have mapped climate health impacts (Atlas of Health and Climate), they are organizing joint workshop including agriculture and are developing toolkit and indices for climate and health in eastern Europe. A lot of funding is directed towards Africa due to commitments made with the donor countries (e.g. Norway). [See: <http://www.gfcs-climate.org/>]

ECDC presented ongoing and new activities, including TESSy, the European Environment and Epidemiology (E3) Network as well as other activities. The objective of E3 Geoportal is to promote geospatial infectious disease modelling in Europe and its integration in public health. The goal of the E3 Network is early detection of, and rapid response to, shifting infectious disease burden, particularly those of diseases currently associated with the tropics. The Network can significantly enhance preparedness and accelerate the public health response to emerging infectious diseases, thereby helping contain human and economic costs, particularly in resource-strapped regions. An overview of surveillance and reporting requirements in the EU was also presented. [See: <http://e3geoportal.ecdc.europa.eu/>]

EEA updated the participants on developments at EU level. The EU Adaptation Strategy was adopted in April 2013, promoting action in the EU Member States, better support in decision-making and enhancing action in key vulnerable sectors. There is a need to enhance climate change into

Horizon 2020 including adaptation and support for decision-making. EEA is continuing to develop the CLIMATE-ADAPT platform, including improvement in content (including human health). The EU Framework (i.e. budget) has recently been adopted and in total, 20% of the EU budget being made available for climate action. Recently EEA published a report of environment and health in general – including air pollution, water quality, chemicals and climate change. The next five-yearly assessment report will be next published in 2015, including health. A report on assessing countries implementation of adaptation in different sectors (through self-assessment supported by documentation) is due to be published in autumn 2014. A draft report will be sent to EEA member countries (ministries of environment and national focal points). [See: <http://climate-adapt.eea.europa.eu/>]

REC has put more focus on VIA in the past few years, and has received funding from Japan and Norway to support central European and Balkan countries. Awareness raising and capacity building has also been apriority. [See: <http://www.rec.org/>]

HEAL was present at COP19 in Warsaw, and served as the local host for the 2<sup>nd</sup> Climate and Health Summit, which attracted 250 attendees, including many health delegates. Involvement of the International Federation of Medical Student Associations was and remains key to engaging and encouraging youth participation. HEAL is actively involved in raising awareness through tools, e.g. climate and health listserve, publications, sharing best practices and event announcements. They have recently published the Unpaid Health Bill. HEAL stressed the importance of ensuring dissemination of information on activities and publications, and that such information is released in a timely fashion so that it may allow such information to be used within the decision-making processes. [See: <http://www.env-health.org/>]

## **Current political and technical developments within WHO**

### ***Tools and resources already developed***

An economic analysis tool to support health adaptation planning in European Member States based on a review of the science has been prepared and published. It is expected to be applied in Member States mainly by line ministries responsible for climate change adaptation. It provides step-by-step guidance on estimating (a) the costs associated with damage to health due to climate change, (b) the costs for adaptation in various sectors to protect health from climate change and (c) the efficiency of adaptation measures, i.e. the cost of adaptation versus the expected returns, or averted health costs. The tool consists of a document describing the methods step-by-step and a manual with an Excel spreadsheet, which is a visual aid for calculating costs.

*The Physical Science Basis*, the results of the IPCC Working Group I for the Fifth Assessment Report (AR5) was published in September 2013, and the WHO gave a very brief overview. According to this latest report, “it is extremely likely that human influence has been the dominant cause of the observed warming since the mid-20th century.” The results from Working Group II are expected at the end of March 2014.

### ***Tools and resources under development***

A climate change information platform is currently under development within a broader initiative to create a new Environment and Health Gateway as a comprehensive portal to all EH activities, tools and materials within the WHO European Region, and to some extent, globally. Currently under prototype development, the new Gateway is planned to be launched in 2014 in time for the Mid-Term Review.

The WHO Regional Office for Europe has developed a collection of training resources for capacity building on climate change and health. The overall aim of the training resources is to support the development of climate change and health strategies and action plans by providing scientific, technical, methodological and practical background information and training. Thus, the training resources offer the opportunity to raise awareness among professionals with regard to observed and projected climate change in Europe, related health effects and to support health adaptation policy development and implementation in an intersectoral setting. The contents of the training resources (trainers' manual together with proposed training materials) is a structured compilation of existing and new training materials according to defined cascades of learning objectives to respond to and to anticipate capacity building needs in WHO European Member States in the area of climate change and health.

WHO is preparing a series of country profiles on adaptation and mitigation activities in Member States. These profiles will pull together information gathered through the questionnaire as well as from other sources and interactions with the countries and will serve to showcase development on climate change and health. Drafts of each country profile will be shared with the respective country for additional contributions and final approval before publications.

### **Analysis of responses to the country questionnaire**

A questionnaire was sent to members of the WHO European Climate Change and Health Task Force in summer 2012 to assess the current status of health relevant mitigation and adaptation action and thus the level of implementation of the WHO European Regional Framework for Action and the Parma "Commitment to act". In all, 22 Member States provided answers to the comprehensive questions around eight thematic areas (governance; vulnerability; impact and adaptation (health) assessments, adaptation strategies and action plans; climate change mitigation; strengthen health systems; raise awareness and build capacity; green health services; sharing best practices).

The results suggest that Member States are aware of the Parma Commitment and taking it into action. Governance mechanisms for climate policy seem to be well-established, at least in countries with HIC representatives. Financial and human resources for climate change health adaptation are mainstreamed into ongoing activities and respective resource planning. While health adaptation should focus on strengthening existing systems, there is a need to account for the additional burden of health impacts brought about by climate change. Vulnerability and Impact Assessments seem to be an area of strong performance. Moreover, most vulnerability assessments are relatively recent, and in this regard provide a more solid foundation for adaptation planning. However, there are gaps in translating scientific evidence into action. Moreover, key areas like the economic consequences of inaction in climate policy are still rare in VIA materials and communications. There is room for improvement regarding governmental approval and uptake of national health adaptation plans.

Executive support can dramatically improve the implementation rate of plans, particularly when multiple partners are involved. Most countries report action on mitigation of greenhouse gases pertaining the built environment and transportation, whereas action on mitigation in agriculture is less prevalent. The evaluation of the health implications (e.g. cobenefits) of these activities is as yet uncommon, even though a proper accounting of these and other ancillary benefits could help in their promotion and implementation. Countries reported a wealth of activities on health systems strengthening, with strong overall performance on infectious disease surveillance, the implementation of the international health regulations, environmental health and early warning systems. However, important areas remain lacking, for example the development of integrated climate, environment and health surveillance, or building climate-resilient health infrastructures. Moreover, the health sector engagement in emergency planning remains low. There is a high level of awareness about climate change in the responding countries, although awareness of its health implications is lower. Most countries reported activities pertaining the “greening” of health services (i.e. improving their overall sustainability, mainly environmental). This may suggest an increasing realization of the exemplary potential of the health sector in improving their environmental performance. However, a better and more frequent evaluation of the effectiveness of the measures taken is needed.

At the discussion on the results, countries raised the concern that results-based analysis would be preferable to any “external” classifications and country grouping. In fact, the grouping of countries by United Nations statistical regions as well as Human Development Index and mortality levels has shown to create groups that are very heterogeneous. It was agreed that further exploration of classification of countries was needed, and this was further discussed in a small working group the following day.

## **Suggestions in preparation for the Mid-term Review and the 6<sup>th</sup> Ministerial Conference**

It was agreed that the focus of the MTR would be a retrospective internal self-reflection of implementation of the Parma commitments within and across the Member States. The results of the questionnaire analysis should be reflected in the MTR. The significant political developments at EU level, specifically the publication of the EU Adaptation Strategy in April 2013, should also be acknowledged and reflected in the MTR.

Highlights would include success stories, areas of rapid implementation (e.g. weather early warning, national assessments), governance and harmonization processes with sustainable development activities. Further work is required in developing national adaptation strategies, mainstreaming health into mitigation policies and cross-sectoral outreach.

A number of areas require further technical development, such as evaluation of implementation of national adaptation strategies, effectiveness of public health action and economic costs. Several cross-cutting areas have been identified as being important for implementation of the Parma “Commitment to act” such as: health impact assessment; environmentally sustainable health systems; the food, water and energy nexus; and regional differences.

## **Next steps**

The Member States agreed to be acknowledged as co-authors in the analysis of the questionnaire.

The Member States asked the secretariat:

- to signpost key meetings in different sectors to stimulate national discussions in advance;
- to submit the country profiles for their approval before finalization and publishing;
- to continue regular information on technical developments.

Member States are requested to confirm to the WHO secretariat their nominations to the HIC by 30 May, 2014.

## **ANNEX I: Summary of the chairs – Working Group on Climate Change and its Impacts on Health (HIC)**

**EUDCE1206037-6.5/ 6**

**31 October 2013  
Original: English**

### **Summary of the chairs**

#### **Working Group on Climate Change and its Impacts on Health (HIC)**

#### **Draft for discussion**

At the first Environment and Health Task Force (EHTF) meeting in Bled, Slovenia, in 2011, it was proposed to establish a working group on climate change and health which would continue the work of the Climate Change and Health Task Force that existed up to the fifth Ministerial Conference in 2010. WHO invited all Member States and stakeholders of the Environment and Health Process (EHP) to nominate their representatives to this working group, of which 38 Member States and five stakeholder organizations did so by 10 November 2013. Nominated representatives met in June 2012 and reviewed working arrangements for the working group. At this first meeting, members requested a document describing the group's vision and principles for future working, to shape and prioritize the group's future work programme. This paper is in response to that request, with the aims and vision of the group drafted by the HIC's co-chairs.

## Introduction

1. The European Environment and Health Process (EHP) is continuing towards the sixth Ministerial Conference on Environment and Health to be held in 2016. The European Environment and Health Task Force (EHTF) is the body leading the implementation and monitoring of the EHP. At the first meeting of EHTF in Bled in September 2011, it was proposed to establish the Working Group on Climate Change and Health, which should continue the work of the Climate Change and Health Task Force, which had been operating in preparation of fifth Ministerial Conference in Parma.
2. EHTF establishes the Working Group on Climate Change and its Impacts on Health (HIC) in accordance with the Rule 20.2 of its Rules of Procedure (adopted at its first meeting in 2011).
3. All EHTF members were invited to obtain nominations of their country's or organization's representatives to the Working Group on Climate Change and its Impact on Health (HIC) in April 2012. By 10 November 2013, 38 Member States and five eligible stakeholder organizations had nominated their representatives in HIC.
4. The first meeting of HIC took place in Bonn, Germany on 4–6 June, 2012. Nominated representatives reviewed working arrangements and other statutory matters regarding HIC and prepared a proposal to EHTF at its next meeting for review and decision. The meeting agreed that Germany (environment) and United Kingdom (health) will serve as interim co-chairs of HIC until the working group is fully established by EHTF.
5. At the first meeting of the Working Group on Climate Change and its Impact on Health (HIC), members requested a document describing the group's vision and principles for future working, to shape and prioritize the group's future work programme. This paper is in response to that request, with the aims and vision of the group drafted by the HIC's co-chairs.

## Overall Scope of the Working Group

6. HIC will facilitate dialogue and communication among Member States and other stakeholders on matters related to climate change and health, and will support and facilitate, in particular, the implementation of the relevant commitments in the Parma Declaration and in the European Regional Framework for Action on Climate Change and Health [\*].

## Vision

7. Its vision is to support Member States of the WHO European Region in protecting the health of their citizens from the impacts of climate change, and to maximize the health benefits of sustainable low-carbon lifestyles, by sharing experiences and information on policies regarding adaptation to, and mitigation of climate change.

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\* Protecting health in an environment challenged by climate change: European Regional Framework for Action, WHO/Europe, 2010, accessible at: <http://www.euro.who.int/en/media-centre/events/events/2010/03/fifth-ministerial-conference-on-environment-and-health/documentation/protecting-health-in-an-environment-challenged-by-climate-change-european-regional-framework-for-action>



## Proposed operations of the HIC working group

### Membership

8. All WHO Member States in the European Region and all organizations and institutions that are members of EHTF may nominate their representatives to HIC at any time. The mandate of the HIC members until recalled by the nominating party. Representatives may be appointed, changed or withdrawn at any point by the nominating party. Decisions regarding HIC membership will be communicated to the EHP Secretariat in writing, which will maintain an up-to-date registry of nominations.
9. Other relevant intergovernmental and United Nations organizations and programmes which are not represented in EHTF, in consultation between co-chairs of HIC and of EHTF will be invited to participate in the work of HIC, in particular the World Meteorological Organization (WMO) and the United Nations Framework Convention on Climate Change (UNFCCC). The Secretariat, in consultation with co-chairs, can invite other organizations or individuals to participate in meetings when appropriate.

### HIC Terms of Reference

10. HIC and its members will:
  - a. Act as a catalyst in promoting, implementing and monitoring the climate change and health commitments in the Parma Declaration and 'Commitment to Act' (2010) at the national and international level, using the European Framework for Action as a guide, namely to:
    - i. integrate health issues in all climate change mitigation and adaptation measures, policies and strategies;
    - ii. strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change;
    - iii. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks;
    - iv. develop and implement educational and public awareness programmes on climate change and health;
    - v. collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy- and resource-efficient management;
    - vi. encourage research and development, as well as developments towards European information platforms for systematic sharing of best practices, research, data, information, technology.
  - b. Provide a platform for exchange of experiences and demonstrating good practices in implementation (e.g. with respect to vulnerability assessments, national adaptation plans, greening health services, healthy mitigation measures, disaster prevention such as heat-health action plans and flood prevention, climate sensitive infectious disease prevention and response, other climate-relevant health effects, healthy lifestyles, etc.) and encourage partnership working among countries and stakeholders;
11. Provide health input to other global climate change and sustainable development processes (such as the negotiations of the United Nations Framework on Climate Change and sustainable development

goals), facilitating national and global interactions with environment, climate change and financing. Identify and collect evidence on climate similarities across the WHO European Region;

12. Develop the climate change and health contributions to the sixth Ministerial Conference on Environment and Health in 2016 and other related processes (e.g. EU Adaptation Strategy, Health 2020, directives under development, etc.); and
13. Regularly report back on its work and achievements at meetings of the EHTF and, when appropriate, to the Environment and Health Ministerial Board.

### Frequency of meetings

14. HIC will meet annually. HIC meetings will be convened and organized in the spirit of sustainability and to minimize travelling. Representatives requested for HIC meetings to be arranged back-to-back with EHTF meetings. Work between meetings will take place electronically, using the internet and other appropriate modes of communication. Topic-specific meetings may be organized to further review, discuss and act upon particularly important topics and priorities.

### Proposed methods of work

15. HIC will operate, *mutatis mutandis*, according to the Rules of Procedure of the EHTF, implementing the climate change commitments of the Parma Declaration agreed at the fifth Ministerial Conference and working towards the sixth Ministerial Conference on Environment and Health in 2016. HIC may invite experts to its meetings or convene technical meetings on a topic that requires and justifies further technical work. HIC may commission specific technical work and agree on the summary of results.
16. HIC will propose two co-chairs for appointment by EHTF, one of which will be from the health sector and the other from the environment sector. Member States will be invited to send their nominations to the WHO secretariat no later than two months before the EHTF meeting in which HIC co-chairs are to be appointed.
17. HIC will report back on the progress of its work to EHTF and keep EHMB informed through its co-chairs.

### HIC Secretariat

18. WHO Regional Office for Europe will be the Secretariat of HIC and will cooperate closely with other partners, such as United Nations and EU agencies in the WHO European Region as well as other stakeholders in that role, especially UNFCCC and WMO.

### **Thematic and country priorities**

19. The cross country analysis of the twenty-two questionnaires, illustrated that strong areas of implementation of the Parma commitments are the development of vulnerability and impact assessments, strengthening health systems and raising awareness. Areas where further development is required are: the development of National Adaptation Plans, green and environmentally friendly health systems, sharing best practice and reducing greenhouse gas emissions in other sectors.
20. At the first HIC meeting, countries also underlined that there is a specific need within each country of further developments. These include:

- i. Tools for carrying out systematic, coherent and comprehensive health vulnerability and impact assessments;
  - ii. Governance mechanisms;
  - iii. Tools for developing national health adaptation plans;
  - iv. Evaluating cost-benefit of today's and future interventions, as well as qualitative research on these;
  - v. Capacity building in the environment and health workforce;
  - vi. Communicating results
21. Specific regional and subregional priorities have been raised at the first HIC meeting, with the aim, to further elaborate, on:
- a. Methodological priorities:
    - i. Methods to assess the health effects of climate change;
    - ii. Methods to assess the effectiveness of adaptation measures and plans;
    - iii. Providing a route map for healthy adaptation and mitigation across sectors and for the health sector and add a focus on an environmentally sustainable health sector;
  - b. Health priorities:
    - i. Current risks identified, such as:
      1. Infectious diseases and potential emerging diseases,
      2. Extreme weather events,
      3. Air pollution and allergens,
      4. Water and sanitation,
      5. Food safety, security and nutrition;
    - ii. Emerging topics:
      1. Migration,
      2. Mental health,
      3. Workers health,
      4. Vulnerable populations
      5. Chemicals and climate change;
  - c. Action-oriented priorities:
    - i. Expansion and further development of training on health and climate change (including assessment of its effectiveness) for professionals in the health and other sectors;
    - ii. Information for main decision-makers in Multilateral Environment Agreements (MEAs) and international and national regulatory mechanisms linked to main public health and environmental global developments;
    - iii. Better integration of current knowledge into decision-making processes;
  - d. Subregional priorities:
    - i. Acknowledging and elaborating the baseline differences between countries within the WHO European Region;
    - ii. Considering, climate exposures at subregional level: for example the arctic and subarctic, the Mediterranean, central Asian republics, Caucasus and southeast Europe;
    - iii. Ensuring equal opportunities for the eastern part of the WHO European Region.
  - e. Sharing lessons:
    - i. Knowledge and learning from the Seven-Country Initiative;
    - ii. Individual country experiences;
    - iii. With negotiators of the UNFCCC.

22. In many countries, in particular in the health ministries, the topic “climate change and health” is not a priority. Some Member States therefore mentioned the need to build capacity, and consider national institutional boundaries, and thus raise the importance of health in the governance processes.

## Advocacy and Communication

1. Based on discussion with a variety of stakeholders, there is a need for HIC to better position itself, within the EHP process, as well as beyond. This could include featuring the HIC as part of the EHP, better linkages with the sustainable development goals and process and within UNFCCC processes.
2. It would therefore be useful to increase the external communication. In particular it would be useful to work out communication stories around priority and most frequent themes, emerging themes and success stories. Prior information by the WHO secretariat on information material would be useful. The work on extremes, carbon neutrality and behavioural change would steer towards positive messages as well as link to other initiatives. The work in the seven countries should be further publicised, and the initiative to mobilize young journalists as well as the youth, to be continued in other countries. It will also be important to anticipate new information. For example, packaging the new IPCC findings in communication-effective messages, as well as packaged for environment and health professionals, will be important for the EHP mid-term review. The identification of communication opportunities will be important and can be used to plan and tailor specific communication activities. Partnership with other stakeholders, also beyond the region, as well as establish reciprocal links to web sites and events, will also be important.
3. Today, the most prominent initiative in sharing adaptation information is through the CLIMATE-ADAPT information platform which covers 32 European Member States; it is multisectoral and includes some health information. However, there needs to be a platform for the entire WHO European Region to share information.
4. The proposed WHO information platform, which is being integrated into a broader WHO environment and health platform (the “EH Gateway”), would be best built on what is already available and bring the variety of information from across the Region together. Additional information would include:
  - a. different climate change and health issues;
  - b. information on how take action and raise awareness; regional and local climate change and health projections;
  - c. urban development;
  - d. detailed information on the co-benefits of mitigation;
  - e. good practices and case studies from the wider WHO European Region; information on relative events, not just extreme events;
  - f. connection between meteorological and health data and interpretation of this and training materials and packages;
  - g. reporting back mechanisms on the “Commitment to act” of the Parma Declaration;
  - h. country profile updates;
  - i. monitoring of an agreed indicator set.
5. Challenges to set up and maintain such a system are numerous:
  - a. comparability of data as there is no reporting obligation;
  - b. modelling of data, the need for meta-data sheets and maps;
  - c. quality assurance and control of data and information;
  - d. the limited number of climate change and health indicators under development in ENHIS; and
  - e. the importance of at least having English and Russian information available.

6. Currently, methodological, technical and financial information is available via the WHO Regional Office for Europe web site and globally.
7. A better and more systematic exchange is also needed internally. This includes creating a package of knowledge for the HIC focal points, through a training workshop to be held in 2014; developing a repository of information material through a password protected web site; facilitate access to key products and information by leveraging on the development of the Environment and Health Gateway.

## Financing

8. Financing for the HIC and its work programme will be provided by the WHO European Centre for Environment and Health in Bonn. Volunteer countries for hosting meetings are requested to advance this information to the WHO secretariat.

## **ANNEX II: Final Terms of Reference of the HIC**

# **Working Group on Health in Climate Change (HIC) of the European Environment and Health Task Force Terms of Reference 10 December 2013**

### **Introduction**

1. The European Environment and Health Process (EHP) is continuing towards the Sixth Ministerial Conference on Environment and Health in 2016. The European Environment and Health Task Force (EHTF) is the body leading the implementation and monitoring of the EHP. At the first meeting of EHTF in Bled in September 2011, it was proposed to establish the Working Group on Climate Change and Health, which should continue the work of the Climate Change and Health Task Force, which had been operating in preparation of the Parma Ministerial Conference.
2. All EHTF members were invited to obtain nominations of their countries' or organizations' representatives in the Working Group on Climate Change and its Impact on Health (HIC) in April 2012. Up to 10 November, 2013, thirty-eight Member States and five eligible stakeholder organizations have nominated their representatives in HIC.
3. EHTF establishes the Working Group on Climate Change and its Impacts on Health (HIC) in accordance with the Rule 20.2 of its Rules of Procedure (adopted at its First meeting in 2011).
4. The first meeting of HIC took place in Bonn, Germany on 4-6 June 2012. Nominated representatives reviewed working arrangements and other statutory matters regarding HIC and prepared a proposal to EHTF at its next meeting for review and decision. The meeting agreed that Germany (environment) and United Kingdom (health) will serve as interim Co-chairs of HIC until the working group is fully established by EHTF.

### **Overall Scope of the Working Group**

5. HIC will facilitate dialogue and communication among Member States and other stakeholders on matters related to climate change and health, and will support and facilitate, in particular, the implementation of the relevant commitments in the Parma Declaration, guided by the European Regional Framework for Action on Climate Change and Health.
6. HIC will support Member States of the WHO European Region to protect the health of their citizens from the impacts of climate change, and to maximize the health benefits of sustainable low-carbon lifestyles, by sharing experiences and information on policies regarding adaptation and mitigation of climate change.

### **Membership**

7. All WHO Member States in the European Region and all organizations and institutions that are members of EHTF may nominate their representatives in HIC at any time. The mandate of the HIC members is until recall by the nominating party. Representatives may be

appointed, changed or withdrawn at any point by the nominating party. Decisions regarding HIC membership will be communicated to the EHP Secretariat in writing, which will maintain an up-to-date registry of nominations. The HIC co-chairs, in consultation with HIC members, can invite other organizations or individuals in the work of HIC, in particular UNFCCC and WMO.

## HIC Terms of Reference

8. HIC will:
  - a. act as a catalyst in promoting, implementing and monitoring the climate change and health commitments in the Parma Declaration and 'Commitment to Act' (2010) at the national and international level, using the European Framework for Action as a guide, namely to:
    - i. integrate health issues in all climate change mitigation and adaptation measures, policies and strategies;
    - ii. strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change;
    - iii. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks;
    - iv. develop and implement educational and public awareness programmes on climate change and health;
    - v. collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy- and resource-efficient management;
    - vi. encourage research and development, as well as developments towards European information platforms for systematic sharing of best practices, research, data, information, technology.
  - b. provide a platform for exchange of experiences and demonstrating good practices in implementation (e.g. with respect to vulnerability assessments, national adaptation plans, greening health services, healthy mitigation measures, disaster prevention such as heat health action plans and flood prevention, climate sensitive infectious disease prevention and response, other climate relevant health effects, healthy lifestyles, etc.) and encourage partnership working among countries and stakeholders;
  - c. provide health input to other climate change and sustainable development processes (such as the negotiations of the United Nations Framework on Climate Change and sustainable development goals), as well as facilitating interactions with environment, climate change and financing institutions; and
  - d. develop the climate change and health contributions – for consideration of the EHTF – to the 6th Environment and Health Ministerial Conference in 2016.

## Frequency of meetings

9. HIC will meet annually. HIC meetings will be convened and organized in the spirit of sustainability and to minimize travelling. Work between meetings will take place electronically, using the internet and other appropriate modes of communication. Topic-specific meetings may be organized to further review, discuss and act upon particularly important topics and priorities.

## Proposed methods of work

10. HIC will operate according to the Rules of Procedure of the EHTF. HIC may invite experts to its meetings or convene technical meetings on a topic that requires and justifies further technical work. HIC may commission specific technical work and agree on the summary of results.
11. HIC will elect two co-chairs, one of which will be from the health sector and the other from the environment sector.
12. HIC will report back on the progress of its work to EHTF.



## **ANNEX III: List of participants**

### **Working Group on Climate Change in Health (HIC)**

#### **Croatia**

Dr Pavle Jelacic  
Epidemiology specialist  
Environmental health service  
Croatian National Institute of Public Health, Zagreb

*Representing Dr Inge Heim, Croatian National Institute of Public Health*

#### **Germany**

Dr Jutta Litvinovitch  
Head of Division  
Health Impacts of Climate Change, Environment-related Food Safety  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Bonn

Ms Karina Hoepfner  
Federal Ministry of Health, Bonn

*Representing Ms Ute Winkler, Federal Ministry of Health*

#### **Hungary**

Dr Anna Paldy  
Deputy Director  
National Institute of Environmental Health, Budapest

#### **Italy**

Ms Elisabetta Colaiacomo  
Senior Advisor  
Department for Sustainable Development, Climate Change and Energy  
Ministry for the Environment, Land and Sea, Rome

#### **Kyrgyzstan**

Dr Ainash Sharshenova  
Head of Environmental Health Department  
Scientific and Production Centre for Preventive Medicine  
Ministry of Health, Bishkek

#### **Lithuania**

Ms Olita Rusickaitė  
Public Health specialist  
Environmental Health Division  
Centre for Health Education and Disease Prevention, Vilnius

*Representing Mr Romualdas Sabaliauskas  
Director, Center for Health Education and Disease Prevention*

**Montenegro**

Dr Borko Bajic  
Department for Health Ecology  
Institute of Public Health, Podgorica

**Serbia**

Dr Branislava Matic  
Independent associate at Environmental Health Department, Hygiene specialist  
Institute of Public Health of Serbia, Belgrade

**Slovenia**

Ana Hojs  
Dept for Environmental Health  
National Institute of Public Health, Ljubljana

*Representing Dr Pia Vracko, National Institute of Public Health*

**Spain**

Ms María C. Vázquez  
Subdirector General of Environmental and Occupational Health  
Ministry of Health, Social Services and Equality, Madrid

**Tajikistan**

Dr Alimakhmad Sufiev  
Head Specialist, Communal Hygiene Dept  
State Sanitary Epidemiological Surveillance Service, Dushanbe

**The former Yugoslav Republic of Macedonia**

Professor Mihail Kochubovski  
Head of Sector of Environmental Health  
Department of water safety and environmental sanitation  
Institute of Public Health, Skopje

**Ukraine**

Dr Olena Turos  
Head of Ambient Air Pollution and  
Risk Assessment Laboratory  
O.M. Marzeiev Institute for Hygiene and Medical Ecology of the National Academy of Medical Sciences  
of Ukraine, Kyiv

**United Kingdom of Great Britain and Northern Ireland**

Dr Louise Newport  
Scientific Policy Manager, Sustainable Development, Climate Change and Extreme Weather  
Department of Health, London

**United Nations Development Programme**

Dr Christoph Hamelmann  
Regional Practice Leader HIV, Health and Development  
UNDP Europe and the CIS, Bratislava Regional Centre, Bratislava, Slovakia

**Regional Environmental Center for Central and Eastern Europe (REC)**

Dr Eva Csobod  
Senior Expert, Leader of Environment and Health Topic Area  
Regional Environmental Center for Central and Eastern Europe, Szentendre, Hungary

**German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety (BMU)**

Mr Björn Indendahl  
Division IG.II.7  
Health Impacts of Climate Change, Environment-related Food Safety  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Bonn

**Observers**

Ms Ursula Schoch  
Advisor, Health  
German Society for International Cooperation (GIZ), Bonn

**Representatives of other organizations**

**European Centre for Disease Prevention and Control (ECDC)** (via Webex)  
Professor Jan Semenza  
Senior Expert  
Office of the Chief Scientist  
European Centre for Disease Prevention and Control (ECDC), Stockholm, Sweden

**European Environment Agency (EEA)** (via Webex)  
Mr Andre Jol  
Group leader, Air and Climate Change  
European Environment Agency, Copenhagen, Denmark

**Health and Environment Alliance (HEAL)** (via Webex)  
Ms Génon Jensen  
28 Boulevard Charlemagne  
Health and Environment Alliance, Brussels, Belgium

**United Nations Framework Convention on Climate Change (UNFCCC)**  
Mr Florin Vladu  
Manager of the Science and Review Subprogramme  
United Nations Framework Convention on Climate Change, Bonn, Germany

**World Meteorological Organization (WMO)**

(via Webex)

Dr Amir H. Delju  
Senior Scientific Coordinator  
Climate Prediction and Adaptation Branch  
Climate and Water Department  
World Meteorological Organization, Geneva, Switzerland

**World Health Organization**

**Regional Office for Europe**

Mr Yorck Adrian  
Intern

Mr James Creswick  
Technical officer

Dr Vladimir Kendrovski  
Technical Officer

Dr Bettina Menne  
Programme Manager

Mr Gerardo Sanchez Martinez  
Technical Officer

Dr Tanja Wolf  
Technical Officer

**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.

**Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
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San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav  
Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

The second meeting of the Working Group on Health in Climate Change (HIC) provided opportunities to report back on climate change and health developments at the regional, subregional, national and subnational level and allowed a wider discussion on future needs. Specifically, discussion focussed on priority themes and items that should be considered in the preparations for the 2014 Parma Mid-Term Review and the next European Ministerial Conference on Environment and Health.

**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: [contact@euro.who.int](mailto:contact@euro.who.int)

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