



**World Health
Organization**

REGIONAL OFFICE FOR

Europe

Establishment of a Working Group
on climate change and its impact
on health (HIC)

of the

European Environment and Health
Task Force (EHTF)

Meeting Report

4–6 June, 2012



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Bonn, Germany**

ABSTRACT

The first meeting re-establishing the Working Group on Climate Change and Health (HIC), which will follow up on the implementation of the Parma "Commitment to act" on climate change and health, took place in parallel to the "Climate change and health: lessons learnt in the WHO European Region" meeting held in Bonn on 4–6 June, 2012. It provided opportunities to report back on climate change and health developments at the regional, subregional, national and subnational level (such as pilot projects, research initiatives, developments, etc) and allowed a wider discussion on future needs. This report also presents the results of the discussions on governance of the HIC Working Group, membership, terms of reference, and thematic priorities.

Keywords

Climate change
Environment and Public Health
Environmental health
Environmental policy
Risk management
Sustainability

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List of abbreviations

BMU	Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Germany
EC	European Commission
EEHP	European Environment and Health Process
EHTF	(European) Environment and Health Task Force
EHMB	(European) Environment and Health Ministerial Board
EU	European Union
HIC	Working Group on Climate Change and its Impacts on Health of the EHTF
MS	Member State
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

SCOPE AND PURPOSE

1. 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 and, in particular, to:
 - integrate health issues in all climate change mitigation and adaptation measures, policies and strategies;
 - strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change;
 - develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks;
 - develop and implement educational and public awareness programmes on climate change and health;
 - collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy and resource-efficient management; and
 - encourage research and development, as well as developments versus a European information platforms for systematic sharing of best practices, research, data, information, technology.
2. 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 Climate Change and Health (HIC), which will follow up on the implementation of the Parma "Commitment to act" on climate change and health.
3. 31 Member States and six international organizations nominated a total of 37 participants who were able to attend the first meeting of HIC at the "Climate change and health lessons learnt" meeting in Bonn on 4–6 June, 2012 (Annex II: List of participants). The first meeting of the HIC was an opportunity for nominated representatives of Member States to discuss ways of working and to collect ideas.

DECISIONS TAKEN

4. Member States should send comments on the Terms of Reference of the HIC to the WHO secretariat by 31 October, 2012. (see Annex I: Terms of reference from the discussion document EURO/HIC/0.14)
5. A draft proposal, based on the discussion at the "Climate change and health lessons learnt" meeting in Bonn (4–6 June, 2012), will be prepared by the co-chairs and the WHO secretariat. The draft will be distributed to the HIC members and to the 3rd meeting of the Environment and Health Task Force (EHTF). This proposal should contain:
 - Proposed operations of HIC Working Group;
 - Thematic and country priorities;
 - Advocacy and Communication;
 - Reporting back mechanisms on the "Commitment to act" of the Parma Declaration; and
 - Financing.

6. The WHO secretariat is to provide the HIC members with:
 - a) Information on Rio+20 developments;
 - b) A list of relevant focal points from the UNFCCC and other relevant processes;
 - c) A list of funding opportunities to Member States;
 - d) An improved structure for the ShareFile;
 - e) A working document on the information platform.

DETAILED DISCUSSION SUMMARY

7. The first meeting of the HIC Working Group was organized within a wider conference on “Climate change and health lessons learnt” Bonn (on 4–6 June, 2012). It provided opportunities to report back on climate change and health developments at the regional, subregional, national and subnational level (such as pilot projects, research initiatives, developments, etc) and allowed a wider discussion on future needs. Within this broader meeting, various closed sessions were dedicated to the HIC discussions. Dr Louise Newport (United Kingdom) and Dr Jutta Litvinovitch (Germany) were appointed as chairs of the meeting, and Dr Leda Nemer acted as rapporteur.
8. The WHO secretariat presented the discussion document entitled “Proposal by the WHO secretariat for members of the Working Group on Climate Change and its Impacts on Health (HIC) of the European Environment and Health Task Force (EHTF)”. The aim of the proposal was to provide a basis for the initial discussions on the best ways of working for the HIC (see Annex I: EURO/HIC/0.14). The overall scope of HIC is to facilitate dialogue and communication on matters related to climate change and health, and support implementation of the relevant commitments in the Parma Declaration and in the European Regional Framework for Action. The following subjects were debated.

Governance

9. Questions were raised on the governance. The WHO secretariat answered that the HIC is expected to work as a subsidiary body to the EHTF. The format of the HIC would follow the rules of the EHTF and the time limit of the working group would be the 6th Ministerial Conference on Environment and Health.

Size of the working group

10. A representative asked what the size of the HIC working group should be, and if each country was expected to nominate two people, one from health sector and one from environment sector. The WHO secretariat replied that the WHO Regional Office for Europe would ask Member States and organizations listed in Parma document to nominate one member each.

Membership of the working group

11. A question was raised as of the Membership of those United Nations and other agencies, which are not part of the EHTF process, but would be of high importance in the area of climate change and health. This is for example the case of WMO and UNFCCC. The secretariat suggested that agencies listed in the Parma documents (Commitment to Act and European Framework) should

be encouraged to nominate representatives as full members of HIC. Any country participating in the EHP is welcome to nominate a HIC representative and meetings will be open to Member States that are not part of the working group. Other organizations may also be invited to participate in HIC.

12. A representative suggested that it would be important that in such a group there should be a good balance between eastern and western European countries. They also asked if WHO Europe would help countries to find focal points for different relevant processes. The WHO secretariat replied that they would share a list of nominated people after this meeting and they would also provide names of relevant focal points (see Annex 1).
13. The chair also mentioned the point that it would be important to reflect about the flexibility or not of a working group composition.

Terms of reference

14. A representative expressed agreement with the proposed HIC terms of reference stating they were very well done and should be the mean on how the group tackles all issues. It was noted that there is nothing in HIC on vector-borne issues. The challenge for HIC would be to tackle the difference in development and that care should be given to the timing of changes at various levels.
15. A representative suggested to clearly stick within the themes of the European Framework for Action and the focus should remain on the six commitments taken. They suggested that the working group should be given full legitimacy to follow up the implementation of the Framework and the “Commitment to act” and to serve as a platform for the exchange of experiences, as well as to serve as a forum to develop the climate change contributions to the 2016 Environment and Health Ministerial Conference.
16. A representative suggested referring to regulatory frameworks and mechanisms in the HIC terms of reference as in many countries this requires enabling action. They also made a comment on terminology used; for example, the word adaptation is not recognized since old terminology is still being used.
17. It was agreed that Member States would send comments for changes to the terms of reference by 01 November 2012 to the WHO secretariat (ceh@euro.who.int and menneb@who.int)

Frequency of meetings

18. Currently meetings are proposed to take place every 1–2 years and other discussion would take place through internet discussion on specific thematic priorities. Representatives expressed the need that HIC meetings be arranged back to back with EHTF meetings to minimise travelling.
19. It was however suggested to include in the *modus operandi* the possibility of topic-specific meetings, building on needs and priorities. Several countries informed the group about important topic-specific meetings they were organizing; for example, the Monaco recently organized a symposium on global change and infectious diseases, and are planning to focus the next conference on air pollution and climate change.

Thematic priorities

20. A representative commented on the priorities being proposed for HIC. From what has been seen over the past few days of the “Climate change and health: lessons learnt” meeting, it would be easy to set up a list of 10 priorities that are common to all countries.
21. A representative stated that there is a need to develop a uniform methodology for determining climate change impacts. In reply the Chair stated that the vulnerability assessment from the seven pilots could serve the purpose of a uniform methodology. It might also be useful to look at the details behind the “Commitment to act”, since there are many case studies from there that can be used.
22. A representative stated that there is also the need for a single integrated information system, like what WHO has done for mortality. Major indicators should be the same for all and this would enable determination of the area of responsibility of HIC. Another representative expressed disagreement with the proposal for a single information system.
23. A representative stated that countries, including those that presented the Seven-Country Initiative, should show how changes took place because of climate change. The Chair replied that the Seven-Country Initiative was organized in a way that will enable other countries to share and use key learning points since there is a lot of information from which to draw thematic priorities.
24. A representative wanted to be sure that all priorities that came up in the overall meeting (in Bonn on 4–6 June, 2012) could be reflected in the terms of reference of the HIC as well. The Chair stated that priorities need to be mapped out prior to indicators.
25. Specific health priorities that were mentioned included:
 - vector-borne diseases;
 - mental health;
 - the differences between countries within the WHO European Region;
 - the need to build capacity in the environment and health workforce;
 - whether CIS regulatory mechanisms should be highlighted;
 - governance processes;
 - what could be done to integrate current knowledge into decision-making processes;
 - geographic priorities (e.g. arctic and sub-arctic, the Mediterranean, Central Asian Republics and eastern Europe).
26. Some Member States mentioned that there is a concern of national institutional boundaries. For example, some Member State representatives need to confirm what their remit and priorities are with respect to their participation in the HIC.
27. The Chair stated that it is important to have a common ground that all can move forward on, and that the agreed that the following information sources can be used to further define thematic and country priorities:
 - the knowledge and learning from the Seven-Country Initiative;
 - input from group work of the “Climate change and health: lessons learnt meeting” in Bonn on 4–6 June 2012;
 - results of the WHO Questionnaire, once analysed, can help to identify gaps;

- the European Regional Framework for Action, specifically item number 6, on development of health scenarios; and the information platform and information from databases.

Monitoring the “Commitment to act” on climate change and health

28. A representative asked if HIC could assist in monitoring the entire climate change process and Parma commitments not only at national level, but also providing cross-country comparisons. The Chair suggested that this is taken up in the draft proposal to be submitted to the EHTF. Currently there are two mechanisms for monitoring implementation of Parma commitments: indicators and the national questionnaires.

Indicators

29. This discussion mainly focused on clarifying the relationship between the overall indicator development process (ENHIS) and the monitoring or progress of the Parma Commitment on climate change and health. The secretariat informed the group that the work on indicators for climate change is an integrated component of ENHIS used to monitor Parma implementation. The secretariat, briefly presented this list of proposed climate change and health indicators (see Annex III).
30. The Chair suggested that the HIC takes an active role in advising the WHO Regional Office for Europe on which indicators are important for climate change, based on national experiences.
31. A discussion then followed on the difficulty of retrieving data in particular across departments. It was suggested that HIC would help to bring partners together for such services and could serve as a platform for the exchange of information and knowledge.
32. It was also mentioned to raise awareness with the EHTF that a range of other environmental issues have implications for climate change and health, such as air quality, water and sanitation, etc.

National questionnaire

33. Several countries expressed the need for more time to complete the questionnaire. Several countries expressed also some concern about the complexity. Overall it was agreed to extend the submission deadline to 31 October, 2012.
34. A representative suggested that the secretariat should make available the results of the questionnaire to the Member States. Another representative seconded the proposal, stating that if the results of the questionnaire are analysed, then achievements and missing elements will become evident.
35. It was pointed out by several representatives that for those countries that have carried out vulnerability assessments it is much easier to fill in the questionnaire. They suggested that WHO should provide support to countries that have not yet done so through training and support in filling the information gaps. Support from WMO in this regard was also suggested.

Important experiences

36. The representative from Croatia stated how a lot of ministries have done work but there is no

communication among them. This was brought up as an area needing work upon return to respective countries.

37. The representative from Hungary stated that a major problem they face is that climate change and its impact is not high on the political agenda. The health sector has not yet shown concern. Hungarian ministries underwent structural changes two years ago and now the mandate for climate change falls into another ministry making it difficult to build up connections again. National adaptation and the information system is under construction and this will help further collaboration intersectorally. Hungary has been hit hard by flooding and has been a big financial burden for the country. As far as health, the major problems faced are the effects of heat-waves. The country needs to carry out an assessment of years of life lost and show the burden of disease from climate change. By the end of the century, the climate of Hungary will probably be like that of the Mediterranean. With increasing heat waves and cold waves, people cannot heat their homes and so social inequalities also need to be considered.
38. Ukraine stated that they have done a lot in terms of climate change. They have an interagency coordinating council but have not included health in this. They also have bilateral agreements with WHO but climate change is not always reflected in such agreements. Legislators that represent Ukraine do not always understand climate change and only see the extreme effects such as death. Generally speaking the country has shown it is unprepared to deal with these issues. It would be beneficial to educate decision-makers since they do not fully understand climate change. Ukraine is now seeing more infectious diseases moving north, even in Minsk. Tick-borne infections are also common in big cities now. There is a need to help people adapt to climate change in general.
39. The representative from the former Yugoslav Republic of Macedonia agreed that climate change needs to be put into the decision-maker's agenda and awareness must be raised. There will probably be heat waves in the coming months and the country should be prepared for this from the top down.
40. The representative from Armenia stressed the need to insist on inserting health into environment or climate change projects.
41. The representative from the Kyrgyz Republic stated how the seven country project was the first time they had the opportunity to carry out a project as such and while there may be different priorities for the European Region and the central Asian countries, it may be worthwhile creating a project on organization of early warnings.
42. The representative from UNDP stated that he would talk with their practice leader in Energy and Environment to see how they can help countries find further support for projects.
43. Representatives from Tajikistan and Kyrgsyztan stated that they are in a seismic zone, and they also register some 500 extreme weather events each year. The flooding in Europe is also now common in these countries and they are now able to issue alerts in advance due to setting up their early warning systems. They have found that multisectoral work is effective and try to include other sectors to assess economic damage from disasters. While it is difficult to assess the economic costs of climate change per se it is more difficult to estimate the costs of climate change to human health itself. These countries need tools to assess human deaths due to heat waves and would like to have some workshops in the future for epidemiologists.

44. The representative from Belarus stated that they have an action plan on climate change but the ministry of environment has its own. They have always had a well developed epidemiological surveillance system and good relations with the agriculture and meteorology sectors.
45. The representative from Turkey said that people in the ministry are aware of climate change but this is not their first thought. Many questions arise about the impact of climate change on the economy first but they need to be reminded about health impacts as well. After the earthquakes in Turkey there is now an early warning system in place.
46. The representative from Italy informed the group that they are late in setting up an adaptation strategy due to major political changes taking place over the past few years.
47. The representative from Monaco informed the group that a recent meeting had been organized on Environmental Changes and Human Health in March 2012. The results of the meeting were shared and are available on the web site (<http://www.ec2h-monaco.org/en/symposium/>). He also informed the audience that the next meeting is most likely to be on climate change, air pollution and human health.
48. Many more national experiences were shared in the meeting on “Climate change and health: lessons learnt in the WHO European Region” and can be found in that meeting report.

Rio+20 United Nations Conference on Sustainable Development

49. The secretariat briefly informed the HIC Working Group on the developments with regards to Rio+20. The representatives were informed about action taken by the EHMB and the secretariat. The current draft of “The Future We Want” should be available. Main issues covered at the moment are: universal access to health care, health in other policies, sustainable development indicators, as well as trade issues. Health impact assessment was one of the key suggestions, but was taken out.
50. For more detailed information it was suggested that the secretariat inform the representatives of the HIC.

More information on “Climate change and health: lessons learnt in the WHO European Region” is also available in the overall meeting report.

ANNEX I: Terms of reference (from document EURO/HIC/0.14)

**Climate change and health: Lessons learnt in
the WHO European Region**

**EURO/HIC/0.14
27 March, 2012
Original: English**

**Bonn, Germany
4–6 June, 2012**

Proposal by the WHO secretariat for members of the Working Group on Climate Change and its Impacts on Health (HIC) of the European Environment and Health Task Force (EHTF)

Draft for Discussion

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 leading international body for implementation and monitoring of the EHP. At the first meeting of EHTF in Bled, September 2011, it was proposed to re-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 members of the European Environment and Health Task Force (EHTF) have been 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 29 May, a total of thirty-nine representatives of thirty-one Member States and nine representatives of four eligible organizations have been nominated.
3. The participants of the first meeting of HIC 4-6 June 2012 in Bonn, Germany, will be asked to discuss working arrangements and other statutory matters regarding HIC and to prepare a proposal which will be submitted to EHTF at its next meeting for review and decision.

Overall Scope of the Working Group

4. EHTF is establishing HIC in accordance with the Rule 20.2 of its Rules of Procedure adopted at its First meeting in 2011. [The Working Group will facilitate dialogue and communication on matters related to climate change and health, and will support, in particular, the implementation of the relevant commitments in the Parma Declaration and in the European Regional Framework for Action. HIC will work as a subsidiary body to EHTF.]

Membership

5. [All WHO Member States in the European Region and all organizations and institutions eligible for full membership in the EHTF may nominate their representatives in HIC. 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.]
6. [EHTF members will be requested to obtain official nominations of their representatives in accordance with their country's or organization's internal rules and regulations.]
7. Decisions regarding HIC membership will be communicated to the EHP Secretariat in writing, which will maintain an up-to-date registry of nominations.
8. [The Secretariat, in consultation with co-chairs, can invite other organizations or individuals to participate in meetings when appropriate.]

HIC Terms of Reference

9. [HIC and its members will:
 - act as a catalyst in promoting, implementing and monitoring of the Parma commitments on climate change and health at the national level;
 - identify national key stakeholders working on climate change and health, and related matters and promote the involvement of local institutions, agencies, NGOs and research institutions;
 - in close collaboration and in agreement with EHP focal points, facilitate and coordinate national response to WHO requests, such as regional or international questionnaires, surveys, interviews related to climate change and its impact on health;
 - [report back on indicators, trends and developments]
 - liaise with other national focal points of WHO (due to the cross cutting nature of the impacts of climate change) and of the United Nations Rio Conventions, such as the one on climate change in supporting the implementation of the European Framework for Action on Climate Change;
 - collect and analyse lessons learnt in the design, implementation, monitoring and evaluation of national progress on the Parma Conference commitments regarding climate change, namely:
 - a. integrate health issues in all climate change mitigation and adaptation measures, policies and strategies;
 - b. strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change;
 - c. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks;
 - d. develop and implement educational and public awareness programmes on climate change and health;
 - e. collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy- and resource-efficient management;

- f. encourage research and development, as well as developments versus a European information platforms for systematic sharing of best practices, research, data, information, technology.
- assist in the monitoring of progress in national implementation of the Parma Commitments (e.g. heat health action plans; flood prevention, vulnerability assessments, national adaptation strategies, co-benefits of mitigation, greening health services, etc);
- provide a forum for exchanging experiences and highlighting good practices (e.g. with respect to greening health services and developing vulnerability assessments and preparedness plans);
- share information on opportunities for supporting relevant work (i.e. funding opportunities) and act as a platform to establish partnerships between countries;
- regularly report back at meetings of the EHTF and EHMB.]

Proposed methods of work

10. HIC will operate, *mutatis mutandis*, according to the Rules of Procedure of the EHTF, unless it is decided otherwise by the EHTF.
11. [HIC will operate until the 6th Ministerial Conference.]
12. [HIC may invite experts to its meetings or convene technical meetings on a topic that requires and justifies further technical work. *specify*]
13. [HIC may commission specific technical work and agree on the summary of results]
14. [HIC will have two co-chairs appointed by EHTF, one from the health sector and one from the environment sector. Member States will be invited to send their nominations to the WHO secretariat no later than three months before the next EHTF meeting. The co-chairs will have a two year mandate.]
15. For the first meeting of the HIC, the two co-chairs will be elected by the participants in the HIC.
16. [HIC will report back on the progress of its work to EHTF and EHMB through its co-chairs.]
17. [HIC will meet not less than once in two years up to the Sixth Ministerial Conference on Environment and Health. *Discuss next meeting*]
18. [Based on the discussion at the meeting in Bonn, 4-6th of June, the co-chairs of the first meeting and the WHO secretariat will develop a proposal, to be submitted to EHTF, on:
 - a. Proposed operations of HIC;
 - b. Thematic priorities;
 - c. Country priorities;
 - d. Advocacy and Communication plan; and
 - e. Financial requirements.]

HIC Secretariat

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

ANNEX II: List of participants

Nominated members of the Working Group on Climate Change and its Impacts on Health (HIC) of the European Environment and Health Task Force (EEHTF)

Albania

Dr Gazmend Bejtja *
Director
Department of Public Health
Ministry of Health
Tirana

Represented by:

Dr Edmond Zaimi
Head of Emergency Department
Faculty of Medicine
University Hospital Centre “Mother Teresa”
Tirana

and

Mr Arben Luzati
National Institute of Public Health
Tirana

Armenia

Dr Nune Bakunts
Head of Division
Legal Instruments & Documentation Flow Management
State Hygiene & Anti-Epidemic Inspectorate
Ministry of Health
Yerevan

Dr Artak Khachatryan
Head of Risk Assessment Division
“Waste Research Center” State Non Commercial Organization
Ministry of Nature Protection
Yerevan

Austria

Mr Robert Thaler *
Head Of Department
Division V/5 – Transport, Mobility, Human Settlement and Noise
Federal Ministry of Agriculture, Forestry, Environment & Water Management
Vienna

* *UNABLE TO ATTEND*

* *UNABLE TO ATTEND*

Dr Fritz Wagner
Deputy Head of Department III/6
Prevention and Health Promotion
Ministry of Health
Vienna

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Dr Larisa Karpuk
Chief Specialist
Department of Hygiene, Epidemiology and Prevention
Ministry of Health
Minsk

Belgium

Ms Martine Delhaye
Standing Secretariat of the National Cell on Environment-Health
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Dr Inge Heim
Polyclinic for Cardiovascular Diseases Prevention
and Rehabilitation
Zagreb

Denmark

Dr Lis Keiding*
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Estonia

Ms Reeli Jakobi*
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Ministry of the Environment
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France

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Assistant Manager
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Ministry of Health
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* *UNABLE TO ATTEND*

Germany

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

Ms Ute Winkler
Head of Division
“Basis issues of prevention, self-help and
environmental health protection”
Federal Ministry of Health
Berlin

Hungary

Dr Anna Paldy
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National Institute of Environmental Health
Budapest

Israel

Dr Michael Gdalevich*
Director
Southern District of Public Health Services
Head of the advisory committee for environmental epidemiology
Israeli Ministry of Health

Italy

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Rome

Kazakhstan

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Head
Scientific-practical center of sanitary-epidemiologic examination and monitoring
Ministry of Health
Almaty

Kyrgyzstan

Dr Ainash Sharshenova
Head of Environmental Health Department
Scientific and Production Centre for
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Bishkek

* *UNABLE TO ATTEND*

Lithuania

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Center for Health Education
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Monaco

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President of the Administrative Committee
Scientific Centre of Monaco
Monaco

Montenegro

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Institute of Public Health
Podgorica

Mr Andro Drecun *

Deputy minister
Department of International cooperation and climate change
Ministry of Sustainable Development and Tourism
Podgorica

Norway

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Climate and Pollution Agency
Section of Climate Science
Oslo

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Dr Andrey Guskov

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* *UNABLE TO ATTEND*

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Serbia

Dr Snezana Matic-Besarabic
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Slovenia

Dr Pia Vracko*
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Ministry of Health, Social Services and Equality
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Sweden

Ms. Johanna Kirsten
Ministry of the Environment
Stockholm

Tajikistan

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ANNEX III: Proposed climate change and health indicators

Commitment to Act point

1. integrate health issues in all climate change mitigation and adaptation measures;

4. develop and implement educational and public awareness programmes on climate change and health

2. strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change;

3. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks;

5. collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy- and resource-efficient management;

6. encourage research and development, as well as developments versus a European information platforms for systematic sharing of best practices, research, data, information, technology.

Proposed climate change indicator

Three proposed/using existing data sources

Heat-waves

Exposure and health effects:

C1. Exposure to heat-waves and excess mortality from heat waves

Policy:

C2. Policies to prevent heat related effects

TESTED

Allergic disorders

Exposure and health effects:

C6. Exposure to allergenic pollen

Three proposed/using existing data sources

Floods

Exposure and health effects:

C3. Population exposure to floods

C4. Population vulnerability to floods

To be tested

Policy:

Policies to secure water supply

Two proposed/using existing data sources

Infectious diseases

Exposure and health effects:

C7. Lyme borreliosis incidence

Policy:

Policies to prevent infectious diseases

Existing data sources (not yet tested)

To be developed

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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The first meeting re-establishing the Working Group on Climate Change and Health (HIC), which will follow up on the implementation of the Parma "Commitment to act" on climate change and health, took place in parallel to the "Climate change and health: lessons learnt in the WHO European Region" meeting held in Bonn on 4–6 June, 2012. It provided opportunities to report back on climate change and health developments at the regional, subregional, national and subnational level (such as pilot projects, research initiatives, developments, etc) and allowed a wider discussion on future needs. This report also presents the results of the discussions on governance of the HIC Working Group, membership, terms of reference, and thematic priorities.

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