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EUROPEAN ENVIRONMENT
AND HEALTH PROCESS



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

Report of a meeting in Bonn, Germany

1-2 June 2015



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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

of the
European Environment and Health Task Force
(EHTF)

Strengthening risk communication on health and climate

Meeting Report

**1–2 June 2015
Bonn, Germany**

ABSTRACT

The fourth meeting of the Working Group on Health in Climate Change (HIC) gave an update of national and international climate change and health activities in the WHO European Region. The meeting also served as an opportunity to discuss, communication needs, key messages to health professionals and climate negotiators, climate services, country profiles and the road map towards the UNFCCC 21st Conference of the Parties (COP21) in Paris, 2015.

Keywords

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List of abbreviations

AR5	Fifth Assessment Report of the Intergovernmental Panel on Climate Change
BMUB	Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany
CCAC	Climate and Clean Air Coalition
CGS	Climate change, green health services and sustainable development programme
COP21	21 st Conference of the Parties to the UNFCCC
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EEA	European Environment Agency
EHP	European Environment and Health Process
EHTF	European Environment and Health Task Force
HEAL	Health and Environment Alliance
HIA	health impact assessment
HIC	Working Group on Health in Climate Change of the EHTF
IPCC	Intergovernmental Panel on Climate Change
MTR	Mid-Term Review of the EHP and Parma commitments
REC	Regional Environmental Center for Central and Eastern Europe
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

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SCOPE AND PURPOSE OF THE MEETING

1. The Working Group on Health in Climate Change (HIC) acts as a catalyst in promoting the implementation of the climate change and health commitments in the Parma Ministerial declaration (2010) at the national and international level, the World Health Assembly resolution on climate change and health; and provides a platform for exchange of experiences and demonstrating good practices in implementation and encourage partnership. It also provides health input to other climate change and sustainable development processes; and contributes to developing the climate change and health contributions to the sixth Ministerial Conference on Environment and Health. Twenty Member States and seven agencies or organizations participated to this meeting.
2. The fourth meeting of the HIC aimed to:
 - analyse national and international implementation of the Parma “Commitment to act”;
 - discuss feedback from the Mid-Term Review¹;
 - discuss and agree upon key climate and health messages for two audiences: (i) health professionals and (ii) climate negotiators;
 - discuss contributions to ongoing political processes, e.g. the UNFCCC negotiations;
 - to explore the current application and potential of climate services for the health sector.

DECISIONS TAKEN

3. Adoption of the agenda: The HIC agreed to the proposed scope of the meeting, adopted the meeting agenda and approved Jutta Litvinovitch (Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany) and Louise Newport (Department of Health, United Kingdom of Great Britain and Northern Ireland) as continuing chairs of the HIC.
4. Level of implementation of the Parma “Commitment to act”: Representatives from twenty countries and seven agencies reported on recent developments and briefly discussed obstacles and joint needs for cooperation. The added value of this cooperation again became apparent: it facilitates national multisectoral cooperation, it is a driver for development and promotes best buy initiatives. Furthermore, it helps to communicate and connect where no formal multi-country initiatives are in place (e.g. EU directives). Communicating the developments and the lessons learnt was seen as an important contribution in the communication towards COP21 in Paris in November/December 2015. The forthcoming call of the 2015 *Lancet* Commission to develop a “Countdown to 2030: Global Health and Climate Action” on monitoring progress was perceived as a longer-term opportunity, while the forthcoming Regional Committee was seen as the next “communication moment”. It was suggested that HIC representatives inform their respective national representative to the Regional Committee to highlight important developments and the need for further action.
5. Feedback from the MTR: WHO Regional Office for Europe provided feedback on the MTR. HIC members agreed to further lead the development on climate change and health towards the next Ministerial Conference. Switzerland, Serbia and Israel offered to evaluate possibilities to take a leading role on developments on the environmental emergencies,

¹ The Mid-Term Review (MTR) of the European Environment and Health Process (EHP) was held in Haifa, Israel, in April 2015. Its aim was to review progress on the achievement of the Parma commitments (2010–2015) of the Fifth Ministerial Conference on Environment and Health in 2010.

health security and climate change pillar. The Co-chairs of HIC welcomed the offer and agreed to further discuss details with the individual countries. Member States raised the concern of climate change being broader and wider than emergencies.

6. Key messages to health professionals and climate negotiators: The HIC provided feedback on the two Working Documents on key messages targeted at the two distinct audiences of health professionals and climate negotiators. It was agreed that both documents need to be shortened, need to focus better on the target audiences and require some good visualization work. It was proposed to start with what each target audience can do. Further the technical content requires adjustments, such as: to present the health impacts rather than environmental exposures in the sheet targeted to health professionals, to tackle omissions (such as mental health), and to define key terms in a mini glossary.
7. Contributions to ongoing political processes: Two agenda items were discussed, namely the roadmap towards the 21st Conference of the Parties of the Climate Convention (COP21) and ongoing political negotiations as well as the potential cooperation with the Climate and Clean Air Coalition (CCAC).
8. Preparation towards COP21: Participants were informed about the WHO global campaign, the developments of country profiles, and preparatory conferences in France, The Lancet launch as well as the activities of various NGOs. In summary it was agreed, that the HIC Co-chairs with the help of the WHO secretariat would be exploring contributions to relevant processes, in form of paper submissions, statements, side-events and presentations. It was also suggested to discuss with the Co-chairs of the EHMB and the EHTF to place political statements at key political meetings. The key arguments discussed included a plea that if done well, the new climate agreement could become a public health treaty. These messages were also presented at a side-event of the WHO at the Bonn Climate Change Conference (42nd meeting of the Subsidiary Bodies to the UNFCCC).
9. Country profiles: Following a request of WHO headquarters, WHO HIC members agreed to act as focal points in the development of the country profiles in coordination and collaboration with WHO Regional Office for Europe. The 19 draft country profiles that were prepared by WHO Regional Office for Europe based on a European questionnaire will be shared with HQ, for further elaboration.
10. WHO communication campaign: Member States and agencies requested WHO headquarters to directly involve them in the communication campaign and through the WHO Regional Office for Europe to ensure slots for European countries at side-events and at the Global Climate and Health Summit.
11. Climate and Clean and Air Coalition (CCAC): The HIC Co-chair from the United Kingdom of Great Britain and Northern Ireland reported on her recent involvement with the CCAC: the CCAC had a meeting on the side-lines of the World Health Assembly to acknowledge importance and engagement within the health community. It was recognized that a focus on the health co-benefits of mitigation, through improved air quality, is very important and can offset mitigation costs. She proposed to strengthen Member State cooperation with the CCAC. The HIC Co-chairs agreed to formally be in contact with the CCAC to explore avenues of cooperation.
12. WHO Regional Office for Europe to act as a contact point for the Global Framework for Climate Services: It was agreed that the WHO Regional Office for Europe, in its capacity

as the HIC secretariat, would provisionally serve as the contact point for the WHO–WMO joint office in implementing health-related issues of the Global Framework for Climate Services (GFCS) in the European Region; it was suggested that a technical meeting could be organized in 2016 to further explore the technical needs and opportunities in the Region.

13. Next steps: HIC co-chairs agreed to develop a short statement that could be read by any national representative at political preparatory meetings for COP21 and liaise with the CCAC. HIC Member State representatives agreed to inform their respective governments on key messages for climate negotiators and health professionals and to highlight current achievements and needs at the next European Regional Committee. During the meeting, Kyrgyzstan suggested that WHO could ask for support from the World Bank for the next HIC meeting to take place in the Central Asia Region. Furthermore, the HIC co-chairs, together with the WHO secretariat, would explore possibilities of cooperation and action towards COP21, such as in the form of a side-event. HIC Co-chairs suggested further discussing the developments of the pillars towards the next Ministerial Conference with the WHO secretariat. It was agreed that Member States would further inform the secretariat on their activities.
14. The WHO secretariat was asked to submit revised key messages for consideration and use (e.g. translation) by HIC Members, as soon as it is possible.

DETAILED DISCUSSION SUMMARY

15. The meeting was opened by Jutta Litvinovich (Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany) and Bettina Menne (WHO Regional Office for Europe). The scope of the meeting and the election of the chairs were followed.

National and international implementation of the Parma Commitments to Act

16. Representatives from twenty countries and seven agencies reported on recent developments and discussed briefly obstacles and joint needs of cooperation.

Current political and technical developments in European Member States

17. Romeo Zegali explained that Albania has a strategy in place for health and climate change; the objectives and key priorities involve raising public awareness on climate change issues and how it affects human health. Adoption of a health information system will pose challenges for the country, primarily due to lack of funding and a shared public vision. Albania is currently working on coordination and communication in order to promote good collaboration on these climate and health issues.
18. Artak Khachatryan explained that Armenia has submitted the First and Second Communications to the UNFCCC secretariat. At the national level they have identified impacts of climate change, development and awareness of climate change, with efforts to enhance public perception of issues. Examples of cooperation on reduction of greenhouse gas emissions can be found in agriculture and forestry, with some ongoing projects. The Second National Communication evaluated areas of GHG emission, early warning and systematic observation. There is a national priority to promote health knowledge and awareness in context of climate change.
19. Larisa Karpuk highlighted that Belarus has an intersectoral group on climate change. This group works to assess climate change and implement effective coordination of activities with other state agencies towards the commitments from the Kyoto Protocol. A recent meeting of the working group together with collaborating ministries, adopted in order to further reduce greenhouse gas emissions. The Working Group will continue to work on legislation and newly available funding for environmental protection.
20. Luc Tsachoua commented that Belgium has several different working groups responsible for various issues of climate change policy and health, including groups focusing on emerging diseases, climate change, emergency and disaster management. Belgium has a National Environmental Action plan in place at the regional and community level; the action plan includes initiatives for climate change education and environmental health. Belgium is also a participating party of other international programs focusing on climate change.
21. Inge Heim stated that Croatia has a well-organized climate and health action plan. The city of Zagreb has a climate change adaptation plan that focuses on green infrastructure, transport, and energy. A low-carbon strategy framework was introduced into Croatian law and is effective through 2050. The strategy defines goals and identifies and monitors indicators for climate change. One of the elements of this strategy involves reconstructing

and rebuilding hospitals to make them more energy efficient. Two hospitals have been completed so far, reducing energy costs and serving as an example for other hospitals and infrastructural projects.

22. Alice Kopel presented the engagement of France into hosting the 21st Conference of the Parties to the UNFCCC (COP21) in December (www.cop21.gouv.fr). Before the COP, the French Ministry of Health will organize three events (see details later). The high council of public health recently reviewed the adaptation needs for France. France also presented three national examples of communication actions: (1) the WHO French Healthy Cities National Network piloted a tool in France that was developed by THE PEP called HEAT (health economic assessment tool) for walking and cycling. (2) In France, the most viewed web site is that of Météo-France; a part of the web site is dedicated to extreme weather events (heavy storms, heat-waves, etc.), where three levels of risk are colour-coded (yellow, orange and red) and recommendations are given (vigilance.meteofrance.com). (3) Using mobile phone or web site, people can participate in the monitoring of mosquitoes in some areas in France (iMoustique: www.signalement-moustique.fr) and to monitoring of *Ambrosia* ragweed (Signalement-ambroisie: www.signalement-ambroisie.fr).
23. Jutta Litvinovich and Karin Höppner stated that Germany adopted a strategy to reduce its vulnerability to the impacts of climate change in December 2008. The strategy focuses on sustainable, regional solutions across fifteen fields including public health, biodiversity, and tourism. In 2012 the adaptation plan was also available and published in English, and includes infectious and noncommunicable disease. The newest adaptation plan will be finalized at the end of the year to further reduce climate change vulnerability and will include an evaluation report that considers action plans and activities of different federal and international parties. Furthermore, the adaptation plan will include new research results and vulnerability analysis on heat, heat mortality, vectors, heat islands, and the effectiveness of early warning systems. This vulnerability analysis will focus on both near future and long term climate signals and impacts. Several new publications on climate change impacts have become available in the following areas: municipality structures and instruments to tackle adaptation and climate change; evaluation of information systems for reaching vulnerable populations in the areas relevant to climate change and health such as airborne pollen, UV light, and ozone. A third publication in this subject area considered climate change and allergies; 27 June is International Ragweed Day. German weather service produced two additional publications from projects designed to improve adaptation strategies across varying demographic groups in the areas of heat waves and ischemic heart disease in Germany. In regards to vectors, Germany is heavily researching mosquitoes and ticks. First map produced on ticks and rodents for vector borne diseases. She also informed about ongoing ENCAR initiatives on vector control.
24. Anna Paldy explained that now Hungary has both a National Institute for Environmental Health and a National Center for Public Health. A National Risk Assessment was done last year and heat was determined to have the greatest impact on health with the highest excess mortality in Hungary. There was a National Level Meeting with the Alliance of Hospitals to discuss WHO guidelines for healthy, sustainable, and green hospitals. Issues on the agenda included better planning within health institutions and further assessment of the state of hospitals for environment and sustainability. Hospitals are keen on identifying sustainable solutions in hospitals and for the adoption of adaptation plans. A society report was established in early May of 2015 following a meeting between different fields on health, environment, and climate change. With support from regional fund, a National GIS Indicator Plan for indicators, vulnerability to climate change, and traffic accidents was

proposed. The GIS database evaluates the present situation and projects the future under varying climate change scenarios. Using the World Health Organization Toolkit, Hungary was able to evaluate the impact of heat waves on health and it was determined that heat health action thresholds need to be altered. Evaluations regarding vector borne diseases and allergies are being completed as a priority for the country. Hungary gave a statement on behalf of the HIC at the Mid-Term Review in Haifa, Israel

25. Liliana La Sala illustrated recent developments: Italy's Ministry of Health and Ministry of the Environment split responsibility for climate related activities and issues. The Ministry of the Environment has adopted a national adaptation strategy for climate change. Since 2005, the Ministry of Health has adopted a national plan for heat waves in collaboration with the Heat Health Warning system. Thirty-four cities are involved in this prevention system, which issues information within 72 hours of heat waves. A contact telephone number is available for the public and is held by a physician who is trained in the field for heat wave response. Last November, the Ministry of Health adopted a national prevention plan for five years through 2018. In this national plan there is a section dedicated to the environment and health outlining the commitment to reduce risk of the population in response to pollutants.
26. Ainash Sharshenova explained that Kyrgyzstan is a mountainous country that has recently experienced extreme weather conditions such as heavy rains and flooding. Climate change activities have been addressed by the Coordinating Commission for Climate Change since 2012. In 2011 with the support of the World Health Organization, the first climate change action plan was created, addressing climate change adaptation and other climate related issues. The national strategy for sustainable development and climate change adaptation are approved through 2017. The National Committee on Climate Change coordinates activities on implementing climate change adaptation plans and developing multilateral cooperation for climate change risk reduction.
27. Olita Rusickaitė commented that Lithuania's government adopted a national climate change policy strategy in 2012, followed by an action plan for greenhouse gas emission reduction in 2013. A section of this plan, dedicated to public health, is the responsibility of the Ministry of Health. In 2014, a heat-health action plan and climate change-related diseases and allergies program was worked on and at the end of April, climate change-related diseases and allergies was approved for coverage by the Ministry of Health. In March, Lithuania hosted a workshop on climate change economics, in which the World Health Organization was in attendance. In 2015, Lithuania will be working on a health and climate change indicator list that will be different than the already existing indicator list for the environment and health.
28. Leendert van Bree explained that the Netherlands Environmental Assessment Agency (PBL) conducts strategic policy analyses on environment, nature and spatial planning. On request of the Dutch Government and the European Commission, PBL is helping in the preparation of a National Adaptation Strategy for a number of policy sectors, including health. To feed the adaptation policy and communication process, PBL recently conducted a re-assessment of climate risks, coupled with a study on opportunities for mainstreaming climate adaptation in urban and regional sustainable development. Part of these studies has been a comparative risk analysis based on a simple method of probability and impact and positioning all the risks into one graph. The outcome is extremely useful for communication of climate risks and adaptation towards decision-makers and other actors

in the policy arena to better judge probability, impact, costs of adaptation, adaptation strategy, and mainstreaming potential.

29. Preben Ottesen from Norway presented the official report “Adapting to a changing climate” in 2010. This was followed in 2013 with a White paper from the Parliament, where there were 125 specific recommendations for action, of which four related to the Ministry of Health. One of them asked for strengthening international cooperation on vector borne diseases. Norway now participates in the ECDC network on vector-borne and emerging diseases (EVD Program), European Network for Diagnostics of “Imported” Viral Diseases (ENIVD.ORG), in the management Committee for COST Action TD1303: European Network for neglected vectors and vector-borne infections, and VectorNet: A European network for sharing data on the geographic distribution of arthropod vectors transmitting human and animal disease agents. Norway has emphasized the serious health effects of black carbon particles. Reductions of those have a double effect by also reducing emission of CO₂. A carbon dioxide tax that applies to the oil and gas sector, transport and industry has been in effect since 1991. This has limited greenhouse gas and black carbon emission from sources such as industry and transport. Large investments have been done in renewable energy and public transport in cities. Norway has financial incentives on electric cars, and now has the largest number of electric cars per capita in the world. There are regulations of wood burning fire places and stoves, and financial incentives to change them in clean burners, which reduced black carbon in cities. Finally, an industry financed fund is established where industries can apply for support for NO_x and ozone reducing activities. Recently, Norway was leading in the process for an air quality and health resolution that was adopted at the 68th World Health Assembly. On water quality, Norway has been a supporter of the Protocol on Water and Health for many years, and we were active in the process of including references to the Protocol in the Parma Declaration. In 2014 the Norwegian government set national targets under the UNECE/WHO Protocol. The settings of the targets will be followed by an implementation plan which is now in preparation. The process has been good for improving water and sanitation and health in our country. Many leaking pipes have been fixed, reducing danger of water-borne diseases. The same applies improved water treatment, since Norway have extensive use of surface water.
30. Ion Salaru from the Republic of Moldova explained that as a small country in economic transition, it has limited adaptive capacity to the health effects of climate change due to financial constraints, but climate change has become a national priority. A National Strategy Action Plan through 2020 covers public health sectors, in line with the national adaptation strategy. The Ministry of Health is developing a specific strategy for adaptation to climate change. A strategy and action plan has been sent to members for review including relevant health organizations. The main sectors for approval are include those focusing on infectious disease, environmental health services such as water supply, sanitation, early-warning systems to extreme weather, and climate change infrastructure. Other activities involve the introduction of electronic health records for primary care for monitoring and improving health information. The Ministry of Health also approved its own communication strategy that provides risk communication during heat waves and extreme weather events while improving health during heat waves. In 2015, the steering committee approved an action plan outlining preventive measures for reducing climate change impact on water and sanitation. It also covers adequate infrastructural living conditions. Through 2015 with collaboration through collaboration with the World Health Organization, the Republic of Moldova has organized training courses for health resilience for health professional and also developed a guide for health professionals for health prevention, promotion, and risk communication.

31. Ana Hojs, from Slovenia, informed that since the last meeting in Bonn in July 2014, Slovenia has a new government and new ministers for health and environment and spatial planning and have performed the following activities: meeting in September 2014 about risks and opportunities of climate change from different sectors and a report as a background for further work in this field; NIPH prepared the working papers Health and climate change for Ministry of Health and Ministry of the Environment and Spatial Planning; the intersectoral group established in 2014 is preparing a national adaptation plan (involving the health sector) to be adopted in 2015 (short-term measures will be defined). The National Development Strategy of Slovenia is expected to set long-term goals for the country also with regard to adaptation. More data are available in the report: Reporting on national adaptation actions under the MMR (Republic of Slovenia).
32. María C. Vázquez from Spain, informed about the two institutional bodies working on climate change. The first institutional body is implementing the country's third national plan for climate change and the second is serving as the observatory for climate change. Mitigation and adaptation strategies are divided between the two institutions and across national, regional, and local levels where climate change activities are shared across environment and health sectors. The Ministry of Health works on impacts and adaptation and is now implementing a set of specific indicators for heat, heat waves, vector-borne disease, water quality, pollen, and air pollution with the intent to monitor and communicate these areas to health professionals and general population. The most successful strategy is the national plan for prevention on the health effects from heat and heat-waves. In 2004, in coordination with regional governments, new thresholds for temperature were introduced to address health effects and an early-warning system for vector and communicable diseases was introduced. Other monitoring and adaptation strategies are effective in agriculture, forestry, and the private sector.
33. Chantal Delli and Sabine Unternährer from Switzerland explained that the country has developed an adaptation strategy, which is divided into two parts. The first part was adopted by the Federal Council in March 2012. It describes the goals, challenges and fields of action in adapting to climate change for nine sectors including the health sector. The second part is an action plan for the period 2014–2019 with a total of 63 adaptation measures by the federal offices. It was adopted in April 2014. For the health sector, the effects of heat and vector-borne diseases were identified as main fields of action. Furthermore, greater heat stress in agglomerations and cities as well as the spreading of harmful organisms, disease and alien species were identified as cross-sectoral challenges. Adaptations measures in response to these challenges include: providing adequate information and recommendations to cope with heat waves; monitoring, early warning and prevention of vector-borne diseases; and monitoring of mosquitos with the potential of acting as a vector (e.g., tiger mosquito).
34. Shirin Rejepova presented Turkmenistan's National Strategy on Climate Change that aims to prevent climate change impacts across various sectors through monitoring and evaluation of conditions of varying environmental factors. Social and economic development initiatives currently focus on clean water and the country's National Programme on Health celebrates its 20th anniversary. Based on World Health Organization provisions and through cross-sectoral cooperation, Turkmenistan is working to produce a National Strategy for infectious disease from 2014 to 2020, expected to be completed by the end of the year. Another main programme of importance includes a health and nutrition

strategy for 2013–2017 and will continue to strengthen capacities for emergency situations and disaster risk response.

35. Olena Turos highlighted that Ukraine faces unique challenges for addressing the health impacts of climate change. With four changes of Ministers in the past year, the Ministry of Health is trying to involve the Ministry of Environment to participate jointly on health and health management in relevance to the environment and climate change. The Ministry of Health has also tried to involve other relevant Ministries in the areas of adaptation and vulnerability. The Ministry of Health has control of water pollution issues and is carrying out education and information programs for the population; communicable diseases are not considered the responsibility of the Ministry of Health at this time, rather is monitored from the Senator Office. This year a law was adopted for droughts and how to deal with water supply and accessibility. Ukraine has legislations for air pollution, and food and water security. Ukraine is lacking a research and information regarding climate change impacts on direct and indirect health effects for the population. Risk assessment, however, has been carried out at the local level, but has failed to become part of the national level agenda. Air pollution indicators exist for big cities, where the health services sector and authorities have been prepared and trained for air pollution events. A public web site is available to share information on favourable weather days and air pollution days.
36. Louise Newport from the United Kingdom of Great Britain and Northern Ireland explained that The Climate Change Act 2008 requires a nationwide risk assessment every five years under the supervision of the Climate Ministry. Both a heat wave plan and flooding plan are in place for extreme weather events. The Climate Change Act also has adaptation and adaption subcommittees that produce a report on how well the United Kingdom is adapting to climate change. The health sector produces a report on health in its entirety. The health report serves as a baseline for how well the health sector is adapting to climate change and includes information on issues within the health system including the overheating in hospital wards. The health sector needs to build resilience and promote energy efficiency. To address issues within hospitals, £50 million was given to the National Health Service; the estimated savings from will be £118 million in the first 10 years as a result of increasingly sustainable infrastructural projects. The United Kingdom is evaluating other opportunities for environmental and economic return as is currently looking into vectors and surveillance. Tropical vectors now have distributions into the United Kingdom, although diseases have not been reported.
37. During a short discussion after the various contributions, it was highlighted, that countries have developed a wealth of information and activities, though working on climate change and health has multiple institutional difficulties. Communicating the developments and the lessons learnt was seen as an important contribution in the communication towards COP21, Paris, 2015. The forthcoming call of the Lancet Commission on countdown to 2030: Global Health and climate action on monitoring progress was also perceived as an opportunity, as well as the forthcoming Regional Committee meeting in September 2015.

Current political and technical developments within organizations

38. Eva Csobod highlighted that REC (Regional Environmental Center for Central and Eastern Europe) has been committed to issues of climate change, health, and the environment since 1999. REC believes it is important for sectoral integration and support and monitoring of climate processes. REC's proposal for the possible next steps on adaptation and mitigation of climate change to reduce health risk involve: bringing together different sectors for

setting up a system for monitoring and prevention of health problems; support the public awareness raising, improve education and build capacities among professionals on the possible effects of climate change on health; assist the integration of health prospective, approaches and issues at all current and future climate change policies so to ensure potentiating of benefits and minimizing harms; assure coordination between different stakeholders and different sectors to increase efficiency; enhance the capacities of inter-sectorial monitoring systems to control increasing problems related to air pollution with special focus on indoor and outdoor air pollution, particles and ozone; increase the capacities, preparedness and coordination of the health system with other systems in dealing with expected health problems inflicted by heat-waves and extreme cold weather; support the collaboration and integration of health system into the national emergency structures responsible for floods and fires, landslides and other disasters inflicted by climate change; and developing an action plan to improve energy efficiency in the health sector based upon the energy assessment report.

39. Katharina Rettig from HEAL (Health and Environment Alliance) highlighted that its members are conducting outreach to health professionals, policy-makers and opinion leaders with the goal to: mobilize health professionals as champions for change; enable Health Ministries to be informed participants in climate change negotiations; and highlight health co-benefits of climate mitigation activities to facilitate a strong and ambitious global climate agreement. HEAL are reaching out to health professionals using toolkits and events, for example a series of webinars that will be launched in the coming weeks. It is targeted at professionals from the health community and stakeholders in health policy, incl. policy-makers and academics, and will include topics such as opportunities for health at COP21, the Lancet Commission, and a French-language webinar on health and climate in France. For their mobilization work in France they have just launched a new listserve in French, which provides a platform for information exchange around climate and health issues for francophone scientists, health professionals, and policy-makers. HEAL have recently sent a letter to all health ministers of the WHO European Region regarding the air pollution resolution that was adopted at the World Health Assembly this year. HEAL is also a member of the Global Climate and Health Alliance, and in this capacity they participate in the annual Climate and Health Summit. HEAL also supports the GCHA-WHO joint campaign “Our Climate, Our Health”. HEAL are also planning an informal side-event during COP21 on 3 or 4 December, ahead of the Climate Summit on 5 December.
40. Jan Semenza, through a written contribution, updated the HIC on ECDC (European Centre for Disease Prevention and Control) development of the European Environment and Epidemiology (E3) Network to help monitor drivers related to infectious disease threats. A large set of climatic, environmental and social data have been aggregated, processed and stored in the E3 Network repository and are accessible through the E3 Geoportal (e3geoportal.ecdc.europa.eu). The data has been applied to a number of settings including: (i) environmental suitability of malaria transmission in Greece, (ii) environmental suitability of *Vibrio* blooms in the Baltic Sea, and (iii) environmental determinants of West Nile Fever in south-eastern Europe.
41. Dovile Adamonytė and Natalia Ciobanu represented the EEHYC (European Environment and Health Youth Coalition). It is an entity that represents young stakeholder groups in the policy process by addressing current issues and recognizing priority future concerns. EEHYC is currently involved in issues concerning water and health and would like to become more involved in issues involving climate change. EEHYC is currently conducting

- school-wide, national surveys, by empowering high schoolers, young public health professionals, and youth NGOs to become active in their communities while simultaneously raising awareness on environmental issues. EEHYC organized a photo and video competition to raise awareness on physical activity and carbon efficient transportation by requesting youth workers to produce a catchy, three minute health message that could be used to promote smarter health practices in the areas of physical activity and greenhouse gas emissions. The EEHYC also participated in the World Conference on Mental Health to advocate for acknowledgment and action on environmental factors contributing to mental well-being. An online platform encourages the public to take action and online reporting is made available for the public in its entirety.
42. The UNFCCC representative (Carelle Mang-Benza) explained that UNFCCC is aware of the linkages between climate and health. She also highlighted the achievements that can be outlined across the four pillars of the Convention: Finance, Mitigation, Technology, and Adaptation. Under mitigation there has already been substantive progress achieved at the national level. Two flexibility mechanisms, Joint Implementation (JI) and the Clean Development Mechanism (CDM) have emerged out of the Kyoto Protocol in 2005; both are similar in that they consist of emission reduction projects hosted by one country through funding from another. The JI mechanism, mainly functioning in the Russian Federation, Ukraine, and Poland has reduced or avoided over 0.8 billion tonnes of CO₂ emissions, while the CDM mechanism has reduced or avoided approximately 1.4 billion tonnes of CO₂ emissions. Case studies from Romania, Czech Republic, and France exemplify successes from JI mechanism, and examples from Nigeria, India, Colombia, and Indonesia are presented in terms of the CDM mechanism. Outside the UNFCCC, climate laws and policies have increased from 426 in 2009 to 804 in 2014 across several different areas including emission trading schemes, carbon tax, clean air initiatives, and energy efficiency programs, exemplifying climate achievements and general awareness of climate related issues.
43. Joy Shumake-Guillemot (WMO) introduced the Global Framework for Climate Services (GFCS) in specificity to health opportunities in Europe. Spearheaded by WMO, GFCS is an inter-governmental initiative with the vision of to incorporate “science-based climate information and prediction into planning, policy and practice” by modernizing National meteorological and Hydrological Services, shifting towards a user-driven service delivery model, and strengthening capacity building and feedback mechanisms to continually generate and meet consumer demands. GFCS will focus on four priority sectors: agriculture and food security; disaster risk reduction; water; and health. Through global, regional, and national implementation coordination, the GFCS seeks to catalyse the development and application of climate services that support sustainable development, reduce risks to disasters, and adapt to climate change.
44. Bettina Menne, from the WHO Regional Office for Europe updated participants on (a) the new WHO global workplan, (b) the developments for the next Ministerial Conference (c) updates on COP21, (d) country activities and (e) tools and methods and other important developments. The new global WHO climate change and health workplan was approved in the Executive Board 136/16. It calls upon WHO to strengthen partnerships to support health and climate within and outside the United Nations system, awareness rising, promote and guide the generation of scientific evidence and provide policy and technical support to the implementation of the public health response to climate change. It is an update of the 2009 global WHO workplan with more emphases on the low carbon economy and air pollution. WHO Euro tools to support health and climate change,

focusing specifically on collaboration with other sectors, health system strengthening, training, and advocacy and communication. It further briefly highlighted the ongoing work in 12 countries. It also highlighted the ongoing collaboration with HQ on a variety of topics. Further the WHA resolutions on air pollution, malaria and dengue are both contributing to adaptation and mitigation, as well as are the development towards post 2015.

Feedback from the Mid-Term Review

45. Bettina Menne informed about the mid-term review meeting which was held in Haifa in Israel to discuss developments versus the next Ministerial Conference. Climate change was addressed across the various Conference items. In Haifa, the road map towards the Sixth Ministerial Conference on Environment and Health was presented, outlining eight themes proposed by member nations including air, water, energy, food, waste, cities, disasters and climate change, and chemicals. The focus of the HIC through the 6th Ministerial Conference involve fulfilment of the Parma Commitments specifically in priority areas, continuation of the Ad Hoc Working Group, enhancement of high level political support, and advocating for increased engagement among Member States. Discussion on the potential inclusion of Disaster Risk Reduction and further evaluation of Member State needs and priorities could be proposed but requires further clarification and discussion.

HIC contributions to ongoing political processes

46. Towards the 21st Conference of the Parties to the UNFCCC (COP21). France will host the COP21 in December. (www.cop21.gouv.fr). Before the COP, the French Ministry of Health will organize three events: (1) a workshop of experts will take place in early June, organized by the French Institute for Public Health Surveillance (InVS), on “Assessing the health impacts of climate change, stakes and methods”; (2) The outcome of this meeting will be presented at an international meeting, in Paris on 18–19 June, which will discuss the state of knowledge and research perspectives on climate, health and inequalities, and also the use of new indicators. Stakeholders will also present their actions (experiences of the cities, of the civil society, etc.) and they will discuss tools, health monitoring, communication and the place of health in the negotiations; (3) A scientific congress on “Climate change and health: risks and remedies” on 24–25 November, organized by the French Society for Health and Environment (SFSE) and funded by the Ministry of Health, the Ministry of Environment and the City of Paris. In addition UNESCO will also be hosting a conference on “Our common future under climate change” on 7–10 July in Paris (www.commonfuture-paris2015.org). France is expecting to be part of a side-event, whose details are under discussion. Numerous other activities are under discussion and the representative of France will keep the HIC informed about opportunities.
47. The World Health Organization headquarters focused on a communication plan and country profile project as part of the developments for COP21: The objectives of the communication plans are to mobilize the health community to act on climate change in the run up to COP21 with the objective to explain to policy-makers, health professionals, and the general public the ways that climate change can affect health and how climate change action presents a “win-win” situation for human health and the environment. In order to take this message to the Paris COP, 2015 plans for communication involve uniting stakeholders behind new initiatives, design and launch web site and online declaration, strengthen training and capacity building activities, engage in key events, host a Health and Climate conference in Paris and side event at the COP, and coordinate an action as part of COPART.

48. One of the key products of this communication strategy is the Country Profiles initiative. In order to empower Ministers of Health to engage in national preparations for UNFCCC COP21, a short four-page snapshot and supporting database will be developed to exemplify individual country experience of climate change impacts on health and opportunities for health co-benefits. Data from quantitative and qualitative provided information from national and regional assessments will be included in each country profile, together with global climate models, health, and greenhouse gas emissions databases. Member States suggested that WHO HIC members act as focal points in the development of the country profiles in coordination and collaboration with WHO Regional Office for Europe. The 19 draft country profiles that were drafted by WHO Regional Office for Europe based on a European questionnaire will be shared with HQ, for further elaboration. Countries offered their availability of further elaborating information and revising the sheets for their respective country in cooperation with WHO Regional Office for Europe.
49. UNFCCC highlighted that the WHO had the 68th World Health Assembly in May 2015; both the climate and health agenda were attended by the current G7 Chair, Federal Chancellor of Germany Angela Merkel. Acknowledgment of the association between climate change and health was further exemplified in 2015 by efforts led by HRH Prince Charles in order to bring health officials together as part of climate negotiations. Although the number of references to the word “health” may be limited in the Paris Agreement, the product will also be a health agreement. Moving forward from Paris, it is important to look at what will be accomplished before 2020 and what will be achieved beyond. Participation in Technical Expert Meetings for health benefits of energy efficiency, the 68th Assembly resolution on air pollution, and projects such as the Country Profiles exemplify activities pre-2020 and post 2020 will be based on discussion of AR5 from the IPCC. Lastly, UNFCCC is thrilled to have the upcoming Lancet Commission Report on Climate Change and Health released to enable and empower health professionals to reach out to climate change negotiators. Based on sound reasoning, The Lancet Report will focus on the benefits of the low carbon economy and the long term political vision to increase benefits for human health.
50. Climate and Clean Air Coalition (CCAC): The HIC Co-chair from the United Kingdom reported on her recent involvement with the CCAC. The CCAC had a meeting on the sidelines of the World Health Assembly to acknowledge importance and engagement within the health community. Recognizing that mitigation of the impacts of short-lived climate pollutants is critical in the near term for addressing climate change and that there are many cost-effective options available, the governments of several countries and the United Nations Environment Programme (UNEP), came together to form the Climate and Clean Air Coalition to Reduce Short Lived Climate Pollutants (CCAC). The Coalition’s objectives are to address short-lived climate pollutants by: Raising awareness of short-lived climate pollutant impacts and mitigation strategies; Enhancing and developing new national and regional actions, including by identifying and overcoming barriers, enhancing capacity, and mobilizing support; Promoting best practices and showcasing successful efforts; Improving scientific understanding of short-lived climate pollutant impacts and mitigation strategies. In the discussion of HIC it was recognized that a focus on the health co-benefit of mitigation, through improved air quality, is very important and can offset mitigation costs. The Co-chair from the United Kingdom proposed to strengthen Member

State cooperation with the CCAC. The HIC co-chairs agreed to be formally in contact with the CCAC to explore avenues of cooperation.

Communicating climate change and health

51. Louise Newport, prior to her intervention at the SBSTA side-event, where she represented the HIC, agreed on few key messages, such as: “Health is a climate issue – we want to survive!”, “Climate change and health are inseparable issues – what’s good for health is good for the climate”, “The health impacts and the threats to on earth life supporting systems reinforces the need for more targeted adaptation plans as well as stronger mitigation policies”, “All activities that change the climate also affect human health. It’s time to act. Now”. These were delivered at the side-event.
52. James Creswick of the WHO Regional Office for Europe presented a recap of the IPCC authors meeting held on 27–28 May, 2014 in Bonn. This meeting discussed the findings of the IPCC Fifth Assessment Report (AR5) and their implications for the European Environment and Health Process (EHP). Through the development of single overarching communication outcomes (SOCOs), key messages were identified for targeted audiences. The messages for health professionals and climate negotiators were developed into two working documents for discussion with the HIC. Bearing in mind some key principles of communication, a few questions for consideration in the group discussions were presented, particularly on the content and presentation of the key messages in the working documents.
53. Nadia Vilahur, Consultant on air quality with WHO European Centre for Environment and Health in Bonn, introduced the main challenges of environmental risk communication from discussions held at the 18th meeting of the Joint Convention/WHO Task Force on Health Effects of Long-range Transboundary Air Pollution held in Bonn from April 14–15, 2015. Key messages from the presentation include: the need for effective and coherent communication on environmental risks and hazards in order to protect public health; increased awareness on the health effects from chronic environmental exposure; and more transparent models of communication and information exchange that empower users to individually engage in collective responses to environmental risks. Further discussion on perceived risk in the context of climate change exemplified that outrage concerning climate change is subjectively measured as “low”.
54. Discussion on the key messages for health professionals: it was suggested the key messages document should start with what health can professionals do, specifically: to be prepared, lead by example and inform others. The section on observed and projected climate change should be visualized in a graphical format to make the documents less text heavy. The effects of climate change should be present by health impact, rather than environmental exposure. Particular omissions should be corrected, specifically on mental health, migration, and food production/security. Key terms (such as ‘climate’, ‘weather’, ‘climate variability’ and ‘climate change’) should be defined in a mini-glossary. Over all, the content was considered appropriate but it needs to be presented in a less text-heavy format and be slightly shortened.
55. Hans-Guido Mücke of the German Federal Environment Agency presented a project as part of the Environmental Research Plan of the German Federal Ministry for the Environment (BMUB) titled “Evaluation of Information Forecasting and Early Warning Systems Relevant to Climate Change and Health in Germany.” The project evaluated public awareness and utilization of four already existing national

information/forecast/warning systems in the areas of heat health warning, UV Index, ozone warning, and pollen flight forecasts to investigate institutionalized, non-institutionalized, and public perceptions through a representative survey. Results from four thousand respondents were analysed and the following conclusions have thus far, been suggested: people who are aware of forecast/warning systems do not protect themselves better than those who do not know of them/are ignorant; more emphasis should be placed on protective public measures rather than responsive; and more behavioural recommendations need to be included in the areas of heat, ozone, and pollen. Based on these conclusions, the project recommends a ‘body of knowledge’ communication strategy for Germany, which “integrates various health information at one contact/platform for environment and health hazards.”

56. Discussion on the key messages for climate negotiators: the key messages document needs to be shorter and more to the point, with more examples (such as measures). The wording needs to be simplified and extra care taken during translation, which should be verified. The key messages should start with a small box with five key message sin bullet format, followed by what climate negotiators can do. Climate negotiators should already be aware what climate change is, so this section on observed and projected climate change can be substantially shorted and presented in a graphical format. Similar omissions were highlighted as for the health professionals document. The messages should elaborate on collaboration with the health and other sectors, highlighting the benefits and need to build alliances and partnerships. Mitigation and adaptation need to be mainstreamed and linked to sustainable development and the post-2015 (SDG) agenda. The sheet should highlighted a few key examples of economic benefits and health co-benefits: if we are not ambitious enough in our decarbonization there will be serious economic and health costs. Again, it was suggested that a glossary of key definitions be included.

Climate services and their potential application for the health sector

57. Joy Shumake-Guillemot from the World Meteorological Organization (WMO) provided an overview of climate services for health and the WHO and Global Framework; more detail was also provided for the structure and function of GFCS-Health Opportunity in Europe. It is necessity to develop more useful and meaningful products for climate and weather systems in order to build community capacity and resilience to atmospheric events. Climate Services for Health transform climate information into relevant and usable decision-support tools that start with users and are co-produced by relevant stakeholders such as health and climate professionals. As a result of these ideals, the GFCS was created at WCC-3 in 2009 and implemented in 2014. Five work streams for capacity building incorporate participation across various stakeholders to give providers structure, process, and support for cross-sectoral engagement and user-driven models while also seeking to give users collaborative space and opportunities to create partnerships and build community health capacities. The projected value of GFCS for organizations like WHO include: advocacy for health sector climate information needs; capacity building for climate and weather information in health; and facilitation of research and development for forecasting and emergency response mechanisms. GFCS has already been aligned with ECOMS to make recommendations to the European Commission for modelling and evaluation of climate service activities and aims to assess key knowledge gaps in EUPORIAS. Other opportunities for GFCS participation and consultation could potentially involve ECOMS, EUMETSAT, European Commission Liaison Officer, European Commission of Health Sector Needs and Interests, and Secondment Opportunities in

Geneva introduced the Global Framework for Climate Services (GFCS) in specificity to health opportunities in Europe. Spearheaded by WMO, GFCS is an inter-governmental initiative with the vision of to incorporate “science-based climate information and prediction into planning, policy and practice” by modernizing National meteorological and Hydrological Services, shifting towards a user-driven service delivery model, and strengthening capacity building and feedback mechanisms to continually generate and meet consumer demands. GFCS will focus on four priority sectors: agriculture and food security; disaster risk reduction; water; and health. Through global, regional, and national implementation coordination, the GFCS seeks to catalyse the development and application of climate services that support sustainable development, reduce risks to disasters, and adapt to climate change.

58. Christina Koppe of the Deutscher Wetterdienst (DWD), presented on the application and potential for climate services specific to Germany. Based on a five pillar foundation of Observations and Monitoring, Governance, Climate Information and Data Platform, User Interface, and Projections and Climate Impact Monitoring, the DWD works to produce a user friendly climate information and data platform for climate service development and capacity building. High resolution monitoring and mapping of extreme weather events and climate projects comprise the strategic approach for foundational Observational activities, while research, consolidation, and evaluation contribute to areas concerning Climate Projection and Modelling. Specific climate impact modelling in Germany seeks to reduce vulnerability from climate change impacts while maintaining and enhancing climate change resilience. Challenges concerning the User Interface involving variable understanding and education levels must be addressed to ensure comprehensive community involvement and participation. Finally, the role of Governance for climate service integration is crucial for establishing the institutional and legal framework for reliable information provision and services. Legal obligation of policy-makers for climate information and service provision in Germany is one of the motivators for GFCS level implementation; a second motivator involves the desire to strengthen a coordinated approach for resource optimization for all stakeholders and users.
59. Rachel Lowe from Institut Català de Ciències del Clima (IC3) outlined specific tools and health impacts for climate service forecasting, modelling, and capacity building, specifically for climate sensitive diseases such as Dengue. Brazil has reported more cases of vector-borne Dengue fever compared to any other country in the world, in response, a new predictive model framework for climate-sensitive diseases was developed in collaboration with European-Brazilian climate and health institutions by using varying data sources, past performance outputs, and incident alert levels to produce early warning systems and seasonal climate forecasts for 553 micro-regions across Brazil. Using this mixed model framework for climate-sensitive diseases, rank probability scores were calculated using past observations and out of sample retrospective dengue forecasts for predicting dengue risk for the June 2014 World Cup in Brazil. As a result, this timely warning system complemented the National Dengue Control Programme Action Plan and results were disseminated to the general public and visitors travelling to Brazil for the World Cup, serving as the first example of a climate service for public health ahead of a mass gathering. A training course on Modelling Tools and Capacity Building in Climate and Public Health was held in Rio de Janeiro, Brazil in July 2015 to show how data can be extracted and converted for early warning systems. Already, modelling and forecasting frameworks for seasonal and climate risks in countries like Ecuador and Thailand and in Urban environments in cities like Barcelona. The Bayesian probabilistic model framework was applied to estimate log mortality-apparent temperature relationships in 54 regions

across Europe to summarize the probability of exceeding predefined emergency thresholds for heat waves and cold spells. The model was successfully able to anticipate the occurrence and non-occurrence of mortality rates exceeding the emergency threshold in most regions, especially for heat waves and eventually the model will potentially be able to make mortality predictions several months ahead of extreme weather events.

60. In the discussion, it was proposed that the WHO Regional Office for Europe, in its capacity as the HIC Secretariat, would provisionally serve as the contact point for the WHO–WMO joint office in implementing health-related issues of the Global Framework for Climate Services in the European Region; it was suggested that a technical meeting could be organized in 2016 to further explore the technical needs and opportunities in the Region.

DISCUSSION ON NEXT STEPS

61. Preparatory work of HIC towards COP21: HIC Co-chairs to develop a short statement that could be read by any national representative at political preparatory meetings for COP21 and liaise with the CCAC.
62. HIC Member State representatives to inform their respective governments on key messages for climate negotiators and health professionals and to highlight current achievements and needs at the next European Regional Committee.
63. A call for an expression of interest from the countries to host a forthcoming HIC meeting was made by the chairs.
64. It was agreed that the WHO secretariat would be submitting the revised messages for consideration by HIC Members, as soon as it is possible.
65. Further the HIC Co-chairs with the WHO secretariat would explore possibilities of cooperation and action towards COP21, such as in the form of a side-event.
66. HIC Co-chairs suggested further discussing the developments of the pillars towards the next Ministerial Conference with the WHO secretariat. It was agreed that Member States would further inform the secretariat on their activities.

ANNEX I: Final programme

Monday, 1 June

08:45 – 09:30	Registration
09:30 – 09:40	Welcome and opening of the meeting <i>Bettina Menne, WHO Regional Office for Europe</i> <i>Jutta Litvinovitch, Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany</i>
09:40 – 09:50	The scope of the meeting <i>James Creswick, WHO Regional Office for Europe</i>
Feedback on international and national developments	
09:50 – 10:10	Update on activities of the WHO Regional Office for Europe and feedback from the Mid-Term Review <i>Bettina Menne, WHO Regional Office for Europe</i>
10:10 – 10:20	Update from the Climate and Clean Air Coalition <i>Louise Newport, Department of Health, United Kingdom of Great Britain and Northern Ireland</i>
10:20 – 11:00	<i>Tour de table</i> on Member State activities and successful communication on adaptation and mitigation actions in the WHO European Region: <ul style="list-style-type: none"> • Albania • Armenia • Belarus • Belgium • Croatia • France • Germany • Hungary • Italy • Kyrgyzstan • Lithuania • the Netherlands • Norway • Republic of Moldova • Slovenia • Spain • Switzerland • Turkmenistan • Ukraine • United Kingdom of Great Britain and Northern Ireland • Regional Environmental Center for Central and Eastern Europe (REC) • Health and Environment Alliance (HEAL)

11:00 – 11:20	<i>Morning coffee break</i>
11:20 – 12:45	<i>Tour de table</i> on activities by Member States and organizations in the WHO European Region (continuation of list above, including submitted statements and interventions from Member States and organizations not present)
12:45 – 13:45	<i>Lunch break</i>
Communicating climate change and health (session 1)	
13:45 – 14:00	Advocacy on climate change and health: the key messages <i>James Creswick, WHO Regional Office for Europe</i>
14:00 – 14:15	Communication and public health messages for air pollution – feedback from the 18 th meeting of the Joint Convention/WHO Task Force on Health Effects of Long-range Transboundary Air Pollution <i>Nadia Vilahur, WHO Regional Office for Europe</i>
14:15 – 15:30	<i>Group discussion:</i> Discussion and feedback on the key messages on climate change and health for health professionals
15:30 – 16:00	<i>Afternoon coffee break</i>
16:00 – 17:00	<i>Plenary discussion:</i> feedback of the groups
19:00	<i>Social dinner</i> at: Bon(n)gout, Remigiusplatz 2-4, Bonn

Tuesday, 2 June

09:00 – 09:05	Wrap up of day 1 <i>James Creswick, WHO Regional Office for Europe</i>
Communicating climate change and health (session 2)	
09:05 – 09:20	WHO global communications plan on climate change and health <i>Diarmid Campbell-Lendrum, World Health Organization</i>
09:20 – 09:35	Engagement of the health community in the UNFCCC process <i>Carelle Mang-Benza, United Nations Framework Convention on Climate Change</i>
09:35 – 09:50	A German case study on risk perception <i>Hans-Guido Mücke, Federal Environment Agency, Germany</i>
09:50 – 10:50	<i>Group discussion:</i> Discussion and feedback on the key messages on climate change and health for climate negotiators
10:50 – 11:15	<i>Morning coffee break</i>
11:15 – 12:15	<i>Plenary discussion:</i> feedback of the groups
Climate services and their potential and application for the health sector	
12:15 – 12:30	Introduction to climate services and the GFCS <i>Joy Shumake-Guillemot, World Meteorological Organization</i>
12:30 – 13:30	<i>Lunch break</i>
13:30 – 13:50	Potential and application of climate services in Germany and Europe <i>Christine Koppe, German Weather Service (DWD)</i>
13:50 – 14:15	Examples of current application of climate services for the health sector <i>Rachel Lowe, Institut Català de Ciències del Clima (IC3)</i>
14:15 – 15:15	<i>Discussion:</i> usefulness of early warning and climate services in generating awareness
15:15 – 16:00	Next steps: <ul style="list-style-type: none"> • Roadmap to the next European Ministerial Conference on Environment and Health • Lead countries • Communications for Paris COP21 • Climate services – what next?
16:00	<i>Close of the meeting</i>

ANNEX II: Final list of participants

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WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**Fourth meeting of the Working Group on
Health in Climate Change: strengthening
risk communication on health and
climate
Bonn, Germany
1–2 June 2015**

EUDCE1408242/2.5/ 5

3 June 2015

Provisional list of participants

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**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 fourth meeting of the Working Group on Health in Climate Change (HIC) gave an update of national and international climate change and health activities in the WHO European Region. The meeting also served as an opportunity to discuss, communication needs, key messages to health professionals and climate negotiators, climate services, country profiles and the road map towards the UNFCCC 21st Conference of the Parties (COP21) in Paris, 2015.

**World Health Organization
Regional Office for Europe**

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