



**World Health
Organization**

REGIONAL OFFICE FOR
Europe



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



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Meeting Report

**2 July 2014
Bonn, Germany**

ABSTRACT

The Working Group on Health in Climate Change (HIC) is an official part of the Environment and Health Process for Europe. The third meeting of the HIC analysed implementation of the Parma "Commitment to act" as well as the contribution to the 2014 Mid-term Review on climate change and health. The HIC also discussed contributions to other ongoing political processes such as the UNFCCC negotiations.

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
CGS	Climate change, green health services and sustainable development programme
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
EU	European Union
GDP	gross domestic product
HCWH	Health Care Without Harm
HEAL	Health and Environment Alliance
HIA	health impact assessment
HIC	Working Group on Climate Change and its Impacts on Health 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

Acknowledgements

We would like to thank all the meeting participants for their contributions and comments and for their active contributions during the meeting.

We would also like to thank the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety for co-sponsoring this meeting.

SCOPE AND PURPOSE OF THE MEETING

1. The Working Group on Health in Climate Change (HIC) is an official part of the Environment and Health Process for Europe. It follows up on the implementation of the Parma “Commitment to act” on climate change and health and contributes to ongoing international negotiations and activities. Nominations to HIC have been received from 38 Member States and 5 international organizations.
2. The third meeting of the HIC aimed to:
 - analyze the implementation of the Parma Commitments to Act;
 - contribute to the 2014 Mid-Term Review¹;
 - address major gaps in implementation;
 - discuss contributions to ongoing political processes; and
 - agree on a work plan leading up to the next Ministerial Conference.

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. Mid-Term Review (MTR) meeting, Israel, 10–13 November 2014
 - The climate change component of the MTR report will consist of two chapters: (1) a review of “Health and climate change policies” in the WHO European Region to be included in section 1 on context and policy frameworks; and (2) a review of implementation of the “Commitment to act: climate change and health” to be included in section 2 on impacts and exposures. In addition, there will be an annex to the section 2 chapter tabulating national vulnerability, impact and adaptation (VIA) assessments and national health adaptation plans/strategies (*hNAPS*). The results of the questionnaire will be published as separate an annex to the overall MTR report.
 - The HIC proposed some changes to the text to be submitted for the MTR report:
 - WHO to update the annexes with recent developments in the Member States that were not reflected in the questionnaire results.
 - WHO to add “the way forward” to the “Commitment to act: climate change” chapter, and to revise Fig. 2 as a map.
 - WHO will send the final assessment of the questionnaire to HIC representatives for approval.
 - Submissions for editing main text and the section 2 annex will close at the end of July 2014. Submissions for editing the annex of the questionnaire results will close in September 2014.
 - The content of the climate session at the MTR will be discussed further.

¹ The Mid-Term Review (MTR) of the European Environment and Health Process is to be held in 2014. It aims to review progress on the achievement of the Parma commitments (2010–2014) of the Fifth Ministerial Conference on Environment and Health in 2010. The Sixth Ministerial Conference on Environment and Health is scheduled for 2016.

5. Sharing best practices

- It was recommended that we work together with the WMO and National Meteorological and Hydrological Services towards free access and sharing of climate data, and the development of tailored climate services for health actors.
- It was agreed that more funding is needed to ensure that Member States are “climate ready”.
- It was recommended that the HIC should work more closely with other initiatives, such as: Alpine Convention; South-eastern Europe Health Network (SEEHN); Transport, Health and Environment Pan-European Programme (THE PEP), the EU-Central Asia Strategy and Central Asia Climate Knowledge Forum, and other relevant initiatives.
- It was proposed that there should be a WHO sub-regional workshop for the Balkan countries to support climate adaptation.

6. WHO Conference on Health and Climate

- It was requested to WHO Euro, to organize a short consultation with European Member States during the Conference to update on developments towards the next Ministerial Conference.
- It was also suggested to discuss with the WHO secretariat to have a HIC event at the global conference to showcase what is happening in the WHO European Region.
- Several countries proposed potential interventions at the meeting.

7. Contributions to other ongoing political processes

- The HIC representatives explored potential participation in the following conferences:
 - UN Climate Summit 2014 (New York, 23 September 2014)
 - UNFCCC Conferences of the Parties:
 - COP20 (Lima, 1–12 December 2014)
 - COP21 (Paris, 30 November–11 December 2015)
 - It was acknowledged that it will be difficult to mobilise the HIC in preparation for COP20 in Lima, but nevertheless HIC representatives can take an active role in engaging their national governments and UNFCCC negotiators to raise the importance of health as an argument for action, as well as raising awareness.
 - At COP21 there will be a two-hour side event on health hosted by the French government (details to be confirmed).

8. Work Plan leading to the 6th Ministerial Conference on Environment and Health

- Suggestions of topics and themes to be considered for the Work Plan included:
 - Future Cities
 - International Health Regulations (IHR)
 - Air
 - Water
 - Emergency preparedness and response
 - Transport
 - Voluntary quality criteria for health in climate change, including adaption and mitigation, and sustainable health systems.

9. Any other business and closure of the meeting

- A call for an expression of interest from the countries to host a forthcoming HIC meeting was made by the chairs.

DETAILED DISCUSSION SUMMARY

Current political and technical developments in European Member States

10. Albania has a national strategy on adaptation of the health system to climate change in place and is currently in the implementation phase. Preparation for the third National Communication is underway and earlier in 2014 a government decree established an inter-ministerial committee with the objective to harmonize the action plans on climate change into one single policy paper: a national adaptation strategy. Albania is now implementing a mosquito control program in wetland areas; this is the first outcome-specific coordinated program in the country. Reform of the national emergency medical response is also underway and regional emergency systems are being integrated nationally.
11. Armenia is very vulnerable to climate change, particularly risk of droughts and water security. There has been an observed average temperature increase in the country. Programs are in place to green health systems and rural medical establishments. An interagency coordinating council was established to revise and summarize the need for adaptation and mitigation in the country. Research has shown an increase in vector-borne disease risk and there has hence been a stronger focus on IHR. Upgrading of laboratory capacity is currently underway, as well as a public health risk assessment together with the Ministry of Emergencies.
12. Azerbaijan also experiences strong climate change impacts but there is evidence of the population adapting to these changes. The National Hydrometeorological Department of the Ministry of Ecology and Natural Resources with the Geography Institute of the Academy of Sciences has developed a methodology to forecast weather and its association with health as well as a warning for heat-waves. As a result of being properly warned of impending heat-waves the potential health effects appear to be avoided. A lot of development has occurred in the food and water supply; for example, Baku now has uninterrupted water supply. Within the framework of the “Azerbaijan 2020: Outlook for the Future”,² the National Development Conception were advised to prepare and present a National Climatic Strategy (NCS) and National Adaptation Plan (NAP) to the government. It is planned to adopt the NCS and NAP by 2017. The population of Azerbaijan is already affected by water deficiency, which is to be further exacerbated by climate change; thus, this is a major priority for the country to develop adaptation actions.
13. Belarus regretted that they were unable to provide input to the MTR report previously but will attempt to provide a submission by close of editing. All government ministries are working together to reduce the impacts of climate change. There has recently been a study on ambulance callouts and analysis of causes of temperature-related death: main cause of

² http://www.president.az/files/future_en.pdf

mortality during heat-waves was cardiovascular and respiratory disease, with a threshold of 27°C for a heat-wave. Collaboration with the Ministry of Environment, who is responsible for monitoring emissions, has shown that of 1.5 million tonnes of pollution emitted, 900 000 tonnes was due to motor vehicles. The MoH and MoE monitor vector-borne diseases and vector breeding sites, including rodents and bird surveillance. The Ministry of Emergencies is also studying floods and other emergency situations. There has been a lot of progress leading up to the Paris Declaration of THE PEP³ including banning E4 vehicles; despite a 1.5% increase in number of motor vehicles, there has been a 2% drop in emissions. The representative noted that there is a lack of funds for this area of work.

14. France has created a new centre for vector risks that will consolidate the structure and expertise on vector-borne diseases. An assessment of the heat–health warning system is also available online (also in English).⁴ The French early-warning system was established ten years ago and this report outlines indicators and that the warning system is currently based on temperature but that humidity could be incorporated as a new indicator. France will also host the 21st Conference of the Parties (COP21) in Paris in 2015.
15. Germany is in the process of implementing the strategy and is conducting an evaluation of early warning systems. They recently evaluated the link between heat-waves and ischaemic heart disease and the effects on mortality and morbidity in 2002–2010. The report is available online. There was shown to be regional differences between mortality and morbidity with a greater impact of heat-waves on women compared to men, however in cold weather the trend is reversed. In the field of vector-borne diseases and implementation of IHR, Germany is interested to learn from the lessons learned from the example of the *Aedes albopictus* campaign in Spain.
16. Hungary is awaiting government approval on their national climate strategy and will notify WHO as soon as it has been adopted so that this may be reflected in the MTR report. Hungary is currently preparing the second national climate strategy and a national disaster risk evaluation process as requested by EU. The highest health risk identified was heat-waves; other extreme weather events have high economic loss, but heat-waves have the highest health impact. A heat–health warning system was introduced in 2005, and has been working based on a standardized indicator for excess mortality due to heat-waves. A water surveillance system was introduced in 2007. Vector-borne diseases are also showing impacts; particularly Lyme borreliosis, West Nile virus infection and leishmaniasis can be important emerging issues in the next 10–20 years. The season for allergenic plants has extended by 3–4 weeks, particularly for the early spring trees. The end of the ragweed season is showing prolongation. Within the context of the national climate strategy there is a need to collaborate with other sectors such as disaster management to fight the acute effects of climate change and to build mid-term to long-term adaptation plans for all sectors. There is a need to improve climate resilience of hospitals and social care systems. Currently only 10% of hospital rooms and 3% of elderly homes have air conditioning.
17. Italy recommended that the HIC should work more closely with other initiatives, and specifically mentioned the Alpine Convention where many activities have involved climate change and health. Italy has shown a growing commitment on adaptation and mitigation and

³ Transport, Health and Environment Pan-European Programme (THE PEP), established in 2002, aims to bring together key players from the three sectors. THE PEP pools capacities and skills from Europe, Caucasus, Central Asia and North America.

⁴ http://www.invs.sante.fr/en/Invs_en/Publications/The-French-Heat-and-Health-Watch-Warning-System-principles-fundamentals-and-assessment

informed the HIC that the public consultation on the draft National Adaptation Strategy was closed in January. A technical coordination group has worked to integrate comments and feedback received and now the Strategy is ready for its formal adoption.

18. Kazakhstan has been undertaking action on greening sites as a legacy of abandoning nuclear weapons and testing. Initiatives are also in place to tackle the falling water level in the Aral Sea, and they have launched a programme to provide safe water to rural communities.
19. Kyrgyzstan noted that their national strategy was adopted in October 2013 and this should be reflected in the MTR chapter “Commitment to act: climate change and health”. Health is included in this strategy as a priority; the other five priority areas are: water resources, agriculture, energy systems, emergency situations, forestry and biodiversity. They also requested that other initiatives be mentioned, such as the EU-Central Asia Strategy and the Central Asia Climate Knowledge Forum, and request WHO to improve collaboration on these outcomes. There is a lot of work now underway in the health sector and each of the central Asian countries needs to identify their priorities in the regional strategy.
20. Lithuania adopted a new strategy on climate change management policy last year. Current public health activity is focussed on adaptation with little focus on mitigation hence no action of greening the health sector has been taken. A public health and heat plan is under preparation as well as ongoing work on infectious diseases and allergies. A study of the effects of climate change is currently underway in order to obtain additional funding from the EU for further activities.
21. Moldova held a national workshop on climate change and adaptation in June 2014 supported by UNDP. At the workshop, the results of the second National Communication were presented, as well as plans for the third Communication that will include all sectors and how they can be involved in national adaptation plans. A decree from the ministry of health will develop and establish a sectoral adaptation plan based on a strategy based on an integrated national adaptation strategy. Training courses with health professionals are also planned for this year as well as finalising research on the health impacts of climate change. Moldova requested WHO support on implementing policies on health and adaptation. The need to be aware of health cost of some mitigation actions such as the increased use of biomass for heating in social buildings having an impact on indoor air quality.
22. Norway is at a lesser risk of heat-waves than more southern Europe but vector-borne diseases present a potential threat. Ticks have shown to be spreading and there is currently work underway to assess the extent of their distribution and risk of carrying the disease. West Nile virus is also a potential threat as the vector is currently present in Norway but there has been no cases yet. In 2010, Norway published a paper on the effects of climate change to society and collaborates with ECDC on a project on flooding and water-borne diseases. The current conclusion of health and climate change in Norway is that if society continues with good medical services and consideration for population health as a whole, the infrastructure will be able to sufficiently withstand the effects of climate change. Norway did note, however, that cold will continue to present a threat to health.
23. Slovenia established the Council for Sustainable Development and Environmental Protection, a consultative body that includes the health sector. Emergency response plans and other documentation (e.g. on flooding) have been developed with the Ministry of Defence. Continuous surveillance of infectious disease is underway, as well as projects to protect children from UV radiation exposure.

24. Spain has two main concerns in the field of climate change and health; these are heat-waves and vector-borne diseases. A national plan to prevent the health effects of heat-waves has been implemented in 2004 based on mortality surveillance and temperature data. Public awareness-raising on a daily basis is also an important component. On vector-borne diseases, more development activities are in place in the Mediterranean area because of the presence of the *Aedes albopictus* vector. At national level, recently some vector-borne diseases were included into the compulsory notification diseases (National Network for Epidemiological Surveillance). The Ministry of Health has a national programme to monitor the presence of defined vectors in selected areas. Regional Health Authorities have competence for health care services and thus the Ministry of Health need to coordinate closely with other ministries (intersectorally) and RHAs for developing activities.
25. Tajikistan is experiencing an increase in desertification and rise in average temperature. This will threaten agricultural yield and food security. An inter-agency working group was established to assess the impacts of climate change and protect public health. A strategy was developed by the Ministry of Public Health that focuses on vulnerable populations (children, women, elderly, and chronic disease patients) but has not yet been implemented and is still under government approval. A current priority is to promote health in already dangerous areas such as flooding- and earthquake-prone areas. Extensive work on water safety plans was undertaken within the scope of the Seven-Country Initiative.
26. The former Yugoslav Republic of Macedonia was pleased to see the inclusion of the THE PEP Paris Declaration⁵ in the MTR report. The delegate also stressed the need of inter-agency collaboration to ensure effective action. Recent developments have been in IHR and the evaluation of the climate change and health strategy. There has been good cooperation with other sectors and the Ministry of Health is working on energy efficiency of the health sector by constructing new health facilities and refurbishing old facilities. A national full-scale exercise for emergency medical services was held in 2013 using a heat-wave/wild-fire scenario. Hospital preparedness plans for crisis are currently being updated to include a chapter on climate change, specifically for heat- and cold-waves. The representative thanked WHO for their extensive past support.
27. Ukraine noted that although they lack a long-term adaptation strategy, this does not infer an absence of action. As such, the Ukrainian delegate expressed disappointment that their national activities were not reflected in the MTR report and requested the opportunity to submit and update for inclusion in the main text or annex.
28. United Kingdom of Great Britain and Northern Ireland has recently experienced severe flooding which has strengthened the mandate for action, particularly at local level. A Joint Strategic Needs Assessment (JSNA)⁶ has been published and the Climate Change Act calls for an assessment for all sectors every five years. Baseline reports including the health sector will be published in July. An analysis of the carbon footprint of the health sector has shown that 70% of health care-associated emissions are linked to procurement.

⁵ http://www.unece.org/thepep/en/hlm/hl4_info.html

⁶ <https://www.gov.uk/government/publications/joint-strategic-needs-assessment-and-joint-health-and-wellbeing-strategies-explained>

Current political and technical developments within organizations

29. European Environment Agency (EEA) is strengthening the health expertise available on the Climate-ADAPT platform⁷ and there is already a good selection of health-related material. The State of Environment report, published every five years, will be published again in 2015. Thematic issues will include mitigation, adaptation, health and environment (with reference to climate change). The synthesis report (an integrated assessment) will have thematic chapters structured alongside the priority objectives of the EU Environmental Policy: ecosystems, resource efficiency, and health and environment (with subsection on climate change- multiple health impacts).
30. HEAL highlighted political developments at EU level which are of relevance for the work of the HIC. In January 2014, the EU Commission presented the proposal for the 2030 EU climate and energy policy framework⁸. The proposal includes a target to reduce EU domestic GHG emissions by 40%, and the objective of increasing the share of renewable energy to at least 27%, but with no energy efficiency target set. The European Parliament and Council will negotiate the framework this autumn. There is also a proposal out for an EU Clean Air Package⁹, with important implications for the EU's climate mitigation efforts.
31. REC noted the need to update the annexes and recommended to revise Fig. 2 of the chapter "Commitment to act: climate change and health" into a map of the WHO European Region. These were adopted as decision of the HIC. REC also highlighted the importance of urban issues and strengthening inter-sectoral work. The need for a greater role in the UNFCCC negotiations, beyond just side events, will be instrumental in ensuring that health is employed as an argument for change.
32. WMO presented the Global Framework for Climate Services (GFCS) and new opportunities for climate services for health in the WHO European Region. The GFCS aims to enable better management of the risks of climate variability and change and adaptation to climate change, through the development and incorporation of science-based climate information and prediction into planning, policy and practice on the global, regional and national scale. The four priority areas are agriculture and food security, disaster risk reduction, health and water. With expertise in health now at WMO, it is hoped that coordination with WHO can be enhanced and strengthening of collaboration to meet the needs of Ministries of Health in the region. Meteorological partners welcome dialog to better understand the needs of the health sector and collaborate to develop information products and climate services which meet your needs. Many new and existing opportunities for dialog exist, particularly Regional Climate Outlook Fora (RCOFs), and health specific forums.

Current political and technical developments within WHO

33. World Health Day 2014 focussed on vector-borne diseases.¹⁰ Global activities included a communications event at London Heathrow Airport (LHR) and Washington Dulles Airport (IAD), targeting travellers and staff to raise awareness. The Who Regional Office for Europe developed a series of seven factsheets on vector-borne diseases which are relevant to the WHO European Region: chikungunya, malaria, dengue, tick-borne encephalitis, Lyme

⁷ <http://climate-adapt.eea.europa.eu/>

⁸ http://ec.europa.eu/clima/policies/2030/index_en.htm

⁹ http://ec.europa.eu/environment/air/clean_air_policy.htm

¹⁰ <http://www.euro.who.int/en/about-us/whd>

borreliosis, West Nile virus and leishmaniasis. The tick-borne disease factsheets were developed jointly with ECDC.

34. The WHO Regional Office for Europe has been further supporting its member states in protecting health in climate change and strengthening health systems through project work and BCAs. Country Activities have taken place in: Croatia, Montenegro, Moldova, Russian federation, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkmenistan, and Turkey.
35. A new WHO Collaborating Center on Global Change, Environment and Public Health has been accredited at the Center for Environmental and Respiratory Health Research (CERH) of the University of Oulu in Finland.
36. Specific country support was provided following the substantial recent flooding in the Balkans. To support the effects of countries a series of factsheets¹¹ were produced covering all aspects of flood response and recovery (available online). Furthermore, onsite support was provided to Serbia, and Bosnia and Herzegovina, including a national impact assessment on the impacts of the flood to health.
37. WHO Regional Office for Europe is currently assessing the implementation of the Parma “Commitment to act” which will be published in a report for the Mid-Term Review. The two chapters related to climate change and health have been shared with all HIC members. The status of activities within member states has been largely based on an assessment of the questionnaire results. Any comments from HIC members will need to be received before the close of editing: end of July 2014 for main text contributions and September 2014 for annexes.
38. The CGS program recently held a technical meeting to assess the health implications of the recent IPCC Fifth Assessment Report (AR5). The meeting also produced a series of key messages to serve as a basis of future communication strategy. The meeting report will be shared with HIC members when finalised.
39. WHO has been present and active at the UNFCCC 20th Conference of the Parties (COP20) in Warsaw in November 2013. Two side events highlighting the need to consider health as both an impact of climate change and a driver for ambition within the negotiations. A parallel climate and health summit was also held. At the intersessional climate change conferences in Bonn in June 2014 WHO organized a side event based on the results of the IPCC authors meeting. The unifying and multi-sectoral effect of health in bringing together many diverse parties was acknowledged and there is an increased need for the health sector to act proactively to engage itself with the climate change negotiations. In order to be effective, negotiators and health experts require tools and training to support and inform their action.

¹¹ <http://www.euro.who.int/en/health-topics/environment-and-health/Climate-change/publications/2014/floods-and-health-fact-sheets-for-health-professionals>

ANNEX I: Final programme

Wednesday, 2 July, 2014

- 09:00 – 10:30 Registration
- 10:30 – 10:45 **Opening of the meeting, adoption of the programme**
Relevant documents: Scope and purpose
Provisional programme
Provisional list of participants
- 10:45 – 11:15 **Mid-term Review (MTR), 10-13 November 2014**
Introduction by WHO on draft text contribution to the MTR on climate change and health
Each HIC representative will be invited to reflect on the texts
Relevant documents: Two draft contributions to the MTR
- 11:15 – 13:00 **Sharing best practices** – participants invited to share, at most, three experiences
- 13:00 – 14:00 Lunch
- 14:00 – 15:00 **What can we best present at the global conference on health and climate?**
Relevant documents: Provisional programme of the global conference on health and climate, 27-29 August 2014, Geneva
- 15:00 – 16:00 **Discussion and contributions to ongoing political processes**
Each HIC representative will be invited to discuss ongoing political processes
- 16:00 – 16:15 Coffee break
- 16:15 – 17:00 **Agreement on a work plan leading up to the Sixth Ministerial Conference**
- 17:00 – 17:15 Next steps and any other business

ANNEX II: Final 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 Working Group on Health in Climate Change (HIC) is an official part of the Environment and Health Process for Europe. The third meeting of the HIC analysed implementation of the Parma “Commitment to act” as well as the contribution to the 2014 Mid-term Review on climate change and health. The HIC also discussed contributions to other ongoing political processes such as the UNFCCC negotiations.

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