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Fifth meeting of the Working Group on Health in Climate Change

of the
European Environment and Health Task
Force (EHTF)

Meeting Report

**23–24 June 2016
Bonn, Germany**

ABSTRACT

The fifth 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 implementation mechanisms on health and climate change under the sustainable development goals; identify possible and regional priority targets on health and climate change to be reviewed in the preparation of the outcomes of the next Ministerial Conference; and agree on HIC activities leading up to the next Ministerial Conference.

Key Words

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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
COP21	21 st Conference of the Parties to the UNFCCC
CSM	<i>Centre scientifique de Monaco</i> [Scientific Centre of Monaco]
EC DG	European Commission Directorate General
EHP	European Environment and Health Process
EHTF	European Environment and Health Task Force
EMR	Eastern Mediterranean Region
EMRO	Eastern Mediterranean Regional Office
GHG	Greenhouse gas
HEAL	Health and Environment Alliance
HAP	Heat–Health Action Plan
HIA	Health Impact Assessment
HIC	Working Group on Health in Climate Change
INDC	Intended Nationally Determined Contributions
IPCC	Intergovernmental Panel on Climate Change
LULUCF	Land Use, Land-Use Change and Forestry
NCD	National Determined Contributions
SDGs	Sustainable Development Goals
MTR	Mid-Term Review of the EHP and Parma commitments
UNFCCC	United Nations Framework Convention on Climate Change
UNECE	United Nations Economic Commission for Europe
VCP	Vector Control Programme
WHA	World Health Assembly
WHO	World Health Organization

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WELCOME AND OPENING OF THE MEETING

1. Elizabet Paunovic, WHO Regional Office for Europe welcomed the participants to the Fifth Health in Climate Change (HIC) Working Group meeting. A number of important discussions took place during the meeting and were highlighted. These included: the publication of updated evidence on climate change; the use of the World Health Assembly (WHA) Resolution and WHA work-plan to scale up Member State actions; the Mid-Term Review (MTR) published report; use of COP21 and the Paris Agreement to support national and international activities; and discuss proposed actions that can be aligned with Sustainable Development Goals (SDGs) and the Paris Agreement for the Sixth Ministerial Conference on Environment and Health. The past Co-Chair of the HIC working group, Louise Newport was acknowledged for her contributions as well Bettina Menne for her efforts in the process and given well wishes for their new professional positions. Participants were encouraged to have fruitful and successful deliberations and discussions.

SCOPE AND PURPOSE OF THE MEETING

2. 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 WHA 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. Eighteen Member States and three agencies or organizations participated in this meeting.

The fifth meeting of the HIC aimed to:

- discuss modalities for scaling up health in adaptation plans;
- identify priorities and policy options, measures and strategies to address health in the national determined contributions (NCDs) agreed to in Paris;
- discuss implementation mechanisms on health and climate change under the sustainable development goals (SDGs);
- identify possible and desirable regional priority targets on health and climate change to be reviewed in the preparation of the outcomes of the next Ministerial Conference; and
- agree on HIC activities leading up to the next Ministerial Conference.

DECISIONS TAKEN

1. Election of a new Co-Chair of the HIC: Jutta Litvinovitch (Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety) of Germany presented the need for a new co-chair and put forward Professor Patrick Rampal (President, Centre scientifique de Monaco) of Monaco. Positive support and approval was provided by the HIC Working Group.

2. Adoption of the agenda: The HIC agreed to the proposed scope of the meeting, adopted the meeting agenda and approved Jutta Litvinovitch and Professor Patrick Rampal as co-chairs of the HIC meeting.
3. The WHO Regional Office for Europe invited the HIC members to be involved in the review of the “Blue Book” publication “Protecting Health in Europe from Climate Change” and join the technical meeting in September to discuss this document further. Meeting information will be provided to the HIC members.
4. That the WHO Secretariat would formulate a draft document of recommended actions for the Sixth Ministerial Conference on Environment and Health and circulate this to the HIC members for comments with final inputs by the end of July for submission to EHTF next meeting.
5. The WHO Regional Office for Europe will call upon Environment and Health focal points to (re)nominat e HIC representatives (from health and from environment ministries), and increase the outreach of HIC. The HIC meeting Co-Chairs will also discuss the issue of reduced participation of HIC members at meetings.

DETAILED DISCUSSION SUMMARY

6. Representatives from eighteen countries and three agencies reported on recent developments and discussed briefly obstacles and joint needs of cooperation.

Current political and technical developments in European Member States – Tour de Table

7. Albania has adopted the Intended Nationally Determined Contributions (INDCs) document in September 2015 to reduce CO₂ emissions compared to the baseline scenario in the period 2016–2030 by 11.5 %. A number of plans are underway for the implementation of the Paris Agreement including: ratification of the Paris Agreement within the year 2016; implementation of strategic policy documents on climate change; mainstreaming climate change mitigation and adaptation into other sectorial policies; adoption of the national legislation in alignment with the EU package on energy and climate change; enforcement of the Inter-ministerial Working Group on Climate Change; and increasing institutional capacities at the national and local level for implementation of regulatory frameworks.
8. Armenia continues to have an active Climate Change agenda and the Minister of Health is represented in the standing committees of almost all environment projects. Armenia has been very active with disease prevention such as the approved Vector Control Programme (VCP), Dangerous Disease Programme and Disaster Communications. Efforts have continued to improve health systems and resilience in health facilities and increased public relations and communications for heat waves. Documents related to climate change have also been reviewed and updated in view of the recent Paris meeting.
9. Azerbaijan continues to experience the negative impacts of climate change including recent flooding. Azerbaijan has an ambitious list of aims for 2030 in particular lowering of greenhouse gas (GHG) emissions by 35% compared to the 1990 baseline. A national

adaptation plan and identifying the health risks due to climate change is a priority. Azerbaijan has made strong efforts towards malaria reduction and was pleased to announce there have been no malaria cases identified since 2013. Heat-waves are also a topic of great concern and positive steps are being made on this work so far.

10. Belarus scope of action on climate change includes: research activities, scientific methodological and practical activities. A State Programme for Environmental Protection and Sustainable Use of Natural Resources (2016–2020) is being implemented. This programme includes: mitigation of climate change for sustainable development of the economy; the reduction of GHG in order to reduce the rate of climate change; achieve higher air quality; provide environmentally safe living conditions; protection and restoration of damaged water bodies to the state and the functioning of aquatic ecosystems. Belarus is open and looking forward to effective cooperation to undertake these actions.
11. Belgium has experienced a range of extreme weather conditions in 2015 and 2016 and has continued to notice the increased impacts of climate change. Some adaptation and mitigation measures Belgium are undertaking include: regularly working with Nederland and Luxembourg, in the framework of the Benelux platform to address climate change cross border challenges; participation in several other joint actions with international partners (UNFCCC, WHO Regional Office for Europe); and started a EU project on climate change to create a strategic tool to support emergency preparedness and response.
12. Finland's adaptation strategy established in 2003 was updated three years ago and now the development of robust strategy indicators is underway. Environment and health authorities are preparing a number of actions including: awareness and communication plans for heat and cold incidences; establishment of post Paris meeting working groups to support progress toward 2030 targets; detailed analysis of infrastructure needs and standards for areas such as housing, water and health protection. A great deal of inter-sectorial work is taking place including health involvement with meteorological institutions.
13. Georgia's Third National Communication to the UNFCCC was completed and published at the end of 2015. Climate change actions are taking place on: the Heat–Health Action Plan (HHAP) to be adopted at the end of 2016; assessment of the health impacts of climate change; identify and map climate change and security risks in Eastern Europe, Central Asia and the Southern Caucasus; and increased awareness raising of the impacts of climate change with decision makers. Improving access to, affordability and quality of healthcare services is the main priority for the Government of Georgia. Now 2.3 million people without health insurance prior to February 2013 (population of Georgia: 3.4 million) are provided with basic healthcare services.
14. Germany's Adaptation Strategy has many fields of action with decision-making that happens at the federal, regional and local levels. The strategy progress report was adopted by the Federal Cabinet in 2015 and contained the following key messages: Climate risks will increase in all sectors; Adaptation to climate change will be a permanent task; Mainstreaming is on its way; The adaptation process is ready to be put into practise; The German Government agreed to frequent reporting on adaptation monitoring (every 4 years) and vulnerability assessments (every 5–7 years). Progress Reports and Adaptation Action Plans are planned every 5 years; development of an evaluation methodology and evaluation of the adaptation process is expected by 2019.

15. Kyrgyzstan's climate change action is reflected in the main development documents "National Strategy for Sustainable Development of the Kyrgyz Republic for 2013–2017" and the programme on transition to sustainable development for 2013–2017. In April 2016, in the Kyrgyz Republic, the first joint mission of experts of the Multilateral Bank of Development was held. Participation of the Kyrgyz Republic in the Programme will allow state agencies to develop a coordination mechanism and a strategic programme on attracting resources through international mechanisms for climatic funding. Updating of sectorial programmes and plans on climate change adaptation is also underway. The programme and plan drafts for 2016–2020 will be submitted for review to the Ministry of Health of the Kyrgyz Republic , July 2016.
16. Lithuania was unable to attend the meeting but provided updated information for the HIC members. In 2015 a number of climate change actions were undertaken: health indicators (morbidity of lime disease and tick-borne encephalitis; and spread of *Ixodes ricinus*) were included into the list of Environment and Health Indicators; Climate Change-Related Diseases (Allergic and Infectious) Prevention Program, and the National Public Health and Heat Prevention Action Plan 2016–2020 was adopted by the order of the Minister of Health. Assessment and programme actions are being reviewed for progress and better prevention.
17. Malta reported via WebEx as they were unable to attend the meeting and shared a number of current actions underway including: the national Climate Change Adaptation Strategy 2012 will be updated; a flood relief project is collecting rain water run off to reduce flooding; prevention planning is taking place for vector-borne diseases; plans for sewage management, as natural water sources are limited in Malta; and working towards a 40% reduction in GHG emissions by 2030. As an EU Member State Malta is working to meet EU targets.
18. Norway is committed to a minimum target of 40% reduction of GHG emissions by 2030 compared to 1990 levels, with a budget covering the period of 2021-2030. The main sectors that the reduction will come from include: transport, industry technology, CO2 capture and storage, renewable energy and environmentally friendly shipping. Actions are also underway for the reduction of black carbon for indoor and outdoor environments. Norway is also collaborating on a large EU vectors project related to ticks and surveying of invasive mosquitoes.
19. Serbia shared their efforts to involve the health sector in climate change adaptation activities. Initial steps involving the health sector in climate change activities only began with an Urban Planning and Development Project in Serbia in 2013-2015, including the following actions: involvement in the inter-sectorial working group for national heat waves, protocol of understanding with the National Hydro Service for data flow, a web-link for climate and health, and continuous media awareness. Heat Health Action Plan (HAP) is not a priority for the Ministry of Health, resulting in an absence of deeper involvement at the present time. Continued efforts are being made to actively engage the health sector in climate change.
20. Slovenia has an inter-sectorial group preparing a strategy on adaption to climate change for public discussion in 2016. Some actions of the strategy include: the monitoring of mosquitoes, real time health data and home energy renovation fund for older citizens. A

working document “Climate Change and Health” was prepared by the National Institute of Public Health for use by the Ministries of Health, and Environment and Spatial Planning.

21. Switzerland has a national climate adaptation strategy, which was adopted in 2012, and a national action plan, adopted in 2014. It comprises 9 fields of action, including health. Over the past year, the following adaptation actions (amongst others) have been taken at the national level: early warning and heat wave plans, national adaptation plan and infectious diseases measures implemented. Switzerland commits to reduce its GHG emissions by 50 % by 2030 compared to 1990 levels, corresponding to an average reduction of GHG emissions by 35 % over the period 2021–2030. By 2025, a reduction of GHG by 35 % compared to 1990 levels is anticipated. Carbon credits from international mechanisms will partly be used. The INDC is subject to approval by Parliament, together with the decision on the ratification of the Paris Climate Agreement. Switzerland is at this time preparing its ratification process. The two chambers of Parliament will debate the ratification of the Paris Agreement during 2017. In order to be ready to implement the Paris Agreement and to fulfil the Nationally Determined Contribution (NDCs) to reduce GHG emissions, Switzerland is preparing a revision of the CO₂-Law, which will enter the consultation process in 2016.
22. The former Yugoslav Republic of Macedonia has an inter-sectorial climate change committee including health and has an draft national action plan on health and environment that links to Health 2020 and SDG 2030. This includes a GHG emission reduction target of 30% under the NDC. A great deal of action is taking place on climate change including: a recent publication with the assistance of WHO on heat related mortality and climate change in Skopje; development of a protocol on water and health, and water training surveillance; national disaster response planning workshops with Standard Operating Procedures; and coordinated climate change actions between the Institute of Public Health and the Ministry of Health.
23. Ukraine shared a number of challenges trying to address climate change in the Ukraine. In the past, governments shared no general opinion on climate change beyond air pollution. Now health is an indicator as part of climate change in the Ukraine. Many medical issues were expressed related to climate change that need attention including: managing vector-borne diseases from increased migration; limited epidemiological monitoring and hygiene services; methods and measures to monitor the impact of heat waves; and planning and management of disasters such as flooding. Concerns were also expressed that attempts have been made to reduce GHG emissions within national plans, but hoped for a new solution to be approved.

Current political and technical developments within agencies and organizations

24. European Commission Directorate-General for Climate Action (EC DG CLIMA) reported on-going work is being done to reduce GHG emissions. An Adaptation Strategy Framework is underway, with a focus on where the EU can provide added value to this issue. To date 21 Member States have Adaptation Strategies. A scoreboard to measure

indicators of adaption implementation strategies is proposed for 2017. EC DG CLIMA specifically stated that health is an important component and is working on knowledge gaps that have been identified through Horizon 2020. The Climate-ADAPT platform to help with the state of adaptation in countries continues is to be made available and updated. Mainstreaming of climate change issues continues into EU environment policies and further efforts will be made to look for political hooks and opportunities for climate change to be linked to the health agenda and national planning.

25. Health and Environment Alliance (HEAL) and 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 Ministers 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 shared recent climate change actions including: air pollution reports and campaigning calls for movement beyond coal; fossil fuel subsidies; and awareness raising to encourage countries world-wide to ratify the Paris Agreement.

Protecting health from climate change in Europe: a 2016 update

26. The WHO Regional Office for Europe informed the HIC members they were now in the process of updating the “Blue Book” entitled “Protecting Health in Europe from Climate Change” a publication that aims to raise awareness and motivate readers to take and support action to protect health from climate change. An overview of the document was provided to HIC members to attain feedback on the document structure, content and format. The publication is divided into 3 main sections: 1) health effects of climate change, 2) creating health benefits through mitigation and 3) health sector leading by example for mitigation and adaptation. The main difference between the original version and the new publication is the updating of the literature based on most recent references. The new evidence confirms and strengthens the points needed for action. Health mitigation cost benefits data will also be included with the assistance of the WHO global office. The general response from HIC members was positive on the structure and content of the document and incorporation of the information into awareness and capacity building opportunities.

Health in Climate Change Working Group COP21 side event report

27. Professor Rampal shared the process and results of one HIC working group side event at COP21, co-organised by HIC, CSM, HEAL and WHO. The side event was a panel discussion “Health Central to Climate Change Action” in the official blue zone of COP21. The panel included 14 high-level officials and experts that provided key messages and information on health and climate change. Examples of successful reductions of GHGs were shared by Prince Albert II of Monaco, demonstrating that Monaco as part of the Kyoto Protocol had reached their target and achieved a 13 % reduction in GHG emission between 1990 and 2012. Prince Albert II concluded his speech stating, “health professional must lead by example and younger generations must be trained on the issue”. These 2 key messages provide a focus for a way forward. The health sector currently is a large polluter through healthcare waste, toxic chemicals, wasted water, resource consumption and GHG emissions and should take up environmentally sustainable health systems to improve, maintain and restore health and minimize the negative impacts on

the environment. Education and training is needed for health professionals as well as younger generations to increase awareness, knowledge and needed behaviour change.

Health and climate change in the era of the 2030 Development Agenda

28. The WHO Regional Office for Europe shared with HIC Members the opportunity to accelerate gains in health and well-being as part of the 2030 sustainable development agenda. The specific issue of managing the negative impacts of climate change on health is directly related to achieving sustainable development. The presentation demonstrated the various links between 2030 Sustainable Development Goals (SDG) and Health 2020 Strategic Objectives. SDG number 3 focuses specifically on “good health and well-being, which in principle will not be achieved unless the negative health effects of climate change are effectively managed. As well SDG number 13 sets specific targets and indicators countries are urged to take to combat climate change and its impact. It can also not be overlooked that the Paris Climate Agreement also sets out clear actions for countries that will also contribute to a more sustainable future. The presentation concluded with 3 key messages to link the various developments of climate change and sustainable development, health and well-being: 1) Creating resilient communities and supportive environments is an important adaptation and can use mitigation opportunities to achieve this; 2) Further strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries; and 3) Further integrate climate change measures into national policies and planning.

The UNFCCC process beyond the Paris Agreement

29. UNFCCC process beyond the Paris Agreement presentation provided a general introduction to the Paris Agreement and additional frameworks and programmes that support further actions on climate change at the global level. Article 2.1(a) of the Paris Agreement “...aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty, including by holding the increase in the global average temperature to well below 2°C above pre-industrial levels and pursuing efforts to limit the temperature increase to 1.5°C above pre-industrial levels, recognizing that this would significantly reduce the risks and impacts of climate change.” In preparation for the Paris Agreement, Parties agreed to publicly outline the climate actions they intend to take after 2020. These are entitled: “Intended Nationally Determined Contributions (INDCs)”. They are the current way that governments communicate the steps they will take to address climate change. 161 INDCs have been submitted to date, representing 189 Parties and covering about 99 per cent of all emissions. An updated synthesis report can be found online (<http://unfccc.int/9240>). Currently only about 17% of countries in the WHO European Region included health in their INDCs. The Paris Agreement establishes binding commitments by all Parties to prepare, communicate and maintain Nationally Determined Contributions (NDCs) and to pursue domestic measures to achieve them. The Paris Agreement also establishes a global goal to significantly strengthen national adaptation efforts – enhancing adaptive capacity, strengthening resilience and reduction of vulnerability to climate change – through support and international cooperation.

The Nairobi work programme focuses on impacts, vulnerability and adaptation to climate change and Parties to this programme are to report on actions related to geographic

distribution of diseases, new and emerging health issues, and effects of climate change on work settings by August 2016.

The Paris Agreement also significantly enhances the Warsaw International Mechanism on Loss and Damage and has further promoted the completion of Climate and Health Country Profiles in collaboration with Member States, UNFCCC and the WHO.¹

Climate Change and Health: Current Priorities at WHO headquarters

30. Climate Change and Health: Current priorities at WHO-HQ's presentation, was shared with the HIC members. In 2009, the Lancet Journal stated that, "Climate change is the biggest global health threat of the 21st century." WHO is responding to the issue of climate change from a number of perspectives. The WHO institutional response was to put climate change on the WHA agenda and 193 nations agreed on actions to protect health from climate change. The Paris Agreement also serves as a public health treaty by setting commitments and mobilizing changes to take actions to protect health from the negative effects of climate change. WHO has also been taking a public health response to address the negative health impacts to climate change by: 1) providing evidence and monitoring progress through risk assessments, and country relevant monitoring such as measuring policy responses at the national level for Health in Climate Change; 2) Raising awareness through various events, programmes and high level spokespersons; and 3) Scaling up adaptation projects by use of health systems resilience frameworks, trying to put together a systematic approach i.e., scaling up air pollution programs in countries to reduce global impact of air pollution.

Climate Change and Health in the Eastern Mediterranean Region

31. Climate Change and Health in the Eastern Mediterranean Region (EMR) update was provided by the Regional Centre for Environment and Health Action WHO. EMR Member States contribute relatively little to GHG emissions and thus to the onset of climate change, yet the region is the second most severely impacted after Africa in terms of health consequences. The EMR will focus on the following interventions to address the negative impacts of climate change on health:
1. Protecting health in the face of climate change focusing on water scarcity, food security and malnutrition, and water-borne diseases
 2. Effects of climate change on vector diseases, respiratory diseases (sand & dust storms), NCDs (heat-waves)
 3. Integrating climate change considerations into disease surveillance and health early warning systems.
 4. Health sector response measures and preparedness to protect health from climate change effects: Vulnerability Assessment, Adaptation and Mitigation
 5. Health in All Policies

The following commitments were stated at the EMR Regional Committee in 2014: -
Developing national health and climate policies and resilience action plans;
- Integrating climate change into the national health and national adaptation plans;

¹ Available profiles can be viewed at <http://www.who.int/globalchange/resources/country-profiles/en/>

- Engaging in national & international climate change endeavours, ensuring effective health representation
- Strengthening the health sector role in steering environmental actions, working across sectors such as water, food, energy, industry, transport, and air quality;
- Promoting health-based regulations, e.g., mitigation of GHG emissions is based on showing that they endanger public health (e.g., SLCP)

Intended Nationally Determined Contributions: Linking Carbon Reductions to Health Benefits

32. WHO Consultant Joseph Spadaro shared a preliminary methodology framework to assess health co-benefits of climate policies. Climate change caused by anthropogenic activities represents the greatest challenge faced by humanity in the 21st Century with socio-economic, equity and political ramifications. A changing climate system has a global reach that negatively affects public health and well-being, reduces agricultural productivity, damages ecosystems, natural and built environments and impacts on sustainable economic development. Climate change and air pollution disproportionately affect children and the aged. Lack of access to natural resources (e.g. food and water availability) may lead to social fragmentation, strife, and population displacement. Climate change social costs are estimated at 0.2%–2% of world GDP in a 2°C world (IPCC 2014). Future climate change and air quality challenges require a concerted policy roadmap that integrates climate and pollution control policies, along with energy security considerations, and climate adaptation arrangements. These measures should be further strengthened by initiatives taken by businesses (corporate social responsibility), and public awareness programmes that target citizens to reduce their carbon footprint and other emissions. Transition to a low carbon economy is further enhanced through international cooperation ensuring knowledge and technology transfer, and financial support to lesser-developed economies. Abatement costs and emissions are reduced through implementation of regional or international carbon trading mechanisms. Excluding LULUCF delivers greater air emission reductions, as technological interventions must make-up the difference in GHG reductions. Under the Paris Agreement, WHO Europe has committed to a 43% (5,026 MtCO_{2e}) reduction in GHG emissions in 2030 compared to 1990. Reductions primarily target: power, transportation, buildings and industry. A preliminary methodological framework was then presented, to assess physical and economic health co-benefits of climate policies as reported in the INDCs submitted by the Conference of the Parties to the UNFCCC in support of objectives set out in Article 2 of the Convention.²

Towards the Sixth Ministerial Conference on Environment and Health

33. The WHO Regional Office for Europe informed the HIC members that preparations are underway for the sixth Ministerial Conference on Environment and Health and climate change is a large priority within this process. The country Tour de Table from the first day of the HIC meeting was seen as very important to gain greater understanding of the current activities and different points of action within Member States. Participants were

² The proposed methodology is research under development, and is based on the following background reference: Rabl A, Spadaro JV and Holland M. 2014. How Much is Clean Air Worth? Calculating the Benefits of Pollution Control. Cambridge University Press, Cambridge, UK. ISBN 978-1-107-04313-8

reminded that the Environment and Health process began in 1988, with a first platform with health and environment in an intergovernmental/inter sectorial process and has now been underway for almost 30 years. This process has had successful outcomes with the creation of tools, structures, capacity building, evidence sharing, and advocacy action to support Member States to address health and environment issues. The history of the process allowed for the development of important and relevant outcomes at that time. The Fifth Ministers Conference brought forward issues like inequality, but further developments and actions have slowed down since this conference and now is an important time to move forward with the preparation of the Sixth Ministers Conference. Two large milestones need to be prepared: 1) A political declaration, with key messages, that is operational and easy to understand and brings together agendas such as sustainable development, ecological, and well-being; and 2) An action plan that has Member States' agreement and commitment. Priority areas for discussion and action currently identified by Member States, resolutions, position papers include: climate change, air pollution, air quality, water and sanitation, waste, environment and sustainability. Inputs for the declaration and action plan need to be strategic and inter-sectorial to truly address the negative impacts of climate change. All partners including HIC members needs to contribute to the development of a good plan to effectively use the process of the Sixth Ministerial Conference. Working group discussions as part of this HIC meeting provides an opportunity to initiate these inputs into the process.

Identifying specific actions on climate change and health, to be submitted to the next EH Task Force meeting

34. The WHO Regional Office for Europe invited the working groups to report back on their discussions regarding specific actions on climate change and health to be submitted to the next EHTF meeting. A wide range of discussion and comments were shared, but for ease of clarity and forming a structured response to the EHTF, WHO Regional Office for Europe suggested the working groups' feedback be merged into one document that would serve as the requested HIC input for the EHTF. It was agreed that the WHO Secretariat would formulate a draft document and circulate this to the HIC members for comments with a final inputs by the end of July 2016 (final agreed document can be found in Annex III). Member States agreed to the proposal. The following final comments were provided by the meeting participants:
35. Albania agreed to consider a draft proposal from WHO Secretariat.
36. Armenia thanked all for the good discussions.
37. Azerbaijan expressed that the draft document would need to be reviewed carefully.
38. Belgium reinforced that education and training needs to be strengthened including cooperation with universities. It was stressed that the health sector needed to lead by example, including reductions to the carbon footprint needs to be considered; and increase understanding of countries' internal structures and responsibilities. HIC members were reminded that learning from each other was important and that it was appreciated to have the WHO EMR represented at this meeting.

39. Finland noted that AR5 chapters 8 and 11 outline how to increase resilience through developing and improving basic infrastructure, yet a word of caution was shared in that targets could be too intrusive to national decisions.
40. Georgia added that it was useful to support EU neighbouring countries in using health and climate assessment methods and tools, health impact assessment and cost benefit analysis for health sector towards climate relevant issues.
41. Germany stated that education and training issues need to be updated and spread more widely, including further awareness raising. Inter- sectorial work is needed at all levels – local, regional and national, so advancement can occur. This will help to reach Germany’s aim of climate change with less negative impacts. Therefore we must enhance the sharing of good practice examples from various settings and countries so we can learn from each other and improve cooperation.
42. Kyrgyzstan noted that mitigation in the health sector is interesting and they would like to use such methods to assess health benefits of reducing GHG emissions. Kyrgyzstan is keen to share their experiences and learn from countries with similar extreme events faced in mountain regions, including cold temperatures and heat waves. Research and pilot projects of other organizations and countries should be shared whenever possible. It was also stressed that WHO training packages should be placed on the website with instructions for use.
43. Norway indicated that Northern Europe does not have many of the problems that other countries have mentioned, but raised concerns of the reduced Member States participating in HIC meetings and actions.
44. The WHO Regional Office for Europe responded that the outreach of HIC would be scaled up.
45. Slovenia indicated that information shared at the meeting was useful to further develop strategies and plans. Climate proof infrastructure is an important foundation as indicated by Finland and the basis for every effort to protect health.
46. The former Yugoslav Republic of Macedonia noted that climate and health is in the curriculum of the medical faculty as well as in elementary and primary schools. A condensed version of the WHO Training Tool Kit was used in Macedonia to raise awareness on climate change and now AirQ+ will be used shortly in a joint project with Finland. Macedonia is also working on water and health, together with Czech Republic.
47. Serbia added the importance of education activities that can be integrated into other programmes such as healthcare waste management and could also occur with heat-wave action plans. Urbanization and transport infrastructure are also important issues to Serbia.
48. Ukraine expressed that increasing knowledge, applying new methods and the participation of Ukraine in this process is very important for the country. Training materials are need for physicians, nurses, and post-disaster guidance of floods and wildfires. Messages towards EHTF are very important to communicate. Even though each country is different, key messages should be comprehensive and clearly state the health risks of climate change.

49. WHO Consultant J. Spadaro stated that climate change is a major challenge that all countries are facing and therefore requires a global cost-effective response. All sectors are responsible towards air, water, and the environment in general, therefore finding solutions and acting upon them has to be taken at all levels. Using a HIA approach is also good to identify and quantify problems. Finally continued dialogue is important, and to take opportunity to understand other perspectives, including training for all target audiences.
50. EC DG CLIMA indicated that the results of this meeting could inform work in the DG. It was suggested that inter-sectorial cooperation could be enhanced, by inviting more stakeholders from other EC DGs. It was also noted that cities under take a lot of action and health and climate messages could be spread through such networks and initiatives.
51. HEAL stated that outputs of HIC are useful to inform HEALs' work. Future cooperation and partnership is welcomed from all participants.
52. UNFCCC restated that the Paris Agreement is important, but emissions will continue to increase and cumulative concentrations, impacts, and health effects will be increasing. NDCs are a key tool to address these challenges and need to be taken up in Member States.
53. WHO EMRO echoed that many common issues exist between Member States and regions, therefore exchanging, information and expertise is crucial. WHO EMRO is interested in inter and intraregional cooperation. It was noted that mental health impacts of climate change must not be forgotten as part of the agenda.
54. The WHO Regional Office for Europe thanked all participants for their excellent contributions and discussions. WHO restated that this is an important moment for HIC in that the next ministerial conference will determine the type of forum HIC will take based on the next steps of policy development such as: exchange of experiences of knowledge and/or policy development and implementation. The European Action Plan on Climate Change and Health was useful for countries to prioritise actions and move them forward. Mitigation needs to happen in all countries and local climate change concerns should be selected as priorities by and countries. There is a need to continue developing knowledge, tools and methods for the region that can then be adopted and implemented in Member States. Of note, WHO and UNECE are currently discussing roles in education on sustainable development and health and is an important topic for continued discussion. Finally, the importance of the context and competency of the environment for each Member State as well as the EU needs to be clearly understood. Dissemination of policies and programmes can be at regional level, but action takes place locally. Translating intergovernmental process to local action and subnational level of governance will continue to be discussed. It was further reiterated that cooperation with Eastern Mediterranean Regional Office is important because we share many common issues and we need to learn from each other.

DISCUSSION ON NEXT STEPS

55. The WHO Secretariat would formulate a draft document and circulate this to the HIC members for comments within two weeks of the meeting with final inputs by the end of July for submission to the EHTF.
56. HIC co-chairs to discuss increased Member State participation in HIC meetings and actions.
57. The WHO Regional Office for Europe closed the meeting by stating the next ministerial conference is a big milestone. It is important that the HIC group continues beyond the Ministers Conference and a work plan should be investigated for a longer period of time. Thanks were given again to all participants, countries, chairs, interpreters, BMUB for financial support, WHO staff team and rapporteur.

ANNEX I: Final programme

Final Programme

Thursday, 23 June

09:00–10:00	Registration
10:00–10:20	Welcome and opening of the meeting <i>Elizabet Paunovic, WHO Regional Office for Europe</i>
	Election of a new co-chair of the working group <i>Jutta Litvinovitch, Germany Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety</i>
10:20–10:30	The scope of the meeting <i>Elizabet Paunovic</i>
10:30–11:15	Tour de table and discussion: Member States' activities on climate change in the last year
11:15–11:30	Coffee break
11:30–13:00	Tour de table and discussion continued
13:00–14:00	Lunch break
14:00–14:20	Protecting health in Europe from climate change: update <i>Tanja Wolf, WHO Regional Office for Europe</i>
14:20–14:40	Protecting health in Europe from climate change: update from Monaco <i>Patrick Rampal, Scientific Centre of Monaco</i>
14:40–15:00	The inputs of health into the SDG on climate change <i>Bettina Menne, WHO Regional Office for Europe (via webex)</i>
15:00–15:20	Coffee break
15:20–15:40	UNFCCC process beyond Paris agreement <i>Tiffany Hodgson, United Nations Framework Convention on Climate Change</i>
15:40–16:00	WHO plan on climate change and health beyond Paris <i>Diarmid Campbell-Lendrum, World Health Organization (via webex)</i>

- 16:00–16:20 **Climate change and health in other WHO regions**
Ahmad Basel Al-Yousfi, WHO Regional Office for the Eastern Mediterranean
- 16:20–16:40 **Health benefits and their monetization due to greenhouse gas emissions reductions from implementation of INDCs at the national level**
Joseph Spadaro, Consultant
- 16:40–17:00 Discussion and wrap up
- 19:00 Social dinner

Friday, 24 June

- 09:00–09:10 **Wrap up of day 1**
Vladimir Kendrovski, WHO Regional Office for Europe
- 09:10–09:30 **Towards the Sixth Ministerial Conference on Environment and Health**
Srdan Matić, WHO Regional Office for Europe
- 09:30–11:00 **Discussion in working groups**
Climate change and health: towards the Sixth Ministerial conference
- 11:00–11:15 Coffee break
- 11:15–12:15 Continuation of working group discussions
- 12:15–12:45 Plenary discussion: feedback of the groups
- 12:45–14:00 Lunch
- 14:00–16:00 Identifying specific actions on climate change and health, to be submitted to the next EH Task Force meeting
- 16:00–16:15 Coffee break
- 16:15–17:00 Next steps and any other business

ANNEX II: Final list of participants

Albania

Zhaneta Miska
Directorate of Health Care
Ministry of Health
Tirana

Armenia

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Deputy Director General
National Centre of Disease Control and
Prevention
Ministry of Health
Yerevan

Azerbaijan

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National Academy of Sciences of
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Institute of Geography
Baku

Belarus

Tatsiana Pronina
Head of Laboratory on Children's and
Adolescents' Hygiene
Scientific-practical center of Hygiene
Ministry of Health
Minsk

Belgium

Luc Tsachoua
Project manager : Public Health
Emergency
Federal Public Health Service
Brussels

Finland

Mikko Paunio
Medical Counselor, Unit of
Environmental Health
Dept of Health and Welfare Protection
Ministry of Social Affairs and Health
Helsinki

Georgia

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National Center for Disease Control and
Public Health
Ministry of Labour, Health and Social
Affairs of Georgia
Tbilisi

Germany

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via webex

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St Venera

via webex

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Patrick Rampal
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Centre Scientifique de Monaco
Monaco

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Norwegian Institute of Public Health
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Serbia
Branislava Matić Savicević
Head of Department
Environmental Health and School
Hygiene
Institute of Public Health
Belgrade

Slovenia
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National Institute of Public Health
NIJZ, Centre for Environmental Ecology

Switzerland
Sabine Unternährer
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**The former Yugoslav Republic of
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Ukraine
Olena Turos
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O.M. Marzeiev Institute for Public Health
of the National Academy of Medical
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Consultants

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Algorta
Spain

Representatives of other organizations

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Health & Environment Alliance
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**United Nations Framework Convention on
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Headquarters

Diarmid Campbell-Lendrum
Scientist
Geneva, Switzerland *via webex*

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Bettina Menne
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Elizabet Paunovic
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Tanja Wolf
Technical Officer
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and Green Health Services

Interpreters

Erika Rubinstein
Thomas Küstermann
Paul Kremel

Rapporteur

Joanne Vincenten

ANNEX III: HIC Proposed actions and associated targets on climate change and health

Action 1:	Strengthen resilience and human and institutional adaptive capacity for climate-related health hazards and natural disasters
SMART targets:	<ul style="list-style-type: none"> • By [2020], increase the number of countries that developed health action plan for disaster risk reduction strategies • Strengthening monitoring and early-warning surveillance and preparedness systems for extreme weather events and climate-sensitive disease outbreaks. [merged due to no baseline – as part of implementation, WHO will establish a baseline by 2018] <ul style="list-style-type: none"> ○ By [2020], increase the number of countries that include health aspects of climate change into the national curricula; for development of the health workforce, including continuing professional education. • Develop information, tools and methodologies to support decision-makers, (e.g. development of climate services for health). • Scale up public communication and awareness raising campaigns on climate change and health.
Lead actor(s)	WHO, UNISDR, UNFCCC, WMO, UNESCO, EC, UNECE, UNEP
Supportive partners	HIC
Resources	Funds from core and voluntary contributions of MSs– IFIs and the EC funds to support actions in countries
SDGs Targets	13.1, 3.d, 3.9, 6.5, 11.5, 11.b, 4.7, 4.c, 9.5 9.a, 17.6 17.9
Associated policy frameworks	Sendai Framework priorities 1–4 (climate-resilient health care facilities, general risk reduction policies) Health 2020 priority area 4 (climate-resilient communities)

Action 2:	Integrate evidence-based health measures and assess climate change risks in relevant national and subnational policies, strategies and planning
SMART targets:	<ul style="list-style-type: none"> • By [2020], increase the number of countries that developed: <ul style="list-style-type: none"> ○ national health vulnerability, impact and adaptation assessments of climate change projections [XX]. ○ national climate change adaptation strategy or action plan, that includes health, –including the addition of health into already existing national climate change adaptation strategy or action plan. • By [2020], increase the number of countries where health is among the priority sectors in the next series of intended nationally determined contributions for the period 2025 to 2030. • Increase research on the effectiveness, cost and economic implications of climate change and health interventions, with a particular focus on mutual co-benefits. • By [2020], increase the number of countries that include climate change projections into their health policies on extreme weather events and climate-sensitive communicable diseases.
Lead actor(s)	WHO, EC, EEA, ECDC, IPCC, UNFCCC
Supportive partners	HIC, WCP-CORDEX, development banks (e.g. WB, ADB)
Resources	Funds from core and voluntary contributions of MSs– IFIs and the EC funds to support actions in countries
SDGs Targets	Primary target: 13.2 Additional targets: 3.3, 3.8, 3.d, 1.5, 6.4, 6.5, 6.a, 2.4, 12.c, 17.9

Action 3:	Measure, reduce and manage the greenhouse gas emissions of health systems
SMART targets:	<ul style="list-style-type: none"> • Adopt methodology framework for greenhouse gas emission accounting in health systems. • Increase the number of countries having completed a greenhouse gas accountability study for the health sector. • Promote actions that ensure energy and resource efficiency in health systems, including sustainable procurement practices.
Lead actor(s)	WHO, UNDP, development banks
Supportive partners	HIC, UNFCCC
Resources	Funds from core and voluntary contributions of MSs– IFIs and the EC funds to support actions in countries
SDGs Targets	13.3, 12.7, 12.c, 7.1, 7.2, 7.b