Enhancing cooperation between the health and climate sectors

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Abstract

This article explores two instrumental global institutions in relation to health and climate change, the United Nations Framework Convention on Climate Change (UNFCCC) and World Health Organization (WHO), to assess how the health sector is addressed by international actors and institutions in on-going national and global adaptation action and discussions.

The article reviews country-level adaptation responses in the form of National Adaptation Programs of Action (NAPAs) and how they treat the health sector. Forty four countries' NAPAs identify health, or the health sector, among the most vulnerable to climate change. Despite this recognition, however, fewer than half of the countries have identified a single adaptation project in the health sector to be funded through the Global Environmental Facility (GEF), which facilitates the implementation of projects.

The article provides recommendations for greater health sector engagement in adaptation efforts including enhanced representation of the sector in UNFCCC processes and evolving institutions.

1 Introduction

According to World Health Organization (WHO) estimates, climate change may already be causing more than 150,000 deaths per year, a number that is expected to grow in the future (WHO 2008). The most recent report of the Intergovernmental Panel on Climate Change (IPCC) cites overwhelming evidence that human actions are contributing to climate change, with a wide range of implications for human health (Confalonieri et al. 2007, 391-431). Some of the impacts are direct, including mortality and morbidity resulting from more intense weather events, heat waves, and floods. Potentially larger impacts, though, may arise indirectly from mechanisms such as climate's effects on agricultural production and water resources--linked to major killers such as malnutrition and diarrhea--and common vector-borne diseases that are highly sensitive to changing temperatures and precipitation. Furthermore, the U.N. Framework Convention on Climate Change (UNFCCC) estimates that climate adaptation costs for the health sector will be in the range of $4 billion to $12 billion per year by 2030 (UNFCCC 2007).

Adaptation responses of households, communities, nations and the global community to the impacts of climate change will be shaped by the role of various institutions, their processes and relationships. It is therefore important to understand the role of different institutions in shaping adaptation strategies to ameliorate the health impacts of climate change. While local institutions are critical for effective adaptation, their actions are in part influenced by other institutions and processes at the national and global levels. Since both the UNFCCC and WHO recognize the intrinsic connection between climate and health, these two global organizations would be natural partners. However, their cooperation to this point has been minimal. This must change sooner rather than later because strengthening health systems and improving public health are two significant steps that could increase resilience now and reduce human vulnerability to climate change in the future.

This article explores the role of the health sector in on-going national and global adaptation action and discussions. The article first reviews country-level responses in the form of National Adaptation Programs of Action (NAPAs) and how they treat the health sector in adaptation to climate change. At the global level, the roles of two instrumental global institutions in relation to health and climate change, the UNFCCC and WHO, are examined to assess if health is being

adequately addressed by international actors and institutions involved in adaptation to the health impacts of climate change. The article concludes with recommendations for greater integration of health considerations and health sector engagement in climate change adaptation efforts.

2 The roles of the UNFCCC and WHO

The UNFCCC sets an overall framework for intergovernmental efforts to tackle climate-induced challenges. Under it, governments gather and share information on greenhouse gas emissions, national policies, and best practices and commit to coordinated national strategies for reducing greenhouse gas emissions and adapting to expected impacts, including the provision of financial and technological support to developing countries.

As the lead health agency within the U.N. system, WHO represents the health community at the international level and provides a link to operational health programs in the field. When possible, it cooperates with the UNFCCC on aspects of climate change and lends its expertise to specific UNFCCC initiatives; two examples include the Subsidiary Body of Scientific and Technological Advice and the Nairobi Work Program, a network of stakeholders who share information and build adaptation capacity. WHO also works with other specialized agencies and programs, such as the World Meteorological Organization, the U.N. Environment Programme, and the U.N. Development Programme, on capacity building and project implementation.

To strengthen its role as the lead international agency for health and climate change, WHO in the last year has launched a global campaign to raise awareness of the effects of climate change on health and to ensure that health is part of the agenda in UNFCCC negotiations leading to a new international agreement on climate change. It prepared a global work plan to assess and address the implications of climate change for health and health systems following a resolution titled "Climate Change and Health," adopted in May 2008 by the World Health Assembly (WHO 2009). This resolution requests that the WHO director-general consult with member states in the preparation of a "work plan for scaling up WHO's technical support to member states for addressing the implications of climate change for health and health systems, including practical

tools and methodologies and mechanisms for facilitating exchange of information and best practices."

The work plan, endorsed by the WHO executive board, has far-reaching climate and health objectives that include advocacy and raising awareness; engagement in partnerships with other U.N. organizations and sectors at the national, regional, and international levels; promotion and support for the generation of scientific evidence; and strengthening health systems to cope with the health threats posed by climate change. Implementation of the work plan will be carried out through the WHO network with $114.4 million in funding already budgeted under the organization's 2008–2013 Medium-Term Strategic Plan. Since this funding will not go very far in achieving the plan's goals, more resources will need to be mobilized in the future (WHO 2006).

Pursuing even more active engagement in the UNFCCC, WHO submitted an action pledge[1] to the Nairobi Work Program (NWP) in October 2008. As a NWP partner, WHO committed itself to strengthening its scientific, normative, and policy development functions; enhancing operational programs (e.g., combating infectious disease, improving water and sanitation services and hygiene practices, and providing health support in emergencies); and supporting ministries of health and other health actors throughout the world (UNFCCC WHO(a)). Additionally, WHO, in conjunction with other international partners, has made a formal submission to the Ad Hoc Working Group on Long-Term Cooperative Action, which facilitates detailed discussions on how to implement the UNFCCC after the first commitment period of the Kyoto Protocol expires in 2012.The WHO submission documents the range of risks to human health within climate-related humanitarian emergencies and proposes policy directions for consideration by international negotiators, the global health sector, and the humanitarian community. Options include strengthening public health systems, growing the capacity to address health emergencies, increasing the surveillance and control of infectious diseases, forecasting and early warning for extreme weather, and building community resilience through local public health interventions. The submission also calls for adaptation strategies that are

[1] Action pledges provide an interactive way for Nairobi Work Program partners to identify and commit publicly to undertaking activities towards the objectives and expected outcomes of the program.

integrated with national development planning processes that address poverty and recognize differentiated needs, including those of the most vulnerable in society (UNFCC WHO (b)).

3 The treatment of health in national adaptation plans

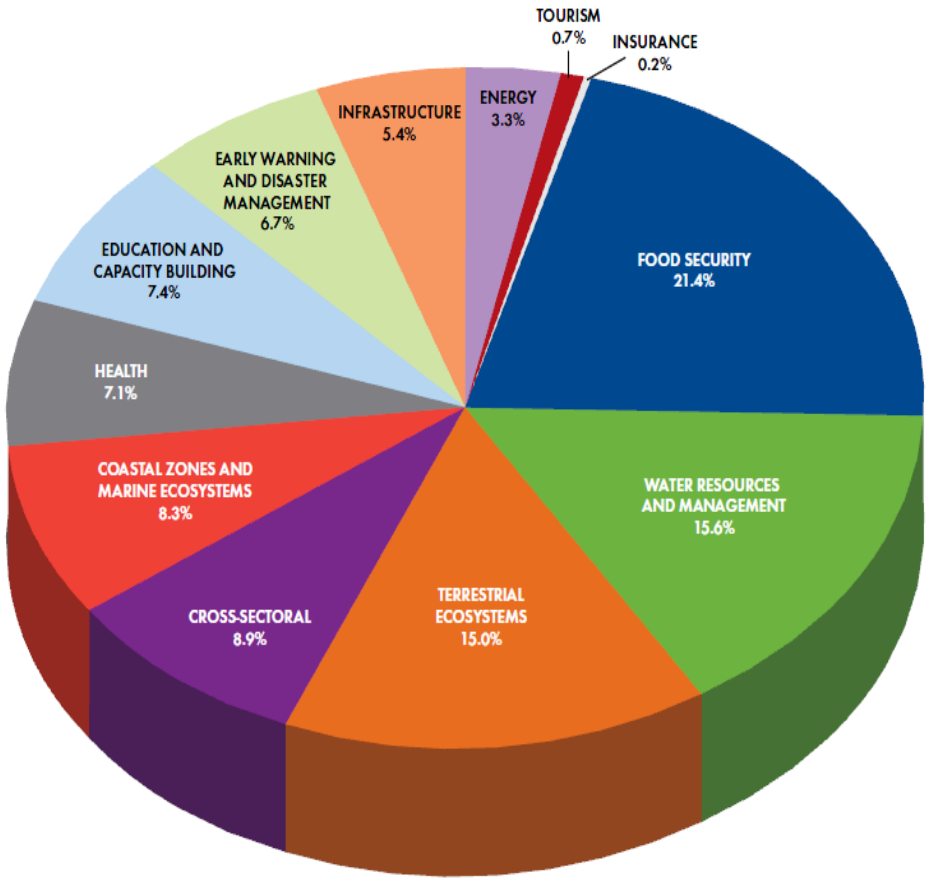
To begin the process of identifying and prioritizing adaptation efforts eligible for finance through the UNFCCC, National Adaptation Programs of Action (NAPAs) were established as part of the Marrakech Accords of the 2001 UNFCCC conference. In Marrakech, the international community recognized that the least developed countries are among the most vulnerable and yet have the least capacity to deal with the effects of climate change. Representatives agreed to support the development and implementation of these national programs, which allow least developed countries to identify their urgent and immediate adaptation needs. As of May 2010, 44 of the 49 least developed countries have prepared and submitted their NAPAs to the UNFCCC.

All 44 countries identify health, or the health sector, among the most vulnerable sectors to climate change and one in need of adaptation action. For example, Malawi's NAPA states that health "is directly affected by climate change and is especially linked to infant malnutrition and chronic ailments associated with malaria, cholera, and diarrhea as a result of droughts and floods" (Republic of Malawi 2006, ix). The Pacific nation of Kiribati notes that the health sector "is the recipient of all downstream effects of the impacts of climate change on other sectors such as agriculture, fisheries, water supply, coastal areas, biodiversity resources, and waste management" (Republic of Kiribati 2007, 19) . Moreover, Uganda has recognized the health sector "is imposed with additional burden by climate change with consequences of loss of human lives, particularly the most vulnerable age groups, the young and the elderly" (Republic of Uganda 2007, 11). And according to Zambia's NAPA, health "is particularly sensitive to climate and synoptic weather patterns because many maladies in the tropics are associated with temperature and precipitation regimes" (Republic of Zambia 2007, vii).

Despite this recognition, however, fewer than half of the 44 countries with NAPAs have proposed a single adaptation project in the health sector. In fact, the health sector accounts for only about 7 percent of the 448 total projects, after food security (21 percent), water resources and management (16 percent), terrestrial ecosystems (15 percent), cross-sectoral cooperation (9

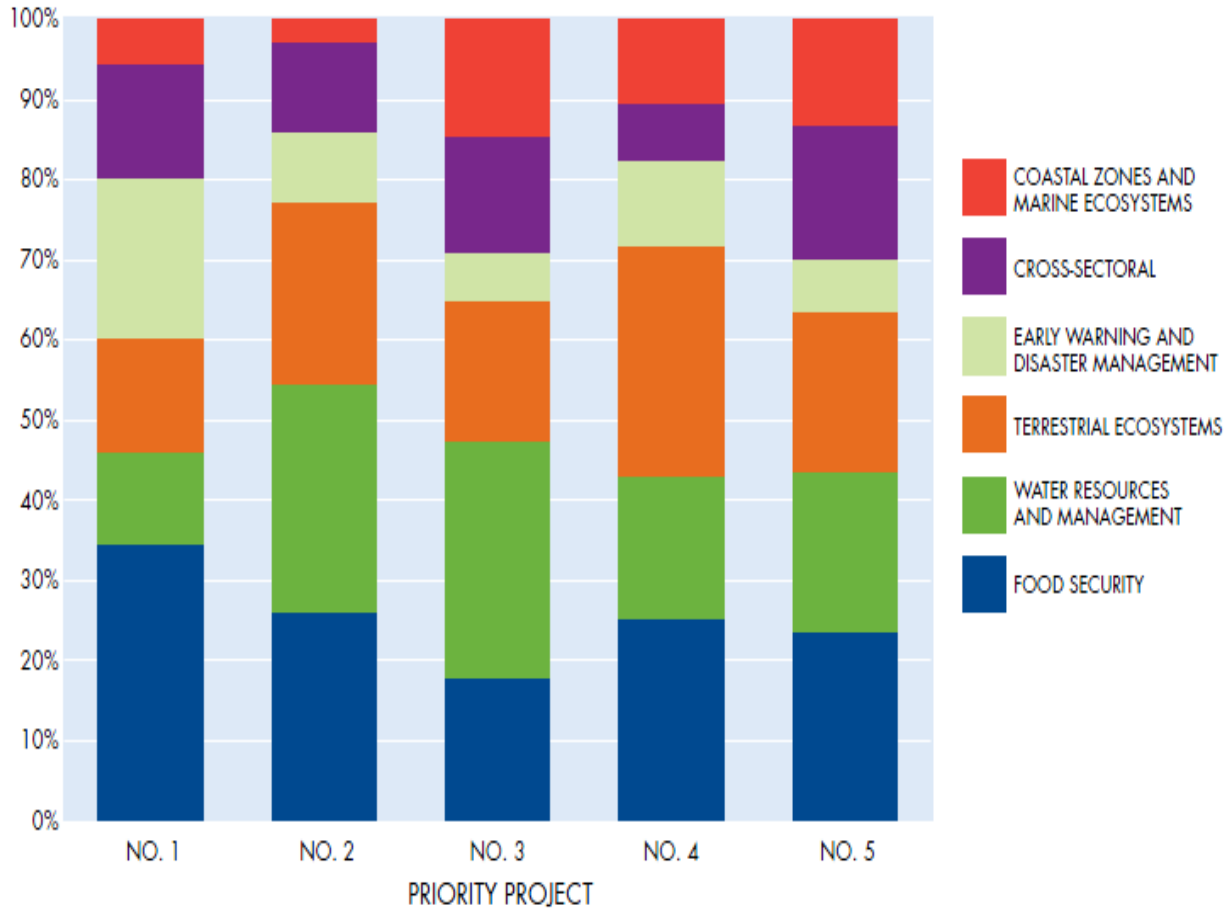
percent), and coastal zones and marine ecosystems (8 percent) (Figure 1). Moreover, projects in the health sector are generally not ranked among the first five priorities in any of the countries (Figure 2; Mutunga and Hardee 2009).

Figure 1. Distribution of NAPAs projects by sector



Source: Mutunga and Hardee 2009

Figure 2. Distribution by sector of the top 5 priority projects in NAPAs of 44 countries



Source: Mutunga and Hardee 2009

The composition of NAPA preparation teams has significant implications for the content of NAPAs. Although according to the NAPA preparation guidelines these teams should have representation from the major sectors (such as agriculture, water, health, and forestry), one analysis of 14 NAPAs found that the preparation teams are housed under the umbrella of either the environmental or meteorology departments (Osman-Elasha and Downing 2007). And according to WHO's Roberto Bertollini, the health sector is poorly represented in the UNFCCC Conference of the Parties (Bertollini 2009). Under-representation likely means that health sector issues, while acknowledged globally and within countries as critical, will take a backseat and consequently not feature strongly in outcomes of UNFCCC negotiations. Thus, to ensure that

health effects of climate change are not overlooked, the health sector needs to be better integrated into national climate adaptation planning (Ebi et al. 2006; Hardee and Mutunga 2009).

4 Health sector issues within UNFCCC and the Global Environmental Facility

Despite WHO action and countries' recognition of their own health sector needs, there are concerns that international climate discussions within the UNFCCC have not focused enough on the direct and immediate impacts of climate change on health and human development. According to Franklyn Lisk of the University of Warwick, there has been a bias at the international level on environmental and energy issues, with a primary focus on limiting greenhouse gas emissions associated with human activity. He attributes this to the ultimate objective of the UNFCCC--to "stabilize greenhouse gas concentrations in the atmosphere at a level that would prevent dangerous anthropogenic interference with the climate system" (Lisk 2009, 6).

As a result of this narrow focus, UNFCCC attention to adaptation strategies suffers from a lack of coherence and integration. The World Resources Institute's Heather McGray points out that discussions of adaptation within the UNFCCC have focused on piecemeal elements such as finance and implementation without delving into the reality of how the UNFCCC can influence and support the institutions (e.g., regional adaptation centers) that are better placed to implement adaptation strategies (McGray 2009).

The challenge is exacerbated by the relative dearth of evidence-based research on health and climate change, which may determine the limited quantity and quality of discussion on health and climate change. Although the current draft text for the new UNFCCC climate change agreement contains substantial recognition of the health impacts of climate change, it does not have specific guidance or language related to the prioritization of health in adaptation strategies. Stronger language that highlights these connections would be one way to educate negotiators, the UNFCCC, and those responsible for implementing adaptation plans.

UNFCCC adaptation projects, including NAPAs, are supported financially by the Global Environmental Facility (GEF), which operates funds such as the Least Developed Country Fund and the Special Climate Change Fund. It also facilitates the implementation of on-the-ground

projects and programs through GEF agencies. Today, there are 10 GEF agencies--the original three implementing agencies (the World Bank, U.N. Environment Programme, and U.N. Development Programme) and seven executing agencies.[2] These agencies serve as the channel between countries and the GEF for the project-approval process, and they participate in GEF governance, policy, and program development.

Unfortunately, WHO is not currently a GEF agency, and health is not among the GEF's focal areas. Therefore, implementation of health sector projects is facilitated by the GEF only through the U.N. Environment Programme, the U.N. Development Programme, or the World Bank. However, the GEF is currently holding discussions[3] on a variety of reforms, among them a proposal to add three more institutions, including WHO, to the roster of GEF agencies.

5 Conclusion

Mounting evidence shows that adaptation strategies are needed to protect the world's most vulnerable populations from the health impacts of climate change. Yet, until now, health strategies have not been fully integrated into adaptation plans. Nor has the health sector been adequately strengthened to cope with the climate-related effects on human populations.

That said, recent WHO commitments to raising awareness, promoting advocacy, building capacity, carrying out research, and strengthening cross-cutting communication and collaboration hold promise for more effective adaptation strategies that are inclusive of health impacts. Greater WHO participation in UNFCCC negotiations should ensure that health is adequately on the agenda. Likewise, greater participation of WHO in GEF adaptation efforts--perhaps through engagement as an official GEF agency--also could help to raise the profile and priority given to health in adaptation planning and programming. At the same time, new and evolving institutions arising from UNFCCC processes need to proactively include WHO and other health sector representation and expertise.

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[2] U.N Food and Agriculture Organization (FAO), UN Industrial Development Organization (UNIDO), International Fund for Agricultural Development (IFAD), African Development Bank (AfDB) , Asian Development Bank, (ADB), Inter-American Development Bank (IDB), and European Bank for Reconstruction and Development (EBRD).

[3] This was highlighted in the discussions of the 38th GEF Council meeting held in Washington, D.C June 28-July 1 2010 (GEF 2010a; GEF 2010b).

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