

WHO Global Strategy on Health, Environment and Climate Change

The transformation needed to improve lives and wellbeing sustainably through healthy environments



World Health
Organization

WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments

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Preface

The WHO Global Strategy on Health, Environment and Climate Change was developed in accordance with the process described in paragraphs 1 and 2 of this document. It was presented to the Seventy-second World Health Assembly in May 2019 upon the request of Member States. There was very broad support for the strategy at the Assembly, which decided, by its decision WHA72(9), to note the Global Strategy on Health, Environment and Climate Change, and to request the Director-General to report back on progress in its implementation.

The strategy was subsequently finalized and formatted, and is presented in this document to assist its wider dissemination.

WHO Global Strategy on Health, Environment and Climate Change: the transformation needed to improve lives and well-being sustainably through healthy environments

1. An earlier version of this document was noted by the Executive Board at its 144th session in January 2019.¹ The draft WHO global strategy on health, environment and climate change, which the Board broadly supported, was subject to further consultations by Member States in March 2019, and has been updated in the light of comments made.
2. In decision EB142(5) (2018), the Executive Board at its 142nd session requested the Director-General inter alia to develop a draft comprehensive global strategy on health, environment and climate change, to be considered by the 72nd World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019. The Secretariat drafted a global strategy, which, in accordance with decision WHA65(9) (2012), was submitted to WHO's regional committees and the Executive Board, all of which gave the strategy broad support. Throughout this process, Member States have commented on and provided inputs to the draft strategy, which have been reflected in the text in the present document.²

Scope

3. This strategy aims to provide a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030, and to ensure safe, enabling and equitable environments for health by transforming our way of living, working, producing, consuming and governing.
4. Environmental risks to health, in the framework of this strategy, are defined as all the environmental physical, chemical, biological and work-related factors external to a person, and all related behaviours. It focuses especially on the part of the environment that can reasonably be modified.

¹ See document EB144/15 and the summary records of the Executive Board at its 144th session, ninth meeting.

² In line with resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, a health workforce impact assessment was carried out for the draft WHO global strategy on health, environment and climate change (see https://www.who.int/hrh/documents/B144_HRH-links_160119-climate.pdf, accessed 26 March 2019).

The challenge

5. The current situation and the challenges ahead call for a transformation in the way we manage our environment with respect to health and well-being. Current approaches have laid the foundations, but they have not proven sufficient for sustainably and efficiently reducing environmental risks to health and building health-supportive and enabling environments – hence the call for a new strategy on health, environment and climate change.
6. Known avoidable environmental risks cause about one quarter of all deaths and disease burden worldwide, amounting to at least a steady 13 million deaths each year.³ A healthy environment is vital for human health and development. Air pollution – one of the largest risks to health – alone causes seven million preventable deaths per year, with more than 90% of people breathing polluted air and almost 3000 million people still depending on polluting fuels such as solid fuels or kerosene for lighting, cooking and heating.⁴ More than half the world's population is still exposed to unsafely managed water, inadequate sanitation and poor hygiene, resulting in more than 800 000 preventable deaths each year.⁵ A large fraction of malaria cases and other vector-borne diseases is closely linked to the management and manipulation of the environment, such as drainage, irrigation schemes or design of dams. More than one million workers die each year because their workplace is unsafe,⁶ and more than one million people die from exposure to chemicals⁷.
7. Climate change increasingly affects people's health and well-being, as do other global environmental changes such as loss of biodiversity. Climate change is increasing the frequency and intensity of heatwaves, droughts, extreme rainfall and severe cyclones in many areas, and modifying the transmission of food-borne, water-borne and zoonotic infectious diseases, resulting in large impacts on health. Those who are vulnerable or in vulnerable situations, including people living on small islands, in the Arctic, in water-stressed and low-lying areas, and those in the least developed countries and regions, are at higher risk. Wider-ranging potential consequences include scarcity of water and forced migration with the political tensions these involve. These phenomena form part of a wide pattern of consequences of global environmental change, for example the rapid loss of: biodiversity and ecosystem stability, which undermine food and water security; protection from extreme weather; and the discovery of new medicines.

3 Based on the following assessments: Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments: towards an estimate of the environmental burden of disease. Geneva: World Health Organization; 2006, and Prüss-Üstün A, Wolf J, Corvalán CF, Bos R, Neira MP. Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/43457> and https://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/, both accessed 26 March 2019).

4 WHO news release. 9 out of 10 people worldwide breathe polluted air, but more countries are taking action. Geneva: World Health Organization; 2018 (<https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action> accessed 26 March 2019).

5 WHO. Global Health Observatory: the data repository. Geneva: World Health Organization; 2018 (data for 2016 retrieved 11 September 2018 from <http://apps.who.int/gho/data/view.main.INADEQUATEWSHV?lang=en/>).

6 Wolf J, Prüss-Üstün A, Ivanov I, Mudgal S, Corvalán C, Bos R et al. Preventing disease through a healthier and safer workplace. Geneva: World Health Organization; 2018 (https://www.who.int/quantifying_ehimpacts/publications/healthier-workplace/en/, accessed 23 January 2019).

7 The public health impact of chemicals: Knowns and unknowns (incl. Data addendum for 2016). Geneva: World Health Organization; 2016 (<https://www.who.int/ipcs/publications/chemicals-public-health-impact/en/>, accessed 23 January 2019).

8. Despite substantive efforts to reduce environmental risks to health, traditional public health risks (for instance, unsafe drinking-water and poor sanitation) persist, which challenge health equity. Important advances have been made to protect people from known environmental risks by setting norms and guidelines, implementing solutions, including regulatory action, and monitoring efforts. They provide the basis for environmental health protection and need to be scaled up. Nonetheless, uneven development has left behind large parts of the global population, who still lack access to basic environmental services, such as sanitation, safe drinking-water, clean air, and reliable food sources. Moreover, there are gaps in institutional capacities for health protection through legislation, management of chemical and other hazards, and emergency response. The effects of human actions on the environment also raise ethical and human rights issues, as they will be felt by future generations and will continue to disproportionately affect populations in situations of vulnerability, across all ages and gender, and among those socioeconomic groups who have often contributed least to environmental changes.
9. New environmental, climatic and health issues are emerging and require rapid identification and response. Recent examples include the management of electronic waste, some nanoparticles, microplastics and endocrine-disrupting chemicals. The world is changing rapidly, with an increased pace of technological development, new organization of work (such as digital platforms, subcontracting and teleworking), increased migration, climate change and increasing water scarcity; it needs to be able to identify and respond to such changes and emerging issues in a timely manner.
10. Stakeholders, health authorities and communities should be more active in shaping the energy transition, guiding urbanization and ameliorating the negative effects of other major development trends, so as to protect and promote health. Large-scale changes that societies are continuing to experience include: increasing demands for energy, transport and technological innovation, with an expanded range of options to meet such demands; urbanization, with more than half the world's population now living in cities (the proportion will increase to almost 70% by 2050);⁸ and increased mobility of people, goods and services. Health is rarely central to decisions affecting these trends, resulting in missed opportunities for health protection and promotion. Poorly planned and managed urban settings with unsustainable transport systems and a lack of access to public and green areas increase air pollution, noise and heat islands, reduce opportunities for physical activity and access to decent jobs and education, and have a negative impact on community life and people's physical and mental health. Because of the close relation between air pollution and climate change, failure to tackle air pollution and to mitigate climate change together result in a lost opportunity to gain the health, economic and environmental multiple benefits that would derive from more efficient transport and energy systems, a low-carbon economy, and healthier food systems with less impact on the environment. New approaches are needed that consider the consequences of actions in their entirety, taking a longer-term and equity perspective. Finally, a diverse set of individual groups and stakeholders should be engaged in developing evidence-based approaches in which public health interest is paramount.

⁸ United Nations. World urbanization prospects: the 2018 revision – key facts. New York: United Nations; 2018 (<https://population.un.org/wup/Publications/Files/WUP2018-KeyFacts.pdf>, accessed, 26 March 2019).

11. The sustainability of health systems is put at risk if the upstream determinants⁹ of disease are not seriously tackled. About 10% of global gross domestic product is being spent on health care, but very little goes to prevention.¹⁰ The recurrent and high rates of diarrhoeal diseases, respiratory infections and particularly noncommunicable diseases caused by the environment weigh heavily on health services and national household budgets. Financial and human resources allocated to health promotion and primary prevention remain inadequate to reduce the substantial burden of disease caused by environmental risks to health. Failure to reflect costs of all consequences of policies, technologies and products in pricing structures will merely continue to transfer costs to the health sector and to citizens.
12. Approaches that focus on treatment of individual diseases rather than reducing the adverse impact of determinants of health will be insufficient to tackle modern environmental health challenges. Single-determinant approaches are unlikely to achieve expected improvements in health equity and well-being, given the complex interaction of factors at the level of borders between countries, society and the individual. Approaches that are more integrated are required to address the upstream determinants of disease, which are often defined by policies in key sectors other than health. Failing to address the upstream determinants of disease and over-reliance on medicines and insecticides are even leading to increasing problems such as antimicrobial and insecticide resistance, with potentially substantial implications for public health.
13. Knowledge gaps continue to prevent efficient implementation of health-protective strategies, and more evidence-based and efficient communication is needed. Evidence is still incomplete or lacking on certain risks to health, such as climate change, electronic waste and numerous chemicals or their mixtures. The impact on health of employment conditions and work-related risks, such as chemicals, workplace hazards, sedentary work, long working hours, shift work, and labour migration, needs to be better assessed. Equally, more evidence is needed on efficient solutions and strategies and their financial costs, as well as on their effective implementation. Increasingly, such evidence and public health information is communicated through new platforms: these need to be used to their full potential.
14. Current governance mechanisms, including those at the local level, are failing to deal effectively with the cross-cutting nature of environmental health issues. As policies continue to be set without recognition of the impacts that they can have on health and health systems, partly because overarching governance mechanisms are not in place, their overall benefit will be inaccurately represented.

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