

WHO guidance to protect health from climate change through health adaptation planning



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List of acronyms and abbreviations

CCC	Country Coordination Committees
COP	Conference of the Parties
GCF	Green Climate Fund
GFCS	Global Framework for Climate Services
HNAP	health national adaptation process
LEG	Least-developed Countries Expert Group
LDC	least-developed countries
LDCF	Least-developed Countries Fund
M&E	monitoring and evaluation
NAP	National Adaptation Plan
NAPA	National Adaptation Programme of Action
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
V&A	vulnerability and adaptation
VBD	vector-borne diseases
WHO	World Health Organization

I. Overview of the National Adaptation Plan (NAP) process and purpose of the guidance

Sustainable development became a formal global process in 1992, when the three Rio Conventions (i.e. on biodiversity, climate change and desertification) were adopted at the Earth Summit. The 1992 United Nations Framework Convention on Climate Change (UNFCCC) and its Kyoto Protocol, adopted in 1997, refer to the legal frameworks that maintain the international climate change process and agenda. Both legal instruments are serviced by the Climate Change Secretariat or UNFCCC secretariat.¹ The Secretariat is accountable to the Conference of the Parties (COP) to the Convention, which meets annually to negotiate and further discuss the international climate change agenda and related commitments from countries. Articles 7² and 9³ of the UNFCCC set the framework for international organizations to cooperate and contribute technically in their respective areas of work to the COP and to its subsidiary body for scientific and technological advice.

The World Health Organization (WHO) is contributing its technical and programmatic experience to the UNFCCC process. WHO has been working on climate change and health for over 20 years, building on its long experience in supporting countries to build resilience of their health systems, to facilitate modifications of current systems to reduce the health risks posed by climate variability and change.

Created under the global UNFCCC climate change agenda, the National Adaptation Plan (NAP) process builds on the National Adaptation Programmes of Action (NAPA) process that was designed to support least-developed countries (LDCs) to identify priority actions to respond to their urgent and immediate adaptation needs. The NAP process is intended to provide support for medium- and long-term adaptation planning needs in LDCs and other developing countries.⁴

Having the UNFCCC in general, and the NAP process in particular, as a framework, the present guidance aims to ensure that the health sector works with partners in the environment and other related communities, and follows a systematic process to:

1. Engage in the overall NAP process at the national level.
2. Identify national strategic goals for building health resilience to climate change (if countries have not done so through, for example, a National Health Adaptation Strategy).
3. Develop a national plan with prioritized activities to achieve these goals, within a specific time period and given available resources.

The guidance outlines the process to be followed to ensure these goals are achieved. In addition, further guidance on how to plan for building climate resilient health systems at country level is provided.

¹ UNFCCC. The Secretariat (http://unfccc.int/secretariat/history_of_the_secretariat/items/1218.php).

² Article 7 of the UNFCCC: “*The Conference of the Parties shall: (l) Seek and utilize, where appropriate, the services and cooperation of, and information provided by, competent international organizations and intergovernmental and non-governmental bodies.*”

³ Article 9 of the UNFCCC: “... 2. *Under the guidance of the Conference of the Parties, and drawing upon existing competent international bodies, the Subsidiary Body for Scientific and Technological Advice shall: ...*”

⁴ *The National Adaptation Plan process. A brief overview.* Geneva, UNFCCC/Least-developed Countries Expert Group (LEG), 2012 (http://unfccc.int/files/adaptation/application/pdf/19688_unfccc_nap_summary_low_v8.pdf).

II. Health within the NAP process: the HNAP

This guidance document is designed to ensure that the process of iteratively managing the health risks of climate change is integrated into the overall NAP process, including through assessing risks; identifying, prioritizing, and implementing adaptation options; and monitoring and evaluating the adaptation process. Supported by the LEG, the UNFCCC and other relevant partners (e.g. United Nations Development Programme (UNDP), United Nations Environment programme (UNEP), WHO, development agencies and nongovernmental organizations), countries can use the NAP process to start planning their mid- and long-term priorities to build resilience to climate change across all relevant sectors.

In 2010, WHO assessed the inclusion of health within NAPAs (conducted by least-developed countries and small island states). The assessment concluded that 39 out of 41 (95%) NAPAs identified health as a priority sector negatively impacted by climate change. 30/41 (73%) of the NAPAs identified health interventions within their list of adaptation needs and proposed actions. While 11% (50 out of 459) of the priority projects focused on health,⁵ only approximately 4% of the portfolio of the Least-developed Countries Fund (LDCF) funds supporting the NAPA process targeted health adaptation.⁶ Potential explanations for this lack of support for health sector adaptation include that the health community was largely absent from the NAPA process; the health sector did not submit proposals to the LDCF; and the limited technical guidance that was made available to ensure the proposals on health adaptation that were developed fulfilled minimum technical requirements.

To achieve the goals of healthy people in healthy communities, it is critical that the health sector is properly represented in the NAP process. Not including the health sector in adaptation planning can miss critical actions to protect population health, and can result in policies and programmes in other sectors inadvertently causing or contributing to adverse health impacts, thereby also undermining efforts to protect the environment. Furthering participation of the health sector will facilitate access by the health sector to national adaptation funds made available through the LDCF, adaptation fund (AF),

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