Addressing climate change and health in the Europe and Central Asia region

A Joint Value Proposition and Service Offering
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Climate change is one of the greatest threats to human health worldwide, and the risks are on the rise. It threatens the essential ingredients of good health—clean air, safe drinking-water, nutritious food supply, and safe shelter—and has the potential to undermine decades of progress in health, globally, regionally, nationally and locally.

Climate change, in interaction with environmental change, has already created conditions more favorable for the emergence and spread of certain infectious diseases. Almost all recent pandemics originate from wildlife, and evidence suggests that increasing human pressure on the natural environment drives disease emergence. The current COVID-19 health crisis has taught us many lessons but is also giving an opportunity to rethink how we can work together to address more effectively a global crisis.

When faced with public health threats of a global scale, such as COVID-19 or climate change, we are only as strong as our weakest health system.

The health sector has a double role to play. On the one side, it needs to adapt and become resilient to climate change. On the other side, it needs to reduce greenhouse gas emissions from its operations, contributing to mitigation efforts. Delaying action on both adaptation and mitigation in the health and other sectors increases the human and economic costs associated with climate change and undermines progress on the sustainable development targets across the 2030 Agenda for Sustainable Development.

For us in UNDP and WHO, adaptation and mitigation to climate change means advancing more resilient, sustainable development outcomes that take into consideration ongoing and future climate-related impacts, including those related to health. It also means offering support to areas with weaker health infrastructure, as these will be the least able to cope without assistance to prepare and respond.

A joint initiative on climate change and health for the ECA region

UNDP activities in the ECA region focus on informing climate-smart policy and strategy development and supporting countries in building national adapta-

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1 For the purpose of this paper, the following countries are included in the Europe and Central Asia (ECA) region: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Montenegro, North Macedonia, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine and Uzbekistan.

2 The COVID-19 pandemic is a Public Health Emergency of International Concern, which has claimed lives, and severely disrupted communities.
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Addressing climate change and health in the Europe and Central Asia region through governance and policy frameworks, inclusive leadership, transparency systems, blended climate finance and implementation of Nationally Determined Contribution objectives. WHO has proven evidence that reducing emissions of greenhouse gases through carbon-sensitive transport, food and energy-use choices results in improved health, particularly through reduced air pollution. The Paris Agreement on climate change is therefore potentially the strongest health agreement of this century. WHO supports countries in assessing the health gains that would result from the implementation of the existing Nationally Determined Contributions to the Paris Agreement, and the potential for larger gains from more ambitious climate action.

Thus, our joint goal is to work with countries to achieve transformational development progress by scaling-up action on climate change. UNDP supports countries on eliminating barriers to this ambitious transition, in particular by formulating a systemic, integrated approach through governance and policy frameworks, inclusive leadership, transparency systems, blended climate finance and implementation of Nationally Determined Contribution objectives. WHO has proven evidence that reducing emissions of greenhouse gases through carbon-sensitive transport, food and energy-use choices results in improved health, particularly through reduced air pollution. The Paris Agreement on climate change is therefore potentially the strongest health agreement of this century. WHO supports countries in assessing the health gains that would result from the implementation of the existing Nationally Determined Contributions to the Paris Agreement, and the potential for larger gains from more ambitious climate action.

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Wildfire management drill (command-staff exercise), 13 September 2011, Syunik region, Armenia (photo: UNDP)
Climate change impacts on health

The ECA region experiences, and will continue to face, increased temperatures, more frequent and severe natural disasters related to climate change caused by shifts in temperature, precipitation and water regimes [e.g. heat waves, drought spells, floods and other climate-driven extreme events]. Climate change affects human health and the health sector in various ways, posing a threat to society at both the individual and systemic level.

Health impacts of climate change

Furthermore, climate change is likely to cause changes in ecological systems that will affect the risk of infectious diseases in the ECA region through water, food, air, rodents and arthropod vectors. This includes changes in the seasonal activity of local vectors and the establishment of tropical and subtropical species.

Together, each of these direct climate change effects multiplies the number of people hospitalized every year and creates a greater demand on already-stressed health services and the health workforce. The direct effects of climate change on health are compounded by indirect climate change impacts like mental health problems (linked to damages and loss to property and livelihoods) or loss of adequate food supply (linked to droughts, floods and cold spells), which can create and exacerbate nutritional issues and subsequently increasing the vulnerability of populations to disease and mortality.

Guaranteeing global health security requires an all-hazards approach to preparedness, ranging from infectious disease outbreaks, extreme weather events to climate change. There is concern and uncertainty related to the reverse cascade of impacts on how the COVID-19 pandemic may compromise this health preparedness. Supporting individual and community health efforts in response to both climate change and COVID-19 issues, can be taken most effectively through well-resourced and equitable health systems, capable of protecting the public from both short and long-term health threats.

In recognition of the above, 80% of countries in the ECA region report health as the social dimension most at risk under climate change. At the same time, climate action represents a global opportunity to harness synergies to improve health care services and infrastructure towards a low-carbon and resilient health sector.

While countries in the ECA region will experience a wide range of negative health impacts triggered by climate change, yet many stakeholders in those countries have limited awareness and lack the capacity and resources required to prepare and respond to this challenge. This undermines the ability of the health sector and health institutions to deliver resilient and low-carbon health services. Importantly, climate change affects social and environmental determinants of health such as water quality and availability, nutrition and food security, environment and ecosystem health. Thus, countries need to consider the water-food-energy-health nexus in developing their climate change and health strategies. With limited capacity for resilience planning, health institutions are directly at risk of climate-driven disasters.

The following gaps and barriers were identified towards transforming the health sector in the ECA region to become climate-resilient and low carbon:

- Lack of reliable up-to-date climate and health data, risk information and early warning systems. ECA countries require technical support to monitor and measure climate-health risks and vulnerability, disseminate this information and build capacity to address them.
- Policy, legal and financial barriers constrain effective action due to inadequate mainstreaming of climate change aspects into health policies and, vice versa, integrating health aspects in climate change policies and programming. Lack of consensus on priority focus areas, combined with the absence of climate-specific health strategies and plans, makes it difficult to target action. Incentives and financing mechanisms to reduce greenhouse gas emissions from the health sector remain largely underdeveloped.
- Lack of cross-sectoral and inter-agency coordination is a barrier to taking an integrated water-energy-food-health nexus approach to climate resilience. This is compounded by institutional and human capacity barriers within the health and other sectors. Inadequate capacity to respond and adapt to climate-related health impacts due to poor awareness on different options, exacerbated by the lack of cost-benefit analysis and feasibility studies required to develop evidence-based strategies.
- Limited knowledge about, access to and maintenance of climate-resilient and low-carbon technology and infrastructure present further challenges to implementing resilient climate-health strategies.
- Overall, there is insufficient awareness in civil society of climate-related risks, health risks associated with prevalent unhealthy lifestyles, and the interlinkages between them, resulting in a lack of public and private sector engagement and momentum for action.
- There is a high risk that under the pressure of the immediate COVID-19 response, countries may not act decisively on climate change. On the one hand, this might result in a de-prioritization of mitigation and adaptation policies, or even a relaxation of environmental standards to support short-term economic rebound. On the other hand, decision makers may overlook the unique opportunity provided by the substantial investments that go into strengthening the health sector, that could also be directed towards improving resilience to climate change at a marginal cost.
Towards strengthening national health adaptation and mitigation capacities

Our joint WHO and UNDP offer is to assist countries in the ECA region in holistically addressing gaps and barriers identified in the domain of climate change and health in order to strengthen national health adaptation and mitigation capacities. The service offer may focus on, but is not limited to, the following aspects and activities:

- **Enhance climate and health evidence and risk knowledge** by (i) conducting vulnerability assessments, including economic analysis of damages; (ii) analysing health co-benefits of reducing carbon emissions; (iii) enhancing early warning systems; (iv) building health stakeholder capacity to work with weather and climate information and warnings; (v) enhancing inter-agency communication and coordination on information management; (vi) monitoring climate-health impacts and incidence of climate-induced noncommunicable and communicable diseases to feed into national and international public health policies; and (vii) supporting ECA countries in participating in the joint UNFCCC/WHO countries climate and health profiles project.

- **Ensure that climate change and health considerations are mainstreamed** into relevant climate and health-related policies, legislation, regulation, strategies and plans through (i) promoting a nexus approach to harness intersectoral synergies; (ii) facilitating formulation of national health adaptation plans; (iii) promoting appropriate national resource allocations; (iv) facilitating access to climate finance; and (v) building capacity to implement integrated climate and health-related policies and plans.

*Photo: PSR AT THE PEOPLEs’ climate march in New York City, September, 2014; Source: https://peoplesclimate.org/*
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Photo: UNDP Climate
Build institutional capacity and enhance coordination with other sectors through (i) capacity assessments to analyse vulnerability and adaptive capacities; (ii) facilitation of inter-agency and cross-sectoral coordination; (iii) capacity building for an integrated nexus approach to cross-sectoral resilience; (iv) enhanced financing strategies; and (v) building human resource capacity, including targeted trainings for decision makers and health sector practitioners.

Improve preparedness and enhance climate action in the health sector by (i) operationalizing European guidance on heat-health action planning; (ii) enhancing capacities and preparedness for climate-induced extreme weather events and climate-induced illnesses (including improved contingency planning and response protocols); (iii) supporting health ministries and healthcare institutions to design and implement low carbon emission development strategies; and (iv) guiding action towards climate-resilient health care facilities.

Increase climate and health literacy and promote inclusive healthy lifestyles through (i) tailored digital/e-learning and training materials; (ii) climate and health education, especially targeting the most vulnerable, children, women and the youth; (iii) awareness campaigns promoting healthy and resilient lifestyles with health workers and civil society organisations; and (iv) supporting and scaling-up participatory community-based "last-mile" climate and health responses.

Enhance regional action, cooperation and knowledge sharing by (i) capitalizing on existing regional policy instruments, such as European Environment and Health Process and in particular its Working Group on Health in Climate Change, as well as the UNECE/WHO Protocol on Water and Health (i.e. on climate-resilient water, sanitation and hygiene services in health care facilities); (ii) engaging with sub-national and local stakeholders to promote climate-health planning and multi-sectoral actions through collaboration with the WHO European Healthy Cities Network and the WHO Regions for Health Network, as well as by creating synergies with the Global Covenant of Mayors for Climate and Energy; and (iii) compiling ECA case studies on building resilient and low carbon health systems.
In pursuing the abovementioned activities, best practices in health, adaptation and mitigation will need to be considered. These include:

- Applying a "health-in-all-policies" approach by which health implications of decisions in all public policies are accounted for, synergies are promoted, and negative health outcomes avoided, in a transparent and accountable process;
- Considering the commitments to safeguard health in the rulebook for the Paris Agreement, and systematically include health in Nationally Determined Contributions, national adaptation plans and national communications to the UNFCCC;
- Integrating the agendas of social, environmentally sustainable and climate-resilient health systems. Climate-resilient and environmentally sustainable health services contribute to delivering quality of care and are essential ingredients for achieving universal health coverage;
- Engaging with health professionals who are among the most trusted actors in society, to help advance action on climate;
- Mobilizing parliamentarians, city mayors and other subnational leaders as champions of multi- and intersectoral action to cut carbon emissions, increase resilience, and promote health;
- Applying gender-sensitive and rights-based approaches to protect vulnerable groups, determine action priorities, community and sectoral needs, and to ensure stakeholder buy-in;
- Building capacities to ensure the sustainability of adaptation interventions in the long-run and to promote continued innovation and problem-solving from local populations;
- Pursuing integrated approaches to ensure that climate-related policies are synergistic multi- and intersectoral, in particular in countries where resources (human, financial and technological) are in short supply.
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Vashlovani Protected Area, UNDP Georgia (photo: UNDP Georgia and Andrea Egan)
Learn more about us, and how we can work together

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