WHO Health and Climate Change 2021 Country Survey
Support Document

Contents
1. Outline
2. 2021 WHO Health and Climate Change Country Survey
3. Key Outputs
4. Terminology and Key Definitions
5. Contact Information
6. Annex 1: WHO Data Policy

1. Outline
Global progress on the health sector response to climate change is monitored through the WHO Health and Climate Change Country Survey. This survey is sent to national health authorities who, in collaboration with other relevant ministries and stakeholders, provide updated information on key areas including:

- Leadership & governance
- Health information systems
- Service delivery
- Health workforce
- Financing
- Climate resilient and environmentally sustainable medical technologies and infrastructure

Regular updates on these key health and climate change indicators help provide insights into the implementation of health and climate change policies and plans; the status of assessments of health vulnerability and capacity to respond to climate change; and better understand the barriers to achieving health adaptation and mitigation priorities. Through global monitoring of the national health sector response to climate change, a vital snapshot of the overall progress made by governments around the world can be developed. Furthermore, this process helps identify what work remains to better protect populations from the most devastating health impacts of climate change.

The health and climate change country survey is conducted every three years.

2. 2021 WHO Health and Climate Change Country Survey

The 2021 WHO Health and Climate Change Survey is the third iteration of this global survey. The purpose of this survey is to collect data to measure national health sector responses to climate change across three main areas:

- Health resilience to climate change
- Health co-benefits from climate mitigation
- Climate resilient and environmentally sustainable health care facilities

The survey can be completed in different languages here:

- English: [https://www.surveymonkey.com/r/SH9NSFF](https://www.surveymonkey.com/r/SH9NSFF)
- Arabic: [https://www.surveymonkey.com/r/CRY39P8](https://www.surveymonkey.com/r/CRY39P8)
- Chinese: [https://www.surveymonkey.com/r/CT2B9QT](https://www.surveymonkey.com/r/CT2B9QT)
- French: [https://www.surveymonkey.com/r/CTMGBH9](https://www.surveymonkey.com/r/CTMGBH9)
- Russian: [https://www.surveymonkey.com/r/CTHC992](https://www.surveymonkey.com/r/CTHC992)

Once submitted, responses will be uploaded to the global database.

3. Key Outputs

The survey responses from the WHO Health and Climate Change Survey are used for a number of outputs including:

- WHO Health and Climate Change Survey Report: Tracking Global Progress
- WHO UNFCCC Health and Climate Change Country Profiles
- WHO Health and Climate Change Online Interactive Data Dashboard

4. Terminology and Key Definitions

Including here are explanations of some important terminologies and key definitions of areas included in the WHO Health and Climate Change Survey.

**Multi-stakeholder Mechanism**

A multi-stakeholder mechanism could be either internal (health ministry only) or external (between the health ministry and other health-determining sectors, organizations and experts).

**Vulnerability and Adaptation Assessment**

A vulnerability and adaptation assessment is a process and a tool that allows countries to evaluate which populations are most vulnerable to different kinds of health effects from climate change, to identify weaknesses in the systems that should protect them, and to specify interventions to respond. Assessments can also improve evidence and understanding of the linkages between climate and health within the assessment area, serve as a baseline analysis against which changes in
disease risk and protective measures can be monitored, provide the opportunity for building capacity, and strengthen the case for investment in health protection.

**National Health and Climate Change Plan/Strategy**
A national health and climate change plan/strategy is a government plan or strategy which considers the health risks of climate change, and health adaptation and/or health resilience to climate change. It could be part of a broader national climate change plan/strategy that includes health.

**Health National Adaptation Plan**
A Health National Adaptation Plan (HNAP) is led by the Ministry of Health as part of the National Adaptation Plan (NAP). The development of the HNAP is an integrated part of the overall climate change process. The NAP process was established under the UNFCCC/Paris Agreement agenda. It is intended to provide support for medium- and long-term adaptation planning needs to build resilience to climate change across all relevant sectors.

**National Portfolios of Actions on Environment and Health**
National Portfolios of Actions on Environment and Health may consist of self-standing policy frameworks and implementation tools or of a set of coherent and coordinated parts of a wider national policy framework addressing health, environment and climate change, based on the commitments from the Ostrava Declaration on Environment and Health (2017).

**National Plan for Poverty Reduction or National Development Plan.**
A health sector national strategic plan led by the Ministry of Health.

**A Situation Analysis and Needs Assessment (SANA)**
The Situation Analysis and Needs Assessment (SANA) is a process to generate evidence on health and environment linkages and to monitor progress and challenges faced by countries implementing the Libreville Declaration. The results of these assessments have been used to inform actions and priority areas and to develop National Plans of Joint Action (NPJAs).

**External Funding**
External funding sources are those not coming from the national government. Examples of external funding could include the Adaptation Fund, the Green Climate Fund, the Global Environment Facility, other multilateral or bilateral donors, among others.

**Integrated Risk Surveillance and Early Warning**
Integrated risk surveillance and early warning systems use tools in conjunction with direct and remote sensing technologies to monitor environmental risks (e.g. extreme weather events). Such systems provide a holistic perspective of health risks with real-time climate and weather information, to anticipate risks and trigger responses to avoid or reduce the health impacts of such
events and prepare effective responses. Evaluated, in the content of integrated risk surveillance and early warning, means the surveillance system has been evaluated based on national guidance/quality criteria to assess if the system operates effectively based on its goals/purpose and areas for improving the quality and efficiency of the system have been identified.

**Meteorological Information**
Meteorological information refers to either short-term weather information, seasonal climate information or long-term climate information.

**Climate Resilient and Environmentally Sustainable Health Care Facilities**
Climate resilient and environmentally sustainable health care facilities are set up to better anticipate, respond to, cope with, recover from and adapt to climate-related shocks and stresses. They also minimise negative impacts on the environment and maximise opportunities to restore and improve the environment. Climate resilient and environmentally sustainable health care facilities therefore provide sustained health care to their target population, whilst protecting the health and well-being of future generations. Assessing climate resilience of health care facilities refers to a process whereby health planners and/or health care facility managers would assess whether a health care facility is able to respond to, recover from and adapt to climate-related shocks and stresses while leveraging opportunities to enhance functions and services.

**Health Co-Benefits of Mitigation**
The health co-benefits of climate change mitigation refer to the potential human health benefits that may be gained from implementing policies that cut greenhouse gas emissions and/or short lived climate pollutants and promote low-carbon, sustainable societies. For example, efforts to reduce greenhouse gas emissions in the transport sector can result in reduced air pollution and higher levels of physical activity such as cycling or walking consequently lowering the risks of respiratory diseases, cardio-vascular diseases, diabetes and obesity. Conversely, some climate mitigation policies may cause harm to human health or may not maximize potential health gains.

**United Nations Framework Convention on Climate Change (UNFCCC) Conference of the Parties (COP)**
The COP is the decision-making body of the UNFCCC, which meets annually to assess the impact of measures taken by Parties and progress made. All States that are Parties to the UNFCCC are represented at the COP.

**5. Contact Information**
Should you have any questions or require further information regarding the WHO Health and Climate Change Country Survey, please contact: climatehealth@who.int
6. Annex 1: WHO Data Policy
The WHO Data Policy can be accessed here: [https://www.who.int/about/who-we-are/publishing-policies/data-policy](https://www.who.int/about/who-we-are/publishing-policies/data-policy)

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:
  - to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as “the Data”) and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
  - to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO’s work and in accordance with the Organization’s policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director Strategy, Policy and information (SPI)
World Health Organization
20, Avenue Appia
Table 1. List types of data provided to WHO (non-exhaustive)

<table>
<thead>
<tr>
<th>Data types</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO-supported household surveys</td>
<td>WHO Strategic Advisory Group of Experts (SAGE) on Immunization, WHO STEPwise approach to surveillance (STEPS), World Health Survey</td>
</tr>
<tr>
<td>Unit record mortality data</td>
<td>(Not currently collected by WHO headquarters, but by the WHO Regional Office for the Americas/Pan American Health Organization)</td>
</tr>
<tr>
<td>Aggregated mortality data</td>
<td>WHO Mortality Database</td>
</tr>
<tr>
<td>Aggregated health facility data</td>
<td>DHIS 2.0 data (not currently collected by WHO headquarters, but hospital data are collected by the WHO Regional Office for Europe)</td>
</tr>
<tr>
<td>Case-based health facility data</td>
<td>WHO Global Burn Registry data[1]</td>
</tr>
<tr>
<td>Health expenditure data</td>
<td>WHO Global Health Expenditure Database (National Health Account indicators)</td>
</tr>
<tr>
<td>Health facility surveys</td>
<td>Availability of medicines and diagnostics</td>
</tr>
</tbody>
</table>
Health research data (other than clinical trials)[2] [3]

Case–control investigations, prospective cohort studies

Key informant surveys

Existence of national road traffic laws

National survey reports

Prevalence of hypertension or tobacco use

Disease surveillance data

HIV prevalence in pregnant women or tuberculosis treatment outcomes

Surveillance of notifiable diseases

Total number of cases of plague

(1) Note: Case-based health facility data collection such as that in the WHO Global Burn Registry does not require WHO Member State approval.
