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WHO Quality criteria for integrating health in Nationally Determined Contributions (NDCs)

Dr Amy Savage
Technical Officer, Climate Change and Health Unit, WHO


Image credit: United Nations

What are Nationally Determined Contributions?

- The heart of the Paris Agreement: NDCs outline specific **actions and targets** to limit global warming to **1.5 - 2°C above pre-industrial levels**
- Embody **efforts by each country** for reducing greenhouse gas emissions and building resilience to climate change
- Based on national circumstances, capabilities and priorities

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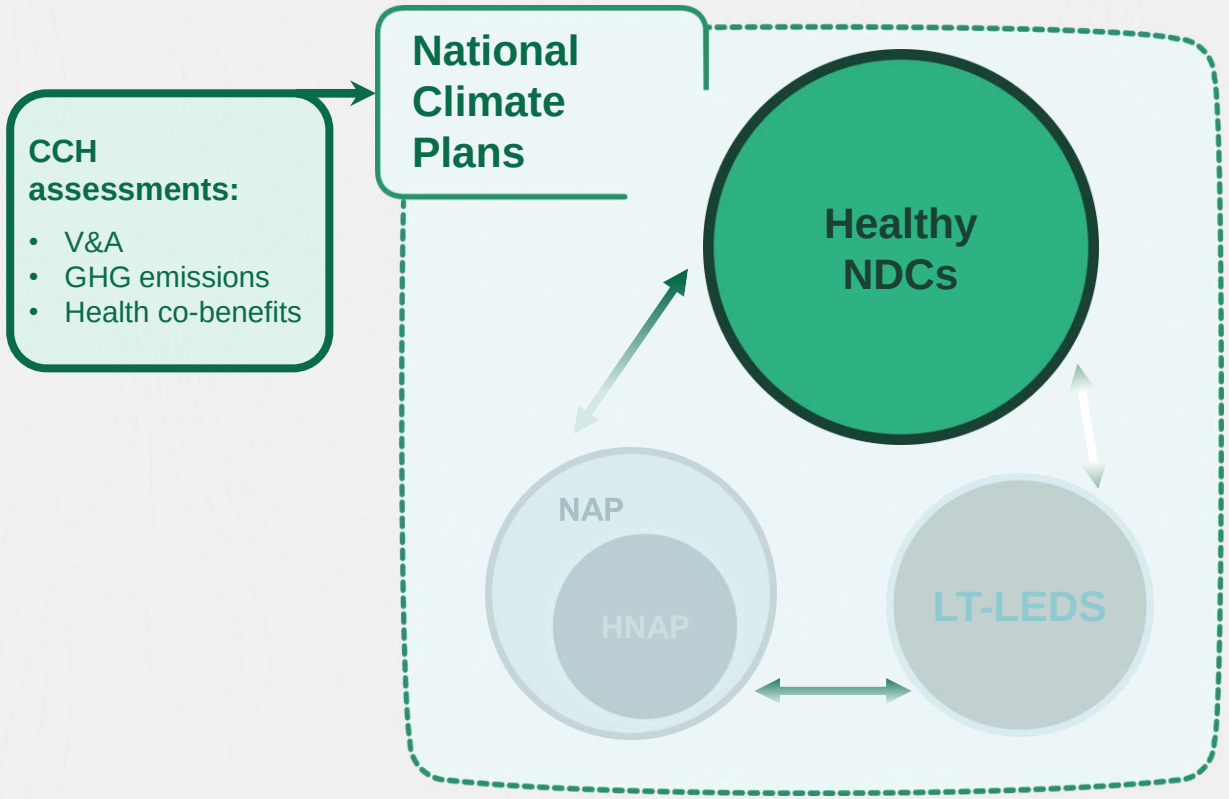
Health in UNFCCC processes



Ministry of Health:

- sets health-sector mitigation and adaptation targets and priorities

With the health community:

- contributes to national NDC development process
- works with key health-determining sectors (e.g. energy, food and agriculture, transport, water, sanitation and health) to define adaptation and mitigation actions that maximize health gains

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NDC Ambition Cycle

Parties can **modify their existing NDCs** submitted to the UNFCCC secretariat at **any time** to **enhance their ambition**.

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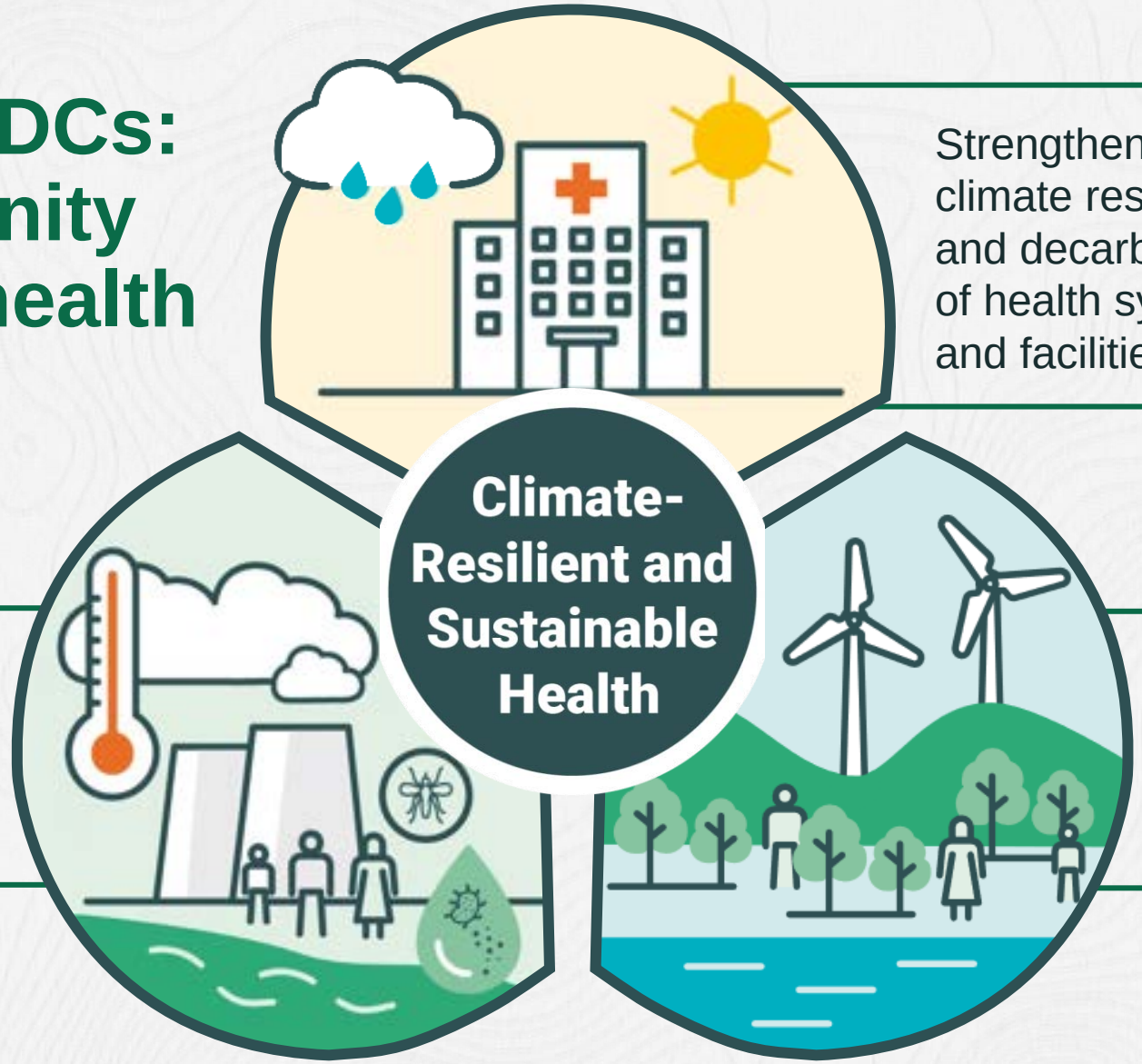
Health in NDCs: an opportunity for public health



Strengthening the climate resilience and decarbonisation of health systems and facilities

Addressing the wide range of the health impacts of climate change

Promoting health co-benefits of climate change mitigation in other sectors

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General NDC structure*

Quality Criteria

1 Leadership and enabling environment

Health leadership and enabling environment

2 National Circumstances and Policy Priorities

National circumstances and policy priorities

3 Mitigation

Health co-benefits of climate change mitigation

Air quality targets

Health sector mitigation

4 Adaptation

Health adaptation and climate resilience

5 Loss and damage

Loss and damage to health

6 Finance

Finance for health

7 Implementation

Implementation and monitoring of health priorities

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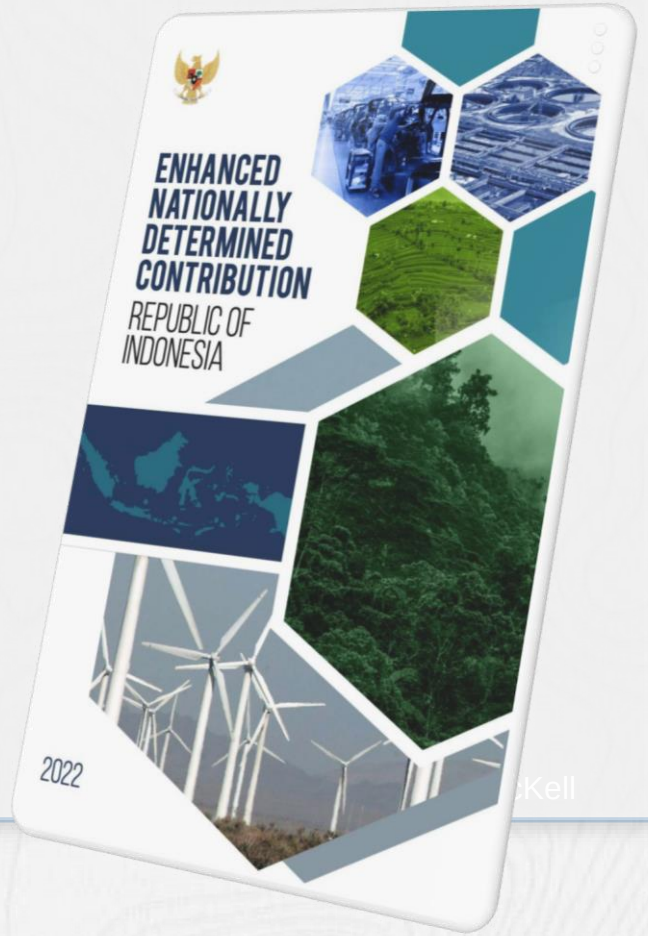
Quality criteria

- The ministry of health **leads the health contribution** to NDCs
- **Active engagement** of the ministry of health in the NDC process
- **Climate-informed health** planning and programming and **health-informed climate** programming in key health-determining sectors
- **Cross-sectoral coordination** and policy coherence
- **Coherence** between national climate change and health policy processes

Quality criteria

- Population **health** and well-being is the **ultimate goal and guiding principle** of the NDC
- Description of the national health context
- Inclusion of **existing health policy priorities** and relevant climate change and health legislative and regulatory mandates
- Identification of health as vulnerable to climate change, and quantification of current and projected risks



Example

NDC of Indonesia (2022)

- **Indonesian Constitution:** “every person shall have the right to enjoy a good and healthy environment”
- Prioritizes climate actions that will improve the quality of life of its citizens.

Quality criteria

- Identification of **health co-benefits** of mitigation actions of **key health-determining sectors**
- **Quantification** of health co-benefits of mitigation actions of key health-determining sectors
- Prioritization of **air pollution and short-lived climate pollutant reductions**, including standalone health-based targets for reduction of air pollution
- Establishment of **emission reduction targets for national health systems**

Quality criteria

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- Establishment of **emission reduction targets for national health systems**

Why is it important?

Health co-benefits of climate change mitigation

Health co-benefits: the positive effects of policy or measures towards **climate action** that also have **positive effects on health**, health systems, and wellbeing.

Why is it important?

Identification and quantification of health co-benefits of climate change mitigation

- Public **health gains** from mitigation far **outweigh costs**[1]
- **Improves decision-making** on investments for climate action
- Provide strong **arguments for transformative change** and **increased ambition**

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[1] Markandya A, et al. Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study. Lancet Planetary Health. 2018; 2(3), e126-e133. doi: https://doi.org/10.1016/S2542-5196(18)30029-9.

Tools (examples)

CLIMAQ-H

estimate the health and economic gains from domestic carbon reductions

AIRQ+

calculates the health effects of long-term exposure to air pollution

HEAT

calculates the health benefits and economic impact of increased urban walking and cycling

BAR-HAP

assesses the costs and benefits of different interventions for cooking-related household air pollution

Example

Health co-benefits assessment of Colombia's NDC: WHO report

- Used 3 tools (LEAP, IBC, CaRBonH) to estimate health co-benefits of reduced air pollution associated with NDC implementation
- A **CO_2 reduction** of approximately **58%** by 2030 could **prevent >3,800 premature deaths annually**
- **Save** approximately USD$**1.9 billion annually**
- **Higher mitigation** scenario: **20% greater health and economic benefits** (than the lower scenario)

Reference: Health benefits of raising ambition in Colombia's Nationally Determined Contribution (NDC): WHO technical report. Geneva: World Health Organization; 2023.

Quality criteria

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Why is it important?

Air quality targets

- **9 out of 10 people** breathe **outdoor air that exceeds** the WHO guideline limits for air pollutants.
- Many air pollutants (e.g. CO2, SLCPs) **contribute to both global warming and negative health outcomes**.
- Air pollution reduction targets will deliver large **health benefits and reduce GHG emissions**.

Reference: World Health Organization. https://www.who.int/health-topics/air-pollution

Example

Air quality measures in Chile's NDC

- **Air quality regulations** for: public and private transport systems, household energy, and industry sector.
- Aiming to **reduce total black carbon emissions** by at least 25% by 2030 compared to 2016 levels.
- A **holistic approach** to mitigation including the health sector

Quality criteria

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Why is it important?

Health system mitigation

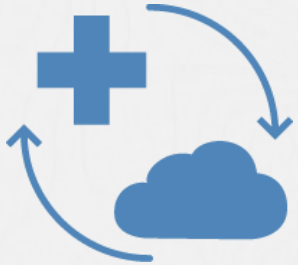
- Health sector responsible for approximately **5.2% global emissions**
- **Cost-efficiency** and **resource optimization**: decrease healthcare costs while reducing emissions and bolstering health co-benefits
- Taking into consideration the **Common But Differentiated Responsibilities and Respective Capacities** (CBDR-RC) principle

Reference: Romanello, Marina, et al. "The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels." The Lancet 400.10363 (2022): 1619-1654.

Example

- **Sudan's NDC (2022)** commits to providing solar energy to health centres and **Vietnam's NDC (2020)** commits to energy-saving and energy efficiency measures in hospitals. These actions aim to **reduce health sector emissions while increasing access to energy.**

Quality criteria

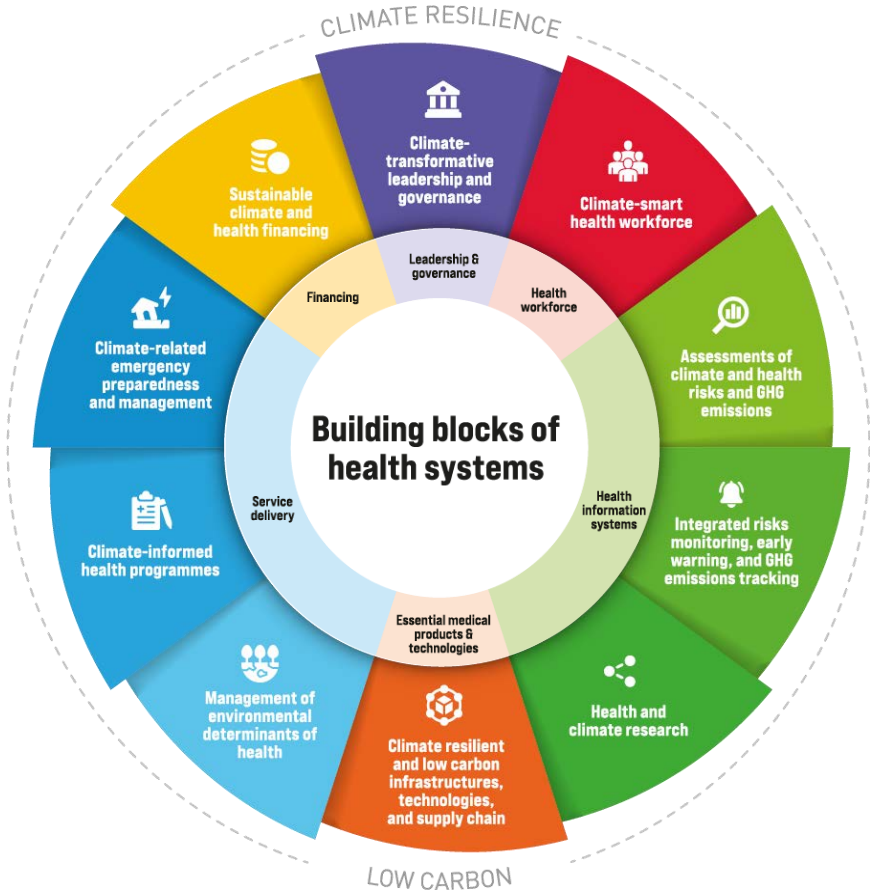


- Health is a **priority sector** for adaptation
- The NDC **complements** and supports **national approaches to adaptation** planning and implementation
- Integration of **health in the adaptation targets** of **health-determining sectors**
- Identification **of synergies between mitigation and adaptation** for health

Example

Health Adaptation Strategy of the Lao People's Democratic Republic NDC (2021).

- **Results-oriented** health adaptation framework
- Comprehensive **health adaptation targets** for all 10 components of the WHO Operational Framework for building climate resilient health systems
- Adaptation actions in **health-determining sectors**



Loss & damage

L&D refers to the destructive impacts of climate change that **cannot be - or have not been - avoided by mitigation or adaptation.**

Economic losses

loss of resources, goods, and services typically traded in economic markets.

e.g. infrastructure, property damage, decreased crop yields

Non-economic losses

losses not otherwise commonly part of economic markets at the individual, societal, or environmental level.

e.g. loss of life, loss of health, displacement, loss of local knowledge or territory

Quality criteria

- **Quantification** of climate-sensitive **health risks** and outcomes, including in health systems and facilities
- **Quantification** of **financial implications** of health-related loss and damage
- Inclusion of **priority interventions to avert, minimize and address loss and damage to health** and health systems and facilities

Example

NDC of Saint Kitts and Nevis

Photo: Times Caribbean

Economic and non-economic loss and damage

- damage to health infrastructure
- rise of vector-borne and water-borne diseases
- mental health issues
- decline in labour productivity due to extreme heat

Other non-economic loss and damage

- loss of culture, lifestyle, traditions and heritage
- negative impacts on physical health, mental and emotional well-being
- loss of sense of place and identity; and a decline in self-determination, dignity and sovereignty.

Quality criteria

- Estimation of **resources required** to implement health-related actions and policies in the NDC, including in other sectors
- **Specification of the conditionality** of climate finance for health actions and plans
- **Use of health impacts and indicators** as a basis **to prioritize investments** in key **health-determining sectors**

Example

Sierra Leone's NDC (2021)

- Includes an action plan with **indicative costs** for all activities.
- Highlights **the need for international financing** and domestic budget allocation.
- **Specifies the conditionality** of each strategy in the action plan.

Quality criteria

- Development of a **health-sector implementation and capacity-building plan**
- **Translation of** relevant **national mitigation and adaptation targets into health-sector targets**, indicators and benchmarks
- Development of a **health sector monitoring and evaluation plan**, and inclusion of **health indicators in the overall NDC monitoring and evaluation** framework

Why is it important?

To **achieve health targets** in NDCs we need:

- Health sector implementation plan
  - **How** to achieve the targets?
  - break down targets into **implementable actions**
- Detail **actions** to be implemented by the **health sector** – to contribute to health targets and targets in other sectors
- Detail actions to be implemented by **other sectors** to achieve health targets
- Monitoring of progress on climate change and health across all relevant sectors

PLAN DE IMPLEMENTACIÓN DE LA PRIMERA CONTRIBUCIÓN DETERMINADA A NIVEL NACIONAL DE ECUADOR 2020-2025 (PI-NDC)

Example

Ecuador's NDC (2019)

- Submitted the first NDC in 2019.
- Developed a whole-of-government **NDC implementation plan** with 11 sectoral plans, including health.
- Plan development was **led by the Ministry of Public Health** and focuses on the health adaptation section of the NDC.
- Plans outline **milestones, outputs, domestic funding and international support** required to implement the NDC.

Healthy NDCs - Checklists

Guidance document provides checklists to:

- support governments, policy-makers, and health stakeholders in enhancing NDCs.
- provide guiding questions strengthen NDCs through health commitments and actions.

Example: **Health sector mitigation**

Does the NDC:	Yes	No	Partially	N/A
Identify the potential health co-benefits that can be gained from its climate mitigation policies or targets, across key health-determining sectors?				
Quantify the health co-benefits that will be gained from mitigation policies or targets?				
Prioritize the climate mitigation policies or targets with the highest potential health co-benefits?				
Include standalone health-based targets for air pollution reduction in relevant sectoral plans?				

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Further resources

Initiatives such as the **Alliance for Transformative Action on Climate and Health (ATACH)** play an important role in increasing the uptake of best practices to transform health systems to become climate-resilient and low-carbon.

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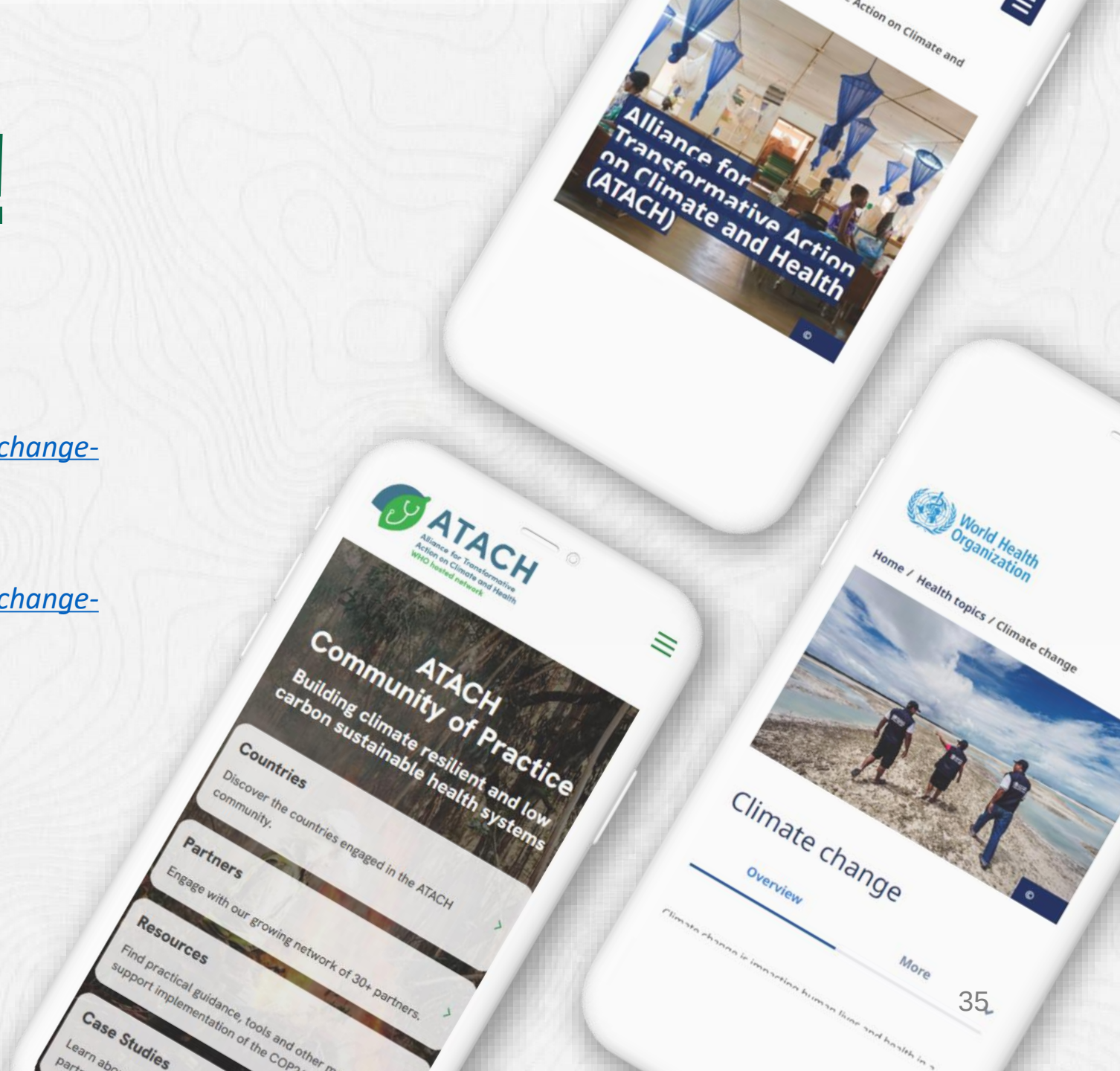
Thank You!

ATACH Community of Practice
https://www.atachcommunity.com/

Environment, Climate Change and Health
https://www.who.int/teams/environment-climate-change-and-health

Climate Change
https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health

Email: **healthclimate@who.int**



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Climate Promise

UN-System coordinated support on NDC enhancement and implementation

Marina Smelyanskaya/Suvi Huikuri

UNDP, HIV and Health Group

Why should health be part of the climate pledges?

Why do we need UN-wide support?

- **Extreme weather events** such as storms, floods and landslides have caused **over 2 million deaths** between 1970 and 2021, with over 90% occurring in low- and middle-income countries

- Under the current trajectory, about **2 billion people** will be exposed to **severe heat** by 2100

- **90% of premature deaths** caused by **air pollution** occur in developing countries

What is the Climate Promise?

- Helps developing countries to align NDCs 3.0 to the goal of the Paris Agreement, strengthen their quality and investability, and accelerate implementation

- **Supported over 85% of all NDCs 2.0 submitted by developing countries in 2020-2021**
  - Over 90% of countries raised mitigation ambition
  - Over 90% enhanced adaptation
  - 96% included gender, 97% addressed youth
  - Higher quality NDCs with better data, detailed costings, linked to development and sectoral planning

Why does UNDP coordinate NDC 3.0 development?

- Largest climate portfolio across the UN System
- Presence in over 170 countries and mandates across variety of sectors
- Expertise in coordination and governance
- Need to align NDCs with Sustainable Development Goals and other global, regional and national development processes for more impactful and faster results

Guiding principles of the Climate Promise

Ambition

- Assessment of NDC progress, align with Net Zero and SDGs
- Build political will and societal ownership
- Strengthen targets, policies, and measures (sectoral)
- Align with existing frameworks – NAP, NBSAP, energy compacts, etc.
- Assess costs and investment opportunities

Acceleration

- Drive finance to deliver targets
  - Int'l public: align VF, multilat and bilat
  - Nat'l public: INFFs, bonds, CPEIRs
  - Private: Carbon Markets (HICM offer), private sector coalition
- Integrated technical support on priority areas: Adaptation, Energy, L&D, Nature

Inclusivity

- Recognize and promote a human rights-based approach
- Advance gender equality
- Strengthen effective participation and leadership
- Increase capacities and knowledge to drive implementation
- Strengthen access to and control over resources, e,g. finance, information, and technology

Key actors and platforms

- **UN-wide programmes and resources:** data, policy advice, technical and analytical support
  - UNDP expertise in 15 critical sectors: gender, youth, human rights, energy, adaptation, nature, circular economy, **health...**
- **NDC Partnership** coordinates and matchmakes NDC support across partners and hosts the **NDC 3.0 Navigator** - a one-stop-shop for thematic and technical guidance
- **Regional economic commissions** for exchanging knowledge and support analysis
- **UN Resident Coordinator System and UN Country Teams** as national platforms for coordination and high-level engagement with Government

How is the joint UN support rolled out at country level?

- Stocktake of NDC 2.0 implementation
- Analysis, tools, guidance
- Advocacy and outreach
- Targeted in-country technical support and capacity building on NDC enhancement and financing

Collaboration makes it possible!

- **NDC Partnership** and **its members**
- Climate diplomacy and political leadership with **UNFCCC**
- Analytic and thought leadership from across the UN system, including **UNEP** and **WMO**
- Technical expertise across sectors and priority areas with **WHO, FAO, UN-HABITAT, UNICEF, ILO, SE4ALL, UNIDO, UNDRR, UN Women**
- Scaling up finance with the **World Bank** and **MDBs, GCF, GEF, UNCDF**

Loss and Damage Assessment in Health Sector

Damage and loss

The economic evaluation of effects consists of a gap analysis…
Method and process developed through PDNA, supported by WB-UN and EU

BEFORE – AFTER = GAP

CONTEXT ANALYSIS AND PRE DISASTER BASELINE DATA

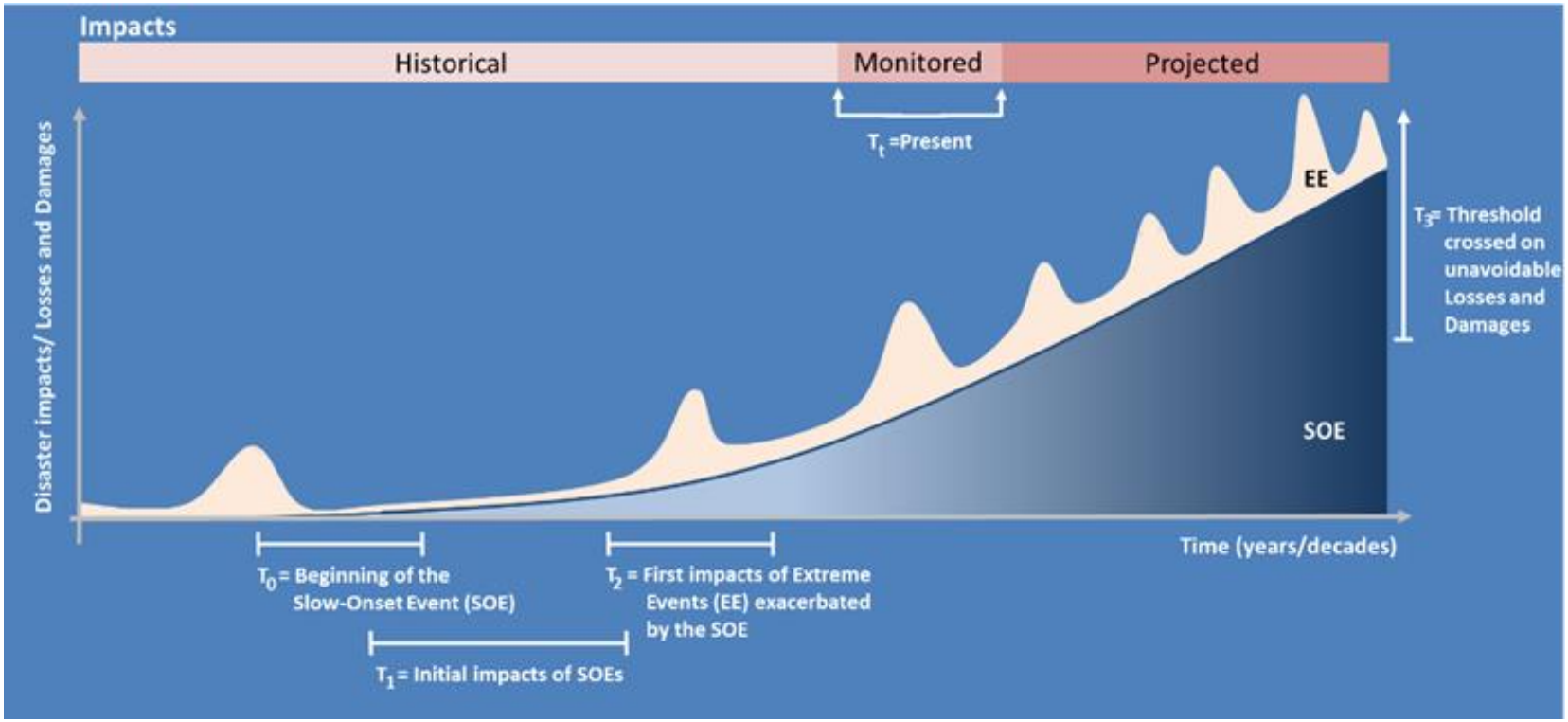
EFFECTS OF THE EVENT PRESENTED IN POST DISASTER DATA SET

COMPARE PRE-AND POST DISASTER SCENARIOS

… that is conducted across all PDNA sectors and for each disaster-affected area
→ The methods can also be aplied to Slow Onset Events

Baseline challenges

The Interplay Between Slow Onset Events (SOEs) and Extreme Events (EEs) in Driving Damage and Losses



United Nations Office for Disaster Risk Reduction, United Nations Development Program (UNDP), World Meteorological Organization (WMO). https://www.undrr.org/media/91373/download?startDownload=20250324

Post-crisis Cooperation Agreements

UNITED NATIONS DEVELOPMENT GROUP

THE WORLD BANK

Joint Declaration
on
Post-Crisis Assessments and Recovery Planning

The European Commission, the United Nations Development Group and the World Bank seek to mobilize our institutions and resources to harmonise and coordinate post-crisis response frameworks to enhance country resilience to crises, by answering recovery needs of vulnerable populations and strengthening the capacity of national institutions for effective prevention, response and recovery. We believe a common platform for partnership and action is central to the delivery of an effective and sustainable international response after disaster- and conflict-related crises. We are engaged in significant work to reform the processes used by national and international partners to assess, plan, and mobilize support for recovery to countries and populations affected by natural disasters or violent conflicts.

A Common Platform for Action

We recognize that early strategic dialogue and engagement is an essential foundation that can be built upon as crisis management and recovery efforts move from planning to implementation, and we decide to:

- Communicate strategically at both headquarters and field level as we monitor situations of fragility and conflict, and imminent or actual natural disasters, and identify opportunities for joint initiatives where our combined efforts may offer advantages;
- Participate in the relevant in-country planning processes and support the development and use of shared benchmarks/results frameworks and joint processes for monitoring and review;
- Support the development and use of the common methodologies for post-conflict needs assessments, and a common approach to post-disaster needs assessments and recovery planning;
- Invest in development of toolkits and staff training to deepen our collective and institutional capacity for these processes; and
- Monitor progress in the implementation of the common platform through a senior level meeting that would take place once a year

The European Commission	The United Nations Development Group	The World Bank

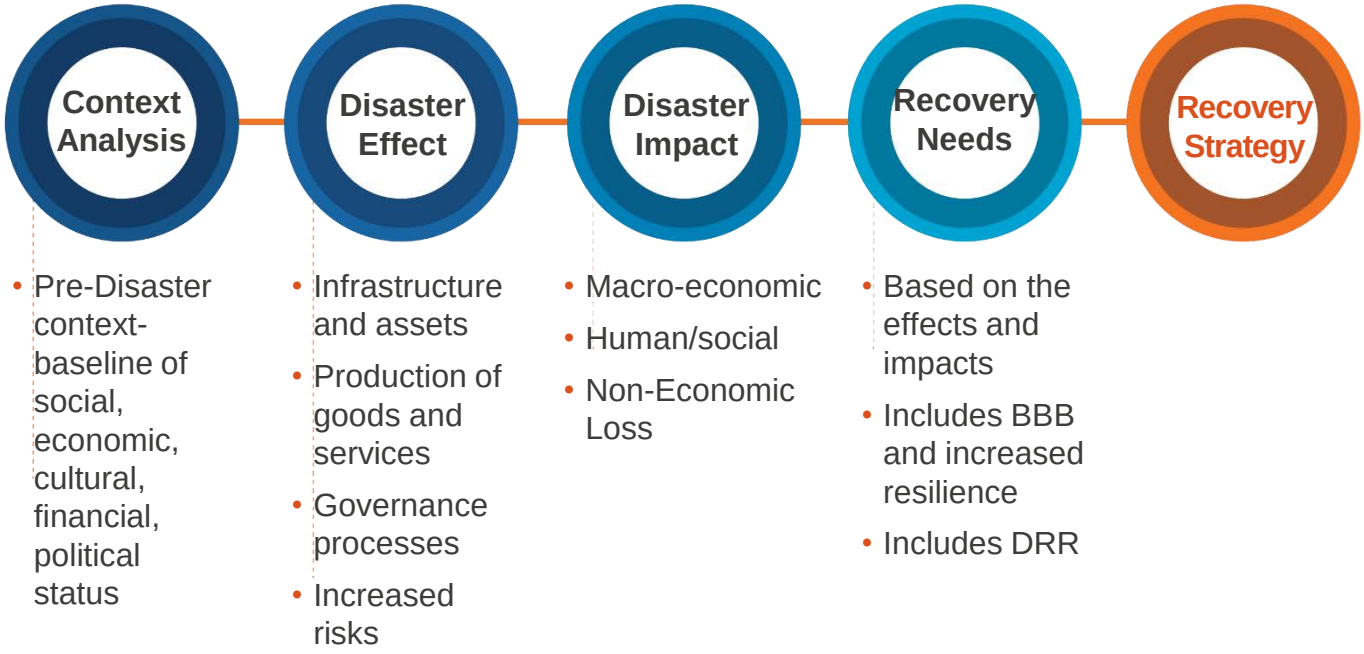
Health sector Guidance PDNA

PDNA
Health Sector guidelines:
https://ec.europa.eu/fpi/sites/fpi/files/pdna/pdna_vol_b_en/pdna_vol._b_health.pdf

Health Sector Disaster Recovery Framework Guide

Health Sector Disaster Recovery Framework Guide - World | ReliefWeb

The PDNA Process



Typical Sectors and Subsectors

PRODUCTIVE

- Agriculture
- Commerce
- Industry
- Tourism

SOCIAL

- Housing
- Education
- Health
- Culture

INFRASTRUCTURE

- Water & Sanitation
- Community infrastructure
- Electricity
- Transport
- Telecommunications

CROSS-CUTTING

GENDER | GOVERNANCE | ENVIRONMENT | DISASTER RISK REDUCTION | EMPLOYMENT AND LIVELIHOODS

Note: The diagram above illustrates the typical sectors that are assessed in the PDNA, this can vary from country to country.

Damage

Damage

Destruction

Refer to the total or partial destruction of infrastructure and physical assets

Costing

Its cost is estimated at the replacing or repairing market prices prevailing just before the disaster

Evaluation

Damage is valued first in physical terms (number and types of health facilities); and then in terms of their monetary value.

Loss

Loss

Flux

Duration

Evaluation

Economic loss refers to changes in economic flows arising from the disaster

These changes in flows continue until the achievement of full economic recovery and reconstruction, in some cases lasting for several years.

Loss is expressed in current monetary values.

Estimating the Economic Value of the Effects
(4 dimensions of analysis)

DAMAGE

Destruction of infrastructure and assets

- Cost to reconstruct, replace or repair infrastructure and physical assets.

LOSS

Address disruption of services and increased health needs

- Forgone income opportunities
- Higher operating costs
- Unexpected expenses

LOSS

Governance and decision making:

- Additional costs for coordination of response and recovery
- Increased costs for disaster related informations and surveillance systems

LOSS

Reducing increased risks to health

- Increased expenditures to manage new risk arising from the disaster

Economic damage and loss due to SOE

Infrastructure:

- SOE usually do not lead to destruction of health infrastructure and assets.
- Investments are needed to make health facilities climate change resilient

Health service utilisation

- Increased expenditures due to higher health service utilization from the total increase in BoD attributable to SOE

Governance and decision making

- Increased costs to develop and implement Climate Change Adaptation Plans for the heath sector (integrated in all hazard Disaster Risk Management for Health Security)
- Additional monitoring and surveillance systems to support adaptation to climate change

Managing changes in risks to health

- Increased costs adapting to changes in transmission patters of vector born diseases, environmental risks, potential for epidemics,
- Increased costs to care for patients with chronic and acute malnutrition

Non-Economic Loss: Impact on Health

Increase in Burden of Disease,

estimated in DALYs

- Can be expressed in monetary value but it is not equal to increased costs for health care

Delays or disruptions in meeting Health SDGs, or specific national health development goals

Using recovery for BBB and resilience

- Safe hospitals: ’all hazard’ building codes, retrofitting, climate resilient health facilities
- Rationalising (relocating, right-sizing), modernising and/or reforming health network, adapt to new model of care
- Address possible pre-existing constraints in coverage and performance of service delivery, mitigate impact
- Strengthen epidemic early warning, surveillance and response
- Improving all hazard disaster risk management capacity in MoH and (sub)national emergency medical teams


Questions?
?

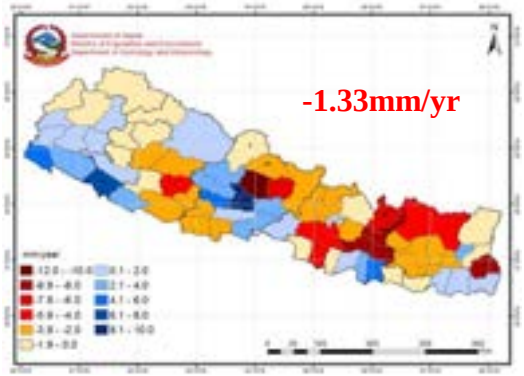
Country Experience: Integrating health in the NDCs in Nepal

Raja Ram Pote Shrestha

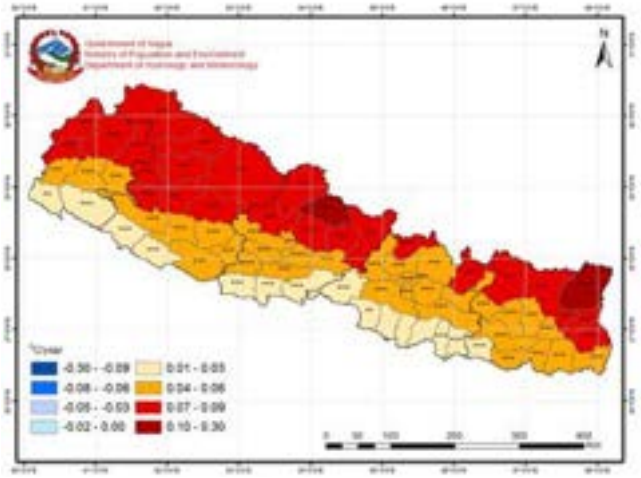
WHO Nepal

7 May 2025

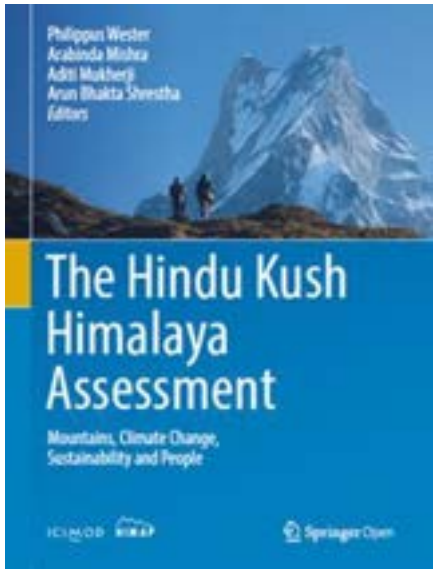
Climate Change Scenario in Nepal

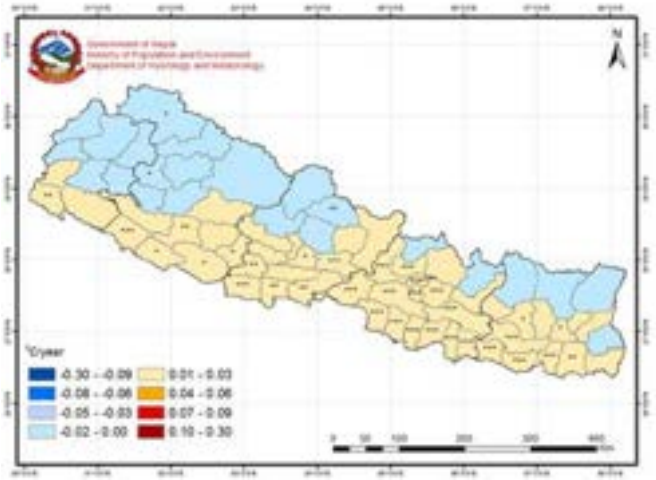


Source: DoHM



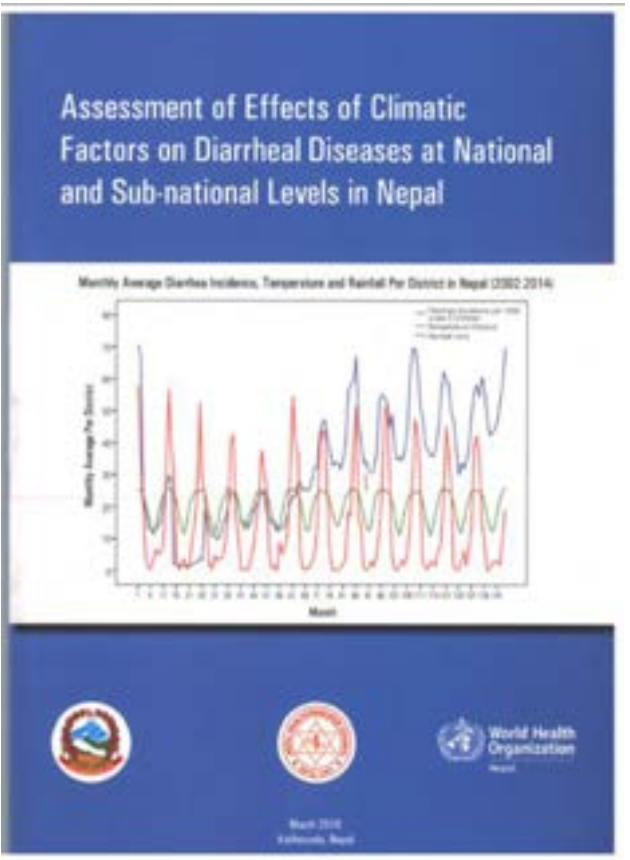
Annual Max. Temp. Increase: 0.056°C/y





Annual Min. Temp. Increase: 0.002°C/y

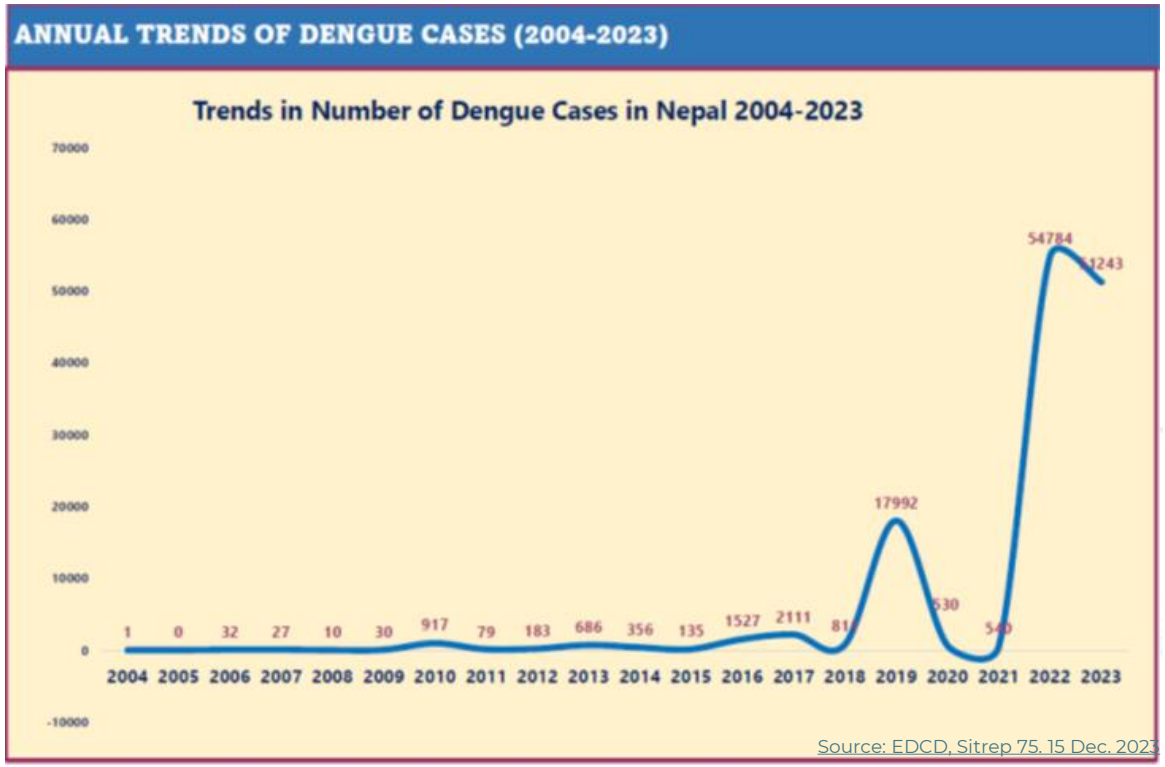
1.5^{0}C is too hot



The New York Times https://nyti.ms/2RffuSd

As Himalayas Warm, Nepal's Climate Migrants Struggle to Survive

Pushed out of their village by a drought and lack of food, a group of Nepalis are fighting to amplify the voices of those forced to relocate by the planet's warming.



Source: EDCD, Sitrep 75, 15 Dec. 2023

Government of Nepal
Ministry of Health and Population

Vulnerability and Adaptation Assessment of Climate Sensitive Diseases and Health Risks in Nepal

2022

Nepal's dengue outbreak exposes climate risk

29 November 2022

Diseases climb up mountains as climate warms

As kala-azar and dengue among others make it to mountain districts, experts call for immediate mitigation measures.

HUMAN RIGHTS WATCH

NOVEMBER 28, 2022

Nepal: Dengue Surge Exposes Climate Risk

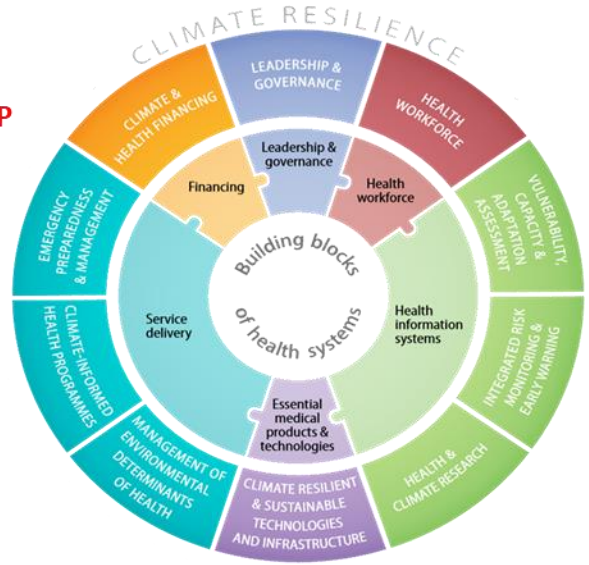
Government Should Confront Growing Threat of Tropical Diseases

WHO support towards building climate resilient health system

Integration of health in overall NAP

Access to GEF funding

Piloting of CSDS at sentinel sites

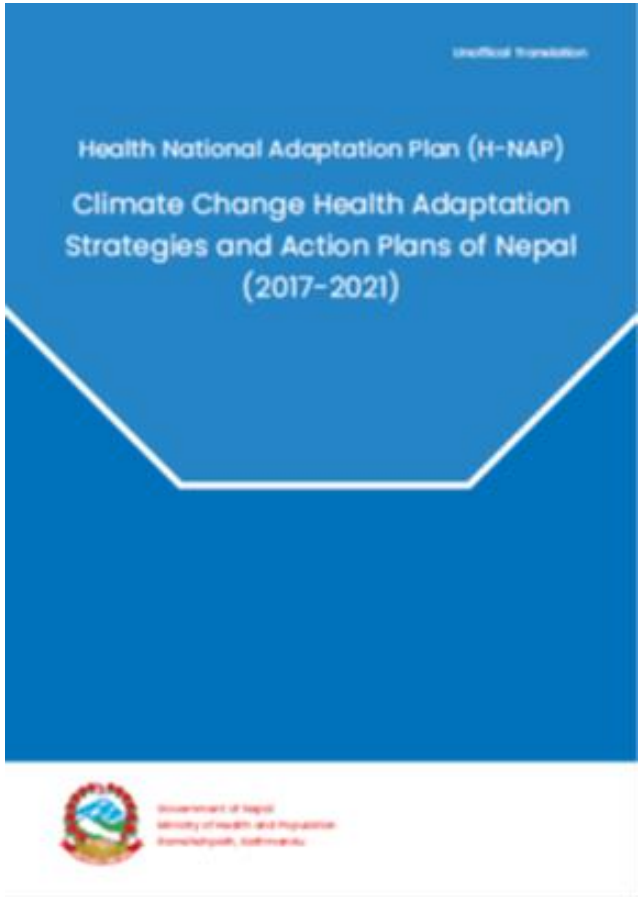


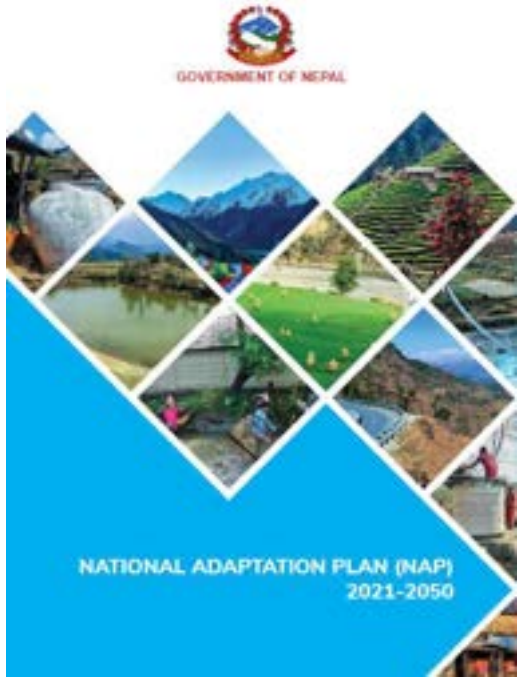
Training of health professionals

VAA of health sector

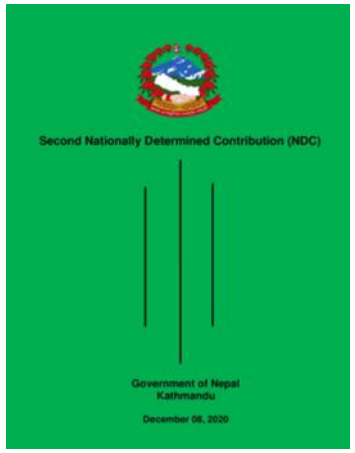
Climate resilience & env sustainability at facility level

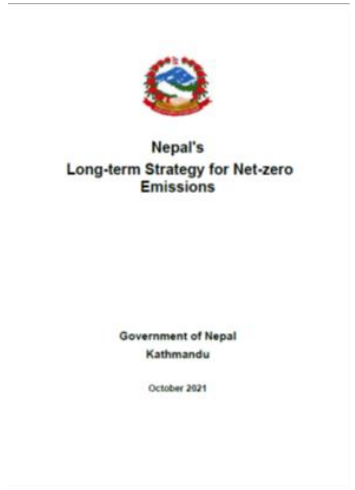
More focus on Health Adaptation



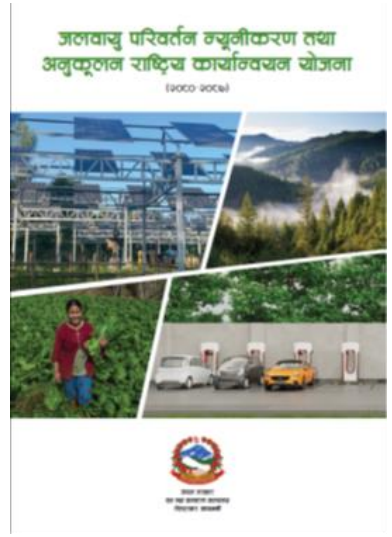


Towards low carbon health system in Nepal





Quality criteria for integrating health in NDCs



Leadership and enabling environment

National circumstances and policy priorities

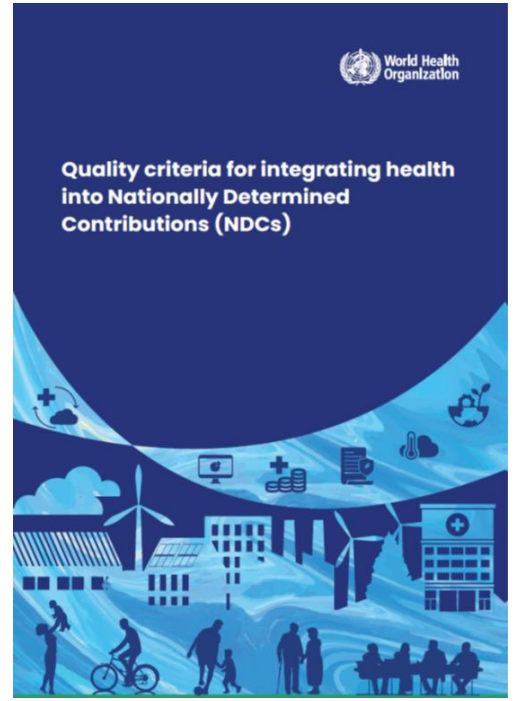
Mitigation

Adaptation

Loss and damage

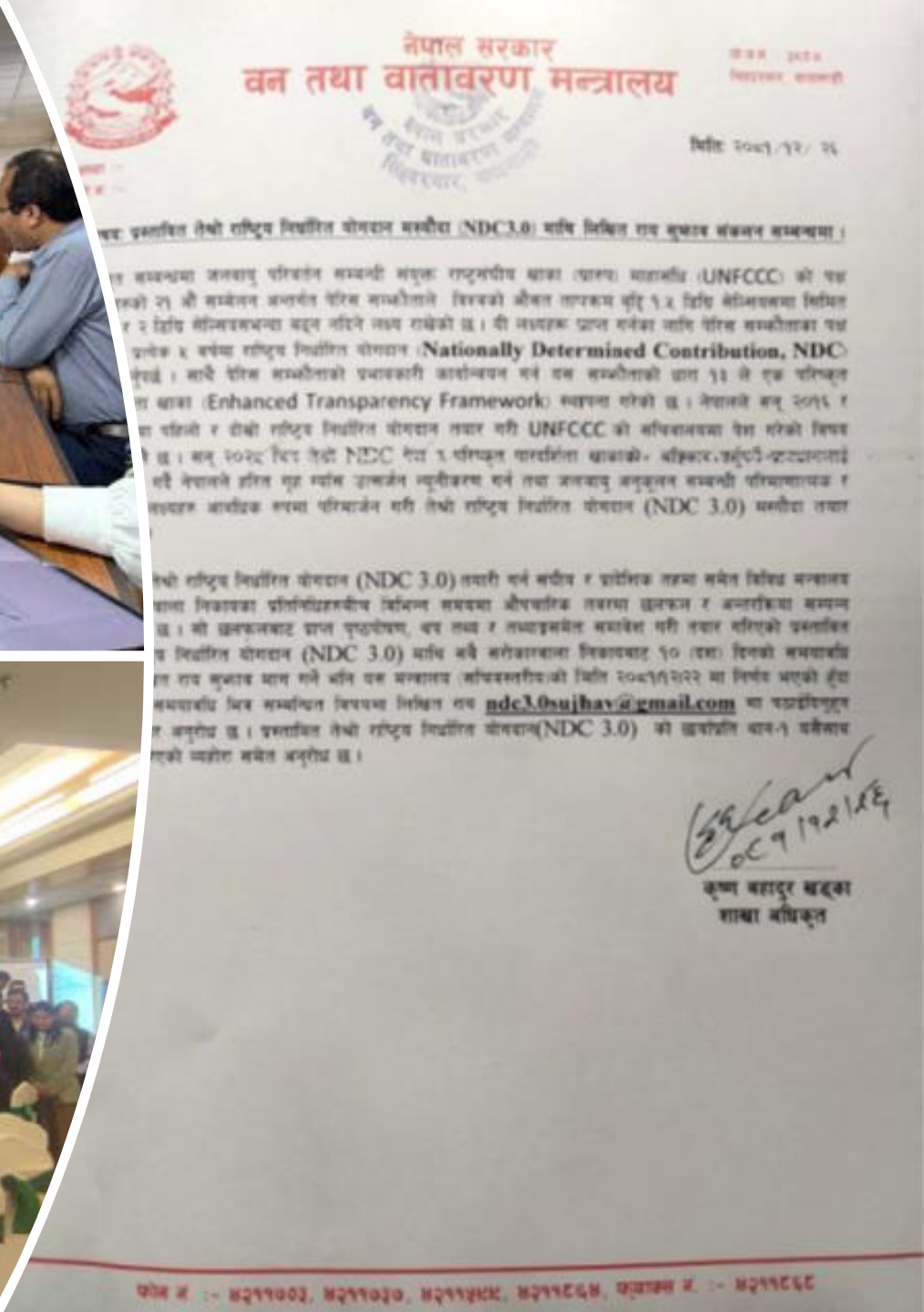
Finance

Implementation



Process of integrating health into NDC3.0

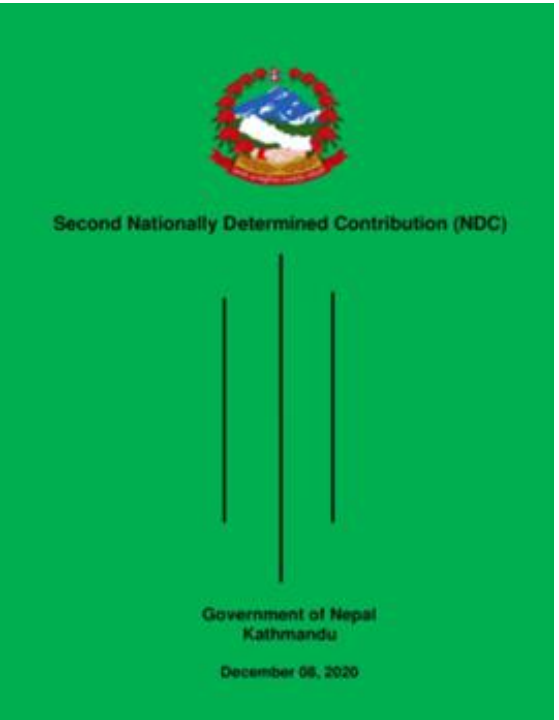
- Advocacy at all levels
- Engagement in overall process
  - Dedicated for health component
  - Collaboration within and beyond health sector, e.g. WASH, energy…
- Quantified to the extent possible
  - Baseline report of GHG emission
  - H-NAP (2023-30)
- Comments on the draft shared by MoFE
- Finalisation and public sharing during Sagarmatha Sambaad


नेपाल सरकार
वन तथा वातावरण मन्त्रालय
Nationally Determined Contribution, NDC
Enhanced Transparency Framework
ndc3.0sujhav@gmail.com
कृष्ण बहादुर बस्नेत
शाखा अधिकृत

Health in NDC

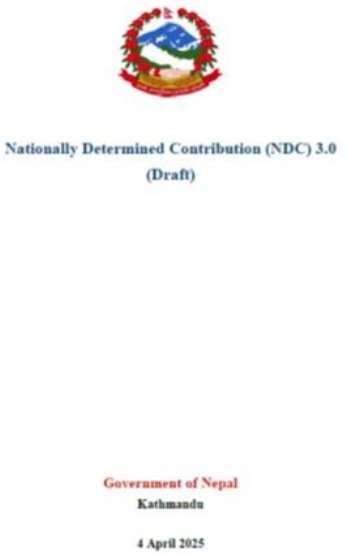
Healthy NDCs: Healthy NDCs are national climate commitments that protect climate systems and advance human health and well-being for present and future generations.

(Source: Quality criteria for integrating health into NDCs)



Mitigation: By 2030, the burning of healthcare waste in 1,400 healthcare facilities will be prohibited by proper management of healthcare waste through the application of non-burn technologies.

Adaptation: By 2025, climate-sensitive diseases surveillance systems will be strengthened through the integration of climate and weather information into existing surveillance systems.



Proposed health targets in NDC3.0

Mitigation

- By 2030, healthcare waste will be managed in a proper way using non-burn technologies in 1400 Healthcare Facilities (HCFs) leading to 2800 HCFs by 2035.
- By 2030, 140 HCFs will be transformed into climate resilient and environmentally sustainable and 280 HCFs by 2035.
- By 2035, solar pv will be promoted as a power backup in 2800 HCFs.
- By 2035, zero/low emission vehicles will be promoted.
- By 2035, 75% traditional anesthetic gases will be replaced with low carbon alternatives.
- BY 2030, Mortality rate attributed to household and ambient air pollution will be reduced by 77.7/100,000 through improvement of air quality leading to reduction by 60/100,000 by 2035.

Adaptation

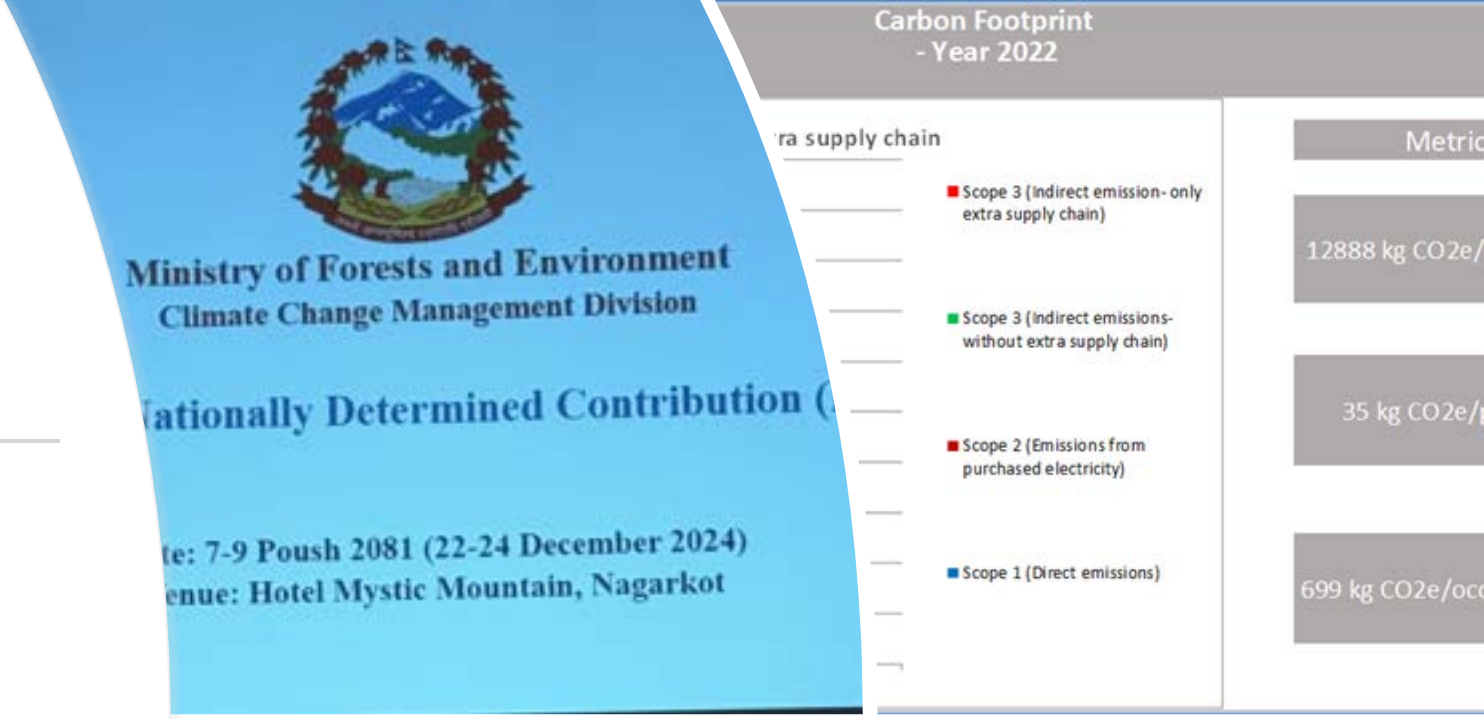
- By 2030, climate-sensitive disease surveillance will be strengthened in 134 sentinel sites, expanding to all municipalities by 2035.
- By 2030, 500 health professionals will be trained on climate change and health, increasing to 5,000 by 2035.

Policies and Measures

- By 2026, action plan on low carbon health system will be developed.
- By 2035, two national level and seven provincial level Vulnerability and Adaptation Assessment (VAA) will be carried out.
- By 2030, Health National Adaptation Plan (H-NAP) will be updated.

Issues and challenges

- Integration of *dedicated health component* in the NDC
- Difficulties in *quantifying health targets* due to limited baseline information
- Beyond health *sectoral collaboration*
- *Limited unconditional resources* for implementation



Way forward

FINAL REPORT WITH HEALTH TARGETS

NDC3.0 IMPLEMENTATION PLAN

RESOURCE MOBILIZATION

MULTI-SECTORAL COLLABORATION FOR IMPLEMENTATION

Thank You

Nigerian Experience: Integrating Health in the NDCs

Deep Dive: Integrating Health into NDCs

7TH MAY 2025 | ATACH GLOBAL | VIRTUAL

Edwin Isotu Edeh, PhD

Tel: 08068727856: Email : edehe@who.int

Climate Health and Environment (CHE) Programme
UHP Cluster, WHO, Nigeria

Winner Nigeria Pillar of Environmental Health Award 2025

Introduction

Federal Government of Nigeria 2021 NDC update

1 Introduction

Nigeria is pleased to submit this updated first NDC, building on the INDC that was submitted prior to the COP21 meeting in 2015, and that became its first NDC on ratification of the Paris Agreement in Nigeria in May 2017. It is from here on referred to as the 2015 NDC.

A new NDC, with a revised timeframe, will be submitted prior to 2025.

This updated NDC provides a high-level and strategic vision for climate action in Nigeria. It sets out what Nigeria commits to doing to support the implementation of the Paris Agreement, and in particular the aims of the Agreement set out in Article 2, to:

Limit the increase in global average temperature to well below 2 °C above pre-industrial levels and to pursue efforts to limit the temperature increase to 1.5 °C above pre-industrial levels;
Increase the ability to adapt to the adverse impacts of climate change and foster climate resilience and low greenhouse gas emissions development; and
Make finance flows consistent with a pathway towards low greenhouse gas emissions and climate-resilient development.

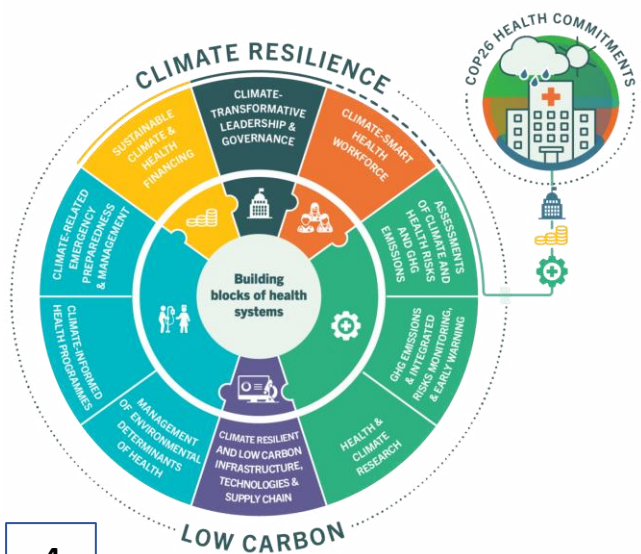
29% Nigeria's national disease burden is linked to environment risks factors

21% Of disease burden linked to climate if business as usual

3.37 tCO_2e/ capita. Nigeria's GHG emissions per capita

27-53m People in Nigeria might need to be relocated with a **0.5m** increase in sea levels.

NDC Integration - 7 Bold Steps Nigeria Took



1

Reviewed NDC 2.0 alongside WHO NDC Health Guidance Tools and national climate policy frameworks.

2

Engaged NDA, NCCC, FMoH, Environment, and key partners.

3

Forged multi-agency collaboration with UNDP, UNICEF, FCDO, FAO, WHO.

4

Developed and distributed briefing notes for national climate dialogues.

5

Raised advocacy letters to NCCC and Minister of Health.

6

Advocated via conferences and LinkedIn.

7

Maintained follow-up with NDC consultants and One-UN Team.

Key Enablers and Tools Used

- WHO NDC Guidance Tool structured health inclusion.
- Climate & Health Vulnerability Assessment Report (VA Report) provided urgency.
- Health National Adaptation Plan (HNAP) aligned with global action.
- WCO Leadership buy-in fast-tracked support.
- Digital engagement (Linkedin, Webinars, Panel discussions)

Lessons Learnt & Strategic Wins

Multisectoral Dialogue is Possible through inter-ministerial cooperation.

Top-Level Leadership Accelerates Change.

Evidence is Power: VA Report made impacts visible.

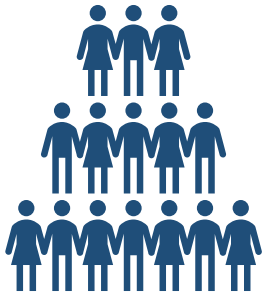
Climate-health space evolved with more attention and disruption.

Need to Scale Up: More finance & more skilled personnel needed at WHO country level.

WHO Achievements: Climate Health, Climate-resilient WASH

5 City-Scale Sanitation Safety Plans (SSP) 3 cities committed to build and fix 8 Sewage treatment plants. (Bayelsa 1, Niger 1, Lagos 6 in 2022 Budget).

50 motorized sanitary dustbins distributed to public places to promoting healthy cities.



Over 10.3 million people reached with behavioral change messages (hand hygiene 4.2m, 3.2 million –ODF 3.2 & Electronic waste risk pr 2.9m

Contributed and promoted health in 67 sectoral policies

COP 26 Health Commitment Signed & 2015 Climate Profile Developed

Vulnerability Assessment Conducted for HNAP Development

High-level advocacy towards ending Black Soot Air Pollution in Port Harcourt. AAQ in 4 States

5756 health workers and multisector professionals trained in last 3 years.

- Installed 2 units a 5kW solar energy system, each generating 126.2 kWh of clean energy daily.
- Reduced annual CO_2 emissions by over 84,000 kg.

Case Studies: Pilot climate resilient Initiatives & Policy Reforms: Akwa Ibom, Kano, Rivers,FCT.

PRESS RELEASE: NATIONAL DIALOGUE ON POWER IN HEALTH SECTOR: FG SETS UP COMMITTEE TO RESOLVE ELECTRICITY CHALLENGES IN PUBLIC HEALTHCARE FACILITIES

Moving forward : What do you think?

- Every degree rise in temperature threatens a mother, a newborn, a health worker and entire health system”
- Scale Country-Level Climate Health Efforts (CHE).
- Demand increased financing for health adaptation.
- Invest in human resources to respond to climate risks.
- Ensure subnational implementation aligns with NDC-health priorities.
- Embed climate-sensitive health indicators into UHC and PHC.


Federal Ministry of Health
& Social Welfare


NATIONAL COUNCIL ON CLIMATE CHANGE


FEDERAL MINISTRY OF WATER RESOURCES


NATIONAL EMERGENCY MANAGEMENT AGENCY


FMEnv
FEDERAL MINISTRY OF
ENVIRONMENT


NCDC
NIGERIA CENTRE FOR DISEASE CONTROL


Foreign, Commonwealth
& Development Office


FMWPH
FEDERAL MINISTRY OF WORKS
POWER AND HOUSING


NOA


EHORECON


DEVELOPMENT AGENCY


Nigerian
Environmental
Summit Group


NIGERIA
HEALTH
WATCH

THANK YOU!

Dr. Edwin Isotu Edeh

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