

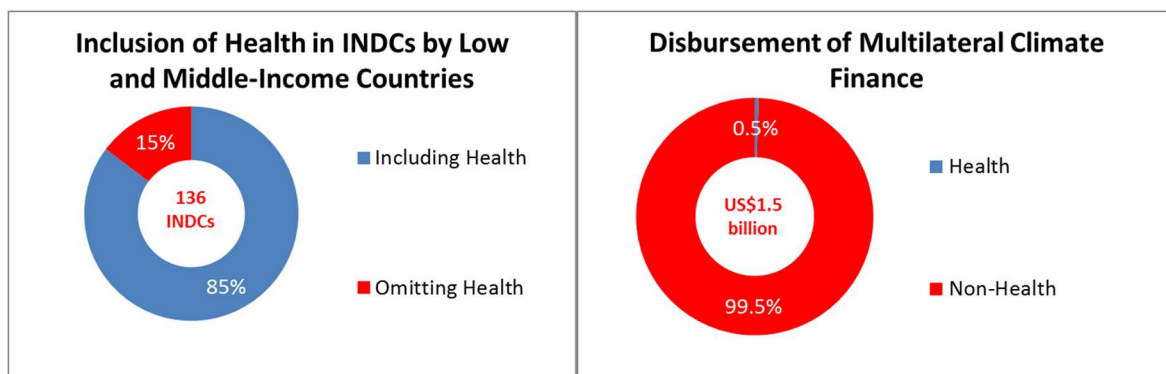
## **Health as a political driver for increased ambition on climate change, in the UN Secretary-General's 2019 Climate Summit**

*“Guiding investment to support climate action, health and sustainable  
development”*

### **1. Why address climate change and health funding?**

There is now a very strong body of evidence that (i) the energy pathways driving climate change already cause approximately seven million deaths a year from air pollution, and that climate change itself is already having major health impacts, expected to increase to the loss of hundreds of thousands of lives a year in the near future, and potentially reverse the gains of providing Universal Health Coverage; (ii) proven, effective interventions exist both for protecting against climate-sensitive health impacts, and for providing low carbon, low air pollution energy sources, (iii) the health gains from investment in simultaneously addressing climate change and air quality, and interventions such as early warning systems, and climate-resilient and environmentally sustainable health systems, would repay the cost of investment, (iv) healthcare is a significant, and growing emitter of greenhouse gases, now contributing 5-10% of total carbon emissions in high-income countries, and growing around the world.

Investment in health adaptation must be increased, particularly in the LMICs that are most vulnerable to climate impacts. Parties to the UNFCCC are committed to collectively mobilizing US\$ 100 billion a year for adaptation and to promoting low-carbon development in LMICs by 2020. Financial support for health adaptation to climate change in LMICs remains, however, alarmingly low. A survey of the main multilateral funds that support climate adaptation indicated that only about US\$ 9 million (0.5%) of over US\$ 1.5 billion of disbursed funding has been allocated to projects that specifically address health, despite strong demands for support from the health ministers of the most vulnerable countries. In the field of air pollution and climate change mitigation, large areas of the developing world lack any air quality monitoring stations that provide the necessary data for citizens, local and national decision makers to track progress in simultaneously addressing air pollution and climate change.



- (a) Numbers of LMICs that included health in their intended nationally determined contributions to the Paris Agreement and (b) disbursement of funds for projects by the Global Environmental Facility, the Adaptation Fund, the Pilot Programme for Climate and Resilience, the MDG Achievement Fund and the Green Climate Fund.

### Draft Commitment and Rationale

**X multilateral development banks, climate funds, health and development funds, bilateral development agencies, philanthropic organizations, and private sector actors, responsible for Y billions in finance, commit to significantly scale up their investment in proven interventions for climate-resilient health systems, and in air quality monitoring and policy implementation.**

Targeted areas of investments would include

- Climate-informed health surveillance and response systems for heatwaves, storms and floods, and for water and vector-borne diseases such as cholera, malaria and dengue.
- Investment in “climate-smart” healthcare facilities, that meet agreed criteria for climate resilience, access to renewable energy, and minimization of carbon emissions.
- Quality controlled air pollution monitoring equipment in major cities in LMICs, as part of a global network.
- Development of integrated air quality and climate change mitigation policies in LMICs.
- Development and implementation of national adaptation plans for public health, which include evaluation of risks and impacts, risk reduction measures, , , early warning systems, preparation and response to health emergencies associated to climate change.
- Monitoring and evaluation systems for adaptation measures in the health sector and the monitoring of their effectiveness.

The commitment aims to protect the lives of the most vulnerable populations, and to deliver and scale up the Paris commitments on adaptation financing, and to address the widely recognized gap in financing health adaptation, by mainstreaming climate change into their core health sector investments. It would also raise ambition by improving the access of citizens, subnational and national Governments to the data and information necessary to

assess the extent to which progress is being made in addressing air pollution simultaneously with carbon emissions.

### Support by the UN system and the Global Health Community

Relevant UN family agencies including WHO, WMO, UNFCCC Secretariat and partner academic groups would provide:

- Aggregated global tracking and reporting on financial investments in health adaptation to climate change.
- Technical standards, guidance and best practice on investments in climate-resilient health systems, surveillance and response for climate-sensitive diseases, and climate-smart healthcare.
- Technical standards and guidance on air quality monitoring equipment.
- Global platform on air quality, integrating data collected from city-level monitoring stations to provide regional and global assessments, and analytical models to provide estimated air pollution levels for populations without local monitoring stations.
- Technical guidance and support for inclusion and progress tracking in including health investments in National Adaptation and Nationally Determined Contributions to the UNFCCC, and WHO/UNFCCC climate and health country/city profiles.

### Opportunities for promoting synergies and engagement

- 20-28 May – Discussion on potential commitments with Ministers of Health at the **World Health Assembly**, Geneva.
- 30 June – 1 July: **Health Ministerial meeting** on climate change in margins of UAE preparatory conference for UNSG Climate Summit, Abu Dhabi.