Submission for UNFCCC SB 56 – Global Stocktake Roundtable 2 - Adaptation

This statement is on behalf of the World Health Organization (WHO), the Global Climate and Health Alliance (GCHA), YOUNGO Health Working Group, the Lancet Countdown on Health and Climate Change, the Consortium of Universities for Global Health (CUGH), and the wider public health stakeholder community.

Throughout the recent SB56 GST Roundtable 2 on adaptation, parties have stressed the urgency to close the adaptation gap, and accelerate adaptation action to protect world populations from the threat of climate change. Within this, we would like to stress that the protection of health is essential to ensuring safe, liveable futures. Health protection achieved through robust, equitable adaptation could vastly outweigh the cost of action.

We would like to draw attention to climate change as an environmental determinant of health, and stress the importance of including assessment of environmental burden of disease associated to climate change, and assessment of progress towards managing and addressing this determinant, in dialogues on adaptation.

The health impacts of climate change are broad, and include heat stress, the exacerbation of respiratory and cardiovascular disease, increased prevalence of infectious and non-communicable disease, malnutrition, and direct injury and death linked to increased strength and frequency of natural hazards. These challenges require tailored responses, and it is not surprising that health is now one of the three sectors most often prioritised for adaptation in Parties’ NDCs. The quality and scope of health assessments must be strengthened, and made more comprehensive and consistent across countries.¹

Moreover, “children are disproportionately affected by changes in their environment, due to their unique metabolism, physiology and developmental needs”² and, to that end, we recognize the importance of strengthening responses for the health and development of children and youth, as a point of intergenerational equity.

It is essential to steer the Global Goal on Adaptation and adaptation commitments within parties’ NDCs such that the health of populations can be protected, inequalities reduced, maladaptation avoided, and health co-benefits maximised. In addition, given the major health benefits and co-benefits of adaptation, monitoring collective progress towards delivering them can help better assess global finance needs, and the cost-benefits of implementation.

¹ WHO and IISD (2021) Review of Health in National Adaptation Plans, See https://www.who.int/publications/i/item/9789240023604
The health community has tremendous expertise on metrics and indicators for public health and should be called upon to support decision-making on impact and response indicators and cost-benefit analyses for health actions. In addition to the contribution of WHO Climate and Health profiles, for instance the Lancet Countdown produces indicators to monitor the changing health hazards of climate change, the implementation of adaptation interventions to protect human health in response, and the resulting health impacts, and stands ready to support this process.

For these reasons, we emphasize two priority areas for health action under the GST:

- First, we advocate that the GST monitors health-related loss and damage and progress towards health adaptation explicitly, and assesses health national adaptation plans (HNAPs). We also advocate that the HNAPs be incorporated as a formal component to national adaptation plans under the UNFCCC and that the communication of HNAPs be formally included in party-driven work shared to the UNFCCC Secretariat, such as the NDCs, NAPs, national communications or adaptation communications as applicable.

- Second, we call on parties to, in COP 27 decision text, explicitly request inter-agency collaboration with UN health agencies and other relevant experts to inform decisions on indicators for implementation, including for the Global Stocktake and in discussions on the Global Goal on Adaptation.