

Health Coverage at the 18th Conference of the Parties to the UN Framework Convention on Climate Change

A Joint WHO/IFMSA Report¹

26 November – 7 December 2012

Doha, Qatar

The United Nations (UN) climate change conference (COP-18) in Doha, Qatar concluded with the adoption of a balanced package of decisions called the Doha Climate Gateway. The health community continues to be actively engaged in the UN climate talks.

Prior to COP18, the WHO prepared

- A 'health in UNFCCC constitution' document highlighting opportunity for health in a number of UNFCCC negotiation areas including loss and damage work programme, Nairobi work programme, adaptation committee, least developed country expert group and Durban platform for enhanced action
- Five key messages for Health at COP18
- A review of coverage of health in COP18 agenda

The Global Climate and Health Alliance also prepared a 'Doha Declaration' highlighting reasons why health has to be central to climate change and key policy asks from the health sector.

At COP18, the WHO

- Hosted a series of side events and bilateral consultations with parties
- Coordinated the [Health Edition](#) of the Outreach magazine published by the Stakeholder Forum.
- Displayed the climate change and health video made in conjunction with the IFMSA

After COP18, the WHO will continue to track and make submissions to the relevant mechanisms of the conventions, with particular focus on :

- Funding window of opportunities for Health and Climate adaptation and mitigation actions
- Development of the guidance to support countries in the implementation of
- Health adaptation process
- Climate change, energy and women's health
- Climate and Clean Air Coalition on Short-Lived Pollutants

¹ Prepared by Rennie Qin, IFMSA and review by the WHO Climate Change and Health Team

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Summary of Main Outcomes of COP18

The 18th Conference of the Parties (COP18) to the UNFCCC and the eighth session of the Conference of the Parties serving as the meeting of the Parties to the Kyoto Protocol (CMP6) took place in Doha, Qatar from the 26th of November to the 8th of December. It also comprised the 37th session of the Subsidiary Bodies, second part of the 17th session of ad hoc working group on Kyoto Protocol (AWG-KP 17-2), the second part of the 15th session of ad hoc working group on Long Term Cooperative Action (AWG-LCA 15-2) and the second part of the 1st session of ad hoc working group on Durban Platform for Enhanced Action (ADP 1-2). Marking the first time that UN climate change negotiations took place in the Middle East, the conference drew approximately 9,000 participants, including 4,356 government officials, 3,956 representatives of UN bodies and agencies, intergovernmental organizations and civil society organizations, and 683 members of the media.

The 'Doha Climate Gateway' package decisions were adopted on the evening of Saturday, 8th of December. It included amendments to the Kyoto Protocol to establish its second commitment period, the conclusion of the AWG-LCA under Bali Action Plan as well as advancing the negotiations under Durban Platform. Doha also marks the end of the one year work program on loss and damage which create an institutional mechanism to compensate developing countries on damage from effects of climate change that could not be mitigated or adapted for. Fast-track financing and long-term financing are key issues in Doha as countries make pledges to fill the Green Climate Fund and decide on how to spend it. Under the Kyoto Protocol, contentious issues include ambition of mitigation pledges under the second commitment period, to which parties are making pledges, access to flexible mechanisms for countries not in the second commitment period and carry-over of excess assigned amount units from first commitment period. Under the Durban Platform, equity is an important discussion. Overall, the Doha Gateway decisions lack ambition in terms of both finance and mitigation. The conference has entered a new phase of implementing the decisions under LCA and KP and a new era of loss and damage due to climate change.

Summary of Side Events

Building Sustainable Health Systems: Focus on Climate Resilience

WHO in conjunction with the Government of Norway and Qatar. Held on Monday 3rd
December from 18:30 to 20:00

Panellists include:

- Dr Maria Neira, Director of Public Health and Environment Department, WHO
- Arvinn Eikeland Gadgil, State Secretary for International Development, Norway
- Julian Duncan-Cassell, Minister of Gender and Development, Liberia
- Michel Jarraud, Secretary General, WMO
- Aaira Kalela, Global Campaign for Climate Action (GCCA), Women's Environment and Development Organization (WEDO)
- Iqbal Kabir, Ministry of Health, Bangladesh
- Julian Kyomuhangi, Ministry of Health, Uganda

This session was moderated by Dr Maria Neira. She addressed the relationships between climate and health. She emphasized that health must be a part of the climate agenda. She also discussed climate-sensitive health risks, policies to improve health equity and climate change and improved health as a way to strengthen resilience. She stressed that increased donor engagement as well as technical support for regional and national initiatives must be continued.

Arvinn Eikeland Gadgil highlighted the 'Atlas of Health and Climate' published by WMO and WHO. He identified three challenges: increasing unpredictability requires planning under conditions of uncertainty; combining health into the adaptation agenda requires mainstreaming into policy; and increasing extreme weather events require health ministries to engage in long-term planning for resilience.

Julia Duncan-Cassell emphasized how climate change impacts the health of women, young girls and the elderly. She called for further collaboration between the UNFCCC and WHO to raise awareness, support country-level activities, and address climate and health in planning.

Michel Jarraud stressed that the partnership between WMO and WHO helps the international community better understand climate-related health challenges, noting the Atlas is designed to demonstrate the benefits of cooperation between health and climate services. He underscored that more can be done through strengthened cooperation, such as through the Global Framework for Climate Services (GFCS).

Aaira Kalela emphasized that 70% of the poor in many countries are women, and they should be further involved in planning climate and health policies, particularly agriculture and water. She stressed women are both victims and powerful actors in addressing climate and health.

Iqbal Kabir highlighted mainstreaming of health and climate into Bangladesh's planning processes. He said the most vulnerable to climate change are also the poorest, noting the central role of health in poverty alleviation and increasing climate resilience.

Julian Kyomuhangi highlighted strong collaboration among different ministries, notably the agricultural, water and health ministries. She urged advocacy and awareness-raising activities to increase resilience through early warnings and risk reduction, and putting health at the heart of climate change.

During discussions, participants considered issues such as: actions by the South African Ministry of Health, which engaged stakeholders including civil society; specific health impacts of climate change in Burkina Faso, as well as policy responses; the “Doha Declaration on Climate, Health and Wellbeing” issued by an alliance of health and medical civil society organizations; and the effectiveness of bottom-up community health initiatives.

Total Participants: approximately 100 people

Global Framework for Climate Services (GFCS): Climate services for sustainable climate-resilient development.

WMO in conjunction with WHO and other GFCS partners on Friday 30th November from 18:30 to 20:00

Moderated by **Michael Williams**, WMO, this event featured three keynote addresses, a panel discussion and an open discussion, and explored the new partnerships created by the establishment of the Global Framework for Climate Services (GFCS) in the agriculture, health, disaster risk reduction and food security sectors.

Michel Jarraud, Secretary-General, WMO, described the history of the GFCS, and informed participants of the launch of the Implementation Plan and Work Plan for the Framework. Stressing that the Framework is user-oriented, he outlined its components, including: observation and monitoring; information systems; a user interface platform; and capacity building.

Arvind Gadgil, Ministry for International Development, Norway, underscored the need to connect theory to practice. He noted that global inequality is increasing, and stressed the need to close equity gaps, as they represent a knowledge gap between the rich and the poor. He called on donors to contribute to the Framework.

Diarmid Campbell-Lendrum, WHO, lauded the GFCS as the basis for building a strong climate-health partnership. He explained the GFCS supports the health sector by providing: spatial mapping services; early warning systems for hazardous weather and disease outbreak; and long-term adaptation planning. He also noted the need for assistance in health surveillance, particularly regarding the transmission of dengue fever.

In the panel discussion, **Peter Dogse**, UN Educational, Scientific and Cultural Organization Intergovernmental Oceanographic Commission (UNESCO-IOC), highlighted that the success of the framework depends on its ability to reach out to vulnerable groups, including women. **Luna Abu-Swaireh**, UN Office for Disaster Risk Reduction (UNISDR), said communities require early warning systems for disaster preparedness, noting these depend on reliable meteorological and vulnerability data.

Reuben Sessa, UN Food and Agriculture Organization (FAO), highlighted that the regions most vulnerable to climate change are also facing population growth and food insecurity. **Gernot Laganda**, International Fund for Agriculture and Development (IFAD), highlighted that despite a number of regional multi-hazard early warning systems, lack of national capacity to understand and communicate the data to those affected still results in loss of lives. **Richard Choularton**, World Food Programme (WFP), noted the overlap of regional climate outlook forums and the regional food security outlook forums in East Africa, which has allowed food security experts to develop maps highlighting regional vulnerabilities.

During discussions, participants reflected on: the importance of the capacity building arm of the GFCS, particularly focusing on elements of climate learning the expansion of the climate-related fields to incorporate indigenous knowledge; and GFCS links to national adaptation processes.

Total participants: approximately 150 people

Social Dimensions of Climate Change: mobilizing the social sciences knowledge base for climate change adaptation

UNESCO's Management of Social Transformation Programme in conjunction with Norwegian National Commission for UNESCO on Wednesday 5th of December from 18:00 to 20:00

Presenters include:

- Ms Wendy Watson-Wright, Assistant Director-General, Intergovernmental Oceanographic Commission, UNESCO
- Dr Maria Neira, Director of the Public Health and Environment Department, WHO
- St. Clair Asuncion Lera, Research Director of the Centre for International Climate and Environmental Research
- Ms Dina Ionesco, Policy Officer/Focal Point for Migration, Environment and Climate Change, IOM

This event presented the social dimensions of climate change and discussed the need to strengthen the social science knowledge base in support of equitable and effective adaptation policies.

Ms Wendy Watson-Wright stressed that it is time to take into account the social and human dimensions of climate change mediated through agriculture, energy, urbanization, migration, health and other dynamics. She highlighted UNESCO's program on Social Transformation arising from Global Environmental Change including Climate Change under the Management of Social Transformations Programme (MOST).

Dr Maria Neira highlighted the human health aspect of social dimension of climate change. She talked about the protection of health and socio-economic system in Article 1 of the convention. She stressed that climate change mitigation in housing, energy, transport, health sector facility and agriculture can have many benefits for health. She highlighted health as a driving force for public engagement and a means of increasing ambition to achieve development and climate goals.

St. Clair Asuncion Lera, Research Director of the Centre for International Climate and Environmental Research, Oslo, stressed the place for social science including urbanization, health, food security and social security in the 5th assessment report of the IPCC. She highlighted the importance of social boundaries as well as planetary boundaries. She discussed climate change as a social challenge and gave examples of societal innovation for climate change.

Ms Dina Ionesco talked about the impact of climate change on migration and the distinction between forced and voluntary as well as internal and external migration.

During the discussion, points were raised about the fear of social destruction due to climate change and the social opportunity in climate change mitigation and adaptation.

Total Participants: approximately 15 people

Integrated Spatial Data for Climate Adaptation Planning

United Nations Population Fund with speakers from WFP, UNDP, UNU, UNESCO, World Bank, UN-Habitat and WMO on Thursday 29th of November from 13:15 to 14:45

Panellists include:

- Daniel Schensul, UNFPA
- Richard Choularton, WFP
- Gernot Laganda, IFAD
- Dr Koko Warner, UNU-EHS
- Filipe Lucio, WMO
- Dr Angus Friday, World Bank
- Natarajan Ishwaran, UNESCO-HIST
- Fabio Leite, ITU
- Jennifer Baumwoll, UNDP
- Robert Kehew, UN-HABITAT

This side event launched an initiative to establish a common spatial data framework for vulnerability analysis and adaptation planning, linking a wide range of relevant data using Geographic Information System (GIS). This event also showcased existing use of spatial data for adaptation.

Mr Filipe Lucio from the WMO presented the Atlas of Health and Climate Change jointly published with the WHO. The Atlas is a concrete example of collaboration under the GFCS. Human health is profoundly affected by weather and climate. Long-term climate change will undermine tomorrow's health system, infrastructure, social protection systems, and supplies of food and water and other ecosystem products and services that are vital for human health. Climate services will contribute to protecting public health and achieve better health outcomes by enabling targeting and effectiveness of health interventions to deal with diseases and health challenges.

Total Participants: 100 people

Climate Change Vulnerability and Impact Assessment: Initiatives for Adaptation in the Arab Region

League of Arab States on Tuesday 4th of December from 13:15 to 14:45

The projected impacts of climate change have signalled serious consequences on water resources, agriculture, water supply and sanitation, food security, gender, eco-systems and human health in the Arab Region. To determine the extent to which these sectors may be affected by climate change, this would require the collaborative efforts to conduct of regionally-specific vulnerability assessment as well as impacts analysis on these sectors.

Ashraf Nour Shalaby, LAS Cairo, outlined the Arab Framework Action Plan on Climate Change.

Abdul-Majeid Haddad, UNEP Regional Office for West Asia, talked about the support offered through regional and national actions on climate change.

Marwan Owaygen, UNDP Regional Bureau for Arab States, outlined the Arab Climate Resilience Initiative.

Carol Chouchani Cherfane, UN Economic and Social Commission for Western Asia, spoke about the importance of inter-agency support to tackle the issues and the steps being taken to assess the impact of climate change on water resources.

Hamed Bakir, WHO Centre for Environmental Health Activities, spoke on the subject of regional initiatives on health and climate change. He warned that cases of respiratory diseases, such as asthma, and vector diseases, like malaria, will increase as a result of climate change, as well as malnutrition and illnesses caused by water scarcity.

Roula Majdalani, UN Economic and Social Commission for Western Asia, said: "As agencies we have come a long way in terms of coordinating our efforts to synchronise so that we could bring to you a coherent vision.

Total Participants: 100 people

Health Impacts of Response Measures at the joint SBI/SBSTA forum on the impact of the implementation of response measures at COP18

Presentation by WHO on Tuesday 27th November 2012 AM

Ms Marina Maiero presented on evidence of health risks because of climate change and the central place for health in the UNFCCC negotiations. She highlighted the opportunities for health benefits in well-designed climate change mitigation policies in housing, energy, transport, health sector facility and agriculture sectors. She stressed that health progress must be tracked and monitored. She also mentioned that health impacts and co-benefits should be valued in selecting adaptation and mitigation plans and that health co-benefits also yield dramatic economic co-benefits too.

Consultation on Health Components of NAPs

WHO with interested Parties and representatives of the UNFCCC on Friday 30th November 2012 from 09:00 to 10:00

Dr Diarmid Campbell-Lendrum, team leader of climate change and health unit of WHO introduced the health effects of climate change and the rationale for the WHO to be involved. He then explained in detail ways WHO can support the health component of National Adaptation Programs. The WHO can offer technical tools and guidance in terms of health vulnerability and adaptation assessment, gender mainstreaming, health early warning and response system, health damage and adaptation cost tool and indicators on climate sensitive health vulnerability and health system resilience to climate change as well as experience and examples from many other countries. He then talked about the process of laying the groundwork in terms of institutional arrangements and political mandate, assessing needs and developing a plan of action, implementing through policies and programmes, ensuring coordination and strengthening the monitoring, reporting and review system on health indicators, vulnerability and health system resilience.

The presentation was followed by an interactive discussion among UNFCCC secretariat, and representatives of LDCs and other interested Parties.

Total Participants: approximately 30 people

Summary of COP18 Decisions and Future Directions for Health

COP18

Agreed Outcome Pursuant to the Bali Action Plan

Conclusion of the work of ad hoc working group on Long-term Cooperative Action

Shared Vision

The text mentions a 2 degrees temperature ceiling, the principle of equity and common but differentiated responsibility as well as provision of finance, technology transfer and capacity building. Key rationales include equitable access to sustainable development, survival of countries and integrity of mother earth. The text lacks mention of a global goal for emission reduction by 2050, identification of peaking of greenhouse gas emission and definition of equity.

Mitigation

NAMA by developed countries: One year work programme under SBSTA from 2013 to 2014 to identify common progress made towards achievement of targets and ensure comparability of efforts (eg common baseline year).

NAMA by developing countries: 1 year work program from 2013 to 2014 under SBI to further understand the diversity of NAMA in developing countries

Opportunity for workshop and submission from observer organizations. WHO and other accredited organizations can make some submissions on health co-benefits of climate change mitigation.

REDD+: undertake one year work programme on result-based finance under SBSTA from now until COP19 to scale up and improve effectiveness of finance including ways to incentivize non-carbon benefits

Submission by 25 March 2013. WHO and other accredited organizations can make a submission about health co-benefits of reducing deforestation.

Various approaches including market and non-market approaches

Requests SBSTA to conduct a work program to:

1. elaborate framework for market approaches
2. non-market based approach

Submission by 25 March 2013. The health sector can advocate for health co-benefits as a part of non-market based approach.

3. New market-based mechanism

Submission by 25 March 2013

Economic and social consequences of response measures

Welcomes work under SBSTA and SBI and encourage further sharing of views

There is potential for submission on health consequences of response measures (i.e. health cobenefits and management of health risks of both mitigation and adaptation policies).

Intersectoral approach

No text on intersectoral approach. Distinct lack of mention to maritime and aviation sector and what actions they should take. There are suggestions for negotiations through IMO and ICAO.

There are some potential for suggestion of a health-in-all-policy or sector approach. However, the intersectoral approach negotiations seem largely focused on international maritime and aviation sectors.

Enhanced action on adaptation

Consider establishment of annual adaptation forum to facilitate coherence of adaptation action

There is potential for health to be included as a part of this adaptation forum.

Technology development and transfer

It is decided to increase coherence between Climate Technology Centre and Network, Technology Executive Committee and Board of the Green Climate Fund. The text lacks concrete content and lacks specific mention for intellectual property rights.

Finance

Congratulated parties for 30 billion USD fast-track finance. Countries are urged to scale up finance to fulfil 100 billion USD by 2020. However, there is still no finance on the table from US, Japan. Countries are invited to submit by COP19 strategies to mobilize funds. Countries are encouraged to find funds for the fast-start period between 2013 and 2015. The LCA closed without a decision on finance and no mention for accurate accounting and continuity of finance.

Capacity Building

Second meeting of Durban Forum during 38th session of SB will explore capacity building.

Invites intergovernmental organizations and NGOs to submit by 18 Feb 2013 on activities undertaken in support of implementation of framework on capacity building.

WHO and other accredited organizations could potentially write a submission on capacity building on health or the importance of health in creating the necessary capacity for climate change adaptation.

Review: further definition of scope and development of modality

Review of adequacy of long term goal and progress. 5th IPCC report.

Advancing the Durban Platform

The first workstream under the Durban Platform is to adopt a legal instrument applicable to all parties by COP21 to come into force in 2020. The second workstream of Durban Platform will continue to explore in 2013 options to close the pre-2020 ambition gap. The announcement by the Secretary-General to host a world leader summit in 2014 to trigger ambition is welcomed. It is also decided that a draft should be made available after COP20 to be negotiated in COP21.

Reducing greenhouse gas emission could bring major public health benefits. This is particularly the case in relation to more sustainable choices in household energy, transport, food and agriculture and electricity generation. Public health could make important connections for climate change to the general public. Health co-benefits can be used to enhance pre-2020 ambitions under the Durban Platform. Health actors could continue to work to encourage parties to describe, assess and value health co-benefits of mitigation and to engage the health sector in mitigation strategy planning.

WHO and other accredited organizations can also write a submission on increasing health sector consultation and engagement in the ADP process.

Work Programme on long-term finance

It is decided to extend work program on long-term finance for one year with the aim of informing developed countries to scale up funding to \$100 billion.

Report of the Standing Committee on Finance

Welcomes the operationalization of the standing committee and financial contribution from Norway and EU and consider ways to strength tracking and reporting of climate finance.

Report of the Green Climate Fund

Decides that the Green Climate Fund will be hosted by the Republic of Korea. Australia, Finland, Netherlands, Republic of Korea and Sweden have contributed 4.298 million USD. Denmark, France, Germany, Japan, Norway and the UK pledged 4.554 million USD. The interim board will terminate no later than COP19 and an executive director will be appointed. Note that no concrete plan to fill the \$100 billion fund was decided.

Health actors could encourage Parties to take into account health implications of mitigation and adaptation, so as to ensure adequate funding for health adaptation and to mitigation strategies that yield health co-benefit.

Arrangements between the Conference of the Parties and the Green Climate Fund

It is decided that GCF is accountable to and functions under guidance of COP. Request the Standing Committee on Finance and the Board of Green Climate Fund to develop arrangement between COP and GCF to be adopted by COP19

Review of the financial mechanism

Decides to initiate fifth review of financial mechanism to update guidelines and ensure a transparent process by Standing Committee on finance drawing upon fast-start finance, work of GCF, adaptation fund and work program on long-term finance.

Report of the Global Environment Facility

Urges parties to fulfil their financial pledges and requests GEF to report to the COP.

Further guidance to the Least Developed Countries Fund

Invites organizations to submit by 1st August 2014 information on their experience with implementation of remaining elements of least developed countries work programme.

Health actors can advocate for funding for health as a part of least developed country adaptation fund.

Work of the Adaptation Committee

Approves the three-year workplan of Adaptation Committee and takes note of the estimated budgetary implications.

The WHO can provide technical support with regards to health national adaptation plans.

Loss and damage

It is decided to establish at COP19 institutional arrangements such as an international mechanism to address loss and damage in developing countries. The decision also mentions engagement of stakeholders in the assessment and response to loss and damage, non-economic loss and damages, loss and damages in vulnerable populations and climate-resilient development process. Prior to the 39th session of the SBI, an expert meeting to consider future capacity needs to address slow onset events, a technical paper on non-economic losses and a technical paper highlighting gaps in institutional arrangements to address loss and damage.

Negative impacts on health are among the biggest loss and damage caused by climate change. As we enter the era of loss and damage due to failed mitigation and adaptation attempts, it is crucial to ensure that negative health impacts are recognized as well as economic losses, loss of livelihood and etc. It is imperative that loss and damage to human health in vulnerable and least developed countries are compensated for. The health community can contribute to this area by:

- *Highlighting health as a key non-economic loss*
- *Advocating for the inclusion of health experts in the expert group and inclusion of the health sector in consultation regarding loss and damage*
- *Advocating for the inclusion of health loss in the institutional mechanism for loss and damage*
- *Providing technical assistance with assessment on risk to and impact on health*
- *Providing technical assistance on climate-resilient health system*
- *Providing technical assistance on health risk management*
- *Assisting with the capacity needed for dealing with health loss and damage*

National Adaptation Plans

It is decided to request GEF to provide funding from LDC fund to meet full cost of NAPs by LDCs. Invites UN organizations and specialized agencies to provide technical support to LDC parties.

The WHO will continue providing technical guidance to the LDCs for health in their national adaptation plans.

Report of the Technology Executive Committee

TEC will undertake follow-up activities in 2013 to identify barriers and enabling environment for technology development and transfer. Stresses need for implementation of technology needs assessment results.

Agreements to make Climate Technology Centre and Network fully operational

UNEP is selected as host for CTCN. An advisory board for the CTCN is established which is accountable for CTCN to COP.

Article 6

An eight-year Doha work programme on Article 6 of the Convention is adopted. The work program will have its first review in 2016. GEF is invited to provide fund to non-Annex I parties. Secretariat is encouraged to engage intergovernmental organizations to provide technical support. There will be annual in-session dialogue on article 6 with parties, representatives and experts on implementation of work program. The first focal area will be on education and training and the second on public awareness, public participation and access to information. International cooperation will crosscut both of these areas.

The health sector could be involved to encourage parties to:

- *Conduct education in health effects of climate change and health co-benefits of climate change mitigation*
- *Conduct training programmes on climate change and health for policy makers, local, national, regional and international leaders and other key personnel.*
- *Raise awareness of low-carbon options that are also good for health*
- *Provide public access to information on health effects of climate change and health co-benefits of various low-carbon lifestyle choices*
- *Ensure the inclusion of health sector in implementation of Article 6*
- *Use health effects as a key message to connect to the public about climate change*

WHO to join the UN Alliance on Climate Change Education, Training and Public Awareness

Prototype of the registry NAMA

Decides to operationalize the registry and to deploy the first release of dynamic web-based registry at least two months before COP19. Invites developed countries, entities on financial mechanisms such as GEF and GCF and other NGOs to submit information on financial, technology and capacity-building support available. Invites developing countries to submit information on NAMA needing support.

Team of technical experts

It is decided to forward draft text to 38th session of SBI to be adopted by COP19.

This draft decision includes invitation for intergovernmental organizations to nominate technical experts to UNFCCC. There are a range of options regarding geographical representation of the TTE and Annex I and non-Annex I balance.

The health sector can advocate for the inclusion of health experts in this team.

Consultative Group of Experts on National Communications from non-Annex I parties

It is decided to extend the CGE mandate for one year. Urges the provision of financial support to the committee.

The health sector can advocate for the inclusion of additional training on health as a part of workshops by the CGE.

Promote gender balance and improving participation of women

It is decided that additional efforts need to be made by parties to improve participation of women and to adopt a goal of gender balance in bodies under UNFCCC and KP. The issue of gender and climate change will be added as a standing item on the agenda of COP.

The health sector can make a valuable contribution by drawing the link between gender, climate change and health.

CMP8

AWG-KP

- Second commitment period to be implemented on 1st January 2013 for eight years
- Revisit emission target by 2014 and may increase ambition to reduce emission by 25-40% by 2020
- All Annex I parties can participate in CDM projects but only those with second commitment period emission targets can transfer and acquire CERs, AAUs and ERUs
- AAUs are allowed to be carried over. Australia, EU, Japan, Liechtenstein, Monaco, Norway and Switzerland declare that they will not purchase carried-over AAUs
- Overall, the second commitment period lacks ambition

Kazakhstan is added as an Annex I party with commitment inscribed in Annex B

CDM

- Submission by 25 March 2013
- First review will be carried out by CMP9
- Invites parties to make voluntary contribution to loan scheme

Joint Implementation

- SBI38 to provide recommendations including revised JI guidelines
- Review of JI guidelines on single unified track for JI projects, accreditation procedures between JI and CDM, appeal process against decisions of JISC under CMP

Adaptation Fund

- CER price drop and concerns regarding existence of fund beyond second commitment period
- Consider at CMP9 means to enhance sustainability, adequacy and predictability of these resources

Annex 1: The WHO delegation to the UNFCC COP18

WHO's Delegation to the United Nations Framework Convention on Climate Change and its Kyoto Protocol

Doha – 26 November to 7 December 2012

Dr Maria Neira, Director, Public Health and Environment, HWO, Geneva
Dr Diarmid Campbell-Lendrum, Scientist, Public Health and Environment, WHO, Geneva
Ms Marina Maiero, Technical Officer, Public Health and Environment, WHO, Geneva
Ms Elena Villalobos, Technical Officer, Public Health and Environment, WHO, Geneva
Dr Lucien Manga, Regional Adviser, Prevention and Control of Communicable Diseases, AFRO, Brazzaville
Dr Hamed Bakir, WHO Centre for Environmental Health Activities, EMRO, Amman, Jordan

Annex II: Health Actors at COP18

International Federation of Medical Students Association

Health and Environment Alliance

Healthy Planet UK

Health representatives from Party Delegations such as Bangladesh, Uganda, South Africa, Mali, Ivory Coast, Norway, Nigeria, USA etc.)

Annex III: IFMSA Delegation at COP18

Dr Lujain Al-Qodmani, IFMSA Vice President for Internal Affairs, Kuwait
Ms Maria Aroca, IFMSA Liaison Officer for Research and Medical Associations, Spain
Ms Rennie Qin, NZMSA-New Zealand
Ms Tanya Kondolay, IFMSA-Grenada

Annex IV: List of health articles in editions of the Outreach magazine published by the Stakeholder forum (<http://www.stakeholderforum.org/sf/outreach/index.php/pre-durban/cop-18>)

Energy Edition: Powering global health, Dr Maria Neira, Public Health and Environment Director, WHO

Gender Edition: When climate change and health adaptation intersect with gender, Zeenah Haddad, WHO

Health Edition: WHO's five key messages linking between climate change and health, Dr Maria Neira, Public Health and Environment Director, WHO

The health sector: Sustainability must start at home, Arthur Cheung, IFMSA

Climate change and child health: a looming threat to development progress, Kirstin Donaldson, Australia

Considering health implications of energy poverty, Kandeh K.Yumkella, United Nations Industrial Development Organization (UNIDO)

Linking climate change and health in Sustainable Development Goals: a Least Developed Country perspective, Dr Iqbal Kabir, Ministry of Health and Family Welfare, Bangladesh

Protecting health from climate change, Dr Rajendra K. Pachuari, IPCC

Interview of Dr Diarmid Campbell-Lendrum

The Doha declaration on climate, health and wellbeing: Health must be central to climate action

Climate change and health beyond-2015: the sustainable development agenda, Prof Jonathan Patz, Global Health Institute, University of Wisconsin-Madison

City Edition: Cities and the rise of adverse health effects from air pollution, Tanya Kondolay and Maria Aroca, IFMSA

Annex V: List of acronyms

AAUs – Assigned Amount Units

ADP - Ad hoc Working Group on Durban Platform for Enhanced Action

AWG-KP – Ad hoc Working Group on Kyoto Protocol

AWG-LCA - Ad hoc Working Group on Long Term Cooperative Action

CDM – Clean Development Mechanism

CERs – Certified Emission Reductions

CGE – Consultative Group of Experts

CMP – Conference of the Parties serving as the meeting of the Parties

COP18 – 18th Conference of Parties

CTCN – Climate Technology Centre and Network

ERUs – Emission Reduction Units

FAO – UN Food and Agricultural Organization

GCCA – Global Campaign for Climate Action

GCF – Green Climate Fund

GEF – Global Environment Facility

GFCS – Global Framework for Climate Services

ICAO – International Civil Aviation Organization

IFAD - International Fund for Agriculture and Development

IMO – International Maritime Organization

IPCC – Intergovernmental Panel for Climate Change

ITU – International Telecommunication Union

JI – Joint Implementation

LDC – Least Developed Countries

MOST – Management of Social Transformations Programme

NAMA – Nationally Appropriate Mitigation Actions

NAP – National Adaptation Programme

NGO – Non-governmental Organization

REDD – Reducing Emissions from Deforestation and Forest Degradation

SBI – Subsidiary Body for Implementation

SBSTA – Subsidiary Body for Scientific and Technological Advice

TEC – Technology Executive Committee

TTE – Team of Technical Experts

UNDP – United Nations Development Programme

UNEP – United Nations Environment Programme

UNESCO – UN Educational, Scientific and Cultural Organization

UNESCO-HIST – UNESCO International Centre on Space Technologies for Natural and Cultural Heritage

UNESCO-IOC – UNESCO Intergovernmental Oceanographic Commission

UNFCCC – United Nations Framework Convention on Climate Change

UNFPA – United Nations Population Fund

UN-HABITAT – United Nations Human Settlement Programme

UNIDO – United Nations Industrial Development Organization

UNISDR – UN Office for Disaster Risk Reduction

UNU-EHS – United Nations University Institute for Environment and Human Security

WEDO – Women's Environment and Development Organization

WFP - World Food Programme

WHO – World Health Organization

WMO – World Meteorological Organization

