

WHO in the Western Pacific Region



Big and small countries – several prone to disasters

How we work:

- 1 of 6 WHO Regions
- Regional Office in Manila
- 15 WHO Country Offices
- More than 600 staff



Introduction



Climate change represents an existential health threat for vulnerable countries requiring sustained global and local actions

Three arguments for global health practitioners to advocate climate change as the central agenda item of global health of the 21st century

- Health benefit and co-benefit
- Equity benefit
- Economy benefit

Health benefit - 1



Millions of human lives can be saved every year by minimizing the health impacts of climate change through adaptation and mitigation.

- Direct health impacts include increasing number of diseases, injuries and deaths due to more frequent extreme weather events such as heatwaves, droughts, floods, storms and wildfires over time
- Indirect effects on health are mediated by ecological changes, such as food and water insecurity, and by societal responses to climate change, such as population displacement and reduced access to health services

Health benefit - 2



Health co-benefits of climate action can be gained through reduced air pollution, increased physical activity, and dietary change, among various pathways

- Mitigation measures to shift from fossil fuels to clean energy can contribute not only to reducing carbon emissions globally but also to improving the air quality and saving a substantial number of lives locally every year
- Around 7 million lives can be saved every year, if the world can prevent major illnesses
 associated with the ambient and household air pollution
- Global health practitioners may rarely have a better opportunity of global health gain than
 minimizing the health impacts of climate change and maximizing health co-benefits of climate
 action



Tropical Cyclone Winston





Equity benefit -1



- The impacts of climate change on health and health systems are not evenly distributed geographically and across socioeconomic groups.
- Countries and communities that have contributed the least to anthropogenic climate change are often the most vulnerable and the most severely affected by the consequences of climate change.
 - For instance, the Pacific island countries, despite having 0·12% of the world's population, account for 0·03% of the global emissions of carbon dioxide from fuel combustion.

The health equity can be advanced at global, regional, national and local levels through climate action leaving no one behind

Equity benefit - 2



The Paris Agreement recognized that climate change already undermines the "right to health" of the vulnerable populations

- Countries with weak health systems are especially the least able to cope without substantial
 assistance to prepare and respond. Healthcare facilities are threatened by inundation from rising
 sea levels and severe tropical storms
- People in low-lying small island states are facing the prospect of forcible relocation without protection under international law and with few resources for resettlement
- By responding to climate change within and beyond the health sector, global health practitioners
 can help fill the gap in climate justice, advocate for the vulnerable populations and promote
 health equity, social justice and human rights



Economic benefit - 1



Economic argument in terms of the return on investment can convince decision-makers, financial planners and the business community to take climate action

- The monetary costs to health is estimated to be between USD 2-4 billion annually by 2030.
- Health gain from energy policy changes would have values exceeding the financial cost of mitigation at global level.
 - The ratio of health co-benefit to mitigation cost ranged from 1.4 to 2.45, depending on the scenario. In countries such as China and India, the benefits are several times higher than the costs.

Impacts of sea level rise on health system: The case of National Referral Hospital, Honiara

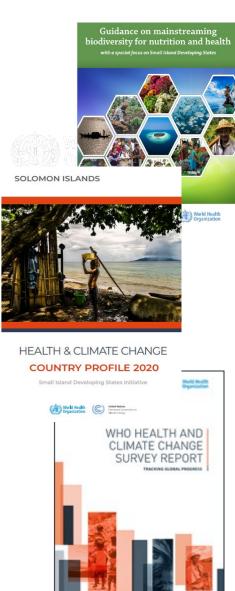




CLIMATE RESILIENCE World Health Organization



Region	Countries	CSP Components	Budget (USD)
WPRO (Pacific)	Kiribati, Vanuatu, Tuvalu, Solomon Islands	Policies and plans Integrated surveillance Climate-resilient health systems and facilities Capacity building	17,850,000
AMRO/PAHO (Caribbean)	Regional (Antigua & Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, St. Kitts & Nevis, St. Lucia, St. Vincent & the Grenadines, Trinidad & Tobago)	Health Impact Assessment Tools Health National Adaptation Plans Early Warning Systems Environmental Determinants One Health Approach to Developing Climate Change and Health Leadership	9,840,000
WPRO (Pacific)	Fiji, Nauru, Samoa, Republic of Marshall Islands and Vanuatu	Development of GCF Readiness proposals Climate-resilient healthcare facilities Climate-resilient WASH WHO/UNFCCC Country Profiles	300,000
AFRO	Mauritius	Development of GCF Readiness proposal Country Profile Integrated Surveillance (EWARS)	HQ staff and activity
		TOTAL SIDS BUDGET:	41,750,000



Conclusion



- WHO is supporting the SIDS and LDCs for building climate-resilient health systems
- Health, equity and economic benefits can justify stronger climate actions
- Climate change is the biggest global health threat of the 21st century, and tackling climate change could be the greatest global health opportunity of our time

I hank you for your attention!



