First Climate and Health Ministers’ Meeting

Chairs: Deputy Secretary General
WHO Director General Tedros Adhanom
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The UN Climate Action Summit (23 September in New York) and its ministerial Preparatory Meeting (30 June and 1 July in Abu Dhabi) will be the most important political platforms in 2019 to launch initiatives addressing the health impacts of climate change, as well as to dramatically raise the visibility of the health-climate nexus.

Accordingly, as part of the Preparatory Meeting, the United Nations, the World Health Organization, and the United Arab Emirates Ministries of Health and Prevention, and of Climate Change and Environment, respectively, are organizing the first-ever convening of health and climate ministers, in order to (a) strengthen and endorse health-centered mitigation and adaptation initiatives and (b) demonstrate political commitment to dual consideration of climate and health.

Ministerial format

The Ministerial Meeting will have three principal agenda items:

1. Air pollution
2. Reducing morbidity and mortality from climate-induced disasters and weather events
3. Financing approaches for the health-climate nexus

For each agenda item, participants will share national experiences that can inform dual climate-health action. They will also discuss how the benefits of these actions can be integrated in government policies, programs and communications, such as Nationally Determined Contributions (NDCs), National Adaptation Plans and Long-term Strategies to amplify the rationale for climate action.

A short report will be issued following the ministerial, which will identify areas of priority action and solutions.

1. Air pollution

Air pollution provides one of the most compelling rationales for climate action, and this section will focus on both the approaches and messaging that can simultaneously deliver results on both air pollution and greenhouse gas emissions. Outdoor air pollution is responsible for 4 million deaths per year, with indoor air pollution responsible for another 3 million – collectively, 1 in 8 human deaths. Furthermore, total estimated costs from the health impacts of air pollution are at $5.11 trillion per year. In the 15 countries that emit the most greenhouse gas emissions, the health impacts of air pollution are estimated to cost more than 4% of their GDP. Many of the sources of this pollution – including power plants, factories, and transport – are also the primary drivers of climate change. The health burden of polluting energy sources is now so high, that moving to cleaner and more sustainable choices for energy supply, transport and food systems effectively pays for itself.
This section will accordingly discuss the air quality commitments that are being prepared for the Summit (see Annex 1), as well as national approaches that capitalize on climate co-benefits of air pollution action.

Examples include:

- Implementing air quality and climate change policies that will achieve the WHO Ambient Air Quality Guideline values.
- Implementing e-mobility policies and actions with the aim of making a decisive impact on road transport emissions.
- Assessing the number of lives that are saved, the health gains in children and other vulnerable groups, and the avoided financial costs to health systems, that result from implementing their policies.
- Tracking progress, sharing experience and best practice through an international network supported by the UN system.

2. **Climate-induced disasters and weather events**

This session will see short interventions from ministers and agencies on the solutions that they are seeing and implementing to reduce the health impacts of climate change, as well as align the approach to climate and health policymaking. The session is intended to highlight and reinforce the landscape of options for domestic action. Climate change is a major and growing driver of human morbidity and mortality, with droughts, hurricanes, floods, heat, and other harsh weather events rapidly intensifying and occurring outside normal patterns. This section will focus on the actions that can prevent or reduce these very significant – but predictable – human health impacts.

Currently, up to 25% of humanitarian disasters are now attributed in part to climate change, from the single digits just a decade ago, and some 60% of displacement within countries (24 million people) results from climate change (vs 40% from conflict). These impacts represent billions of dollars of annual costs to provide basic needs to support human health from already-stretched international and domestic budgets.

At the same time, many climate events are highly predictable – from several days to months before they occur – while longer-term changes in weather that affect health can be accurately modeled, allowing for preventative action.

The section will accordingly discuss the commitments that are being prepared for the Summit, as well as national approaches that address the health consequences of climate-induced disasters and weather events.

Examples include:

- Expansion of and global coverage by early warning systems
- Implementation and integration of forecast-based financing, the approach in which scientifically credible forecasts of climate events trigger actions and funding based on a pre-agreed protocol
- Climate-proofing agriculture, to prevent immediate health impacts from food distribution, as well as displacement and survival-driven migration
3. Financing approaches for the health-climate nexus

Health and climate change actions have historically been planned and budgeted for separately, by both national governments and international organizations. This section will engage key sources of finance to discuss how they are integrating their approaches on climate and health, and how the growing climate-induced needs of health systems can be financed. This section will also identify emerging and likely requirements for health budgets as a result of climate change, such as vector-borne and water-borne disease, and indicate how they can be met. As for air pollution, the proposed initiative for the Climate Action Summit will be socialized during this section.

4. Ministerial Report

The report from the ministerial is intended to underscore the commitment of countries and non-state actors to dual consideration of climate and health, as well as crystalize the emerging consensus and narrative that human health must be at the forefront of climate decision-making and policy. The report is intended to be short and non-binding, identifying several areas of priority action and solutions, and would be issued shortly after the ministerial.