



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

Provisional Agenda Item 4.3

CE148/9 (Eng.)

18 March 2011

ORIGINAL: ENGLISH

STRATEGY AND PLAN OF ACTION ON CLIMATE CHANGE

Introduction

1. In 2008, the 48th Directing Council of the Pan American Health Organization, convened a *Roundtable on Climate Change and its Impacts on Public Health: a Regional Perspective* (Document CD48/16) (1) and approved its final report (Document CD48/16, Add. II) (2). The Roundtable participants reviewed the paper titled *Protecting Health from the Effects of Climate Change in the Region of the Americas: Moving from Evidence to Action* (Document CD48/16 Annex A) (3), which proposed the elements and framework for a Regional Plan of Action to Protect Health from the Effects of Climate Change in the Region of the Americas.

2. International experts participated in drafting the Regional Plan at a regional workshop held in Brazil from 9 to 11 April 2008. The document, which considered as input climate change country assessments coordinated by PAHO, was later reviewed by most Member States from North America, Central America, South America, and the Caribbean. The 2008 draft Regional Plan has served as the foundation for PAHO's support of national initiatives on climate change and health and for developing a Strategy on Climate Change and Health for MERCOSUR (Common Market of the South) countries.

3. The present document builds on the 2008 draft Regional Plan and is based on experiences at the national, subregional, and regional levels and on the workplan of the World Health Organization (WHO) on climate change and health (Document A62/11) (4).

Background

4. The United Nations Framework Convention on Climate Change (UNFCCC) came into effect at the Earth Summit in Rio de Janeiro in 1992. It defines climate change as a "change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability

observed over comparable time periods” (5). Parties to the Convention must submit national reports on implementation of the Convention. These are known as National Communications. The UNFCCC and the Intergovernmental Panel on Climate Change (IPCC) have devoted considerable time to analyzing climate change, including its impact on human health and well-being, although not all National Communications address health in a sufficiently detailed manner.

5. WHO’s 2008 World Health Day was celebrated with the slogan “Protecting Health from Climate Change,” underscoring the urgency of having the health sector undertake decisive action to counter the potentially devastating impacts of this emerging phenomenon.

6. In 2008, the 61st World Health Assembly noted with concern the findings of the Intergovernmental Panel on Climate Change (IPCC) (6), which remarked that:

- the effects of temperature increases on some aspects of human health are already being observed;
- the net global effect of projected climate change on human health is expected to be negative, especially in developing countries, small island developing States and vulnerable local communities which have the least capacity to prepare for and adapt to such change;
- exposure to projected climate change could affect the health status of millions of people, through increases in malnutrition, in death, disease and injury due to extreme weather events, in the burden of diarrheal disease, in the frequency of cardio respiratory diseases, and through altered distribution of some infectious disease vectors.

7. Recognizing the robust global scientific consensus, which asserts that the warming of the climate system is unequivocal and that it is adversely affecting human health, the World Health Assembly in 2008 adopted Resolution WHA61.19 (7). This resolution requests the Director-General, inter alia, “to consult Member States on the preparation of a workplan for scaling up WHO’s technical support to Member States for assessing and addressing the implications of climate change for health and health systems, including practical tools and methodologies and mechanisms for facilitating exchange of information and best practice and coordination between Member States, and to present a draft workplan to the Executive Board at its 124th session.” The workplan was endorsed by the Executive Board in 2009 (Resolution EB124.R5) (8).

8. PAHO and WHO have closely and continuously collaborated on climate change in the Americas and worldwide. This cooperation aims to increase awareness of the health consequences of climate change, assess country-specific risks, strengthen health systems to ensure adequate protection from climate-related risks, and foster the inclusion of a public

health perspective on climate change decision-making in other sectors. PAHO has actively participated in Conferences of the Parties (COP) of the United Nations Framework Convention on Climate Change (UNFCCC). PAHO and WHO coordinated a side event on climate change and health led by the Government of Mexico during the 16th Conference of the Parties held in Cancún, Mexico, in December 2010. PAHO is also working with other regional and international agencies to contribute to the 20th United Nations Conference on Sustainable Development, to take place in Brazil in 2012. A key theme of that Conference is the green economy in the context of poverty eradication and sustainable development. This approach is understood to be an important contribution toward reducing the global ecological footprint and greenhouse gases that contribute to climate change.

Situation Analysis

9. The scientific evidence and the scientific community's consensus regarding climate change are irrefutable. In large part, this change is due to the burning of fossil fuels. Based on observed increases in average global air and ocean temperatures, and the widespread melting of snow and ice and rising global average sea level, the Intergovernmental Panel on Climate Change (IPCC) concluded in 2007 that the warming of the climate—which includes an increase in climatic variability—is unequivocal. Evidence from around the world demonstrates that rising temperatures are changing and disrupting the balance of natural systems that supply the basic needs of life (6, 9). The World Meteorological Organization (WMO) informed that 2010 was ranked the warmest year on record, together with 2005 and 1998 (10). According to the IPCC (6), global average sea level has risen since 1961 at an average rate of 1.8 mm/year since 1961, and at 3.1 mm/year, since 1993.

10. In the Region of the Americas, the number of reported hydro-meteorological events (droughts, extreme temperature, floods and storms) is a matter for grave concern. These increased from 100 reported events in the decade 1960-1969, to 533 in the decade 2000-2009.¹ As worrisome are the expected changes in food supply and nutritional security, in water supply, in the range and distribution of vector-borne diseases, and in rising sea levels. The effects of climate change on cities, such as heat-waves, will become increasingly significant. In countries where there has been rapid and poorly planned urbanization, the harmful consequences could be even greater.

11. The results of and responses to climate change should be analyzed with a human rights perspective (11). Climate change can create conditions that foster human rights violations or that can limit protection or promotion of rights. For example, in 2005 an alliance of Inuit people from Canada and the United States of America filed a petition (12) with the Inter-American Commission on Human Rights, alleging that the failure to curb greenhouse gas emissions and the subsequent effects of global warming resulted in erosion,

¹ Source: Université Catholique de Louvain. EM-DAT: The OFDA/CRED International Disaster Database [Internet]. Brussels, Belgium (Data version: v12.07). [cited 2011 April 6]. Available from: www.emdat.be.

storms, and flooding, damaged Inuit property, forced the Inuit people's relocation, and decreased available drinking water and food. The petition claimed that these effects of global warming constituted violations of Inuit human rights (12). This petition demonstrated the use of the Inter-American human rights system to facilitate dialogue and opportunity for the Inuit people to provide testimony on the links between climate change and human rights (13).

12. The adverse health effects of climate change can be direct and indirect. Climatic extremes such as thermal stress and weather disasters directly affect health. Vector-borne disease transmission, water- and food-borne disease transmission, and food and water insecurity indirectly result from climate change. Climate change-caused weather disasters, droughts, and diseases further can result in social and economic dislocation, including population displacement (9). Women and men (due to their different social roles, legal discrimination, and levels of poverty) are affected differently by the effects of climate change and by extreme climate events and disasters (14). Additionally, women's lower socioeconomic position leads them to have less access to information, less control over decisions that affect them, and less access to resources and benefits to be able to respond to climate change and to related dislocation.² Responses to climate change must take into account these gender differences.

13. Current vulnerabilities in the population affect the capacity to respond to the impact of climate change. Identifying population groups that cannot cope with the effects of climate variability and extremes is essential for designing and implementing effective strategies for climate change and health. Many strategies can be adapted from existing preparedness and emergency response actions. At-risk populations in the Americas live in areas prone to floods, droughts, and heat waves. The most vulnerable groups include children under five, pregnant and lactating women, older adults, the poor and all the socially excluded, indigenous populations and other ethnic groups, and displaced populations living in urban and rural areas. Vulnerability can be exacerbated by structural stress factors which exist in many communities in the Americas, such as poverty, food insecurity, social conflict, and disease. Low-income countries and areas where under-nutrition is widespread, education is poor, and infrastructure is weak, will face the most difficult challenges in adapting to climate change and its related health consequences. Developed countries can also be vulnerable as demonstrated by the impacts of extreme weather events, such as storms, floods and heat-waves.

14. The UNFCCC calls for *mitigation*, i.e. actions to reduce emissions of greenhouse gases, and *adaptation*, i.e. actions to reduce the impact of climate change on the environment and society. Adaptation is necessary because some degree of climate change is unavoidable. Mitigation and adaptation require that civil society, industry, government, and

² For more information, please visit the Global Gender and Climate Alliance website: <http://www.gender-climate.org/> [cited 2011 March 19].

other sectors work together. Both approaches must consider the Region's cultural diversity and the need to increase citizens' awareness about climate change and its threats.

15. Many mitigation actions taken by sectors other than the health sector also benefits health. For example, a reduction in greenhouse gas emissions from industry and transportation sectors would also alleviate air pollution. The health sector also emits greenhouse gases and can significantly contribute to both mitigation and adaptation efforts, by reducing its carbon footprint, building upon its work to make its health care facilities safe.

16. Because some degree of climate change is to be anticipated, governments, including the health sector, must make adjustments to adapt to such changes and to prepare the health systems for and protect the population's health from the increased risks associated with climate change. In particular, it will be necessary to strengthen core public health interventions in such areas as vector management, environmental health protection, and disease surveillance. The health sector also must pay more attention to the social determinants of health. PAHO and WHO have prepared guides to help countries evaluate their vulnerability to climate change, so they can identify priority health interventions.³

17. The health sector's responses represent opportunities to protect public health, such as by strengthening core public health interventions to encompass greater attention to environmental and socioeconomic determinants of health. The health sector's response can only be effective if it acts in synergy with initiatives such as the delivery of primary health care within "healthy settings" initiatives, or other interventions such as those on urban health. The health sector's strength and experience in preparedness, acquired by managing environmental risks and emergencies such as those resulting from hurricanes and El Niño, is an asset. The various country interventions on adaptation to climate change (such as the interagency activities funded by the United Nations MDG Achievement Fund, established with a generous contribution from the Government of Spain, or by the Global Environment Facility) are also considered to be an advantage.

18. Climate change has adverse impacts on people living in different geographical settings. The high rate of urbanization in the Region of the Americas makes the consideration of urban health determinants in the context of a changing climate, including the provision of water, crucial. Climate change issues were addressed during the 2010 World Health Day (Urbanization and Healthy Living) and in the round table on the same topic that took place in 2010 during PAHO's 50th Directing Council (Document CD50/19, Add. II) (15). Rural areas, on the other hand, are where some of the most vulnerable populations live. Furthermore, the fact that there are many island nations in the Region,

³ For more information please visit the World Health Organization's web page on climate change and human health: Adaptation Resources for Health Partners [consulted 2011 April 5]. Available from: <http://www.who.int/globalchange/resources/adaptationresources/en/index.html>.

raises concern over rising sea levels and the availability of potable water in small islands. The availability of food and crop yields may suffer in some communities, affecting nutrition and causing populations to be displaced. Climate sensitive vector-borne diseases, such as dengue, yellow fever, and malaria, which may change their geographical distribution, deserve particular attention. These are some of the health concerns which point to the need for a regional plan of action, as well as national plans of action, to protect the population's health.

19. PAHO supports the intervention and activities that the Region's countries are implementing. For example, the ministers of health from Argentina, Brazil, Chile, Paraguay, and Uruguay have agreed on a strategy and action plan for MERCOSUR countries (Agreement 12/09). Brazil has defined health interventions within its National Plan of Action on Climate Change. Ecuador's Minister of Public Health signed a Declaration for UNFCCC COP16 (2010), outlining the country's commitment and activities. Bolivia includes health in its National Adaptation Plan. Canada and the United States of America have assessed health impacts and vulnerabilities to climate change. WHO Regional Committees have also endorsed Regional Action Plans to protect health from the repercussions of climate change.

Proposal

20. The Goal of the Strategy on Climate Change and Health is to equip and strengthen national and local health systems so they can protect human health from risks related to climate change. Concerns about public health security are at the center of the response to climate change.

21. The Plan of Action, in turn, supports the development and implementation of key actions at local, national, and regional levels to minimize the impacts of climate change on health and to encourage the health sector to adopt energy management measures to mitigate climate change and avoid additional, potentially disastrous impacts on health. The Plan of Action serves as a model for the development of national plans of action tailored to local needs.

Strategy

22. The Strategy encompasses the following four areas:

Strategic Area 1: Evidence: Strengthening the generation and dissemination of knowledge regarding health risks associated with climate change and about the appropriate public health response to this phenomenon.

Strategic Area 2: Raising awareness: Creating awareness and increasing knowledge about the health effects of climate change among the general public and in other sectors, including

health personnel, by promoting training and by communicating and disseminating information through a multidisciplinary approach.

Strategic Area 3: Partnerships: Promoting, articulating, and establishing cross-disciplinary, interagency, and intersectoral partnerships to ensure that health protection and promotion is central to climate change policies.

Strategic Area 4: Adaptation: Strengthening and developing the capacity of health systems to design, implement, monitor, and evaluate adaptation measures designed to improve response capacity to the risks posed by climate change.

Plan of Action

23. The Plan of Action will extend from 2012 to 2017. It is organized around the four strategic areas and it proposes the following objectives, indicators, and actions:

Objective 1: Promote and support the generation and dissemination of knowledge to facilitate evidence-based actions to reduce health risks associated with climate change.

Indicator

Number of countries that include climate indicators in their environmental health surveillance systems.

Actions

- 1.1 Develop a standardized method and tools to assess vulnerability, which will provide information on the necessary actions for adaptation.
- 1.2 Support research to gather evidence on the impacts of climate change on health, with a focus on socioeconomic and gender inequities.
- 1.3 Identify and adapt indicators of climate change to include in national surveillance systems.
- 1.4 Develop, adapt, or adopt vulnerability indicators; establish the degree of vulnerability; and monitor progress in adaptation measures and in the efficacy and efficiency of the interventions.
- 1.5 Establish networks of experts and institutions, and put in place mechanisms, to share information on climate change and health as a way to contribute toward the regional integration of adaptation activities.
- 1.6 Facilitate the preparation and dissemination of technical guidelines on best ways to reduce greenhouse gas emissions in the health sector.
- 1.7 Promote the evaluation of greenhouse gas mitigation strategies implemented by sectors other than the health sector (e.g., energy, transportation, and urban design)

- and use the resulting information for decision-making aimed at minimizing the negative effects of climate change on human health and wellbeing.
- 1.8 Disseminate the information that is generated through communication networks, such as web pages and the virtual library.

Objective 2: Raise awareness and increase knowledge of the effects of climate change on health in order to facilitate public health interventions.

Indicator

- Number of countries that include information on climate change and health in their national climate change strategies⁴.

Actions

- 2.1 Sensitize decision-makers to the projected negative outcomes for human health as a result of climate change and to the need to reduce risks associated with climate change in the field of public health; promote appropriate and effective health system responses.
- 2.2 Develop or adapt education and communication guides as a way to foster people's awareness about risks, and develop health promotion campaigns to protect the health of communities in the face of climate change.
- 2.3 Develop education, information, and training guides for the health sector that deal with climate change and health.
- 2.4 Continue and strengthen the work of PAHO in support of Member States efforts to provide environmental health training, specifically in climate change and health.

Objective 3: Promote policies and interventions in and between countries in coordination with other agencies and sectors.

Indicator

- Number of countries where the health sector contributes to the UNFCCC by informing on health issues in their National Communications to the Convention.

Actions

- 3.1 Promote the establishment of multidisciplinary expert groups and networks that can help strengthen the health sector in implementing actions related to climate change.
- 3.2 Provide technical cooperation to Member States to ensure that they actively participate in UNFCCC processes related to climate change.

⁴ Indicators baseline data and target are being identified and will be included after the Executive Committee discussion.

- 3.3 Promote technical cooperation projects between countries that aim to assess and mitigate the effects of climate change in areas that suffer similar impacts and in border areas.
- 3.4 Promote actions on climate change and health within subregional integration mechanisms—the Andean Nations Community (CAN), the Central American integration system (SICA), the Common Market of the South (MERCOSUR), and the Caribbean Community (CARICOM).
- 3.5 Identify and establish PAHO/WHO Collaborating Centers in the area of climate change and health to support national and regional capacity development.

Objective 4: Support the evaluation of the population’s vulnerability to climate change and identify adaptation interventions.

Indicator

- Number of countries that have completed climate change and health vulnerability and adaptation assessments.

Actions

- 4.1 Provide technical cooperation and national and regional support to design and execute national plans of action that address the health risks of climate change.
- 4.2 Implement adaptation measures based on assessments of climate change and health vulnerability.
- 4.3 Improve regional, national, and local capacity to respond to public health needs in emergencies caused by an increased frequency and intensity of disasters related to modifications in hydro-meteorological patterns, and to wide-reaching epidemics.
- 4.4 Strengthen primary health care services, including primary prevention, to support the capacity of local communities to become resilient to climate-related health risks.

Monitoring and Evaluation of the Plan

24. This Plan of Action contributes to the achievements of PAHO’s Strategic Plan’s Strategic Objectives 5 and 8 (SO5⁵ and SO8)⁶. The specific Region-wide Expected Results (RERs) to which this Plan of Action contributes are detailed in Annex B. The monitoring and assessment of this Plan will be aligned with the Organization’s results-based management framework as well as its performance, monitoring and assessment processes.

⁵ SO5: To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact.

⁶ SO8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

In this regard progress reports will be developed based on information available at the end of a biennium.

25. With a view to determine strengths and weaknesses of the overall implementation, causal factors of successes and failures, and future actions, a final evaluation will be conducted.

Action by the Executive Committee

26. The Executive Committee is requested to examine the Strategy and Plan of Action on Climate Change and consider adopting the proposed resolution (Annex A).

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PAN AMERICAN HEALTH ORGANIZATION
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148th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 20-24 June 2011

CE148/9 (Eng.)
Annex A
ORIGINAL: ENGLISH

PROPOSED RESOLUTION

STRATEGY AND PLAN OF ACTION ON CLIMATE CHANGE

THE 148th SESSION OF THE EXECUTIVE COMMITTEE,

Having reviewed the Director's report *Strategy and Plan of Action on Climate Change* (Document CE148/9),

RESOLVES:

To recommend that the Directing Council adopt a resolution along the following lines:

STRATEGY AND PLAN OF ACTION ON CLIMATE CHANGE

THE 51st DIRECTING COUNCIL,

Having considered the report of the Director *Strategy and Plan of Action on Climate Change and Health* (Document CD51/__);

Recognizing that climate change is one of the greatest threats to health and that it will affect achieving and sustaining the Millennium Development Goals;

Acknowledging that climate change poses a threat to public health in the Region of the Americas, and that the impacts of this change will be most strongly felt by vulnerable populations living in low-lying and coastal areas, small islands, mountain regions, water stressed regions, and by the rural and urban poor;

Noting that the United Nations Framework Convention on Climate Change (UNFCCC) has recognized and documented the adverse impacts of climate change on health;

Recalling the 2008 “Roundtable on Climate Change and its Impacts on Public Health: a Regional Perspective” (Document CD48/16) and its final report (Document CD48/16, Add. II) and proposed Regional Plan of Action to protect health from the effects of climate change in the Region of the Americas;

Recalling resolution WHA61.19 (2008) on climate change and health, and the WHO workplan on climate change and health submitted to the 62nd World Health Assembly in 2009 (Document A62/11); and

Realizing that there is an urgent need for the health sector in the Americas to protect health from the consequences of climate change,

RESOLVES:

- 1) To approve the Strategy and Plan of Action on Climate Change and Health.
- 2) To urge Member States to:
 - (a) strengthen their capacity to measure the impacts of climate change on health at the national and local levels, focusing on socioeconomic, ethnic, and gender inequities;
 - (b) strengthen the capacity of health systems for monitoring and analyzing climate and health information to implement timely and effective prevention measures;
 - (c) build capacity and awareness among public health leaders to provide technical guidance in developing and implementing strategies to address the health effects of climate change;
 - (d) support the development of training materials, methods, and tools to build capacity within and outside the health sector to address adaptation and mitigation measures to cope with climate change;
 - (e) promote the engagement of the health sector with all related sectors, agencies, and key national and international partners to implement interventions that reduce current and projected health risks from climate change;
 - (f) gradually implement the activities proposed in the Plan of Action, in order to empower and strengthen national and local health systems so they can effectively protect human health from risks related to climate change.

- 3) To request the Director to:
 - (a) continue to cooperate closely with Member States to establish networks that facilitate the gathering and dissemination of information, and to promote research and surveillance systems related to climate and health;
 - (b) support the countries' efforts to launch campaigns for raising awareness about climate change, to reduce the health sector's carbon footprint, and to prepare health professionals to implement effective adaptation interventions;
 - (c) work with countries to mobilize international funds for activities aimed at reducing the health impacts of climate change;
 - (d) work with countries, subregional integration mechanisms, international agencies, networks of experts, civil society, and the private sector to create partnerships that promote environmentally sustainable actions at all levels;
 - (e) support Member States in assessing their population's vulnerability to climate change and in developing adaptation options based on these assessments;
 - (f) assist Member States in implementing the Plan of Action, in developing national plans tailored to local needs, and in informing of their progress in this regard in relevant high-level venues such as the 2012 Earth Summit.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CE148/9 (Eng.)
Annex B

**Report on the Financial and Administrative Implications for the Secretariat of
the Proposed Resolution**

1. Agenda item: 4.3: Strategy and Plan of Action on Climate Change

2. Linkage to Program Budget 2010-2011:

(a) **Area of work:** Sustainable Developmental and Environmental Health

(b) **Expected result:**

SO 8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

RER 8.1: Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electromagnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.

RER 8.4: Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.

RER 8.5: Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and reemerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.

RER 8.6: Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.

SO 5: To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact.

RER 5.5: Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.

3. Financial implications: The strategy has financial implications for the Organization.

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):

US\$ 450,000 per year for 5 years, totaling \$2,250,000

(b) Estimated cost for the biennium 2010-2011 (estimated to the nearest US\$ 10,000, including staff and activities):

\$900,000

(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?

\$300,000

4. Administrative implications

(a) Indicate the levels of the Organization at which the work will be undertaken:

Regional, subregional, and country levels

(b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):

A professional-level post (P-4) to provide technical support and coordinate and monitor the implementation of country-specific projects.

(c) Time frames (indicate broad time frames for the implementation and evaluation):

2011-2016



PAN AMERICAN HEALTH ORGANIZATION
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CE148/9 (Eng.)
Annex: C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES
<p>1. Agenda item: 4.3 Strategy and Plan of Action on Climate Change</p>
<p>2. Responsible unit: Sustainable Development and Environmental Health/ Environmental and Occupational Risks (SDE/ER). Preparing officer: Carlos Corvalán</p>
<p>3. List of collaborating centers and national institutions linked to this Agenda item:</p> <ul style="list-style-type: none"> • Instituto Nacional de Salud Pública (INSP), Cuernavaca, México • National Institute of Environmental Health Services (NIEHS-NIH), United States • Centers for Disease Control and Prevention (CDC), United States • Institut national de santé publique du Québec (INSPQ-CHUQ-DSP), Canada • Oswaldo Cruz Foundation (FIOCRUZ), Brazil • The Center for Sustainability and the Global Environment (SAGE), University of Wisconsin-Madison, United States
<p>4. Link between Agenda item and Health Agenda for the Americas 2008-2017:</p> <p><i>Item (b) Tackling Health Determinants - Paragraph 40</i></p> <p>The determinants of health should be tackled in order to effectively protect poor, marginalized, and vulnerable populations. This refers to determinants that are related to (a) social exclusion, (b) exposure to risks, (c) unplanned urbanization, and (d) the effects of climate change. This approach requires revision of legislative frameworks, which currently provide adverse incentives for the improvement of health determinants.</p> <p><i>Notes and References - Paragraph 32</i></p> <p>The variables included in this grouping are the following: (a) social exclusion: income, gender, education, ethnic origin, and disability; (b) exposure to risks: poor living and working conditions, unhealthy lifestyles, lack of information, difficulty in accessing food and water, soil, water and air pollution, and contaminated food; (c) unplanned urbanization exacerbates the inadequate water services, sanitation, and housing; and (d) among the consequences of climate change are floods, droughts, and vector-borne diseases, which affect poor population with higher intensity.</p>

5. Link between Agenda item and Strategic Plan 2008-2012:

SO 8: To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.

RER 8.1: Evidence-based assessments, norms and guidance on priority environmental health risks (e.g., air quality, chemical substances, electromagnetic fields (EMF), radon, drinking water, waste water re-use) disseminated.

RER 8.4: Guidance, tools, and initiatives created to support the health sector to influence policies in priority sectors (e.g. energy, transport, agriculture), assess health impacts, determine costs and benefits of policy alternatives in those sectors, and harness non-health sector investments to improve health.

RER 8.5: Health sector leadership enhanced to promote a healthier environment and influence public policies in all sectors to address the root causes of environmental threats to health, by responding to emerging and reemerging environmental health concerns from development, evolving technologies, other global environmental changes, and consumption and production patterns.

RER 8.6: Member States supported through technical cooperation to develop evidence-based policies, strategies and recommendations for identifying, preventing and tackling public health problems resulting from climate change.

SO 5: To reduce the health consequences of emergencies, disasters, crisis and conflicts, and minimize their social and economic impact.

RER 5.5: Member States supported through technical cooperation to strengthen national preparedness and establish alert and response mechanisms for food safety and environmental health emergencies.

6. Best practices in this area and examples from countries within the Region of the Americas:

Ministers of Health from Argentina, Brazil, Uruguay, Paraguay and Chile agreed on a strategy and action plan for MERCOSUR (Agreement 12/09), based on PAHO's Draft Plan of Action of 2008. Brazil has well defined health interventions within its National Plan of Action on Climate Change. The Ministry of Health of Ecuador signed a Declaration for the UNFCCC Conference of the Parties, in Mexico, 2010, outlining the country's compromise and activities. Bolivia includes health in its climate change national adaptation plan.

7. Financial implications of this Agenda item: US\$ 450,000 per year for 5 years, totaling \$2,250,000