



# Health in NDCs



## KEY MESSAGES

- **Health is included in 70 percent of the initial NDCs and 17 NDC Partnership member countries have made health-related requests to advance NDC implementation and enhancement. With the rise of COVID-19, there are signs that health will feature more prominently in future NDC enhancement and implementation processes.**
- **Mainstreaming health considerations into climate policies and strategies emerges as a priority action, suggesting that countries are integrating health into climate strategies and policies more and more, though important gaps remain to be filled.**
- **Frequently, countries include health in their Partnership requests as one of many sectors to be addressed under an objective. However, some have included ambition and broad actions such as collection of data, assessments, campaigns and other detailed measures.**
- **The AFOLU and water sectors emerge as priority areas for health-climate intervention. Together, the two sectors overlap with 58 percent of health sector requests.**
- **Of 22 partners supporting health requests, five cover 83 percent. Just over half of all health requests remain unaddressed.**

## INTRODUCTION

Climate change presents one of the greatest threats to public health in the 21st century, imposing severe economic, physical, and psychological hardships on every country. Increased incidence of respiratory and cardiovascular disease, premature deaths related to extreme weather events, food and nutrition insecurity, water-borne illnesses and other infectious diseases, as well as mental health disorders, threaten to undermine the “right to health” grounded within a number of declarations<sup>1</sup> and the Paris Agreement, while also hindering the implementation of countries’ Nationally Determined Contributions (NDCs)<sup>2</sup>. Technical and financial support for public health is key to reinforcing a climate-resilient health system. However, only 0.5 percent of multilateral climate finance is specifically dedicated to health projects<sup>3</sup>. Even so, 70 percent of initial NDCs include public health considerations (as of December 2019), most of them including it as an adaptation effort<sup>4</sup>.

The COVID-19 pandemic brings a new set of challenges to NDC implementation as countries are forced to re-direct climate investments towards virus curtailment and the promotion of economic recovery. Yet the pandemic also opens new opportunities to align NDCs with health resilience—often overlooked in NDCs due to its indirect association with climate change, or to the fact that its linkages with climate are managed by the health sector itself or addressed by other policy tools, such as National Adaptation Plans (NAPs). By taking a whole-of-government approach to health-climate alignment, countries may unlock new sources of adaptation and resilience finance, tackle public health issues, and bolster their economies for the long-term.

## HEALTH IN NDC IMPLEMENTATION AND ENHANCEMENT

**Seventeen countries have submitted health-related requests for support to the Partnership, with almost three-quarters of these requests targeted towards NDC implementation and the remainder towards enhancement and revision<sup>5</sup>.** Health emerges in only one percent of total requests made to the Partnership, with the majority coming from seven Sub-Saharan African countries—primarily Burkina Faso, Mozambique, and Uganda, who together make up over half of total health requests. Of the health requests received, about half are adaptation focused, meaning they aim to increase countries’ preparedness and resilience to climate change and its anticipated health impacts. Thirty-nine percent of requests crosscut mitigation

1 Including the Universal Declaration of Human Rights, the International Covenant on Economic Social and Cultural Rights, and the Convention on the Rights of Persons of Disabilities.

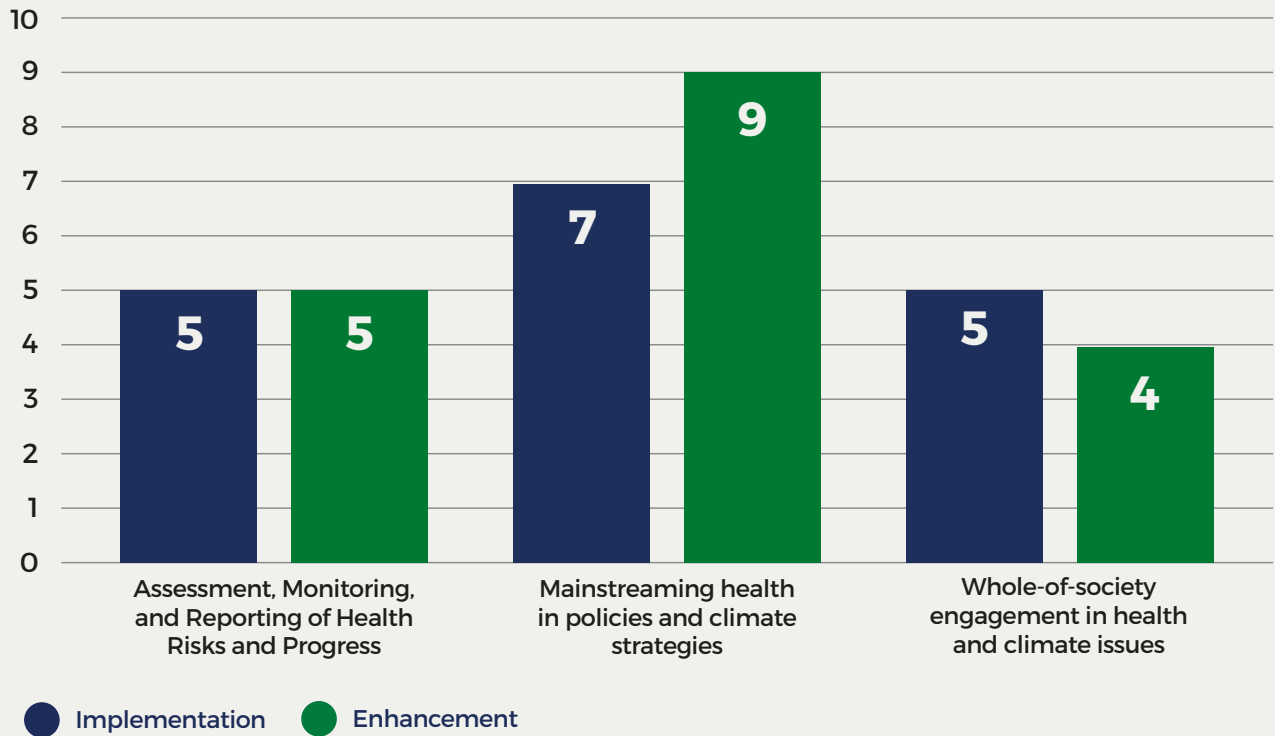
2 [National Climate Assessment. U.S. Global Change Research Program. 2014.](#)

3 [COP24 Special Report: Health & Climate Change. World Health Organization. 2018.](#)

4 [Health in the Nationally Determined Contributions. World Health Organization. 2020.](#)

5 Statistics on NDC implementation are derived from 57 health requests from seven NDC Partnership member countries’ Partnership Plans and Requests for Support. Statistics on NDC enhancement are derived from 21 NDC enhancement health activities from 12 countries engaged in the NDC Partnership’s Climate Action Enhancement Package (CAEP) offering. In aggregate, data includes 78 requests to the NDC Partnership from 17 countries as of July 7, 2020. Statistics are not weighted to scale or budget.

**FIGURE 1. COUNTRIES WITH NDC IMPLEMENTATION AND ENHANCEMENT REQUESTS BY HEALTH ACTION AREA**



and adaptation, leaving only a small fraction (eight percent) which have a specific mitigation component, focusing mostly on the reduction of climate pollutants to combat respiratory and cardiovascular disease. Benin, Jordan, and the Republic of the Marshall Islands are some of the countries where requests center on reducing urban concentrations of short-lived climate pollutants (SCLPs) through the transport sector. Côte d'Ivoire is also working with the Climate and Clean Air Coalition on an assessment of the national SCLPs, in order to include these in its new NDC. Some climate policies also focus on improving the resilience and sustainability of hospitals and other healthcare facilities. For instance, Albania has requested support to implement pilot projects which will convert waste from the agricultural sector for pellet production in order to heat public institutions such as schools and hospitals.

Twelve countries embed health within their NDC enhancement activities, particularly through governance and mainstreaming. Most of these interventions are included within broad, multi-sector approaches. For instance, Mozambique has asked for support to conduct trainings in vulnerability assessments for the agriculture, water resources, early warning, and health sectors in preparation for the development of its NAP. The combination of health and climate requests is found most frequently within the water, transportation, and Agriculture, Forestry, and other Land Use (AFOLU) sectors, although water and sanitation are referenced more in enhancement activities—86 percent as compared to 46 percent of implementation requests. This disparity might indicate that countries are giving greater emphasis to the linkages between climate change, water sanitation, and health resilience within their revised NDCs.

Drawing on the World Health Organization's (WHO) recommendations to Parties to the UNFCCC on advancing the objectives for climate, health, and development<sup>6</sup>, this analysis divides country health requests into three action areas:

## ASSESSMENT, MONITORING, AND REPORTING OF HEALTH RISKS AND PROGRESS

**Five countries seek NDC implementation support to assess health risks associated with climate change and to monitor progress in health resulting from mitigation and adaptation. A number of countries also request support to report on this progress to the UNFCCC, global health governance processes, and the monitoring system for the Sustainable Development Goals (SDGs).** For instance, Mozambique has requested support to improve the intervention capacity of its National Health System on climate change and health issues by achieving 100 percent national coverage of districts reported in the country's vector diseases observatory database.

Only five countries with health-related enhancement activities make requests in this action area. Their activities focus primarily on defining or updating multi-sector targets. No related activity is devoted specifically and uniquely to public health—a trend which also extends to NDC implementation. Exactly half of total requests in this action area overlap with the AFOLU and water sectors. For instance, Sudan has identified links between agriculture, health, and gender equity by requesting technical support to establish data collection systems in these sectors, and to map traditional female rain-fed farmers and pastoralists before introducing measures that empower the women, preserve agricultural production capability, conserve water resources, and inhibit the spread of disease.

## MAINSTREAMING HEALTH IN POLICIES AND STRATEGIES

**Requests from every country for support to implement health-related NDCs include some intervention for mainstreaming health into national policies and strategies. Enhancement requests in this action area are slightly less prevalent than those for implementation. Still, it remains the priority action area for raising NDC ambition, with enhancement requests coming from three-quarters of countries.** With 40 percent of these requests unsupported by partners, technical assistance is needed to conduct preparational activities, including economic assessment and cost-benefit analysis, which will inform public health investments before moving on to the enactment of relevant economic and fiscal policies. Burkina Faso, for example, has requested support to implement a sectoral NDC implementation plan for the health sector. With financing from the NDC Partnership Support

Unit, Ecuador recently developed an NDC implementation plan for adaptation activities in the Health Sector. The plan will include specific measures to issue a Health Surveillance Manual for the surveillance and prevention of exposure to high ambient temperatures, among other occupational health risk factors.

## WHOLE OF SOCIETY ENGAGEMENT IN HEALTH AND CLIMATE ISSUES

**Five countries seek implementation support to coordinate and promote engagement of the health community and society at large as advocates of climate action with overlapping public health benefits.** This includes requests to involve subnational leaders in inter-sectoral action to promote the alignment between health and climate goals through policies for cleaner transport, energy, waste management, and urban planning in line with UNFCCC climate targets. For instance, the Republic of the Marshall Islands requires support to improve cycling and walking infrastructure and access to zero-carbon transport through public health campaigns and gender-sensitive safety trainings. Regarding enhancement, only four of the twelve countries analyzed take this action into consideration, solely as part of multi-sector, multi-stakeholder consultations and workshops. Ecuador, for example, will prepare a mapping of actors in order to form a Health Sectoral Working Group, which will help propose potential sectoral level responses to increase the resilience of human and natural systems affected by climate change. In Pakistan, the WHO will support NDC enhancement efforts by facilitating health sector participation in the United Nations-led Technical Working Group on Adaptation Assessment. It is worth noting that the majority (80 percent) of all unsupported health-related requests fall within this action area, flagging an area of opportunity for partners to step in with technical services.

## WHO IS SUPPORTING HEALTH-RELATED REQUESTS IN THE NDC PARTNERSHIP?

**Forty-three percent of all health requests made to the Partnership have received indicated support from 22 partners. Five partners—the United Nations Development Programme (UNDP), the Food and Agriculture Organization (FAO), the Global Green Growth Institute (GGGI), the World Resources Institute (WRI), and UN Environment (UNEP)—have responded to 83 percent of all supported health requests to the Partnership (as of July 2020)<sup>7</sup>.** In addition, the WHO plays a central role in addressing health-related enhancement requests within the membership. The organization is currently responding to requests from 11 countries to conduct national health co-benefits studies. These studies will lay out options for increased public health ambition in countries' revised NDCs. The WHO supports more than 50 countries

<sup>7</sup> The NDC Partnership classifies supported requests as those requests where a partner has indicated they will provide technical assistance and project financing support. This does not necessarily mean the indicated support has already been implemented.

to protect and promote health in a changing climate. It is also responding to a number of country requests within the Partnership, including:

- **In Mozambique**, to support work on defining adaptation actions and targets for the health sector, and in the development and implementation of a training package for building capacity to respond to the health sector needs.
- **In Pakistan**, to facilitate health sector participation in the country's Technical Working Group on Adaptation Assessment. The WHO also provides technical assistance to the selection and application of appropriate tools and methodologies of health and climate change vulnerability and adaptation assessment; it also supports the health sector in the participation and contribution to the Advisory Committee on mitigation analysis and adaptation assessment of the NDC.
- **In Cambodia**, to support the health sector in its contribution to the NDC update.

## NDC PARTNERSHIP RESOURCES ON HEALTH

Member countries seeking support on how to align public health resilience efforts with climate action can tap into the NDC Partnership knowledge products and the [Knowledge Portal](#), which includes:

- **[The Good Practices Database](#)**, a repository of good practices and lessons learned from countries' climate actions.
- **[Climate Toolbox](#)** that provides tools, guidance, platforms, and advisory support.
- **[Climate Finance Explorer](#)**, a database of open climate funds and related support.
- **[NDC-SDG Linkages Tool](#)**, which maps how countries are linking their NDCs with SDGs, including for public health.
- The **[WHO Health & Climate Change Toolkit](#)**, which offers a wide range of policy tools, resources, and **[guidance documents](#)**.
- **[Additional data sources](#)** specific to NDCs, climate finance, climate policy, and other relevant environmental and development indicators. This includes the **[WHO Global Ambient Air Quality Database](#)** and online **[training module](#)** on the introduction to the health challenges, as well as the opportunities, that may be associated with climate change.

The NDC Partnership is also working quickly to leverage political, economic, and social momentum revolving public health for the implementation and enhancement of comprehensive, ambitious, and inclusive NDCs. In response to inputs from a recent survey of Ministries of Finance/Planning and Ministries of Environment/Climate Change, the Partnership has launched an Economic Advisory Support initiative which will embed economic and financial advisors in 30 developing member countries hard hit by COVID-19. Additionally, the Partnership will continue to help member countries enhance NDC ambition in the area of public health and in the deliverance of support through partners like the World Health Organization (WHO).

Finally, the WHO developed a review on *Health in the NDCs*, providing a set of recommendations and a broad range of public health measures, for the creation of robust and ambitious health-promoting NDCs.

## CREDITS

*This insight brief was written by Thibaud Voita and Sam Morton with the support of the NDC Partnership Support Unit and the World Health Organization.*



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