Climate change and health: A draft resolution

This is a summary of the following paper: World Health Organization (2024) Climate change and health – Draft resolution proposed by Barbados, Brazil, Ecuador, Fiji, Georgia, Kenya, Moldova, Monaco, Netherlands (kingdom of the), Panama, Peru, Philippines, Slovenia, United Arab Emirates and the United Kingdom of Great Britain and Northern Ireland.

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF7-en.pdf

n May 2024, the 77th World Health Assembly passed a Resolution on Climate Change and Health, emphasising the serious impact of climate change on global health and calling for urgent, integrated action to address the profound impacts of climate change on health and nutrition. Climate change is identified as a significant threat to public health, affecting well-being through extreme weather events, changing ecosystems, and driving up diseases.

The resolution highlights that extreme weather and climate change threaten food security, leading to malnutrition in all its forms. It recognises this is a complex issue that requires integrated approaches to address. It acknowledges that climate change exacerbates health inequalities, disproportionately affecting vulnerable populations, particularly women and girls. It stresses the need for a comprehensive approach to tackle these health challenges and address the root causes of climate-sensitive health issues.

The resolution calls for coordinated action to build sustainable and climate-resilient health systems. This includes integrating climate considerations into health policies and fostering collaboration across various sectors to address the interlinkages between the environment, the economy, health, nutrition, and sustainable development. It advocates for a "health-in-all-policies" approach, ensuring that climate adaptation and mitigation strategies include

health and nutrition considerations. It also emphasises the need for international cooperation, financial support, and the sharing of knowledge and technologies to build climate-resilient health systems. The value of initiatives such as the COP27 Initiative on Climate Action and Nutrition in helping drive a global shift on climate and health action is acknowledged. By adopting these measures, the resolution aims to enhance the ability of health systems to respond to the nutritional and health challenges posed by climate change.

For more information on the 77th World Health Assembly, please visit https://www.who.int/news-room/events/ detail/2024/05/27/default-calendar/ climate-health-events-at-wha77

A note from the Field Exchange editors

The importance of a WHO resolution lies in its ability to set global health priorities and mobilise international action. Resolutions by WHO can guide national policies, direct funding, and stimulate research and innovation. By formalising commitments to address climate change and health, WHO resolutions can drive countries to integrate these issues into their public health strategies, ensuring a coordinated and effective response. This global alignment can help secure the necessary resources and political will to implement changes that protect and improve health in the context of climate change.



Global resilience report

This is a summary of the following paper: UNICEF, World Food Programme, Standing Together for Nutrition et al (2024) Global resilience report: Safeguarding the nutrition of vulnerable children, women, families and communities in the context of polycrisis.



https://micronutrientforum.org/wp-content/ uploads/2024/05/Global-resilience-report-FINAL.pdf

ecently, the world has experienced a devastating combination of factors – a 'polycrisis' – that is deepening food and nutrition insecurity. The knock-on effects of the COVID-19 pandemic, climatic and economic crises, and new and protracted conflicts are all contributing. However, despite challenges, many governments have demonstrated notable capacity to safeguard their most vulnerable populations. These case studies provide lessons for government policymakers and funders to prepare for ongoing and future crises.

The number of acutely malnourished (wasted) children, and the number of people who are moderately or severely food insecure, has risen sharply and still remains above pre-pandemic levels. Wasting among children, adolescent girls, and women increased by 20–25% between 2020 and 2022 in the countries most affected by the global food and nutrition crisis. Women were disproportionately affected, as the food insecurity gender gap increased by 2.5 times. An estimated 47 million additional women and girls fell into poverty.

Beyond the direct health and economic impacts on individuals and families, these crises disrupt the already fragile systems – food, health, education, water and sanitation, and social protection – that support access to nutritious foods, essential nutrition services, and positive feeding and care practices for children and women.

However, policy lessons can be learned from the positive impacts that were observed when some governments purposively invested in strengthening systems that support nutrition. Adopting flexible delivery platforms for essential nutrition services, prioritising support for the most vulnerable, and adapting and scaling social protection programmes are examples of this. Governments also strengthened communities' capacity, engagement, and empowerment, recognising them as the 'first responders' in a crisis and as essential contributors to safeguarding nutrition. The use of innovative digital technologies and strong coordination platforms also enabled systems to better adapt in the face of crisis. The detailed findings from this report are beyond the scope of this summary. However, based on lessons learned, the report does offer several policy and programme actions to strengthen the nutrition resilience of systems, before, during, and after a crisis:

First, put in place policies and programmes that enable all systems to be adaptive, absorptive, and transformative in the face of future shocks and crises. Second, increase the resilience capacity of key systems to maximise the prevention of malnutrition in countries most vulnerable to polycrisis. Third, strengthen the predictability and flexibility of funding to enable the building of stronger and more resilient systems. Fourth, strengthen the capacity, engagement, and empowerment of communities as participants and contributors to the nutrition resilience of systems. Fifth, strengthen data collection and build robust information systems to better target vulnerable households.