HEALTH IN INTENDED NATIONALLY **DETERMINED CONTRIBUTIONS (INDCS)**



Authors: Elizabeth Wiley, Yassen Tcholakov, Claudel Pétrin-Desrosiers, Lujain Al-Qodmani Acknowledgements: Isobel Braithwaite, Nick Watts, Laurence Watson, Peter Orris, Fiona Armstrong

EXECUTIVE SUMMARY

In advance of the UN Framework Convention on Climate Change (UNFCCC) Climate Conference (COP21), parties submitted national commitments to tackle climate change, called Intended Nationally Determined Commitments (INDCs). These commitments are anticipated to support a global climate change agreement and succeed the Kyoto Protocol in curbing greenhouse gas emissions. In this context, each INDC was analyzed to determine the role of health in parties' national plans to address climate change. Key findings include:

- Of the 184 INDCs analyzed, 121 (65.8%) include any mention of health, while 63 (34.2%) do not include any mention of health;
- There was significant variation across regions with African States [88.9%], Asian States [69.1%] and Latin American & Caribbean States [81.8%] demonstrating leadership in integrating health, while Western European & Other States [13.8%] and Eastern European States [13%] less frequently incorporated health in INDCs;
- Of those 121 INDCs which mention health, 90 [74.4%] include health in the context of adaptation, while only 28 [23.1%] mention health in the context of mitigation.

Results and headline messages are presented here, to inform negotiations and raise awareness about the role and current level of inclusion of health in national climate commitments.

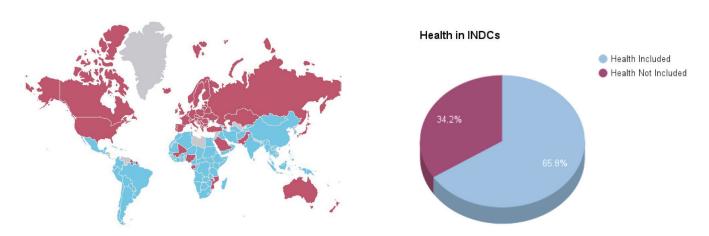


FIGURE 1. Map of Health in INDCs (blue indicates inclusion of health)

CLIMATE CHANGE IS A THREAT TO HUMAN HEALTH. HEALTH MUST BE ADDRESSED IN COP21 NEGOTIATIONS AND NATIONAL COMMITMENTS.

In anticipation of an ambitious climate agreement to tackle climate change at COP21, parties to the United Nations Framework Convention on Climate Change (UNFCCC) have submitted national commitments in the form of Intended Nationally Determined Contributions (INDCs).¹ These commitments are expected to support a COP21 agreement and succeed the Kyoto Protocol in coordinating urgent global action to curb greenhouse gas emissions.

Recognizing that climate change could be "the greatest global health opportunity of the 21st century,"² it is imperative that health be integrated into national level commitments (INDCs). In a Joint Declaration, the French Public Health Association, the French Society of Environmental Health and the French Medical Council and its partners including the World Medical Association have called for health to be included in COP21 commitments.3 The World Health Organization (WHO) has issued a Call to Action to raise awareness of the health opportunities, 4 and the Our Climate, Our Health Campaign seeks to put health "at the heart of the COP21 negotiations".5 Similarly, the Paris Platform for Healthy Energy calls for a transition to clean, renewable, healthy energy to protect public health through greater health sector participation and integration.⁶ These statements illustrate the importance of integrating health and engaging the health sector in national commitments and any COP21 agreement.

To assess the status of health in current national commitments, each INDC submitted to the UNFCCC prior to 30 November 2015

was retrieved from the INDC Portal on the UNFCCC website and analyzed with the aims to highlight health elements. This analysis was conducted by reviewing each INDC submitted and searching for mentions of health: those sections were then extracted from the INDC with contextual information. They were then coded by two independent reviewers to identify whether each INDC contained elements pertaining to mitigation or adaptation or both. When there was a disagreement between the coding of the two reviewers, a third reviewers assessed the data. The data was then analyzed according to UN regional groups and UNFCCC negotiating groups, most groups have a finite list of members; however others such as the Umbrella group vary slightly in composition through time.

This report presents data from a single data source: INDCs constitute one part of global efforts to address climate change; therefore should not be perceived as a broad statement of a party's involvement in the climate and health nexus as some might be strong proponents of health in other contexts. Additionally, EU member states did not submit individual proposals but were included in the common INDC submitted by Latvia and the European Commission on behalf of the EU, for those states, the common EU position was used for analysis. Finally the "intentional" nature of INDCs means that although the true commitment to health of parties to the convention might change prior to their implementation or conversion to actual contributions or commitments.

Results and headline messages are presented here, to inform negotiations and raise awareness about the role and current level of inclusion of health in national climate commitments.

TABLE 1. Summary of where health has been included in INDCs, and its inclusion in relation to mitigation versus adaptation in INDCs by Party – Adaptation & Mitigation

	НЕАСТН?	MITIGATION?	ADAPTATION?
Afghanistan	√		
Albania			
Algeria	V		√
Andorra	V		
Angola	√		V
Antigua & Barbuda	√	√	√
Argentina	V		V
Armenia	√		V
Australia			
Austria (EU)			
Azerbaijan			
Bahamas	V		V
Bahrain	√	V	V
Bangladesh	V		V
Barbados	√		V
Belarus			
Belgium (EU)			
Belize	√	V	V
Benin	V		V
Bhutan	√		V
Bolivia	√		
Bosnia-Herzegovina			
Botswana	√		√
Brazil	√		√
Brunei*			
Bulgaria (EU)			
Burkina Faso	√	V	√
Burundi	√		
Cabo Verde	V		
Cambodia	V		√
Cameroon	V		√
Canada			
Central African Republic	V	V	√
Chad	V	√	
Chile	V	V	√
China	V		√
Colombia	V		V
Comoros	V		V
Congo (Republic of)	V		√
Cook Islands			
Costa Rica	V		√
Côte d'Ivoire	V	√	√
Croatia (EU)			

	НЕАЦТН?	MITIGATION?	ADAPTATION?
Cuba	√		√
Cyprus (EU)			
Czech Republic (EU)			
Democratic People's Republic of Korea*			
Democratic Republic of Congo DRC	√		√
Denmark (EU)			
Djibouti			
Dominica	√		
Dominican Republic	√		√
Ecuador	√		
Egypt	√	√	√
El Salvador	√		√
Equatorial Guinea	√		
Eritrea	√		√
Estonia (EU)			
Ethiopia	√	√	√
European Union (EU)			
Fiji			
Finland (EU)			
France (EU)			
Gabon			
Gambia	√	V	√
Georgia	√		√
Germany (EU)			
Ghana	√		√
Greece (EU)			
Grenada			
Guatemala	√		√
Guinea	√		
Guinea Bissau	√		
Guyana			
Haiti	√		√
Honduras	√		√
Hungary (EU)			
Iceland			
India	√	V	√
Indonesia	√		√
Iran	n 🗸		
Iraq	√		√
Ireland (EU)			
Israel	√		
Italy (EU)			
Jamaica	√		

^{1.} Available at UNFCCC INDC Portal, http://unfccc.int/focus/indc_portal/items/8766.php

^{2.} Watts N et al. Health and climate change: policy responses to protect public health. The Lancet 2015; Online First. Available at http://www.thelancet.com/journals/lancet/article/PIIS0140-6736[15]60854-6/fulltext#

^{3.} Joint Declaration of the French Public Health Association and its partners. Paris. 29 June 2015. Available at http://www.wma.net/en/20activities/30publichealth/30healthenvironment/10climate/Projet-communique---EN-version-finale.pdf

^{4.} World Health Organization. Call to Action. Available at http://www.who.int/globalchange/global-campaign/call-for-action/en/

^{5.} Global Climate & Health Alliance. Our Climate, Our Health Campaign. Available at http://www.ourclimateourhealth.org/#home#home

^{6.} Paris Platform for Healthy Energy. Available at http://www.healthyenergyinitiative.org/get-involved/platform/

	НЕАLТН?	MITIGATION?	ADAPTATION?
Japan			
Jordan	√	√	√
Kazakhstan			
Kenya	√		√
Kiribati	√		√
Kuwait	√		
Kyrgyzstan	√		
Lao People's Democratic Republic	√	V	V
Latvia (EU)			
Lebanon	√		V
Lesotho	√		V
Liberia	√		V
Libya*			
Liechtenstein	V	V	
Lithuania (EU)		-	
Luxembourg (EU)			
Madagascar	V		V
Malawi	√	V	√ ✓
Malaysia	V	٧	<i>y</i>
Maldives	√		
Mali	V		V
Malta (EU)			,
Marshall Islands	√		V
Mauritania	√		√ ,
Mauritius	V		√
Mexico	√	√	
Micronesia	_		_
Monaco	√		V
Mongolia	√		
Montenegro			
Morocco	√		
Mozambique			
Myanmar	√	√	√
Namibia	√	√	
Nauru	√		
Netherlands (EU)			
Nepal*			
New Zealand			
Nicaragua*			
Niger	✓		✓
Nigeria			
Niue	√		√
Norway			
Oman	√		√
Pakistan			
Palau			
Panama*			

	НЕАЦТН?	MITIGATION?	ADAPTATION?
Papua New Guinea	√		
Paraguay	√	V	V
Peru	√		V
Philippines	√		V
Poland (EU)			
Portugal (EU)			
Qatar	√		
Republic of Korea	√		V
Republic of Moldova	√	V	V
Romania (EU)			
Russia			
Rwanda	√	V	
Saint Kitts and Nevis*			
Saint Lucia	√	V	V
Saint Vincent & Grenadines	V		V
Samoa	V		/
San Marino			
Sao Tome & Principe	√		V
Saudi Arabia			
Senegal	V	V	V
Serbia	-	-	-
Seychelles	√		V
Sierra Leone	√	V	V
Singapore	V		V
Slovakia (EU)			-
Slovenia (EU)			
Solomon Islands	√		V
Somalia	√		V
South Africa	√		
South Sudan	√		V
Spain (EU)	-		-
Sri Lanka	√		V
Sudan	√		V
Suriname	√		<i>y</i>
Swaziland	√		√
Sweden (EU)			
Switzerland			
Syria Arab Republic*			
Tajikistan	√		V
Thailand	√		V
Former Yugoslav Republic of Macedonia			
Timor-Leste [East Timor]*			
Togo	√	V	V
Tonga*			
Trinidad & Tobago	V	V	
Tunisia	√		V

	,	SN?	NC:
	HEALTH?	MITIGATION?	ADAPTATION?
Turkey			
Turkmenistan	V		
Tuvalu			
Uganda	V		√
Ukraine			
United Arab Emirates	V		
United Kingdom (EU)			
United Republic of Tanzania			
United States of America			

		НЕАLТН?	MITIGATION?	ADAPTATION?
Uruguay		√		√
Uzbekist	an*			
Vanuatu		√		√
Venezue	la*			
Vietnam		√		√
Yemen		√		
Zambia		√	√	√
Zimbabw	re	√		

^{*} No INDC submitted as of 30 November 2015

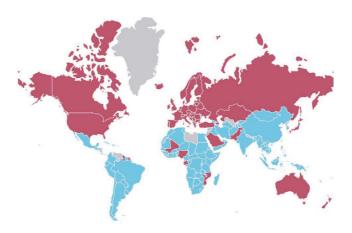


FIGURE 1. Map of Health in INDCs (blue indicates inclusion of health)

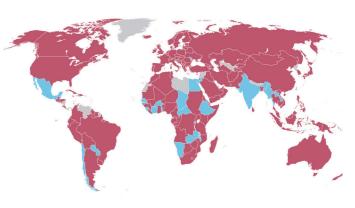


FIGURE 2. Map of Health in INDCs – Mitigation (blue indicates inclusion of health)

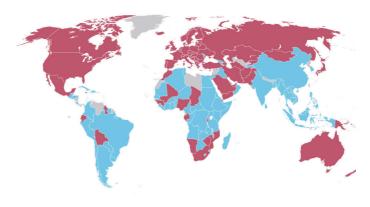


FIGURE 3. Map of Health in INDCs - Adaptation (blue indicates inclusion of health)

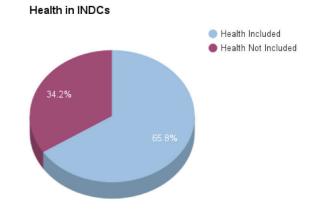


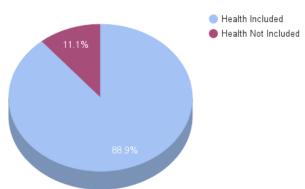
FIGURE 4. Health in INDCs by Region

	Health Included	Health Not Included		Parties Not Submitting an INDC
All UNFCCC Parties	121(65.8%)	63 (34.2%)	184	12

 TABLE 2. Health in INDCs [All Parties]



4a. Health in African States INDCs



4b. Health in Asian States INDCs

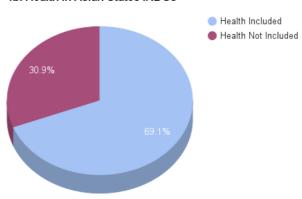
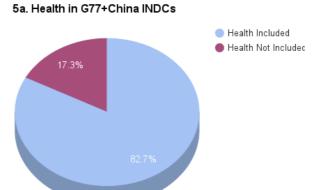
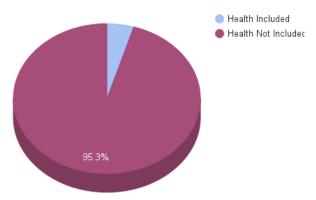


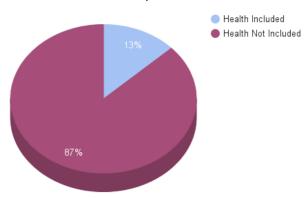
FIGURE 5. Health in INDCs by Negotiating Group



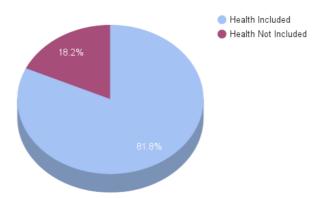
5b. Health in Annexe I INDCs



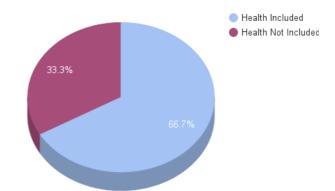
4c. Health in Eastern European States INDCs



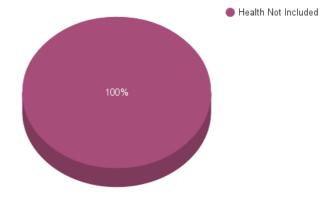
4d. Health in Latin American & Carribean States INDCs



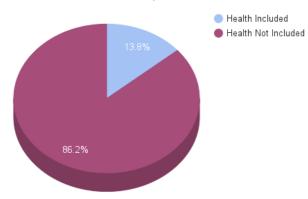
5c. Health in OPEC INDCs



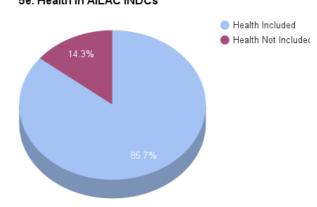
5d. Health in Umbrella Group INDCs



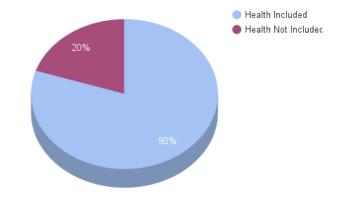
4e. Health in Western European & Other States INDCs



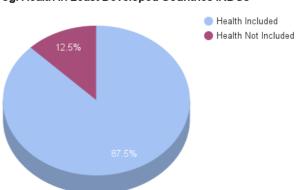
5e. Health in AILAC INDCs



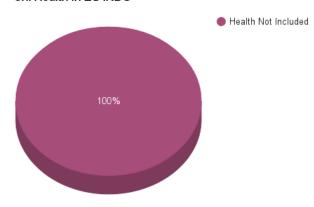
5f. Health in Environmental Integrity Group INDCs



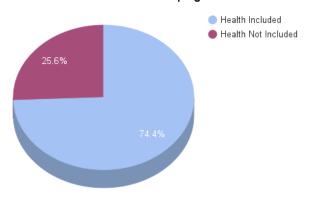
5g. Health in Least Developed Countries INDCs



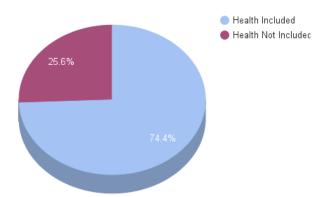
5h. Health in EU INDC



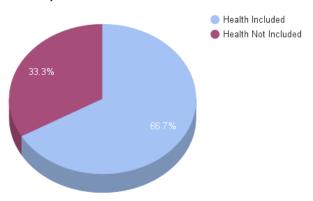
5i. Health in Small Island Developing States INDCs



5k. Health in Alliance of Small Island States (AOSIS) INDCs



5j. Health in Central Asia, Caucus, Albania & Moldova (CACAM) INDCs



5l. Health in League of Arab States INDCs

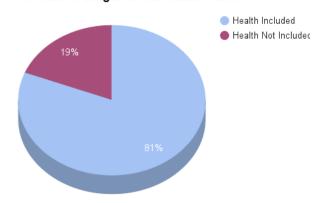


TABLE 3. Health in INDCs by Party Grouping

PARTY GROUPING	HEALTH INCLUDED	HEALTH NOT INCLUDED	TOTAL
G77+China	110	23	133
Annexe 1	2	41	43
Organization of Petroleum Exporting Countries (OPEC)	8	4	12
Umbrella Group	0	9	9
Independent Alliance of Latin America and the Caribbean (AILAC)	6	1	7
Environmental Integrity Group (EIG)	4	1	5
Least Developed Countries (LDCs)	42	6	48
European Union (EU)	0	29	29
Small Island Developing States (SIDS)	29	10	39
Central Asia, Caucasus, Albania and Moldova (CACAM)	6	3	9
Alliance of Small Island States (AOSIS)	29	10	39
League of Arab States	17	4	21