

# WHO Global Strategy on Health, Environment and Climate Change

The transformation needed to improve lives and wellbeing sustainably through healthy environments



World Health  
Organization

WHO global strategy on health, environment and climate change: the transformation needed to improve lives and well-being sustainably through healthy environments

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## Preface

The WHO Global Strategy on Health, Environment and Climate Change was developed in accordance with the process described in paragraphs 1 and 2 of this document. It was presented to the Seventy-second World Health Assembly in May 2019 upon the request of Member States. There was very broad support for the strategy at the Assembly, which decided, by its decision WHA72(9), to note the Global Strategy on Health, Environment and Climate Change, and to request the Director-General to report back on progress in its implementation.

The strategy was subsequently finalized and formatted, and is presented in this document to assist its wider dissemination.

# WHO Global Strategy on Health, Environment and Climate Change: the transformation needed to improve lives and well-being sustainably through healthy environments

1. An earlier version of this document was noted by the Executive Board at its 144th session in January 2019.<sup>1</sup> The draft WHO global strategy on health, environment and climate change, which the Board broadly supported, was subject to further consultations by Member States in March 2019, and has been updated in the light of comments made.
2. In decision EB142(5) (2018), the Executive Board at its 142nd session requested the Director-General inter alia to develop a draft comprehensive global strategy on health, environment and climate change, to be considered by the 72nd World Health Assembly in May 2019, through the Executive Board at its 144th session in January 2019. The Secretariat drafted a global strategy, which, in accordance with decision WHA65(9) (2012), was submitted to WHO's regional committees and the Executive Board, all of which gave the strategy broad support. Throughout this process, Member States have commented on and provided inputs to the draft strategy, which have been reflected in the text in the present document.<sup>2</sup>

## Scope

3. This strategy aims to provide a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030, and to ensure safe, enabling and equitable environments for health by transforming our way of living, working, producing, consuming and governing.
4. Environmental risks to health, in the framework of this strategy, are defined as all the environmental physical, chemical, biological and work-related factors external to a person, and all related behaviours. It focuses especially on the part of the environment that can reasonably be modified.

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<sup>1</sup> See document EB144/15 and the summary records of the Executive Board at its 144th session, ninth meeting.

<sup>2</sup> In line with resolution WHA69.19 (2016) on the global strategy on human resources for health: workforce 2030, a health workforce impact assessment was carried out for the draft WHO global strategy on health, environment and climate change (see [https://www.who.int/hrh/documents/B144\\_HRH-links\\_160119-climate.pdf](https://www.who.int/hrh/documents/B144_HRH-links_160119-climate.pdf), accessed 26 March 2019).

## The challenge

5. The current situation and the challenges ahead call for a transformation in the way we manage our environment with respect to health and well-being. Current approaches have laid the foundations, but they have not proven sufficient for sustainably and efficiently reducing environmental risks to health and building health-supportive and enabling environments – hence the call for a new strategy on health, environment and climate change.
6. Known avoidable environmental risks cause about one quarter of all deaths and disease burden worldwide, amounting to at least a steady 13 million deaths each year.<sup>3</sup> A healthy environment is vital for human health and development. Air pollution – one of the largest risks to health – alone causes seven million preventable deaths per year, with more than 90% of people breathing polluted air and almost 3000 million people still depending on polluting fuels such as solid fuels or kerosene for lighting, cooking and heating.<sup>4</sup> More than half the world's population is still exposed to unsafely managed water, inadequate sanitation and poor hygiene, resulting in more than 800 000 preventable deaths each year.<sup>5</sup> A large fraction of malaria cases and other vector-borne diseases is closely linked to the management and manipulation of the environment, such as drainage, irrigation schemes or design of dams. More than one million workers die each year because their workplace is unsafe,<sup>6</sup> and more than one million people die from exposure to chemicals<sup>7</sup>.
7. Climate change increasingly affects people's health and well-being, as do other global environmental changes such as loss of biodiversity. Climate change is increasing the frequency and intensity of heatwaves, droughts, extreme rainfall and severe cyclones in many areas, and modifying the transmission of food-borne, water-borne and zoonotic infectious diseases, resulting in large impacts on health. Those who are vulnerable or in vulnerable situations, including people living on small islands, in the Arctic, in water-stressed and low-lying areas, and those in the least developed countries and regions, are at higher risk. Wider-ranging potential consequences include scarcity of water and forced migration with the political tensions these involve. These phenomena form part of a wide pattern of consequences of global environmental change, for example the rapid loss of: biodiversity and ecosystem stability, which undermine food and water security; protection from extreme weather; and the discovery of new medicines.

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3 Based on the following assessments: Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments: towards an estimate of the environmental burden of disease. Geneva: World Health Organization; 2006, and Prüss-Üstün A, Wolf J, Corvalán CF, Bos R, Neira MP. Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/43457> and [https://www.who.int/quantifying\\_ehimpacts/publications/preventing-disease/en/](https://www.who.int/quantifying_ehimpacts/publications/preventing-disease/en/), both accessed 26 March 2019).

4 WHO news release. 9 out of 10 people worldwide breathe polluted air, but more countries are taking action. Geneva: World Health Organization; 2018 (<https://www.who.int/news-room/detail/02-05-2018-9-out-of-10-people-worldwide-breathe-polluted-air-but-more-countries-are-taking-action> accessed 26 March 2019).

5 WHO. Global Health Observatory: the data repository. Geneva: World Health Organization; 2018 (data for 2016 retrieved 11 September 2018 from <http://apps.who.int/gho/data/view.main.INADEQUATEWSHV?lang=en/>).

6 Wolf J, Prüss-Üstün A, Ivanov I, Mudgal S, Corvalán C, Bos R et al. Preventing disease through a healthier and safer workplace. Geneva: World Health Organization; 2018 ([https://www.who.int/quantifying\\_ehimpacts/publications/healthier-workplace/en/](https://www.who.int/quantifying_ehimpacts/publications/healthier-workplace/en/), accessed 23 January 2019).

7 The public health impact of chemicals: Knowns and unknowns (incl. Data addendum for 2016). Geneva: World Health Organization; 2016 (<https://www.who.int/ipcs/publications/chemicals-public-health-impact/en/>, accessed 23 January 2019).

8. Despite substantive efforts to reduce environmental risks to health, traditional public health risks (for instance, unsafe drinking-water and poor sanitation) persist, which challenge health equity. Important advances have been made to protect people from known environmental risks by setting norms and guidelines, implementing solutions, including regulatory action, and monitoring efforts. They provide the basis for environmental health protection and need to be scaled up. Nonetheless, uneven development has left behind large parts of the global population, who still lack access to basic environmental services, such as sanitation, safe drinking-water, clean air, and reliable food sources. Moreover, there are gaps in institutional capacities for health protection through legislation, management of chemical and other hazards, and emergency response. The effects of human actions on the environment also raise ethical and human rights issues, as they will be felt by future generations and will continue to disproportionately affect populations in situations of vulnerability, across all ages and gender, and among those socioeconomic groups who have often contributed least to environmental changes.
9. New environmental, climatic and health issues are emerging and require rapid identification and response. Recent examples include the management of electronic waste, some nanoparticles, microplastics and endocrine-disrupting chemicals. The world is changing rapidly, with an increased pace of technological development, new organization of work (such as digital platforms, subcontracting and teleworking), increased migration, climate change and increasing water scarcity; it needs to be able to identify and respond to such changes and emerging issues in a timely manner.
10. Stakeholders, health authorities and communities should be more active in shaping the energy transition, guiding urbanization and ameliorating the negative effects of other major development trends, so as to protect and promote health. Large-scale changes that societies are continuing to experience include: increasing demands for energy, transport and technological innovation, with an expanded range of options to meet such demands; urbanization, with more than half the world's population now living in cities (the proportion will increase to almost 70% by 2050);<sup>8</sup> and increased mobility of people, goods and services. Health is rarely central to decisions affecting these trends, resulting in missed opportunities for health protection and promotion. Poorly planned and managed urban settings with unsustainable transport systems and a lack of access to public and green areas increase air pollution, noise and heat islands, reduce opportunities for physical activity and access to decent jobs and education, and have a negative impact on community life and people's physical and mental health. Because of the close relation between air pollution and climate change, failure to tackle air pollution and to mitigate climate change together result in a lost opportunity to gain the health, economic and environmental multiple benefits that would derive from more efficient transport and energy systems, a low-carbon economy, and healthier food systems with less impact on the environment. New approaches are needed that consider the consequences of actions in their entirety, taking a longer-term and equity perspective. Finally, a diverse set of individual groups and stakeholders should be engaged in developing evidence-based approaches in which public health interest is paramount.

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<sup>8</sup> United Nations. World urbanization prospects: the 2018 revision – key facts. New York: United Nations; 2018 (<https://population.un.org/wup/Publications/Files/WUP2018-KeyFacts.pdf>, accessed, 26 March 2019).



11. The sustainability of health systems is put at risk if the upstream determinants<sup>9</sup> of disease are not seriously tackled. About 10% of global gross domestic product is being spent on health care, but very little goes to prevention.<sup>10</sup> The recurrent and high rates of diarrhoeal diseases, respiratory infections and particularly noncommunicable diseases caused by the environment weigh heavily on health services and national household budgets. Financial and human resources allocated to health promotion and primary prevention remain inadequate to reduce the substantial burden of disease caused by environmental risks to health. Failure to reflect costs of all consequences of policies, technologies and products in pricing structures will merely continue to transfer costs to the health sector and to citizens.
12. Approaches that focus on treatment of individual diseases rather than reducing the adverse impact of determinants of health will be insufficient to tackle modern environmental health challenges. Single-determinant approaches are unlikely to achieve expected improvements in health equity and well-being, given the complex interaction of factors at the level of borders between countries, society and the individual. Approaches that are more integrated are required to address the upstream determinants of disease, which are often defined by policies in key sectors other than health. Failing to address the upstream determinants of disease and over-reliance on medicines and insecticides are even leading to increasing problems such as antimicrobial and insecticide resistance, with potentially substantial implications for public health.
13. Knowledge gaps continue to prevent efficient implementation of health-protective strategies, and more evidence-based and efficient communication is needed. Evidence is still incomplete or lacking on certain risks to health, such as climate change, electronic waste and numerous chemicals or their mixtures. The impact on health of employment conditions and work-related risks, such as chemicals, workplace hazards, sedentary work, long working hours, shift work, and labour migration, needs to be better assessed. Equally, more evidence is needed on efficient solutions and strategies and their financial costs, as well as on their effective implementation. Increasingly, such evidence and public health information is communicated through new platforms: these need to be used to their full potential.
14. Current governance mechanisms, including those at the local level, are failing to deal effectively with the cross-cutting nature of environmental health issues. As policies continue to be set without recognition of the impacts that they can have on health and health systems, partly because overarching governance mechanisms are not in place, their overall benefit will be inaccurately represented.

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9 In this context, upstream determinants refer to policies or activities directly leading to increased environmental risks to health. Examples include choices in energy generation, agricultural practices, industrial production or business and land use planning leading to increased emissions, harmful exposures or greater vulnerability, fostering unhealthy behaviours, or accelerating climate change.

10 Primary prevention aims to prevent disease or injury before it even occurs.



15. The 2030 Agenda for Sustainable Development calls for a new approach to health, environment and equity. By interlinking socioeconomic development with environmental protection, health and well-being, it provides overall support for tackling determinants of health as relevant policies are being defined or key choices are being made, in a preventive and sustainable way, rather than repeatedly dealing with adverse impacts and inequalities. The commitment to sustainable patterns of consumption and production and tackling misuse of natural resources and large-scale generation of waste should allow more sustainable economic activities to be carried out and progress to be made on global, cross-border goods for health, such as clean air and a stable climate.

## The vision

16. The vision of this WHO global strategy is: a world in which sustainable development has eliminated the almost one quarter of the disease burden caused by unhealthy environments, through health protection and promotion, good public health standards, preventive action in relevant sectors and healthy life choices, and which manages environmental risks to health. Key sectors fully integrate health into their decision-making process and maximize societal welfare.

## Strategic objectives for the transformation needed

17. To address the challenges in health, environment and climate change, governments, society and individuals will all need to continue to rethink the way we live, work, produce, consume and govern. This transformation requires focusing action on upstream determinants of health, the environment and determinants of climate change in an integrated and mainstreamed approach across all sectors, using a public health framework enabled and supported by adequate governance mechanisms and high-level political will, tailored to the national circumstances. The health sector needs to play a new role to drive this transformation, using a sustainable and equitable approach, and socially-just transition.

## STRATEGIC OBJECTIVE 1.

### Primary prevention: to scale up action on health determinants for health protection and improvement in the 2030 Agenda for Sustainable Development

*Effective and equitable action will be put in place on the drivers of environmental risks to health.*

18. The 2030 Agenda for Sustainable Development calls for tackling environmental risks at their root, that is, through a shift towards primary preventive actions and the promotion of healthy choices. Reducing the 13 million deaths resulting from environmental risks each year requires efficient scale-up of primary preventive action involving all key stakeholders, across all sectors through the following activities.
  - (i) **Engagement for massively expanded primary prevention.** An expansion of primary prevention requires a substantial and sustained investment of resources towards addressing major risks to health and changing health behaviours, to create safe and healthy environments and improve people's lives today and in the future. Resources for intersectoral action can be funded by pricing, tax and subsidy reforms that reflect the true costs to society of products, technologies and policies.
  - (ii) **Integration of action on primary prevention in disease programmes.** Integration of preventive environmental health action into universal health coverage as a core component, for instance through strategies and programmes for specific diseases (noncommunicable and communicable) and risks (antimicrobial resistance, for example), is essential. According to the global strategy to prevent noncommunicable diseases,<sup>11</sup> healthy environments, such as clean air, healthy and safe work environments, and chemical safety are key elements in noncommunicable disease prevention, and relevant action is being called for. Adoption of a One Health approach, a holistic, cross-sectoral and multidisciplinary approach, is to be sought where appropriate, for example to address antimicrobial resistance.

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<sup>11</sup> United Nations General Assembly. Resolution 73/2. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases. Time to deliver: accelerating our response to address non-communicable diseases for the health and well-being of present and future generations. 2018 ([http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/73/2](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/2), accessed 26 March 2019).

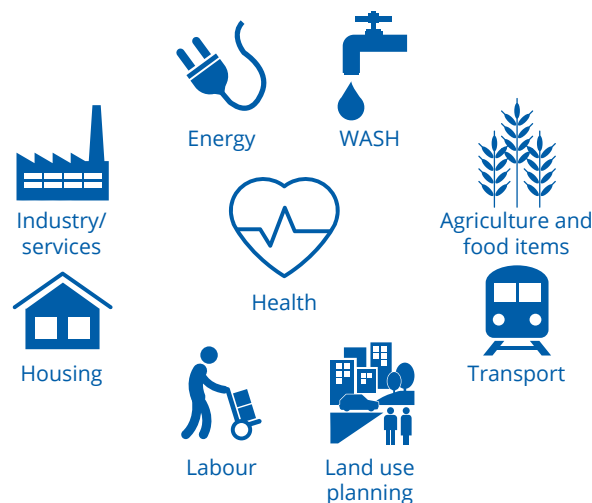
## STRATEGIC OBJECTIVE 2.

### Cross-sectoral action: to act on determinants of health in all policies and in all sectors

*Policies across sectors will systematically consider health perspectives and evidence, and gain the health co-benefits of environmental protection. An example is ensuring healthy energy and transport transitions.*

19. Responsibility for, and tools to tackle, many environmental determinants of health lie outside the direct control of individuals or the health sector alone (see Fig. 1). Substantial transitions in energy, transport and other major systems are under way, which should lead to profound impacts on population health. Therefore, a wider societal, intersectoral, more holistic and population-based public health approach is needed. Examples of good practice are available, but such integrated approaches are not applied universally and are seldom directed to upstream environmental and social determinants of health.
- (i) **Systematic consideration of health in the development of health-relevant policies beyond the health sector.** Decisions taken on the drivers of health risks should have the attainment and protection of good health as an explicit aim in key sectors such as energy, transport, housing, labour, industry, food systems<sup>12</sup> and agriculture, water and sanitation, and urban planning. Such a Health in All Policies approach includes community engagement, coverage of health in environmental and labour regulations and safeguards, and assessment of the health impact of development projects and policies that tackle several environmental health issues in a single setting, community or system.
  - (ii) **Gaining the health co-benefits of more sustainable policy choices.** The harms and benefits to health of policy actions need to be comprehensively evaluated, alongside the financial and environmental implications. Much greater benefits for health could be achieved through seeking health co-benefits and taking health into account at the outset when defining policies.

**Fig. 1. Key sectors (non-exhaustive) with relevance to health, environment and climate change**



<sup>12</sup> Food safety is covered in the WHO global strategy for food safety: safer food for better health, Geneva: World Health Organization; 2002 (<https://apps.who.int/iris/bitstream/handle/10665/42559/9241545747.pdf>, accessed 26 March 2019).

## STRATEGIC OBJECTIVE 3.

### Strengthened health sector: to strengthen health sector leadership, governance and coordination roles

*The health sector will play leadership and coordination roles, working together with other sectors with relevance to health, environment and climate change to improve lives.*

20. The health sector is directly concerned – as it is compelled to treat acute and chronic disease due to environmental risks, and treatment often needs to be repeated, given that people generally remain in the same exposures once treated. To reduce disease and related costs, the health sector (and other actors responsible for health and environment) needs to be equipped and strengthened to assume its obligations in shaping a healthy and sustainable future. Incremental changes to deal with individual environmental risks are not sufficient. Strengthened capacity of health ministries and other relevant parts of the health workforce is the key to: engaging other sectors of government through leadership, partnership, advocacy and mediation to achieve improved health outcomes; building their institutional capacity and skills to implement a Health in All Policies approach; and providing evidence on the determinants of health and inequity, and on effective responses and solutions. This approach would in turn avoid current or future economic costs caused by treatment of environment-related diseases and their consequences, allowing reinvestment in health and sustainable development.
- (i) **Developing the capacity of the health sector to engage in policies with other sectors.** Staff in the health sector need skills to engage in intersectoral dialogue and in the monitoring of investments and their consequences in other areas of the economy, as well as overall economic strategies and trade, and in the communication of the findings. Increased capacity and capabilities allow the promotion of mutually beneficial measures that simultaneously protect health and the environment. National health ministries – through leadership and intersectoral governance, evidence-based advocacy, operational programmes, and surveillance and monitoring – can drive progress in tackling environmental, social and climatic risks, to obtain short- and long-term benefits. Capacities for health sector policy engagement include related competencies for implementing a Health in All Policies approach. Capacity-building of relevant health workforces on health, environment and climate change is also important in connection with universal health coverage and health emergencies.
  - (ii) **Stepping up health sector efforts to reach out to other sectors for health protection and promotion.** Because of the wide scope of issues and the broad range of engaged actors, it is important for the health sector to provide guidance and establish regulatory frameworks on the assessment of health risks and impacts, on the implementation of appropriate solutions and on monitoring progress across sectors.
  - (iii) **Ensuring essential environmental services and healthy workplaces in health care facilities, and greening the health sector.** In low- and middle-income countries, it is necessary to address the major deficit in equipping health care facilities with safely managed water, sanitation and hygienic practices as well as reliable energy supplies, and ensuring their resilience to extreme weather events and other emergency situations. The health sector also needs to lead by example when it comes to procurement policies and services, waste management and energy-related choices in order to limit any negative impact on health, the environment and climate change.

## STRATEGIC OBJECTIVE 4.

### Building support: to build mechanisms for governance, and political and social support

*Governance mechanisms and political support at high level will enable work across sectors and maintain public goods for health. Citizens' demands for healthier environments will shape policy choices. Multilateral and other high-level agreements will tackle major driving forces of risks to health and global threats to health.*

21. Governance mechanisms, agreements and political will need to be based on more holistic approaches including interdepartmental and intersectoral cooperation that can achieve positive outcomes across all the affected sectors. This would lead to policy choices based on their overall impacts, including health impacts, on society. Currently, sectors are mainly driven by their sector-specific goals.
  - (i) **Strengthening of governance mechanisms to allow sustainable health-protective action.** Efficient and overarching governance mechanisms can decisively facilitate cross-sectoral work and to take into account costs and benefits in a comprehensive way. More holistic approaches and the protection of goods for health, such as clean air or a stable climate, are aimed for, in coordination with the health sector. As returns from environmental health action are rarely aligned with political timetables, it is important that such mechanisms can also accommodate environmental action with long-term health co-benefits and returns. Such mechanisms usually have a higher sustainability than repeated health care.
  - (ii) **Stepping up demand and leadership for health.** Broad engagement and action are required of the health sector, stakeholders from other sectors and the community to implement health-supportive policies, together with healthy design and management of environments. Health impacts from environmental risks are substantial: conventional health care systems alone cannot sustainably address them. Society is less and less willing to accept the avoidable health impacts. Health in All Policies and whole-of-government approaches are useful in this process.
  - (iii) **Building high-level political movements and enabling agreements.** Long-term global efforts to address environmental risks to health have generated important evidence and tools. Evidence on solutions to reduce substantially the disease burden from unsafe environments has accrued: these notable successes are showing high returns on investments, such as benefits in terms of reduced air pollution and associated health gains from strategies to mitigate the effects of greenhouse gas emissions, or the 5.5:1 return from investing in water and sanitation.<sup>13</sup> Recent high-level political forums, commitments and meetings have highlighted this evidence.

13 WHO. Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Geneva: World Health Organization; 2012 ([https://www.who.int/water\\_sanitation\\_health/publications/global\\_costs/en/](https://www.who.int/water_sanitation_health/publications/global_costs/en/), accessed 26 March 2019).

## STRATEGIC OBJECTIVE 5.

**Enhanced evidence and communication: to generate the evidence base on risks and solutions, and to efficiently communicate that information to guide choices and investments**

*Sufficient evidence-based information will be available in all critical areas to support choices in health-protective actions based on health impacts, economic implications of solutions, their effectiveness and co-benefits.*

22. Enhanced cross-sectoral action, high-level support and scaled-up primary prevention will all require a solid and expanded evidence base on health impacts, costs, effectiveness and wider societal benefits of solutions, and will need to be informed by regular monitoring. Through expanded networks and partners strengthened and intensified advocacy for, broad communication of and awareness raising about the health benefits from action on health, environment and climate change are essential in order to trigger and sustain action.
  - (i) **Integration of environmental monitoring and health surveillance in order to evaluate the health impacts from environmental risks and services.** Global and local trends of environmental quality indicators and health impacts will continue to provide evidence on how the environment is influencing human health and development, and to identify the areas where action matters most.
  - (ii) **Development of evidence-based guidance to support effective action at the national and subnational levels.** The health and other relevant sectors have the responsibility to collaborate with policy-makers about health impacts and economic evaluation of interventions, including legal instruments, to tackle the impact of the environment on disease. For example, more systematic reviews on cost-effectiveness of policies to address environmental health priorities would be central to decision-making. Interaction with implementers is necessary to optimize subsequent implementation. Targeted tools will need to be available for key stakeholders, to guide action for health.
  - (iii) **Interpretation and targeted communication of evidence.** Evidence-based public health information on evidence and trends, messages, advocacy initiatives and campaigns will aim to inform stakeholders at various levels, support policy decisions and trigger high-level political action and support. Making evidence-based information widely known among citizens, with the support of the health workforce, for instance on human exposure to chemicals in consumer products or on the health risks of air pollution to people living in polluted areas and potential solutions, creates awareness, participation and demand for healthier environments. Citizens' demands and actions should in turn trigger action from decision-makers. Health professionals have an important role to play in promoting behavioural change towards healthy and more sustainable ways of living. Increasing knowledge of health risks and protective actions also supports efforts by citizens to take adaptive actions and to reduce polluting behaviours.

- (iv) **Mechanisms and capacity for early identification of and response to possible emerging threats to health.** Capacity must be built and mechanisms developed to deal with the possibility of rapidly emerging environmental health issues linked to new technologies, organization of work or global environmental changes. The extent and danger of some of these potential threats is uncertain; these include those relating to climate change, pharmaceuticals that persist in the environment, endocrine disruptors, microplastics, some nanoparticles and electronic waste. Building capacity and developing mechanisms will require authoritative reviews of evidence and assessment of the effectiveness of control measures, as well as targeted environmental monitoring linked to public health surveillance. It also includes the adoption of more cross-sectoral solutions, such as protection of biodiversity and ecosystem services, and the linked surveillance of pathogens in wildlife and human beings, in order to lower risk and increase preparedness for health threats resulting from human influence on natural ecosystems.
- (v) **Shaping research and driving innovation.** Research is the foundation of strategic shifts, which will be necessary to accelerate attainment of the Sustainable Development Goals. To advance the 2030 Agenda on Sustainable Development, research needs must be identified and knowledge translated to fill critical knowledge gaps through the coordinated facilitation of research. Such research in environmental health has long been underfunded, particularly in comparison to biomedical research. Research connected to policies in health-relevant areas and in implementation science, relevant to all regions, will be of particular interest for improving health through safer and healthier environments. Innovation is needed to better monitor, prevent and respond to existing and emerging environmental risks to health. Scientific, social, financial and policy innovations can become decisive in accelerating health gains due to healthier environments.
- (vi) **Building the case for adequate funding allocation and influencing investments.** Scaling up health-protective action for safer environments requires adequate funding and reorientation of investments. Funding allocation, and pricing structures and subsidies, should be guided by evidence-based assessments, for example of vulnerability and adaptation to climate change, taking into account all costs and all co-benefits. The full societal costs of inaction over short and long time-frames, and the implications of health-relevant policies in all sectors, need to be fully and systematically considered to prevent the hidden transfer of costs to the health sector and the undermining of environmental sustainability.



## STRATEGIC OBJECTIVE 6.

### Monitoring: to guide actions by monitoring progress towards the Sustainable Development Goals

*Actions will be guided by monitored progress in the implementation of primary prevention through healthier and safer environments.*

23. Monitoring will aim at using and analysing existing data and closely tracking changes in determinants of health and their impacts, as well as their distribution across and within population groups. It will thereby provide information on the rate of progress in order to adjust policies, including those for environmental justice.
  - (i) **Monitoring of progress towards the Sustainable Development Goals and their and other indicators.** Countries, in cooperation with WHO and other relevant organizations where appropriate, will continue to monitor progress towards the health-related Goals and other relevant indicators of health, environment and climate change, in order to deal comprehensively with the upstream determinants of disease. Strategic disaggregation of data will ensure the identification of health inequalities and their drivers. Strategic compilation of data, on social and environmental determinants to understand the drivers of health inequalities, will contribute to the development of policy coherence at all levels of government.
  - (ii) **Monitoring change and implementation of relevant strategies at the regional and country levels.** Relevant impact and outcome indicators need to be monitored to measure change at the country level in order to assess progress and guide policies.

## Implementation platforms

*Specific entry-points will be used to deliver scaled-up action on environmental upstream determinants of disease using integrated approaches.*

24. The response to the challenges of persistent and emerging health risks goes beyond the formal health sector. The response can only meet the scale of the challenges if it is led by the health community, participating in key strategies and planning, working with others to implement health-promoting multisectoral policies, in key sectors and settings. This response needs to be underpinned by public support and an enabling policy environment, informed and tracked with the best available evidence. A range of implementation mechanisms and platforms is required to achieve this vision. These are outlined below.

### An empowered health sector

25. The formal health sector represents a significant and growing fraction of the global economy. It is one of the world's largest employers, with a unique position of trust and integration into communities. It is therefore ideally placed: to implement environmental health interventions at the community level (either directly or in partnership with civil society organizations); to lead by example in demonstrating good practice in sustainability, by reducing the environmental impact of health care practice; and to act as leaders and advocates for health and sustainable development. This will require: a rebalancing of health sector expenditure towards primary prevention over the long term; additional funds that could originate from the removal of harmful subsidies and reconfiguration of taxes to reflect all the consequences of policies and reduce inequalities; a global reinvigoration and broadening of the discipline of environmental health to address the scale and complexity of modern environmental health challenges, including adequate training of health professionals; health sector leadership to promote a vision of health with a longer-term perspective that focuses on health determinants; and health professionals to promote behavioural change towards more sustainable and healthier ways of living.

### Stronger national and subnational platforms for cross-sectoral policy-making

26. A few countries have formal institutional structures that provide direct policy guidance on health and environment challenges or that mandate intersectoral assessments of the health implications of decisions taken in other sectors. Such a Health in All Policies approach needs to have broader coverage, upstream policies that include strategic assessments rather than individual projects, and more direct influence on policy (for example, a legal rather than only advisory status). High-level regional forums have also been greatly contributing to advancing the health and environment agenda.

## Key settings as sites for interventions

27. Key settings present opportunities to deal with environmental health risks and reduce health inequalities, while responding to demographic, social, economic, technological and lifestyle changes. The main settings and the objectives of interventions are set out below.
- **Households.** To ensure that shelter: is structurally sound; has adequate indoor temperatures; provides adequate water, sanitation and illumination and has sufficient space; is equipped with clean, affordable and reliable energy for cooking, heating and lighting, and ventilation; and protects from injurious hazards, noise, mould, pests and indoor contaminants, including harmful exposure from household and consumer products.
  - **Schools.** To ensure a safe and health-promoting environment for education; to use schools as centres to generate awareness about the linkages between health and environment, including chemical risks, and provide education on healthier and more sustainable approaches; and to facilitate the inclusion of best practices in the wider community.
  - **Workplaces.** To ensure coverage of occupational health services that deal with the full range of physical, chemical, biological, psychosocial and ergonomic risks at the workplace; that contribute to prevention and control of modifiable risk factors, in particular for noncommunicable diseases; and that are adapted to the new forms of work, migration and organization of workplaces, including in the informal economy and precarious workplaces.
  - **Businesses.** To act as advocates for mitigation of and adaptation to climate change; businesses can play a positive role in this area.
  - **Health care facilities.** To ensure: provision and sustainable management of essential environmental health services, including access to clean and reliable energy and safe water, sanitation and hygiene practices; resilience to extreme weather events and the effects of climate change; and protection of health care workers and the wider community, through chemical safety, infection control and waste management.
  - **Cities.** To meet the particular challenges of cities, namely, their concentration of environmental exposures to risks, including ambient air pollution, urban heat islands, harmful chemicals, noise, vector-borne diseases,<sup>14</sup> poor sanitation, wastes or occupational risks, while making use of the opportunity presented by having a single authority under a city mayor who is empowered to take cross-sectoral decisions, for example on urban planning, purchasing, supply of energy, water and sanitation, and waste management. Rapid urbanization presents a particular challenge. Strategic urban planning will be the key to creating health-supportive environments.
28. This list is not exhaustive: additional relevant settings may include agricultural development areas, concentrated economic zones, refugee camps including temporary shelters and shelters for migrants, markets, villages and small islands.

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<sup>14</sup> See also WHO, UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases. Global vector control response 2017–2030. Geneva: World Health Organization; 2017 (<https://www.who.int/vector-control/publications/global-control-response/en/>, accessed 26 March 2019).

## Partnerships for a social movement for healthier environments

29. An essential requirement for action is political will. This can only come about through broad societal awareness of the fundamental health threats posed by environmental risks and climate change, and their potential solutions. Individual advocates, health professional associations and civil society organizations are crucial for mobilizing public support for more sustainable and health-promoting development choices.

## Multilateral environmental, health and development agreements

30. Most global environmental agreements (such as the United Nations Framework Convention on Climate Change and the Paris Agreement, the Convention on Biological Diversity, the Minamata Convention on Mercury, the Stockholm, Basel and Rotterdam conventions on hazardous chemicals and wastes), regional environmental agreements (including the Convention on Long-range Transboundary Air Pollution) and international labour conventions on occupational health and safety cite threats to health as a major concern. However, the mechanisms for implementing these agreements do not always adequately include consideration of these health threats or reflect health concerns, at national, regional or international levels. Stronger engagement of the health sector would promote synergies, minimize unintended negative consequences and optimize any necessary trade-offs between health, environmental and economic objectives. Similarly, ensuring that environmental risks are fully covered and action to counter them is supported in the national implementation of international health instruments, such as the International Health Regulations (2005), would particularly enhance and augment capacities to prevent, prepare for and respond to environmental emergencies. Such integration would advance the holistic approach articulated in the 2030 Agenda for Sustainable Development.

## Platforms for the Sustainable Development Goals

31. The adoption of the 2030 Agenda for Sustainable Development has led to the creation of high-level political forums that are strengthening the means of implementation and follow-up on commitments made. Many of the Goals are entirely supportive of and in line with the actions to be taken to create a healthy environment. Such forums therefore constitute key platforms for triggering progress towards action on upstream environmental causes of disease and equitable health promotion. The main Sustainable Development Goals for health, environment and climate change, in addition to Goal 3 (Ensure healthy lives and promote well-being for all at all ages), include Goal 1 (End poverty in all its forms everywhere), Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture), Goal 6 (Ensure availability and sustainable management of water and sanitation for all), Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all), Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all), Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable), Goal 12 (Ensure sustainable consumption and production patterns), and Goal 13 (Take urgent action to combat climate change and its impacts) in the context of Goal 10 (Reduce inequality within and among countries).

## Evidence and monitoring

32. A limited number of countries have advisory bodies with the mandate and capacity to set national research agendas, generate syntheses of available evidence, track national progress on health and the environment, and provide this information directly to policy-makers. At the international level, the Intergovernmental Panel on Climate Change carries out this function in relation to the implication of climate change for health but institutionally similar functions for other environmental challenges are less comprehensively covered and more fragmented. The Working Group on Effects under the Convention on Long-range Transboundary Air Pollution of the Joint WHO/Convention Task Force on the Health Aspects of Air Pollution for the Pan-European Region is another example. National and international institutions, such as research institutes, universities, and sources such as peer-reviewed journals could also play a significant role in the definition of national strategies. Greater coverage, in terms of the numbers of countries with such mechanisms, and the range of environmental risks addressed, either individually or together, would greatly advance evidence-based policy-making. All such efforts should be aligned with and contribute directly to the monitoring of the Sustainable Development Goals at the national and international levels.

## WHO's role and leadership in global health

33. The Secretariat's actions under the proposed global strategy on health, environment and climate change are based around the three strategic priorities of WHO's Thirteenth General Programme of Work, 2019–2023 (see Box 1). The basic health, environment and climate change activities fall under the strategic priority "Promoting healthier populations", but the contribution to "Addressing health emergencies" has also proven to be substantial. WHO's strategic priority of "Achieving universal health coverage" should underlie mechanisms for implementing basic environmental health services, such as access to safe drinking-water and clean fuels.

### Box 1. The health, environment and climate change strategy and WHO's Thirteenth General Programme of Work, 2019–2023

In WHO's corporate strategy, three strategic priorities drive WHO's contribution to ensuring healthy lives and promoting well-being for all at all ages. The three strategic priorities, with a description of how health and environment contributes to each of them, are:

- (i) *Achieving universal health coverage.* Essential environmental health services, knowledge and capacities need to constitute an integral part of universal health coverage.
- (ii) *Addressing health emergencies.* Improved resilience of the health sector and communities to climate change, reduced vulnerabilities, and enhanced preparedness, surveillance and response to health emergencies will prevent and reduce the health impacts of environmental emergencies.
- (iii) *Promoting healthier populations.* Conditions for healthier populations include: healthier cities; sustainable provision of safe water, sanitation and hygiene practices; healthy transport solutions; clean energy policies; sustainable food; safe and sustainable products, housing and workplaces; and sustainable agriculture.

34. WHO's mandate in global health is derived from its Constitution and is further detailed in its Thirteenth General Programme of Work, 2019–2023: "Broad and sustained efforts are needed to build a community to work for the shared future of humankind, empowering all people to improve their health, address health determinants and respond to health challenges."<sup>15</sup> To work towards that vision, the strategic objectives cover actions by, or with key input of, the health sector, in terms of primary prevention, cross-sectoral action on health determinants, leadership on health matters with reference to determinants of health, and health-related monitoring. To support these objectives, the Secretariat focuses on providing support to the health sector, and on multisectoral action on health determinants. Activities in this strategy

15 The Thirteenth General Programme of Work further states "WHO will advocate for health at the highest political level", "WHO will speak up against practices from any sector including industry that, based on evidence, are harmful to health", "The United Nations reform agenda should enable WHO to work more effectively with non-health sectors at the country level to address the health impacts of climate change and the environment, and of other factors that have a major impact on health", and "With respect to air pollution (i.e. outdoor, household and workplace air pollution) and climate change mitigation, WHO will scale up its work with different sectors – including transport, energy, housing, waste, labour and urban planning – at the national and local level to monitor air quality, develop strategies for transitioning to healthier technologies and fuels and for ensuring that all populations breathe the air that meets the standards of WHO's air quality guidelines, and that scientific evidence will be translated into effective policies."

are fully inscribed in WHO's core functions.<sup>16</sup> WHO's mandate, capacity and convening power therefore create the strengths and relative advantages to take the lead on the matters covered by this strategy. WHO's activities in this strategy are structured into (a) leadership and policy support; (b) evidence synthesis and advocacy; and (c) provision of direct country support. Although WHO's core functions continue to provide the foundation of its work (see Fig. 2 for a depiction of WHO's role), important shifts need to be made to respond to evolving requirements and are detailed below. Close cooperation with relevant organizations in the United Nations system will be ensured through various mechanisms,<sup>17</sup> and cooperation is already active on various activities.<sup>18</sup>

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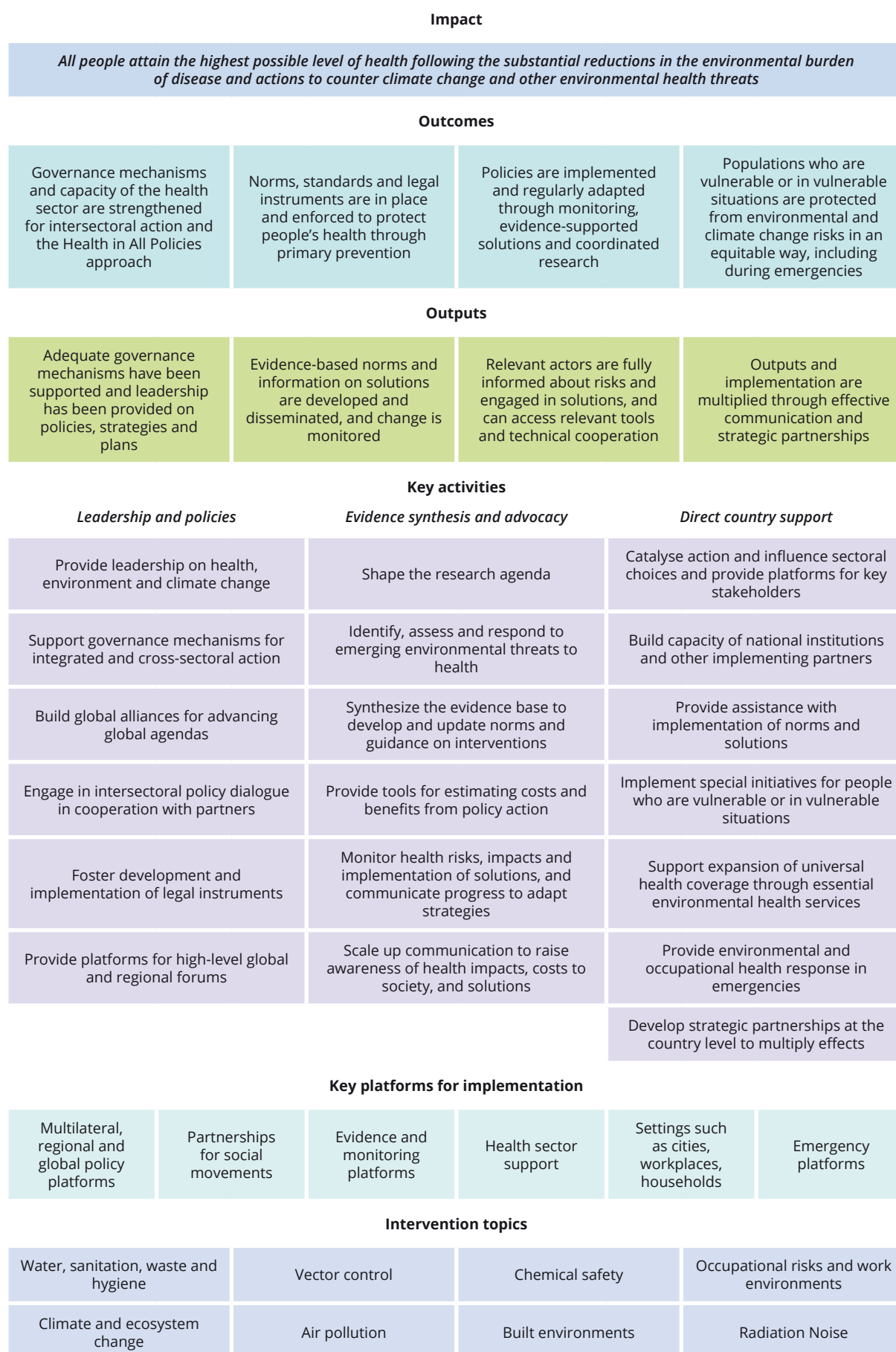
16 Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards, and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalysing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends (WHO's Thirteenth General Programme of Work, see [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_4-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1), accessed 27 March 2019).

17 For example, the Health, Environment and Climate Change coalition, coordinating work across relevant United Nations agencies (see <https://www.who.int/globalchange/coalition/en/>, accessed 27 March 2019).

18 For example, for clean air through the Breathelife campaign of WHO, United Nations Environment Programme and the Climate & Clean Air Coalition (<http://breathelife2030.org/>, accessed 27 March 2019) and the WHO/UNICEF Joint Monitoring Programme (<https://washdata.org/>, accessed 27 March 2019).



Fig. 2. Outline of WHO's role and leadership in health, environment and climate change



## Promoting healthier populations

35. Under this strategic priority, WHO will undertake the following activities.

### Provide leadership

- (a) Provide leadership in guiding healthy energy transitions, healthy transport and urban design solutions, a safe and healthy circular economy and other ongoing transformations, by combining WHO's evidence-based guidance and enhanced advocacy. Foster high-level political support, in interactions with Member States and civil society.
- (b) Coordinate regional policy processes by providing or expanding regional platforms for environment and health governance, bringing together key sectors and stakeholders.
- (c) Stimulate good governance to develop healthy and sustainable cities.
- (d) Ensure that the "voice of health" is heard. It is important that the health sector is actively engaged in the subsequent implementation of instruments, for example through WHO's Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond which will contribute to achieving the sustainable development goals globally<sup>19</sup> and the Paris Agreement on climate change.

### Synthesize evidence and advocate for building global goods for health

- (a) Ensure knowledge generation by catalysing and coordinating the expansion of the evidence base on norms, innovative and efficient solutions, research steered towards policy relevance, and emerging environmental threats to health. Evidence-based information on policy impacts will be essential to supporting cross-sector action and providing convincing arguments for seeking out co-benefits. The knowledge generated will then be synthesized into normative guidance to ensure the availability of goods for health, such as safe water and clean air, or safe products and technologies, such as consumer goods. The Secretariat will help to develop and sustainably extend innovative solutions in order to accelerate the reduction of environmental health risks.
- (b) Disseminate evidence-based information for maximizing consideration of health in decision-making. Information creates awareness about health risks and available solutions, and triggers demand for healthier environments.
- (c) Monitor change in risks to health and implementation of solutions – in terms of implementation rate, impacts, financial costs and cost-effectiveness. Continuous monitoring in order to realign priorities and implementation strategies in countries is needed. WHO will continue to expand its work in convening partners to develop data

19 WHO. Road map to enhance health sector engagement in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. Geneva: World Health Organization; 2017 (<http://apps.who.int/iris/bitstream/handle/10665/273137/WHO-FWC-PHE-EPE-17.03-eng.pdf?ua=1>, accessed 27 March 2019).

platforms that integrate the diverse data needed to monitor progress. WHO is also reporting on several indicators on health and the environment (within Goals 3, 6, 7 and 11).

## Enhance WHO's direct impact in countries

- (a) Catalyse action for safer environments and influence sectoral choices, for example, through engaging in policy dialogue, providing guidance on healthy policies and governance mechanisms, and assisting in implementation of standards, and monitoring. The type of multisectoral and health-sector engagement will be tailored to countries' needs, and may vary in focus between upstream actions (policy-related and strategic) and downstream actions (such as technical cooperation). Activities will be closely coordinated with the work of other relevant organizations in the United Nations system (the One-United Nations approach) and partners.
- (b) Enhance the capacity of the health sector to fulfil its increasingly crucial functions of stewardship, leadership and coordination in health matters with cross-sectoral scope. Assist in the development of plans for implementation of WHO's strategies on health, environment and climate change at national and regional levels. Support related resource mobilization efforts. Support monitoring of key environmental risks to health and of progress in implementing solutions. Also lead by example in order to limit impacts of the health sector on health, the environment and climate change, in other words green the health sector.
- (c) Provide platforms for key stakeholders in shaping healthy choices related to the environment and climate change. Provide data, information and advocacy material (such as the Breathelife campaign<sup>20</sup>) to civil society in order to support their engagement in matters concerning healthy choices in relevant policies. Support mayors and other local key actors in shaping health-supportive environments by providing tools and information on healthy choices. Develop platforms facilitating the sharing of data, solutions and experiences between major stakeholders and countries.
- (d) Develop special initiatives for populations in situations of vulnerability. Provide enhanced support to those who are vulnerable or in vulnerable situations (such as children whose development can be affected by environmental risks, especially early life exposures, and long-term effects, workers in the informal economy, populations living in emergency situations, poor communities, populations of small island developing States and least developed countries, the Arctic, water-stressed and low-lying areas and others in their specific context). Provide this support by strengthening health systems' resilience to climate risks, aiding efforts to adapt to climate change, and promoting measures to mitigate the effects of climate change around the world so as to ensure the long-term future of the most vulnerable.
- (e) Provide emergency response. Support countries in developing systems to be prepared for environmental disasters and emergencies and to provide normative and technical guidance. Strengthen global and regional networks of experts to provide support to

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<sup>20</sup> See paragraph 34 above.

countries in responding to environmental emergencies. Responding to environmental health emergencies and delivery of environmental health services represent additional important activities in countries.

### Addressing environmental health emergencies

36. Man-made conflicts, technological incidents and natural disasters take a toll on people's lives and health around the world, with climate change and forced migration being likely to further intensify such emergency situations. The number of displaced people fleeing emergencies is increasing, with the greatest effects being felt in countries with the worst environmental health conditions and the least capacity to respond to environmental health emergencies. Preventing and managing such emergencies is essential to health security in order to keep people safe.
37. A systematic approach to environmental emergencies, such as a chemical or nuclear release, and to the environmental health aspects of all types of emergencies and disasters requires the Secretariat to work with all Member States to invest in assessment of vulnerability and risk, as well as planning for preparedness, response and recovery. The International Health Regulations (2005) provide a readily available vehicle to build national and regional capacities in core competencies pertinent to the detection of, preparedness for and response to chemical, zoonotic, radiological and nuclear events.
38. The objectives for environmental health management in emergencies are as follows:
  - (a) identify, assess and map environmental and occupational health risks and vulnerabilities in countries susceptible to crisis;
  - (b) improve capacities to effectively prepare for and manage the environmental and occupational health aspects of emergencies, for instance by enhancing the resilience of health systems and facilities;
  - (c) ensure that health care facilities: have access to basic environmental health services, such as those for safe water, adequate sanitation and hygiene and to clean, reliable energy; are sited away from risk zones such as flooding; and have in place systems for managing occupational health and safety;
  - (d) protect people's health from environmental risks throughout the phases of the management cycle of the disaster or emergency.

39. Suggested priority actions for environmental health management in emergencies are outlined in Table 1.

**Table 1. Suggested priority actions for environmental health management in emergencies**

Strategic response	Action by Member States	Action by the Secretariat
<p>Developing the capacities of the health sector to manage environmental and occupational health services throughout the life cycle of emergencies</p>	<ul style="list-style-type: none"> <li>• Develop environmental health emergency profiles (such as resource mapping and organization) and establish or update environmental health plans for emergencies</li> <li>• Operationalize policies, programmes and management systems pertinent to environmental health services in health care facilities, including the assessment, provision and restoration of services</li> <li>• Integrate the protection of occupational health and safety into national health security plans</li> </ul>	<ul style="list-style-type: none"> <li>• Develop systems for the prediction and early warning of, and preparedness for, environmental disasters and manmade emergencies</li> <li>• Establish global and regional networks of qualified environmental and occupational health specialists and sanitarians who can be mobilized and deployed in a timely manner to provide support to countries in need</li> <li>• Build countries' capacities to protect occupational health and safety in public health emergencies</li> </ul>
<p>Providing adequate environmental health services in health care facilities during emergencies</p>	<ul style="list-style-type: none"> <li>• Strengthen the health sector capacity to develop and operationalize policies, programmes and management systems pertinent to environmental and occupational health services in health care facilities, refugee camps and other areas hosting internally displaced persons</li> </ul>	<ul style="list-style-type: none"> <li>• Provide normative and technical guidance</li> </ul>
<p>Developing national capacities for responding to chemical, radiological and nuclear events for implementation of the International Health Regulations (2005)</p>	<ul style="list-style-type: none"> <li>• Strengthen national capacities for responding to chemical, radiological and nuclear events. Leverage capacity-building in core capacities required by the International Health Regulations (2005)</li> </ul>	<ul style="list-style-type: none"> <li>• Provide normative and technical guidance</li> <li>• Strengthen global and regional thematic networks of experts to provide support to countries in monitoring and responding to chemical and nuclear events</li> </ul>

## Achieving universal health coverage by providing environmental health services

40. One of WHO's strategic priorities is to provide support to countries in making progress towards universal health coverage. Universal health coverage includes ensuring that all people have access to and can use promotive and preventive health services appropriate to their needs, while not exposing the user to financial hardship. Essential environmental services with the main aim to improve health are an integral part of universal health coverage. Such services include, for example, provision of drinking water of safe quality, safely managed sanitation services, clean energy and technologies, and workforce protection, both within health care facilities and within communities.
41. Essential health services will be the key to reducing outbreaks of infectious diseases (resulting, for example, in a reduction in the number of individuals with diarrhoeal diseases, following improved water and sanitation services) and noncommunicable diseases (for example, cardiovascular and chronic respiratory diseases through clean energy and technologies in households).

### Goals to be achieved

42. Within the global strategy, the goals to be achieved by the transformational approach are highlighted in Box 2.

#### Box 2. Goals to be achieved by the transformational approach

##### To sustainably improve lives and well-being through healthy environments

1. **People.** People live longer and healthier lives owing to the reduction of environmentally-related diseases. People are aware of the environmental exposures harming their lives and how to avoid them, and of the benefits of more sustainable choices and make their voice heard by policy-makers. This ultimately leads to **better health and well-being**.
2. **Universal health coverage.** People benefit from **primary prevention** measures, such as essential environmental and occupational health services and health promotion, as an integral part of universal health coverage.
3. **Air pollution.** Countries and major cities have set health-based **air-quality targets** and have put in place policies to achieving the targets by **involving relevant sectors**. Polluting **fuels** and inefficient **technologies** are no longer used. Emissions have been significantly reduced.
4. **Climate change.** Health systems and communities around the world are **resilient** to climate variability and change, and drive down rates of climate-sensitive infectious disease. Carbon emissions are reduced to meet international commitments. Cleaner **energy systems** are built, efficient **public transport systems** promoting **active movement** are in place, **disease vectors** are appropriately controlled, more sustainable **diets** and more resilient **food systems** are promoted and implemented, and homes and workplaces should be buildings fit for health in a changing climate.

5. **Water, sanitation and hygiene.** All countries have incorporated the pillars of the **Water and Sanitation Safety Planning** into their strategies and have adequate hygiene integrated into the water safety plans. All health-care facilities have access to safe water, sanitation and hygiene. Sanitation and waste-water barriers to **combat antimicrobial resistance** are in place.
6. **Chemical safety. Impacts on health** from exposure to chemicals are reduced, as the health impacts from exposure to chemicals and their mixtures are **better known**, the use of chemicals is well regulated, national institutions have the **capacity** to meet chemical threats, including incidents and **emergencies**, and are involved in chemicals **management activities**.
7. **Radiation safety.** Health impacts from **ultraviolet radiation** are **decreasing** through better awareness of risks and through better personal protection. Unnecessary exposures from **medical imaging techniques** are eliminated. Lung cancers from exposure to **radon** are reduced through efficient preventive measures. **Nuclear incidents** are adequately responded to and managed.
8. **Health care settings.** All health care facilities and services are environmentally sustainable: using **safely managed water and sanitation services and clean energy**; sustainably managing their waste and procuring goods in a sustainable manner; are **resilient** to extreme weather events; and capable of protecting the health, safety and security of the **health workforce**.
9. **Workplaces.** All workplaces have systems in place for the management of **occupational health and safety** and for **promotion** of health at work. All workers have access to essential interventions for the prevention and control of occupational and work-related diseases and injuries.
10. **Global and regional settings.** International agreements and policies are in place as appropriate that efficiently deal with **global and regional drivers of health**, such as climate and ecosystem change.
11. **Emergencies.** All countries have the capacity to **manage environmental health services** effectively throughout emergencies. Countries have the capacity to **respond** to chemical, radiological and nuclear events and to **protect** the occupational health and safety of emergency responders.
12. **Governance.** National and local governments (for example, of cities) have mechanisms in place that facilitate **cross-sectoral cooperation** and integrate **health in all relevant policies** and ensure that they fulfil their obligations to provide safe environments for their citizens.

43. The WHO website provides access to supporting documents and details of activities in the Secretariat's priority intervention areas, including translations.<sup>21</sup>

21 See Public health, environmental and social determinants of health (<http://www.who.int/phe/publications/global-strategy/en/>, accessed 27 March 2019).



## Measuring progress towards the sustainable development goals

44. The main targets for measuring progress for the period 2019–2023, aligned with WHO's Thirteenth General Programme of Work, are listed below:

**Within Goal 3** (Ensure healthy lives and promote well-being for all at all ages)

- reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

**Within Goal 6** (Ensure availability and sustainable management of water and sanitation for all)

- provide access to safely managed drinking water services for one billion people
- provide access to safely managed sanitation services for 0.8 billion people
- reduce by 40–50% the number of people in low- and middle-income countries served by hospitals without reliable electricity and basic water and sanitation services

**Within Goal 13** (Take urgent action to combat climate change and its impacts)

- double the amount of climate finance for health protection in low- and middle-income countries
- reduce by 10% mortality from climate-sensitive diseases (through climate change action rather than other drivers).

45. Additional and more detailed indicators are being monitored within each of the environmental health areas. The main health-related Sustainable Development Goals and indicators are listed in Box 3.

### Box 3. The main Sustainable Development Goals and their targets and indicators linked to health and the environment<sup>a</sup>

#### Goal 1 (End poverty in all its forms)

Target 1.5 by 2030, build the resilience of the poor and those in vulnerable situations, and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

#### Goal 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture)

#### Goal 3 (Ensure healthy lives and promote well-being for all at all ages)

*Indicator 3.9.1 Mortality rate attributed to household and ambient air pollution<sup>b</sup>*

*Indicator 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services<sup>b</sup>*

*Indicator 3.9.3 Mortality rate attributed to unintentional poisoning<sup>b</sup>*

#### Goal 6 (Ensure availability and sustainable management of water and sanitation for all)

*Indicator 6.1.1 Proportion of population using safely managed drinking water services<sup>b</sup>*

*Indicator 6.2.1 Proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water<sup>b</sup>*

*Indicator 6.3.1 Proportion of wastewater safely treated*

*Indicator 6.a.1 Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan*

*Indicator 6.b.1 Proportion of local administrative units with established and operational policies and procedures for participation of local communities in water and sanitation management*

#### Goal 7 (Ensure access to affordable, reliable, sustainable and modern energy for all)

*Indicator 7.1.2 Proportion of population with primary reliance on clean fuels and technology<sup>b</sup>*

#### Goal 8 (Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all)

*Indicator 8.8.1 Frequency rates of fatal and non-fatal occupational injuries, by sex and migrant status*

### Box 3 (continued)

**Goal 9 (Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation)**

**Goal 11 (Make cities and human settlements inclusive, safe, resilient and sustainable)**

*Indicator 11.6.2 Annual mean levels of fine particulate matter (e.g. PM2.5 and PM10) in cities (population weighted)<sup>b</sup>*

**Goal 12 (Ensure sustainable consumption and production patterns)**

**Goal 13 (Take urgent action to combat climate change and its impacts)**

**Goal 17 (Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development)**

**Systemic issues: Policy and institutional coherence**

*Indicator 17.14.1 Number of countries with mechanisms in place to enhance policy coherence of sustainable development*

<sup>a</sup> Indicators in italics are those for which WHO is the custodial agency. Note that this list is not exhaustive: many more Goals and their indicators are linked to health.

<sup>b</sup> Indicators included in WHO's Impact Framework.







# WHO Global Strategy on Health, Environment and Climate Change: the transformation needed to improve lives and well-being sustainably through healthy environments

Despite progress made in many areas, the environmental burden of disease is persistently high – 13 million deaths are attributed to environmental factors each year. In addition, global challenges such as climate change and energy demand are increasing, and threats such as electronic wastes and microplastics are emerging. A transformational approach is therefore needed to create healthier populations through healthy environments.

This Global Strategy on Health, Environment and Climate Change aims to provide a vision and way forward on how the world and its health community need to respond to environmental health risks and challenges until 2030. It aims to ensure safe, enabling and equitable environments for health by transforming our way of living, working, producing, consuming and governing.

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