

NMUN•NY 2017



9 – 13 April 2017

Documentation of the Work of the World Health Organization (WHO)



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2017 NATIONAL MODEL UNITED NATIONS • NEW YORK

Conference B

# World Health Organization (WHO)

## Committee Staff

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## Agenda

- I. Mitigating the Public Health Effects of Climate Change
- II. Ensuring Access to Clean and Safe Water
- III. Improving Coordination of Health Services in Outbreaks and Emergencies

## Resolutions adopted by the Committee

<b>Code</b>	<b>Topic</b>	<b>Vote</b>
WHO/1/1	Mitigating the Public Health Effects of Climate Change	Adopted without a vote
WHO/1/2	Mitigating the Public Health Effects of Climate Change	Adopted without a vote
WHO/1/3	Mitigating the Public Health Effects of Climate Change	Adopted without a vote

# Summary Report

The World Health Organization held its annual session to consider the following agenda items:

- I. Mitigating the Public Health Effects of Climate Change
- II. Ensuring Access to Clean and Safe Water
- III. Improving Coordination of Health Services in Outbreaks and Emergencies

The session was attended by representatives of 29 Member States. On Sunday, the committee adopted the agenda of I, II, III, beginning discussion on the topic of “Mitigating the Public Health Effects of Climate Change.”

By Tuesday, the Dais had received a total of 4 proposals covering a wide range of subtopics, including prevention, response, education, and sustainable financing, as well as enhancing data collection mechanisms. Member States additionally focused on water infrastructure, education awareness, food security, natural disasters, and high-intensity storms in local communities, as well as food security, water scarcity, air quality, and combatting heat waves and infectious diseases due to climate change. The atmosphere in the committee embodied unity, given the strong collaborative effort between states. By the end of the session on Tuesday evening, 2 working groups had decided to merge their papers together due to their relatively similar ideas.

On Wednesday, 3 draft resolutions had been approved by the Dais, none of which had amendments. The committee then adopted all 3 draft resolutions by acclamation. Overall, the body was regularly consistent and focused in exhibiting its effort and determination to combat the issue of public health effects relative to climate change, which should remain at the forefront of the global agenda, as this is something that pertains to the future development and well-being of all Member States across the international arena.



**Code:** WHO/1/1

**Committee:** World Health Organization

**Topic:** Mitigating the Public Health Effects of Climate Change

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1 *The World Health Organization,*

2  
3 *Affirms* the importance of addressing humanitarian needs related to climate change as outlined within the  
4 Sustainable Development Goals (SDGs), and more specifically in SDGs 3 (Zero Hunger), 9 (Industry, Innovation  
5 and Infrastructure), 11 (Sustainable Cities and Communities), and 13 (Climate Action),

6  
7 *Acknowledging* General Assembly (GA) resolutions 54/175 and 70/154, which establish access to food and water as  
8 a fundamental human right and call for international cooperation towards establishing the importance of the  
9 protection of food,

10  
11 *Recognizing* article 25 of the *Universal Declaration of Human Rights* (UDHR), which ensures the right of all people  
12 to food and agricultural security,

13  
14 *Alarmed by* the negative impact of weather changes such as increased frequencies of droughts and floods, in  
15 addition to the absence of proper monitoring of food and ecosystems, all of which are exacerbated by the  
16 deterioration of water sanitation and distribution systems,

17  
18 *Noting* the importance of the *United Nations Framework on the Convention on Climate Change* (UNFCCC) as a  
19 necessary tool for directly reducing climate-induced health effects,

20  
21 *Stressing* the need for multifaceted solutions to fix interagency discrepancies, such as lack of evidence-based  
22 presentations, in communication and cooperation between UN agencies like WHO and the Office for the  
23 Coordination of Humanitarian Affairs in regards to public health and climate change,

24  
25 *Guided by* past cooperation between WHO and other UN agencies, such as the United Nations Environment  
26 Programme (UNEP), the Health and Environmental Linkages Initiative (HELI), the Climate and Clean Air Coalition  
27 (CCAC), and the Intergovernmental Panel on Climate Change (IPCC), to reduce the effects of climate change,

28  
29 *Noting* that an office within WHO addresses the correlation between public health and climate change can expand  
30 the leadership and technical assistance that WHO provides to support the sectoral needs at a country level,

31  
32 *Bearing in mind* that climate change is one of the greatest health risks of the 21st century, affecting the social and  
33 environmental determinants of public health including heatwaves, food and water safety, as well as presenting risks  
34 of diseases such as cholera, malaria, and pulmonary diseases,

35  
36 *Deeply disturbed* by the estimated 0.74 degree Celsius yearly temperature increase based on the United Nations  
37 Intergovernmental Panel on Climate Change (IPCC) estimate and the increased frequency of extreme weather  
38 events,

39  
40 *Reaffirming* the principles of the *Constitution of the World Health Organization*, in which the health of people is  
41 essential to attain peace, security, and is cooperation-dependent among all Member States,

42  
43 *Recognizing* the urgency of Small Island Developing States (SIDS) and coastal countries with a high Global Climate  
44 Risk Index as the geographic locations of these countries create a unique regional vulnerability yielding an elevated  
45 human mortality and displacement rate due to rising sea levels,

46  
47 *Fully aware* of the key factors such as prevention, adapting, and response education and funding that need to be  
48 addressed in the discussion about mitigation of public health effects,

49

- 50 1. *Urges* Member States to strengthen the 2020 Climate & Energy Package and their efforts to meet the targets of  
51 emissions trading systems (ETS) and renewable energy, considering the negative effects of failing to implement  
52 these policies on public health, including pulmonary and cardiovascular diseases, as well as arthritic  
53 complications that have arisen as well as rising costs of medical services to treat and manage the health  
54 complications of populations vulnerable to extreme weather conditions;  
55
- 56 2. *Reaffirms* General Assembly resolution 70/154, calling for international cooperation and assistance towards the  
57 protection of food supplies and ecosystems from the severity of droughts and floods by implementing global  
58 assistance programs, which provide developing states who lack the financial capabilities the means to adapt to  
59 future climate fluctuations by improving resiliency measures and providing adaptive tools similar to:  
60
- 61 a. The UK Global Agriculture and Food Security Program to increase resilience of crops, fisheries, and  
62 livestock production by financing the agricultural sector;  
63
- 64 b. The UK Building Resilience against Climate Extremes and Disasters program which provides the  
65 latest solar irrigation equipment and seeds tolerant of climate extremes to ensure the production of  
66 food during events including droughts and flood while implementing green technology;  
67
- 68 3. *Further recommends* the management of water filtration and sanitation systems through proper implementation  
69 of programs including the UN Joint Monitoring Program to prevent the future contamination of water and the  
70 spread of waterborne diseases such as cholera;  
71
- 72 4. *Calls* for increased public awareness of the impact of climate change on the health of Member States' citizens  
73 and the negative economic implications that arise from lack of coordination from multinational corporations and  
74 government agencies;  
75
- 76 5. *Strongly emphasizes* supporting the formulation and institutionalization of mobile medical programs for  
77 immediate response to extreme weather events to make basic health assistance immediately accessible to  
78 vulnerable populations such as children, women, the elderly and individuals suffering from terminal illnesses in  
79 deprivation of basic health services;  
80
- 81 6. *Calls upon* the World Health Assembly to annex WHO's proposal to expand the Department of Public Health  
82 and Environmental and Social Determinants of Health as subdivisions of the existing six regional WHO offices,  
83 including one elected Director of Regional Climate Change Management supported by data analysts, scientists,  
84 public health workers, and emerging sustainable technology experts in order to:  
85
- 86 a. Establish risk management strategies such as weather warning systems and corresponding response  
87 mechanisms in developing states that do not already have these programs to accurately predict  
88 upcoming climate related events by expanding the WHO Guidance on Warning System Development;  
89
- 90 b. Facilitate the flow of information, research, and logistics to create a more consolidated and effective  
91 approach to climate change in relation to public health;  
92
- 93 c. Direct the 69th World Health Assembly's agenda towards addressing Public Health and Environment  
94 Health Topics (PHE);  
95
- 96 d. Increase access to medical care and facilities to developing states to enable preventive and diagnostic  
97 measures in response to the spread of vector-borne diseases resulting from climate change;  
98
- 99 e. Take initiative to address food security through research in clean energy and agricultural resilience  
100 measures;  
101
- 102 7. *Calls for* risk management strategies such as alert systems to notify communities about a potential  
103 environmental disaster and the emergency resources available to them including shelters and other locations to  
104 receive immediate medical assistance;

- 105 8. *Calls upon* Member States to further standardize reporting on significant climate change shifts through tri-  
106 annual evaluations to increase accuracy in predicting upcoming potentially hazardous and devastating climate  
107 related events by:  
108
- 109 a. Stressing the need to expand access and distribution to health warning system for developing nations  
110 issued by Member States' department of public health;  
111
  - 112 b. Providing aid such as financial support and technology development in order to help less developed  
113 countries stay aware of specific weather patterns and safety procedures by multiple government sectors  
114 such as health ministries and climate research institutions;  
115
- 116 9. *Supports* the partnership between WHO and other United Nations (UN) agencies including the United Nations  
117 Children's Fund (UNICEF), the United Nations Development Programme (UNDP), and the United Nations  
118 Economic and Social Council (ECOSOC), as well as non-governmental organizations (NGOs), civil society  
119 organizations (CSOs), and other experts to work with local leaders and communities to communicate the link  
120 between public health and climate change by:  
121
- 122 a. Mobilizing workshops provided by public health professionals and experts on climate change to  
123 distribute information, such as pamphlets and guides on understanding the visible effects of climate  
124 change on their health, and these experts and professionals can volunteer from WHO partners such as  
125 the National Center for Atmospheric Research, the Climate and Health Council, the U.S. Center for  
126 Disease Control;  
127
  - 128 b. Integrating a global awareness campaign via social media and UN partner agencies to highlight the  
129 impact of temperature increases and other changes within the World Statistics Day, International Day  
130 for the Preservation of the Ozone Layer, World Environment Day, and World Health Day;  
131
  - 132 c. Creating a lesson plan on climate change and health to be forwarded to educational institutions and  
133 added to health class curriculum as an effort to raise awareness in classes and workshops, which will  
134 be created by a group of experts in partnership with WHO, and be forwarded to organizations such as  
135 Educate a Child and Education International;  
136
- 137 10. *Calls upon* Member States to further engage in Information, Education, and Communication (IEC) based  
138 technologies while focusing on inclusiveness in attaining improved technical research and development;  
139
- 140 11. *Calls for* providing guides to community centers in developing regions, updated three times a year to track  
141 weather patterns and climate shifts by designing a policy model connecting government agencies and offices,  
142 local stakeholders, UN offices on legislation and ideas that can provide quality preventative and emergency  
143 medical services at times of public health emergencies;  
144
- 145 12. *Urges* for changes in the allocation of local government funds towards the research and release of statistical  
146 information related to local climate-induced health effects by the year 2020 to WHO;  
147
- 148 13. *Recommends* funding the aforementioned solutions through multilateral, long-term financing through NGOs,  
149 regional and private organizations, funds allocated from World Health Assembly, the UN Foundation, UNDP,  
150 and microloans from banks associated with the agricultural sector that can benefit from a more reliable climate.



**Code:** WHO/1/2

**Committee:** World Health Organization

**Topic:** Mitigating the Public Health Effects of Climate Change

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1 *The World Health Organization,*

2  
3 *Guided by* World Health Assembly resolution 61.19 (2008) on climate change and health, which highlights the  
4 importance of raising awareness globally in regards to the relationship between climate change and health, as well as  
5 Sustainable Development Goal (SDG) 13, which calls for urgent action in combating climate change and its impact  
6 on health,

7  
8 *Calling attention to* the Climate Change Adaptation to Protect Human Health initiative launched in 2010, which  
9 aims to increase adaptive capacity of national health systems institutions to identify and respond to climate-sensitive  
10 health risks and the best practices to protect those affected by climate change,

11  
12 *Recalling also* the *Kyoto Protocol* and *Paris Agreement*, which document greenhouse gas emissions to highlight the  
13 link between adverse health effects cleaning methods that promote a sustainable environment,

14  
15 *Supporting* discussions held during the Conference of the Parties to the *United Nations Framework Convention on*  
16 *Climate Change* concerning the implementation of education and training in relation to climate change, and the  
17 actions undertaken by the Red Cross and the Red Crescent Climate Centre aiming at reducing the impacts of climate  
18 change and extreme-weather events on vulnerable people,

19  
20 *Further recalling* General Assembly resolution 64/292 (2010), which recognizes the importance of safe and  
21 accessible water for everyone as a human right and acknowledges that clean water and sanitation are essential for  
22 all, additionally reflected in SDG 6: Clean Water and Sanitation,

23  
24 *Keeping in mind* that the implementation of Water, Sanitation, and Hygiene (WASH) services UN-Water Global  
25 Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) are key to ensuring the equitable access to  
26 water and sanitation in all Member States,

27  
28 *Recognizing* the implementation of the International Network to Promote Household Water Treatment and Safe  
29 Storage (HWTS Network), the International Small Community Water Supply Networks and Integrated Watershed  
30 Management would promote the sustainable management of finite water sources,

31  
32 *Acknowledging* the “BreatheLife” program supported by UN Environment and Climate & Clean Air Coalition,  
33 which works towards finding ways to mitigate the health effects of air pollution in both indoor settings and outdoor  
34 settings,

35  
36 *Bearing in mind* the Framework on Heatwaves and Health: Guidance on Warning-System Development, which  
37 provides guidelines to implement further mitigation of heat-health warning systems for Member States and  
38 WHO/Europe’s Heat Health Action Plans in reacting to and containing heat-related health risks, with the ability to  
39 provide access to cooling centers, which are designated, accessible community centers with low indoor  
40 temperatures,

41  
42 *Aware* that climate change causes droughts, floods, or desertification, which decreases a Member State's ability to  
43 continue with agriculture and ensure food security, in accordance with SDG 2 which aims to achieves zero hunger,  
44 and recognizing the “Five Keys to Safer Foods,”

45  
46 *Noting with concern* that weather-related natural disasters, including events such as heat waves and high intensity  
47 storms, have more than tripled since the 1960s due to climate change and that these disasters result in over 60,000  
48 deaths every year,

49

50 *Recognizing* that microfinance helps local communities to improve personal hygienic facilities,  
51  
52 *Strongly supporting* the mission of the World Agroforestry Centre to improve the sustainability and productivity of  
53 agricultural practices, and the practice of intercropping, a multiple cropping practice involving growing two or more  
54 crops in proximity, so as to produce a greater yield on a given piece of land by making use of resources or ecological  
55 processes that would otherwise not be used for a single crop,  
56  
57 *Bearing in mind* that more than 200 diseases such as E. coli, campylobacter, botulism, among others, are spread  
58 through food and that contaminated food can cause long-term health issues such as arthritis, heart infection, blood  
59 infection, brain and nerve damage, and subsequently death,  
60  
61 *Alarmed by* the 186 million infants and young children that experience stunted growth due to malnutrition as  
62 stressed in World Health Assembly resolution 63.23 on infant and young child nutrition, while also reaffirming SDG  
63 3 promoting healthy lives and the well-being for all at all ages,  
64  
65 *Bearing in mind* the disproportionate effects of climate change on public health in less developed nations, including  
66 but not limited to cardiovascular disease, respiratory diseases, malaria, malnutrition, hypothermia, mental illness,  
67 and vector-borne illnesses,  
68  
69 *Alarmed by* the 97,079 new cases of salmonella, tuberculosis, Lyme disease, and meningococcal disease throughout  
70 the world,  
71  
72 *Drawing attention* to the regional success in the program implemented by the Bhutanese Royal Society for the  
73 Protection of Nature installing solar panels on homes to provide electricity,  
74  
75 1. *Calls for* the creation of a Water and Sanitation Infrastructure Implementation Commission which would help  
76 Member States establish WASH infrastructure and facilities on a national level, with the objective of:  
77  
78 a. Designing and implementing adaptive and sustainable infrastructure to mitigate the detrimental effects  
79 of natural disasters caused by climate change, focusing on landslides, mudslides, mudflows  
80 earthquakes, tsunamis, hurricanes, floods, and droughts;  
81  
82 b. Creating support for States developing water-flow monitoring technology in pipelines to ensure water  
83 volume and velocity are in accordance with local ordinances, and early warning systems for natural  
84 disasters, in addition to those initiated by the Climate Change Adaptation to Protect Human Health;  
85  
86 c. Monitoring in collaboration with national health officials and the World Water Assessment Program  
87 (WWAP), the implementation of these sustainable infrastructure practices, and the distribution of  
88 water-flow monitoring technology;  
89  
90 2. *Recommends* the further implementation of the International Network to Promote HWTS and the International  
91 Small Community Water Supply Networks to manage limited water resources, to improve hygiene, agriculture,  
92 and drinking, in order to mitigate the spread of waterborne diseases and food insecurity, in regards to floods,  
93 drought seasons, earthquakes, and hurricanes that particularly affects African, Southeast Asian, and small island  
94 nations, and thus:  
95  
96 a. Advocates for the further implementation of WASH FIT education programs in healthcare facilities in  
97 conjunction with Water For Life initiatives in various levels of schooling especially in developing  
98 nations to expand the implementation of this program in developing nations in order to amplify access  
99 to these services universally by the year 2030 in line with the Sustainable Development Goals;  
100  
101 b. Urges Member States to uphold the UN GLAAS reports in order to accurately implement needed  
102 WASH programs;  
103



- 104 3. *Calls upon* UN-Water to further expand the Integrated Water Resources Management to reach vulnerable  
105 populations in rural areas in more developing member states with the following objectives:  
106
- 107 a. Improve management of the public health issues of injuries, infectious disease outbreak, respiratory  
108 disease, mental illness in the aftermath, and damage to crops that are caused by flooding, natural  
109 disasters, and high intensity storms;
  - 110
  - 111 b. Implement technical assistance strategies in these rural communities such as those of TDET in India  
112 into IWRM;
  - 113
  - 114 c. Implement more vocational training programs, similar to those sponsored by USAID, into IWRM to  
115 educate working-age persons on water management techniques;  
116
- 117 4. *Implores* already-existing initiatives such as the United Nations Development Programme (UNDP) to facilitate  
118 structures to manage runoff from melting glaciers, mudflows, landslides, and avalanches such as dams for  
119 melting glaciers which could be more effective by implementing additional renewable energy mechanisms to  
120 harness the energy of the above-mentioned disasters to limit harmful emissions that would otherwise come from  
121 traditional energy sources;  
122
- 123 5. *Supports* the partnership of Member States with NGOs, international organizations, and academic institutions to  
124 implement alternative farming methods and practices for the purpose of creating sustainable food sources during  
125 droughts and heatwaves that are invoked by climate change through methods such as:  
126
- 127 a. Vertical farming, which produces food in vertically stacked layers, such as in a skyscraper, used  
128 warehouse, or shipping container;
  - 129
  - 130 b. Rooftop farming, which uses green roofs, hydroponics, aeroponics, air-dynaponics systems or  
131 container gardens to produce crops, collaborative with the World Food Programme’s Innovation  
132 Accelerator, which will help Member States to develop an adapted hydroponics greenhouse using  
133 locally available materials and crops;
  - 134
  - 135 c. Dry farming, which utilizes the residual moisture in the soil from the rainy season;
  - 136
  - 137 d. Intercropping, which plants crops within forests to replace slash and burn deforestation practices in  
138 providing food security and preserving groundwater;
  - 139
  - 140 e. Implementation of the database and toolkits provided by the *World Agroforestry Center*, which strives  
141 to achieve viable livelihoods supported by healthy and productive landscapes;  
142
- 143 6. *Further advocates* for the implementation of WHO framework *Heat-waves: risk and responses* in order to  
144 address the concerns of increasing heat-waves as climate change trends continue by:  
145
- 146 a. Urging Member States to include the 2004 “Heat-Health Warning systems” that WHO has formed to  
147 ensure that Member States are prepared to combat heatwaves:  
148
  - 149 i. Calls upon the strengthening of the cooperation with the World Meteorological Organization  
150 so as to better anticipate heat waves;
  - 151 ii. Encourages the designation of specific indoor areas as cooling centers in underserved regions  
152 when “Heat Health Warning Systems” indicate the potential for harm during heatwaves;  
153
  - 154 b. Emphasizing the need to develop or expand “Heat Health Action Plans” to manage the risk of  
155 heatwaves for vulnerable elderly, child, and ailing populations in local communities that are resource  
156 deficient, isolated and have yet to implement the solutions suggested in WHO *Heat-Health Guidance*  
157 *2015*;
  - 158

- 159 c. Creating the “International Cooling Enhancement” (ICE) program to follow the model of the  
160 Bhutanese Royal Society for the Protection of Nature program in which ICE liaisons will install solar  
161 panels to power cooling systems in homes, schools, and facilities, particularly in rural areas;  
162
- 163 7. *Highly recommends* the implementation of the Humanitarian Engagement of Local Population Program  
164 (HELPP), in accordance with the continuation of the Red Cross/Red Crescent Climate Centre actions, to engage  
165 local communities, experts, and NGOs, on the topic of the public effects of climate change, especially on the  
166 most vulnerable populations, by a cooperation between Member States Health Authorities and Regional  
167 offices, by:  
168
- 169 a. Furthering awareness of the public health effects of climate change through education in vulnerable  
170 locations should be promoted with better communication by national authorities so as to make people  
171 aware of the risks linked to their location based on the framework created by the *Climate Change*  
172 *Adaptation to Protect Human Health*;  
173
- 174 b. Promoting higher level of appropriate and proper techniques of basic hygiene measures;  
175
- 176 i. In the educational system of Member States, especially in remote areas, in accordance with  
177 both their Health and Education Departments, by encouraging the distribution to primary  
178 school teachers of the WASH Cluster: Tools and Approaches handbook to ensure basic  
179 hygiene measures are taught;  
180
- 181 ii. Through the promotion of waste management incorporating renewable and clean energy  
182 techniques;  
183
- 184 c. Encouraging the emphasis on education programs mainly through education in the WHO “Five Keys  
185 to Safer Food” to reduce contamination due to warmer temperatures the following topics:  
186
- 187 i. Keeping clean, which entails washing and sanitizing hands, surfaces, and equipment when  
188 preparing food;  
189
- 190 ii. Separate raw and cooked food through the use of separate utensils and containers, to prevent  
191 contamination;  
192
- 193 iii. Cook food thoroughly to prevent foodborne illnesses, by ensuring food, especially meat,  
194 poultry, eggs, and seafood, is cooked to their proper temperature;  
195
- 196 iv. Keep food at safe temperatures, keeping them out of the danger zone which is between 5  
197 degrees to 60 degrees Celsius;  
198
- 199 v. Use safe water and raw materials, which helps to ensure the food is not contaminated by  
200 unsafe water;  
201
- 202 d. Calling upon the education of policymakers, service providers, and communities on effectively dealing  
203 with climate-induced water shortage crises by teaching:  
204
- 205 i. Assessment of the amount of water that is needed by communities and service providers;  
206
- 207 ii. Organization of the resupply of water by policy makers;  
208
- 209 iii. Allocation of the amount of water that is necessary to restabilize water sources;  
210
- 211 8. *Emphasizes* the need for local, regional, and global interdisciplinary approach to climate change in response to  
212 outbreaks of infectious diseases invoked by climate change events;  
213
- 214 a. Calls upon the HopeFor Initiative to expand its effort in reducing contact between humans and the  
disease in the aftermath of climate-induced disasters by partnering with Member States before, during,  
and after the outbreak of diseases;
- 215
- 216 b. Further requests the expansion of “Country support for strengthening capacities as required under the  
International Health Regulations 2014” under the WHO Lyon Office to introduce regulations within  
states’ existing educational frameworks that outline specific guidelines for medical professionals in the  
wake of natural disaster;

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9. *Strongly urges* all Member States to join or expand their existing BreatheLife program, in collaboration with UNICEF and beyond cities to underserved areas on a regional and international level, in order to decrease the proliferation of respiratory diseases that are caused by air pollutants;
  10. *Recalls* that the BreatheLife program is currently working in cities with air pollution issues and invites Member States to:
    - a. Work together to be able to create sustainable transportation and energy-efficient homes and to use clean cookstoves and fuels;
    - b. Implement educational programs that bring awareness to the health issues that are created by using solid fuels as for heating and cooking;
  11. *Further recommends* that Member States invest in renewable energies: solar power, hydroelectric energy sources, wind power, and any other sources that make use of clean energy;
  12. *Recommends* increased partnership between Member States and Project HOPE to aid refugee and internally displaced persons (IDP) populations who have been forced to emigrate from their homes due to climate crisis, in order to ensure provisions for their food, shelter, medical, and water security;
  13. *Encourages* that Member States designate portions of their preexisting national environmental budgets in effort to mitigate the public health effects of climate change as mentioned above through microfinancing and partnerships of public and private sectors, such as for sanitation infrastructures, pipelines, solar panels, and air conditioning units.



**Code:** WHO/1/3

**Committee:** World Health Organization

**Topic:** Mitigating the Public Health Effects of Climate Change

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1 *The World Health Organization,*

2  
3 *Recognizing* that the right to health must be safeguarded from the effects of climate change,

4  
5 *Acknowledging* the impacts on public health caused by climate change, which includes destructive extreme weather  
6 events, degradation of natural systems such as water or air, and deterioration of social and human systems such as  
7 national economies or population structures,

8  
9 *Taking into consideration* that such effects can be varied and particularly detrimental to resource-scarce nations  
10 without adequate emergency response health infrastructure,

11  
12 *Further recalling* the need for linking existing data platforms such as the Global Outbreak and Response Network  
13 (GOARN) and the Global Health Observatory (GHO) inter alia with a specific focus on the public health effects of  
14 climate change, into a single accessible platform,

15  
16 *Emphasizing* the influence that the analysis of such data has on guiding policy and guideline framework, and on  
17 efficient allocation of resources on a needs-based approach,

18  
19 *Having examined* resolutions WHA.61.19 and WHA.51.29 and the *Workplan on Climate Change and Health Aims*  
20 *and Objectives: 2014-2019* (2015), which sets a framework for identifying health protection strategies, discovering  
21 and strengthening innovations that implement these strategies, while altogether emphasizing international  
22 cooperation,

23  
24 *Expressing its appreciation for* the “Climate Change Adaptation to Protect Human Health” program, which supports  
25 the exchange of information regarding early warning and response systems,

26  
27 *Taking into account* existing initiatives such as the Seven-Country Initiative and WHO Health Emergencies  
28 Programme, which identify region-specific impacts of climate change on public health outcomes,

29  
30 *Noting with satisfaction* the WHO Emergency Response Framework which outlines rapid response methods in the  
31 event of climate change-induced emergencies,

32  
33 *Keeping in mind* the current work of existing funds which combat the health impacts of climate change, such as the  
34 Special Climate Change Fund (SCCF), the Least Developed Countries Fund (LDCF), the Pilot Program for Climate  
35 Resilience (PPCR), and the Adaptation Fund (AF) which would benefit from more efficient allocation of resources,

36  
37 *Encouraging* the continued cooperation among Member States and NGO’s, including the International Federation of  
38 the Red Cross, in spearheading the continuation of public access to health information,

39  
40 *Commending* all contributors to existing funds, such as the World Bank, which address the health needs of  
41 populations directly affected by climate change,

42  
43 *Welcoming* the inclusion of public health professionals from both public and private sectors across disciplines at the  
44 WHO Global Conference on Health and Climate,

- 45  
46 1. *Encourages* the establishment of an online, open-accessed portal called the Global Exchange Platform (GEP),  
47 maintained by the General Management Office, to collect and coordinate existing data related to the public  
48 health threats resulting from climate change through:  
49

- 50 a. The redirection of existing data, such as the:
- 51
- 52 i. WHO Global Health Observatory (GHO);
- 53 ii. WHO Global Outbreak and Response Network (GOARN);
- 54 iii. WHO Global Antimicrobial Resistance Surveillance System (GLASS);
- 55 iv. Health Nutrition and Population Statistics data bank of the World Bank;
- 56
- 57 b. Redirection of best practices as outlined in the following documents:
- 58
- 59 i. The WHO Emergency Response Framework;
- 60 ii. The Environmental Technologies Action Plan (ETAP);
- 61 iii. Training course for public health professionals on protecting our health from climate change;
- 62 iv. Health and climate change: policy responses to protect public health (2015);
- 63
- 64 c. Creation of a new and innovative mobile application, WHO Climate Hub, for ordinary citizens and
- 65 national/local response institutions to easily access and understand the evaluated, condition-specific
- 66 data extracted from the GEP;
- 67
- 68 d. Creation of the Climate Hub Bus Program to deliver information found on the GEP to people without
- 69 the means to access the platform and the application:
- 70
- 71 i. Consisting of a series of fully-equipped buses travelling to regions identified as vulnerable to
- 72 the public health effects of climate change and would benefit greatly from the data of GEP
- 73 and the mobile application;
- 74 ii. Consisting of United Nations Volunteer groups undergoing a four-week training on the
- 75 respective region and effects of climate change in general;
- 76
- 77 e. Promotion of the use of the app through public awareness campaigns through the Climate Hub
- 78 Subcommittee that includes a communication as well as media team;
- 79
- 80 f. Using the information from the GEP through the app to assist Member States to design simulations and
- 81 drills of extreme-weather related events based on previously successful responses to prepare citizens in
- 82 the case of such events in cooperation with the United Nations Office for Disaster Risk Reduction
- 83 (UNISDR);
- 84
- 85 g. The funding by the Global Exchange Platform Fund (GEPF) to be funded through an allocation of the
- 86 WHO Special Climate Change Fund (SCCF);
- 87
- 88 2. *Declares* the purpose of the GEP as a bridge between climate change and health research and policy-makers on
- 89 such matters, and to guide more efficient allocation of resources in a needs-based approach, by:
- 90
- 91 a. Promoting creation of national action plans and integrations of such information in local community
- 92 health programs;
- 93
- 94 b. Determining the level of need on the basis of susceptibility, the World Bank GDP ranking system and
- 95 data collected by the GEP;
- 96
- 97 c. Requesting the development and facilitation of access to medical products through the transfer of
- 98 technology from high-technology countries to those that are developing;
- 99
- 100 d. Evaluating the effectiveness of current WHO and national health programs:
- 101
- 102 i. Determining areas of improvement based on evidence collected by the GEP;
- 103 ii. Specifically considering the geographical and infrastructure limitations that hinder the
- 104 efficiency of each national and other public health systems;
- 105

- 106 3. *Requests* reallocation of funding from existing climate change and health funds while encouraging contributions  
107 to address the public health effects of climate change through the Green Climate Fund, the World Bank, and  
108 funds coordinated by GEP such as:  
109
- 110 a. The WHO Special Climate Change Fund (SCCF);
  - 111
  - 112 b. The WHO Least Developed Countries Fund (LDCF);
  - 113
  - 114 c. The WHO Pilot Program for Climate Resilience (PPCR);
  - 115
  - 116 d. The WHO Adaptation Fund (AF);
  - 117
  - 118 e. Partnerships between public and private entities;
  - 119
  - 120 f. National expenditures;
  - 121
- 122 4. *Further encourages* the increased participation in the WHO Global Conference on Health and Climate  
123 including presentations from academic institutions, non-profit organizations (NGOs), civil society organizations  
124 (CSOs) and national health ministries:  
125
- 126 a. With annual reports prepared by the WHO Secretariat are presented on the major public health effects;
  - 127
  - 128 b. Focusing on regions with the most urgent public health crises.