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Annual report of the United Nations High Commissioner
for Human Rights and reports of the Office of the
High Commissioner and the Secretary-General
Promotion and protection of all human rights, civil
political, economic, social and cultural rights,
including the right to development

**Relationship between climate change and the human right of
everyone to the enjoyment of the highest attainable standard
of physical and mental health***

Informal summary of inputs received

* Reproduced as received.

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I. Introduction

1. In its resolution 29/15, the Human Rights Council requested the Office of the United Nations High Commissioner for Human Rights (OHCHR) to conduct a detailed analytical study in consultation with relevant stakeholders on the relationship between climate change and the human right of everyone to the enjoyment of the highest attainable standard of physical and mental health and to organize a panel discussion on the same subject during the 31st Session of the Human Rights Council.

2. On 21 August 2015, OHCHR circulated a Note Verbale and Questionnaire to Member States requesting inputs in the form of written submissions for the study (see Annex 1). Additional communications were made to other stakeholders including civil society organizations, international organizations and National Human Rights Institutions. As of 24 February 2015, OHCHR had received responses from 42 stakeholders including Member States, international organizations, National Human Rights Institutions, NGOs and academic institutions.

3. These inputs are summarised below along with preliminary conclusions about the impacts of climate change on the full enjoyment of the highest attainable standard of physical and mental health. This summary of inputs received is intended to inform the Human Rights Council panel discussion which will take place on 3 March 2016 and the analytical study which will be submitted to the 32nd Session of the Council. This is an informal document and conference room paper. The official inputs received from States and other stakeholders are available for further consideration and review on OHCHR's website (<http://www.ohchr.org/EN/Issues/HRAndClimateChange/Pages/StudyImpact.aspx>).

II. Summary of Inputs received

A. Member States

1. Azerbaijan

4. The Constitution of Azerbaijan protects the right to live in safety and in a healthy environment. Azerbaijan stresses that climate change poses a serious threat to enjoyment of the right to health and access to the basic necessities for life such as food and shelter. Azerbaijan is vulnerable to natural disasters which are exacerbated by climate change. In 2010, heavy flooding affected seven regions and about 70000 people living along Azerbaijan's Kura River. Extremely hot weather events are also increasing. From April through September of 2003-2006, due to a temperature rise in Baku city of 1.5⁰C, there was an increase in the number of calls for first aid by 21.5%. Complaints related to blood, respiratory and neural diseases also increased by 34.1%, 22.8% and 19.9%, respectively. Rising temperatures also contribute to expanding boundaries of both endemic and epidemic malaria. More broadly, declining levels of infectious and parasitic diseases have been partly reversed by rising temperatures, flooding of human settlements and destruction of sewerage systems.

5. In its intended national determined contribution (INDC), Azerbaijan has pledged a 35% reduction in its level of greenhouse gas emissions by 2030 as compared to 1990. Given its high vulnerability to the adverse effects of climate change, Azerbaijan considers adaptation measures to decrease or minimize climate impacts of critical importance. Azerbaijan's draft *Action Plan on improvement of ecological situation and efficient use of natural resources in the Republic of Azerbaijan (2015-2020)* contains a special chapter on climate and its National Adaptation Plan (NAP) is intended to address climate change as

well. Azerbaijan has no specific system in place to address climate impacts; however, the government provides support to persons impacted by natural disasters, including disasters occurring as a result of climate change. For example, the government provided 300 million USD to improve the living conditions of persons affected by the heavy flooding in 2010.

6. Among others, Azerbaijan considers the following adaptation measures important: establishment of an early warning system for prevention of the escalation of the diseases caused by climate change; enhancement of the emergency response capabilities of health service systems; improvement of measures against malaria; implementation of public awareness; and capacity building. Azerbaijan emphasizes that mitigation and adaptation measures directly and indirectly relate to the human right to health and include adaptation measures such as improvement of water management systems to better respond to flood events.

2. Cuba

7. Cuba states that climate change threatens the fulfilment and enjoyment of the right to health. It specifically notes that the unsustainable patterns of production and consumption continue to erode the full enjoyment of all human rights. Since 2001, Cuba has been impacted by eight hurricanes and is especially vulnerable to increasing sea levels. With regard to health, vector borne diseases pose a particular threat to the country. The main diseases sensitive to climate change in Cuba include acute diarrhoea, respiratory infections, viral infections, meningitis, varicella, viral hepatitis, dengue and malaria. Climate change also threatens water supplies and food production. To confront the challenges of climate variations on health, Cuba guarantees the enjoyment of the right to health and maintains extensive health programmes that are universal and free. Cuba also highlights that it designed and developed climate indicators, along with prediction models, regarding public health.

8. Article 27 of Cuba's Constitution has a specific provision to ensure environmental protection and other laws, policies, and programmes also focus on the environment. Cuba has a national action plan for addressing climate change as well as a programme on science and technology dedicated to engaging with climate change related issues. With regard to the right to health, specific measures employed to protect health from climate impacts include: enhancing the system of epidemiological monitoring; strengthening health assistance programmes; increasing research; improving the availability of information; capacity building for health professionals; and developing early warning systems.

9. Cuba highlights that access to remedy regarding environmental issues is provided in its law on environment Number 81 of 1997. The economic chambers of the provincial tribunals also have competence for environmental litigation. This is complemented by numerous adaptation and mitigation actions to minimize the negative effects of climate change. More generally, Cuba emphasizes that climate change will disproportionately impact developing countries, that the principle of common but differentiated responsibility remains essential to address this, that developed countries must make stronger commitments, and that addressing climate is a moral imperative.

3. El Salvador

10. In El Salvador, climate change has significant impacts on the social and environmental determinants of health. Areas with a high level of malnutrition overlap with areas affected by drought and infected coffee crops. There have also been changes in patterns of food consumption driven by rising prices for healthy foods that have led to increases in obesity-related diseases. Extreme weather events have increased in frequency and strength causing considerable damage. For instance, Hurricane Mitch (1998) created damage valued at about 6.5% of El Salvador's GDP and *la Depresión Tropical 12E* of 2011

damaged 19 national hospitals and 238 community health units, and destroyed 10,000 wells and 21,000 toilets. In 2015, four periods of droughts led to considerable losses in corn and bean production that affected food security. Additionally, changes in prevailing wind patterns have affected the health of children and older persons contributing to the growth of respiratory diseases. These and other climate-related impacts on health made El Salvador the 12th ranked country in the Global Climate Risk Index in 2015.

11. The Constitution of El Salvador calls for the State to protect natural resources and the diversity and integrity of the environment. It is the duty of the State to ensure the enjoyment of freedom, health, culture, economic well-being and social justice. El Salvador has a number of laws and policies relevant to this area including its Environmental Law of 1998, its Health Code which includes a specific focus on environmental sanitation, its five year development plan which integrates concerns regarding health, its national policy on environment, its national plan and strategy on climate change, and an environmental strategy for adaptation and mitigation for agriculture, forestry and fisheries. El Salvador's law on environment contains specific provisions on access to information and participation in environmental management. Article 99 establishes jurisdiction to settle civil liabilities issues related to the environment including climate change. A dedicated line of communication is present in the country for anonymously denouncing any damages related to the environment before the environmental court and the penal code of El Salvador includes environmental crimes.

12. El Salvador is taking a number of measures to address the impacts of climate change. Among these, is development of a policy on climate change and health by its Ministry of Health which includes (1) education and technical training for health personnel; (2) inter-institutional and inter-sectorial strengthening; (3) investigation; and (4) implementation of measures directed at the construction of sustainable health facilities.

4. Gabon

13. Gabon states that climate change should be considered as part of the broader question of the environment. Links between the environment, climate change, and human rights, and particularly the right to health, have been established in documents such as the Stockholm Declaration of 1972 and the 1992 Rio Declaration. For developing countries, and especially for the poor, the impacts of climate change represent a direct threat to the survival of the population and the realization of human rights. These threats must be addressed through climate change adaptation, technology and other strategies. Gabon observes that according to experts, climate change is measurable and undeniable, and that its effects, including health effects, will be felt around the world. To respond to this, States need clear adaptation strategies, underlying action frameworks, and to recognize and address financial and informational constraints.

14. According to Gabon, the fight against climate change is dependent on allocation of the burdens and risks of reducing carbon emissions, and there is a need for radical change. Gabon has worked to reduce emissions while still pursuing its development goals by targeting key sectors for regulation. Gabon notes that climate change affects individuals and communities, and that a human rights perspective brings attention to the impacts on vulnerable populations. Gabon is not a part of Annex 1 of the UNFCCC, and therefore it is still developing climate change-related responsibility mechanisms, still, it has established a Directorate for the Environment which could be used to house a responsibility mechanism. In any case, Gabon's international human rights commitments and legal and regulatory actions on climate change create state responsibilities to act in this area. International human rights law prescribes the manner in which States must undertake climate change adaptation and mitigation measures. Gabon has developed a number of strategies that are

designed to protect its land and cities in a manner that is consistent with sustainable development objectives.

5. Georgia

15. Georgia describes climate change as a cross-cutting issue that threatens the right to health and healthy environment guaranteed in Georgia's Constitution. Climate change has a number of impacts on its ability to ensure its citizens can effectively exercise their rights. Incidence of diseases like malaria, leishmaniasis, diarrhoea and cardiovascular diseases have increased due to warming in the country. In Georgia, the Red Cross is developing a strategy on health adaptation and reducing vulnerabilities to heat waves. This can become a strong tool, especially in Tbilisi and the Black Sea coastal zone, to counter the negative effects of heat waves on human health. A separate action plan is needed to address the threat on natural disasters in the high mountainous regions. Further, there is a need for early warning systems to prevent and manage diseases.

16. Georgia has signed an Association Agreement with the EU and will adapt its legislation and framework to ensure food security and clean water and sanitation. It is also a signatory to the Aarhus Convention that guarantees citizens' access to information on environmental matters. Regarding accountability and oversight, Georgian legislation acknowledges the right to seek remedies for damages including environmental damages but there is no specific legislation to address remedies related to climate change, nor is there an insurance system to protect against climate change. Georgia has engaged in numerous climate mitigation and adaptation activities. These projects have indirect impacts on health and well-being but have not been directly linked to the right to health. Georgia therefore emphasizes the future importance of developing projects and activities that directly address the impacts of climate change on health.

6. Greece

17. Greece asserts that the adverse effects of climate change have a wide range of human rights implications. It refers to a report that studies the risks and impacts of climate change in Greece, and also identifies increased numbers of forest fires as another effect of climate change that carries health risks. Greece has engaged in a number of mitigation and adaptation efforts including participating in the efforts undertaken by the EU as a whole. The country has worked to promote energy efficiency, to reduce emissions, to build a data-driven national health policy, and to create a comprehensive climate change adaptation strategy. Greece's health maps are a key tool for planning and implementation of its national health policy and include specific information on climate related threats including insects.

7. Honduras

18. Honduras states that there is a very close relationship between climate change and enjoyment of the right to health emphasizing that climate change affects water and sanitation, education and other rights as well. It highlights that the country produces minimum emissions compared to industrialized countries and that the poorest communities are most vulnerable to the effects of climate change. Especially with regard to forestry, effects of climate change are far-reaching and have, for example, caused pine tree diseases that also have implications for the availability of clean water for communities and for livelihoods. A national plan has been developed to control pine disease. Honduras has also developed an inter-institutional committee for climate change that serves as a consulting and political platform on environmental issues for the President. A key area of focus for Honduras in the context of climate change and environmental protection is REDD+ which cuts across adaptation and mitigation measures.

8. Jordan

19. Jordan acknowledges that climate change is occurring, that a certain degree of global climate change is unavoidable, that climate change may affect health in a variety of ways, and that these effects are likely to be negative and borne most heavily by populations in low-income countries. Climate change will without doubt put at risk the basic determinants and requirements for maintaining health. Protecting the right to health from the adverse impacts of climate change requires comprehensive measures to mitigate adverse impacts on the underlying determinants of health and give priority to vulnerable individuals and communities. Developed countries should take the lead in these mitigation efforts while strengthening the ability of developing countries to adapt.

20. The Jordanian Ministry of Health has developed a National Climate Change Health Adaptation Strategy by assessing health related vulnerabilities and coping capacities. As a result of climate change, temperatures are likely to rise in Jordan and precipitation levels will decrease. Likely health impacts of these changes include an increase in chronic respiratory and water and food-borne diseases, reduced availability of fresh water, increased malnutrition, reduced crop yields and food security and an increase in heat and ultraviolet radiation-related illnesses. Jordan has developed a number of strategies for mitigating and adapting to climate change and specifically to its negative effects on health. More generally, Jordan has developed a strong public health system and has made significant progress over the years with regards to a number of important health indicators. These efforts have included the development of community-based health initiatives, renewable energy projects, improved public transportation, better disaster-preparedness, and better data collection and training.

9. Mexico

21. Mexico states that climate change poses a threat to human health and that the poorest countries and communities are most vulnerable to its impacts. Mexico's efforts to protect human health are particularly vulnerable to the impacts of climate change. 15% of the country's territory, 68.2% of its population and 71% of the GDP are exposed to the adverse impacts of climate change. In Mexico, roughly 18 million persons live in areas at high risk of flooding and climate variation also affects the availability of food and water and the transmission of diseases.

22. Mexico's Constitution guarantees all persons the right to health and to an environment adequate for their development and wellbeing. Mexico's General Law on Climate Change (LGCC) directly addresses climate change, emphasizes the prevention of diseases related to climate change as well as the development of strong health services infrastructure, and establishes a special fund for climate action. The National System on Climate Change (SINACC), created by the General Law, is responsible for priority action on mitigation and adaptation. The Inter-sectorial Commission on Climate Change (CICC) is in charge of formulating and implementing national policies for climate mitigation and adaptation. Mexico has a number of other policies on climate change that are designed to improve quality of life and address the impacts of climate change on health.

23. Mexico does not have any specific mechanisms for access to remedy with regard to climate change. However, existing legislation ensures remediation for any human rights violation. Mexico has undertaken commitments to limit its emissions and notes that implementation of these commitments also has health and eco-system co-benefits. Mexico emphasizes that a key adaptation objective for the country is to strengthen the system of public health, including by increasing investment. Planned actions to reduce vulnerabilities in the health sector between 2014 and 2018 include: designing an early warning system, evaluating and improving sanitation infrastructure to address climate risks; evaluating and improving health infrastructure; better understanding the broader vulnerabilities of the

health sector to climate change; and improving awareness and capacity to address climate impacts.

10. Montenegro

24. Montenegro states that climate change acts as a threat multiplier and therefore has significant negative impacts on the enjoyment of human rights including the right to a healthy and clean environment and the right to health, particularly for the most vulnerable. As a result, human rights considerations should be at the heart of climate actions. Montenegro is in the early stages of assessing climate change vulnerabilities and developing adaptation and mitigation strategies, but has identified health as a priority sector. Montenegro's INDC calls for a 30% reduction from 1990 emissions levels by 2030 and its energy policy calls for 33% renewables by 2020. While Montenegro's laws have no specific remedy mechanisms for climate impacts, there is a National Council for Sustainable Development and Climate Change which has a designated working group for climate change that could consider action in this area in the future. The Montenegro Institute for Public Health has worked to address health and climate change issues through a public awareness campaign.

11. Morocco

25. Morocco submitted inputs from its Ministry of Health and its Ministry of Energy, Mines, Water, and the Environment both of which are reflected here. Morocco states that it is largely accepted within the global scientific community that climate change is happening and has impacts on human health, particularly on the realization of the right to health for the most vulnerable. The Mediterranean region is one of the parts of the world that is the most vulnerable to these impacts. Notably, climate change is likely to cause an increase in allergies and respiratory diseases and an increase in health consequences of natural disasters. Climate change also negatively impacts food, water and air. In Morocco, analysis suggests that summer temperatures and aridity will both rise, leading to reductions in agricultural production, food security, and access to water, and an increase of food and water-borne diseases and air pollution. Parts of Morocco are vulnerable to increased flooding, while others to increased drought.

26. The Moroccan government has taken a number of steps to address these impacts, including efforts to improve public health, air and water quality, food security, access to water and water usage. Morocco has a long-standing government-wide commitment to addressing climate change, and has engaged in a number of climate change adaptation and mitigation efforts, including many that will address the health impacts of climate change, in part by focusing on the impacts of floods and droughts.

12. Peru

27. Peru recognizes that climate change has multiple effects on the right to health and highlights that the country's Constitution guarantees the right to an adequate environment, while Article 7 specifically guarantees the right to health. In 2008, Peru created the Ministry of Environment to ensure the effective fulfilment of environmental objectives through a national system of environmental management. Peru notes that direct impacts on health are caused by extreme weather events, such as heat waves, flooding, and landslides, among others. Direct impacts also include increased incidence of cardiovascular diseases, dehydration, acute respiratory infections, vector-borne diseases, hypothermia and diarrhoea. Indirect impacts include water shortages, food insecurity and malnutrition. In Peru, a number of regions like Huancavelica, Cajamarca, Huanuca, Aourimac and Amazonas are particularly vulnerable to food insecurity.

28. Peru emphasizes that its national policy on the Environment as well as its General Law on Environment are important frameworks for ensuring the fulfilment of the right to an adequate environment. A number of other laws and policies address issues related to ecosystem services, water resources and agriculture. These include the national strategy for climate change and the plan for risk management and adaptation for the agricultural sector. Peru also has a mechanism for valuating environmental benefits and harms which facilitates informed decision-making and promotes business accountability. Additionally, specific mechanisms are present for the participation of indigenous peoples in environmental decision-making. With regard to access to remedy, national jurisprudence addresses health and environment as protected by the Constitution. On mitigation and adaptation, Peru has made specific commitments to reduce greenhouse gas emissions and has a number of policies in place to address issues related to water and sanitation, mining, disaster risk reduction, risk assessment, and adaptation investment, among others.

13. Saudi Arabia

29. Saudi Arabia notes that the overall health effects of a changing climate are likely to be overwhelmingly negative for human beings, and that climate change affects the social and environmental determinants of health. Climate change is likely to bring increased instances of extreme heat, natural disasters, and variable and unpredictable rainfall patterns, each of which has its own set of health risks. It will also change patterns of infection, and increase food safety risks. These impacts are likely to fall particularly on people living in certain geographic regions, on children, on the elderly, and on those living with disabilities, and will be harder to bear for developing countries.

30. Saudi Arabia has made a number of efforts to address climate change and its health effects, including legislative and administrative policies; participating in relevant international fora; and data gathering, capacity building, and awareness raising around these issues. The Ministry of Health is the primary government agency addressing the health effects of climate change, and normally follows adaptation and mitigation policies recommended by the World Health Organization.

14. Slovenia

31. Slovenia notes that climate change affects all determinants of health and that by negatively impacting social determinants of health it can greatly exacerbate health inequities, including intergenerational inequity. At a national level, the right to a healthy living environment is constitutionally protected in Slovenia, but at a practical level there is a need for greater institutional cooperation to address the health effects of climate change and mainstream human rights. Slovenia has developed a set of indicators which can measure the impact of climate change on the enjoyment of the human right to health, including exposure to air pollution and ultraviolet radiation, supply of clean drinking water, disease burdens, and food security. Slovenia's Environmental Protection Act operationalizes the right to a healthy environment, and the government is developing a national climate change adaptation plan and a National Development Strategy that will address climate change and its health impacts. It has taken or is in the process of undertaking a number of other legislative and administrative measures in this area, including in addressing disaster-preparedness, improving public health systems, and reducing reliance on fossil fuels.

15. United States of America

32. The United States recognizes climate change as an urgent, complex and global issue with serious ramifications for human health and the determinants of health. It calls for States to respect their human rights obligations to persons in their territories when they take

action on climate change. The United States has extensively researched the impacts of climate change at the national level in its 2014 National Climate Assessment and in order to implement regulations of greenhouse gas emissions under the Clean Air Act.

33. The National Environmental Policy Act (NEPA) requires federal agencies to incorporate environmental considerations in their planning and decision-making processes, including the economic and social effects related to environmental impacts. These economic and social effects are often related to public health, or determinants of health. U.S. domestic efforts to address climate change focus attention on the environmental and health conditions of minority, low-income, and indigenous communities. This includes understanding the implications of climate change impacts on members of domestic minority, low-income, and indigenous communities; identifying populations and communities vulnerable to climate change; and seeking meaningful involvement and fair treatment of all people in the design and evaluation of adaptation strategies. Internationally, the U.S. helps vulnerable countries adapt to climate change and enhance resilience of their communities and economies, providing over \$2.5 billion in adaptation assistance from 2010-2015. The U.S. works to mainstream climate resilience into all international development activities, including those related to health and the determinants of health.

B. United Nations Organizations

1. United Nations Children's Fund (UNICEF)

34. UNICEF highlights that the Committee on the Rights of the Child, in its General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (17 April 2013, U.N. Doc. CRC/C/GC/15), identified climate change as one of the biggest threats to children's health, stating that it exacerbates health disparities. The adverse impacts of climate change on children's health are likely to escalate in the coming years and decades. Many of the countries that are highly vulnerable to climate change are also the ones that have the highest number of children as a share of their overall population. In addition, children from the poorest families, including those with disabilities, are affected the most and most likely to live in poor and continually degrading environments which can severely impact their health.

35. UNICEF provides the following examples of how children's rights to health are particularly affected by climate change: children are especially exposed to the adverse impacts of climate change as they are more susceptible to air and water quality, temperature, humidity and vector-, water-, and food-borne infections due to their less-developed physiology and immune system; the vast majority of the existing global burden of disease due to climate change occurs in children and many of the main causes of death of children are likely to increase with climate change impacts (diarrhoea, malaria, malnutrition); children are more likely to die in natural hazards than adults or succumb to malnutrition, injuries or disease in the aftermath; climate change has a disproportionate effect on particularly marginalized and excluded individuals and groups, including those whose ways of life are inextricably linked to the environment, including indigenous children and their communities.

36. UNICEF notes that public policies related to climate change in Zimbabwe and Vietnam explicitly reflect the needs and priorities of children. Furthermore, UNICEF emphasizes that in order to respect, protect and fulfil children's right to health as enshrined in the Convention on the Rights of the Child, governments and development partners need to urgently act to address the root causes of climate change and prioritize children in their adaptation efforts. UNICEF concludes by highlighting several projects on which it has collaborated with partners to promote children's health in climate action.

2. United Nations Development Programme (UNDP)

37. UNDP highlights five key concerns regarding the right to health and climate change, namely: (1) Workplace Health and Productivity; (2) Health Co-Benefits of Climate Change Mitigation; (3) Hunger and Food Security; (4) Infectious Diseases; and (5) Extreme Events and Disaster Risk Reduction. It notes that the implications of climate change for the right to health are likely to undermine the strength of human development progress at regional and global levels, and in particular, have disproportionately negative impacts for developing countries, and for poor and vulnerable groups. This will present a key obstacle to achieving the Global Sustainable Development Goals by 2030. However, climate action can provide opportunities to strengthen the right to health, in particular through ambitious climate change mitigation actions and the co-benefits of such measures which can include, for example reduced air pollution. Tackling air pollution, which in 2012 led to approximately 7 million deaths, through renewable energy technologies would reduce these health impacts. This co-benefit represents a significant incentive for climate mitigation in low-income and emerging economies. International cooperation and development assistance that permit developing countries to respond to climate change are vital to achieve these benefits.

38. Climate change is also altering thermal conditions, increasing the number of hot days and hot nights, and the extent of extreme heat experienced, which is a major health risk for people working outdoors. Those employed in the agricultural sector, which is very important in developing and low-income countries, along with the majority of the labour force of the world's poorest groups, are working outdoors or indoors under ineffectively climate-controlled conditions and face numerous occupational health risks including severe clinical heat stroke and death. This also has implications for labour productivity, which in turn has negative effects on poverty reduction. For instance, exceeding 2 degrees Celsius of global warming is estimated to cause a reduction of over 4% in effective work hours for Vietnam.

39. Climate change will have a negative impact on hunger and food security, increasing agricultural stresses and shocks and negatively affecting the right to health. Food insecurity and hunger lead to higher incidences of infectious disease and of disabilities. In particular, under-nutrition is an underlying cause of child deaths associated with diarrhoea, pneumonia, malaria, and measles. In this context, UNDP believes that reinforcing the resilience of vulnerable communities is important for climate action. Especially with regard to the increased risks of infectious diseases due to climate change, UNDP stresses the significance of improvements to public health systems, increased access to health insurance for vulnerable groups, enhanced climate and weather monitoring and warning systems, the promotion of health education, immunization campaigns, and improved access to clean water and sanitation. UNDP also outlines the increases in health dangers due to extreme weather events, including greater risks for injury, disability, death and infectious disease transmission. Between 2005 and 2015, more than 1.5 billion people were affected by disasters, with women, children and people in vulnerable situations being disproportionately affected. UNDP hence also emphasizes the importance of implementing the Sendai Framework on Disaster Risk Reduction 2015-30.

3. United Nations Economic Commission for Europe (UNECE)

40. UNECE notes that the adoption of the Aarhus Convention in 1998 was a major step forward in the field of procedural environmental rights. The Convention provides a model of good environmental governance and recognizes the right to a healthy environment. The Aarhus Convention comprehensively addresses the interlinked rights of access to information, public participation and access to justice in a single international treaty. The Convention is characterized by numerous features relevant to the human right to health and environmental protection including protecting the rights of present and future generations to

live in an environment adequate to provide for their health and well-being and establishing minimum standards to be achieved in providing access to information, public participation and access to justice.

41. There are direct linkages between the Aarhus Convention and the UNFCCC and State parties to the Aarhus Convention have undertaken a number of consultations related to climate mitigation and adaptation. UNECE also observes that the Aarhus compliance mechanism is unprecedented among multilateral environmental agreements in the extent to which it gives the public, including NGOs, a role in triggering a review of a Party's compliance. The Convention also has the Kiev Protocol on Pollutant Release and Transfer Registers which entered into force in 2009 and requires tracking of pollutants including greenhouse gas emissions by States and the private sector. This information and the compliance mechanism could be useful for promoting compliance with the UNFCCC and related agreements. The Convention and Protocol establish that sustainable development can be achieved only through the involvement of all stakeholders. UNECE argues that the Aarhus Convention could serve as a reference point for future environmental agreements and a tool in implementation of current agreements.

4. United Nations Framework Convention on Climate Change (UNFCCC)

42. UNFCCC states that there is growing recognition of the inter-linkages between climate change and human rights at the international level, including in the relevant intergovernmental processes, both in the context of the UNFCCC and in the work of the UN Human Rights bodies. Certain important elements of this relationship have been recognized already in the text of the Convention through recognition of human and social dimensions of climate change. For instance, the definition of "adverse effects" in Article 1 refers, inter alia, to impacts on "socio-economic systems" and "human health & welfare", and substantive obligations require Parties to minimize the impact of response measures on economy and public health (Article 4).

43. The first direct reference to human rights in the UNFCCC context was made in 2010 in decision 1/CP.16 in which the Conference of Parties (COP): noted UNHRC resolution 10/4 that recognizes that the adverse effects of climate change have implications for the effective enjoyment of human rights; emphasized that Parties should fully respect human rights in all climate related actions; and recognized the need to engage a broad range of stakeholders at multiple levels. UNFCCC also notes that while lacking specific references to substantive human rights, the widespread facilitation of stakeholder engagement and participation in the implementation of the Convention and in various subsidiary mechanisms serves to promote and safeguard respect for human rights. Additionally, human rights have been incorporated in the INDCs of States and in the discussion and negotiations leading up to COP21 in Paris.

5. World Health Organization (WHO)

44. WHO observes that the right to health is explicitly protected in a number of international human rights treaties including: The 1965 International Convention on the Elimination of All Forms of Racial Discrimination, The 1966 International Covenant on Economic, Social and Cultural Rights, The 1979 Convention on the Elimination of All Forms of Discrimination against Women, The 1989 Convention on the Rights of the Child, The 1990 International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and The 2006 Convention on the Rights of Persons with Disabilities.

45. The UNFCCC includes health as an adverse effect of climate change. It states that adverse effects are those that have a "deleterious effect... on human health and welfare" and calls for Parties to the Convention to minimize public health implications of all

mitigation and adaptation projects and measures undertaken by them, by using relevant tools such as impact assessments. The outcome reached at COP21, makes reference to the Cancun agreement (outcome of COP16) which included health as a priority sector for adaptation and includes explicit references to the right to health in both the preambles of the decision and the Paris Agreement itself as well as emphasizing the importance of health co-benefits under the section related to enhanced action prior to 2020. Countries that ratify international legal instruments on climate change and/or health are obliged to implement them and translate their obligations into national law. Citing a recent case in the Netherlands, WHO emphasizes that these obligations are justiciable.

46. WHO has conducted extensive research and reporting on the health impacts of climate change including reports on the effects of climate change on selected causes of death; gender, climate change and health; climate change and health systems strengthening; climate mitigation health co-benefits; social dimensions of climate change; air pollution; and nutrition. WHO's key messages on health and climate change emphasize that climate change is affecting health now; health protection should be a priority for investment in climate adaptation; mitigating climate change can bring large and immediate benefits for health and the economy; healthcare provision can be more climate responsible; and the Paris agreement is a strong health agreement. WHO works with partners to ensure integration of health in climate action by providing technical support with regards to integration of health in national adaptation plans, intended nationally determined contribution, and national communications to the UNFCCC. WHO also has a specific work-plan on climate change and health mandated by the World Health Assembly resolution on this subject. WHO has defined a practical approach to support countries in their efforts to build climate resilient health systems and promote health co-benefits of mitigation actions. This approach includes diverse actions such as the assessment and management of risks, the implementation of early warning systems for health, building the resilience of technologies and infrastructure, disaster risk reduction and finance. It is summarized in WHO's Operational framework for building climate resilient health systems.

C. Intergovernmental Organizations

1. International Organization for Migration (IOM)

47. IOM states that the interconnectedness of health, migration, environment, and climate change are becoming increasingly evident, and are of growing importance to the world today. More than one billion people are on the move, both across borders (232 million people) and within them (740 million). The reasons for these high levels of human mobility are numerous and complex, yet it is undeniable that environmental factors and climate change are critical drivers of migration which must be addressed. The prime responsibility for ensuring the respect of the human rights of migrants lies with States. The principles of non-discrimination and equal treatment of all, including migrants, are applicable to elements of the right to health, such that States must ensure that health facilities, goods and services are available, accessible, acceptable and of good quality. These obligations fall upon all State parties to the relevant treaties enshrining the right to health, be they countries of origin, transit or destination. IOM states that to ensure accountability for its duty to implement the right to health no State may be exempted from enacting and implementing a transparent and socially inclusive public health strategy that gives priority to the needs of vulnerable and marginalized groups.

48. IOM explains that the link between climate change and the health of migrants is complex. While both sudden onset events and gradual environmental changes could lead to population movements, migration can also be a coping mechanism or adaptation strategy to

climate change. Climate change can also act in tandem with different existing factors i.e. malnutrition, poverty and latent infections which ultimately may influence population mobility. Even though migration can be an adaptation strategy, it could lead to poor health including poor mental health. IOM observes that the health risks associated with migration or displacement are due to lack of social determinants of health, such as food, shelter and water, as well as reduced access to health care facilities and goods and services, and loss of social networks and assets.

49. In the case of displacement due to sudden onset disasters, infectious disease can be a major cause of mortality. For example, in the immediate aftermath of the 2004 Asian tsunami there was an increased risk of water- and food-borne disease outbreaks (cholera, dysentery, typhoid fever, and hepatitis A and E), disease related to overcrowding (measles, meningitis, and acute respiratory infection), and vector-borne disease (malaria and dengue). IOM also highlights that population movement due to natural disasters often occurs within vulnerable areas posing major challenges to public health systems and access to health goods and services. In this context, IOM recommends several key actions including investments in migrant-sensitive health systems; ensuring coverage of migrants in disaster risk reduction and adaptation of health care interventions; a rights-based approach in developing policies on environmental migration; and integrating climate change and migrant health into the development agenda and disaster risk reduction and management.

D. National Human Rights Institutions

1. Colombia - Defensoría del Pueblo

50. Colombia's Defensoría del Pueblo states that climate change has substantial impacts on enjoyment of the right to health including effects on water resources that increase incidence of diarrhoea, food shortages that contribute to malnutrition, and heat waves that lead to respiratory and cardiovascular diseases as well as increasing ranges of vector borne diseases. These health impacts are felt especially by the most vulnerable populations. Further, declining biodiversity also has implications on the development of new medicines and adequate access to medicines, and ecosystem damage has far-ranging implications for health, infrastructure and ecosystem services. As a result, climate change impacts each of the four essential components of enjoyment of the right to health: availability, accessibility, acceptability and quality.

51. Colombia's Constitution has numerous provisions related to health and climate. These include article 78 which guarantees the right to a healthy environment, article 80 which obligates the State to pursue sustainable development, and articles 333 and 334 which impose a duty upon the State to make necessary interventions in the economy to preserve a healthy environment. Colombia also has a number of laws, policies and mechanisms that specifically address the implications of climate change including a national plan for adaptation and a national system for climate change. These policies call for developing educational policies on climate change and health; developing indicators; capacity building of health managers with respect to social determinants of health; and promoting equitable access to health services.

52. Relatively speaking, Colombia is not a substantial emitter of greenhouse gases and therefore it has little control over climate change mitigation efforts. Nevertheless, Colombia notes that possible future mitigation efforts could include: creation of a national agency for climate change with inter-sectorial participation, including health; institutionalization of climate change and health in regional health strategies; and integration of climate change issues in all health policies. Possible future adaptation measures could include: improvements in sanitation through infrastructure development and human resource capacity-building; education for strengthening emergency responses; implementation and

strengthening of epidemiological monitoring systems; and, in the agricultural sector, identification of crops that can withstand temperature increases.

2. Croatia - Ombudsman

53. Croatia's Ombudsman believes that in the near future climate change, as an environmental issue, will become more present, recognized and monitored in the country. In Croatia, environmental protection is a human rights issue of growing importance due to: growing awareness and active participation of citizens in their local communities; the growth of knowledge and experience among environmental NGOs; the need to address ineffective national legislation that does not always address situations on the ground; economic interests taking precedence over the interest of the preservation of nature/environment; and corruption, among other things.

54. The Ombudsman works on individual complaints in the field of environmental pollution. Complaints regarding pollution from industrial plants and suspicious waste operations often reflect health concerns. However, there is a gap between environmental damages reported and decisions. Further efforts are also needed to protect whistle-blowers who report environmental damages. The Ombudsman has recently started monitoring health ecology and has recommended that the Ministry of Environment and Nature Protection undertake Health Impact Assessments prior to the construction of industrial plants. It has also recommended that the Ministry of Health monitor environmental factors and their impact on health in accordance with the Strategic Plan for Public Health Development 2013-2015. Presently, access to remedy for those who suffer violations of their human rights due to environmental pollution is underdeveloped. However, following the Merida Declaration, the Ombudsman is ready to take an active role in the monitoring of implementation of the 2030 agenda.

3. Ecuador - Defensoría del Pueblo

55. Ecuador's Defensoría del Pueblo recognizes the deeply negative impacts of climate change on the enjoyment of a broad range of human rights, including the right to health, and the corresponding obligations of States. These obligations include taking measures to protect human rights from climate change including mitigation and adaptation and ensuring access to remedy for human rights violations caused by climate change. Given the known causes and consequences of climate change, unchecked greenhouse gas emissions likely constitute a human rights violation in and of themselves. With regard to the right to health, its enjoyment is dependent on State compliance with obligations regarding climate change.

56. Ecuador's 2008 Constitution recognizes Nature's rights and obliges the State to "adopt adequate and transversal measures for mitigation of climate change, through the limitation of emissions of greenhouse effect gasses, deforestation and atmospheric pollution" including measures for the conservation of forests and vegetation, and protection of at-risk populations. Ecuador's National Strategy on Climate Change 2012-2025, specifically calls for implementing "prevention measures to protect human health from the impacts of climate change." Similarly, the National Development Plan for 2013-2017 calls for development of "preventive strategies facing the environmental threats to health... in particular those linked to climate change and various forms of pollution." The duty to protect against human rights violations and violations of the rights of Nature, including those related to climate change falls within the mandate of the Defensoría del Pueblo of Ecuador.

4. French National Human Rights Commission (CNCDH-NHRI)

57. The French National Human Rights Commission submitted its "Opinion on Development, the Environment and Human Rights," adopted in April 2015. This Opinion

explains the need to better integrate a human-rights based approach to development and environmental issues, including climate change. It clearly states that environmental damages, including climate change can constitute human rights violations. The Opinion (paras 22-28) highlights the human rights impacts of climate change and environmental harms, including on the right to health. Among other things, natural disasters, conflicts over natural resources, forced displacement and migration due to climate change have the potential to result either directly or indirectly in human rights violations resulting in loss of livelihoods and leading entire communities into a vicious circle of poverty, and even extreme poverty. Climate and environmental impacts are disproportionately felt by the most vulnerable.

58. CNCDH describes the legal frameworks applicable to development, environment and human rights. It calls for international human rights obligations, including those contained in the Declaration on the Right to Development, to form the legal basis and reference framework for negotiations on development and climate. The Opinion recognizes that private actors are also duty-bearers who must be responsible for their emissions. The Opinion further recognizes the important role that human rights defenders play and calls for their protection. It also calls for the Geneva Pledge for Human Right in Climate Action and the Aarhus Convention to inform action in the area of climate and human rights. The Opinion concludes by making a number of specific recommendations. These include: recognizing the right to a healthy environment, promoting gender equality, recognizing the rights of vulnerable persons and groups, using human rights monitoring mechanisms to address relevant environmental issues, supporting a work program on human rights and climate change at the UNFCCC, supporting the Geneva Pledge, supporting the work of the Special Rapporteur on the environment, promoting universal adoption of the Aarhus Convention, integrating relevant human rights norms in climate and development outcomes, and developing indicators and reporting on climate and human rights.

5. National Human Rights Commission of Mexico (CNDH)

59. The CNDH states that solid scientific evidence underlies the links between climate change and human rights. The enjoyment of human rights, in particular the right to health, will be adversely affected by global warming. Climate change will have a measurable impact on all of the aspects of health protected by international human rights law. Mexican national institutions and organizations have sought to study the impacts of climate change, including on the right to health. They have found a likely increase in several types of diseases, an increase in heat waves, and an increased burden on medical care providers. They have also noted potential decreases in agricultural production and access to water.

60. The CNDH explains that Mexico's climate change policy is developed and implemented by different bodies within the federal system. Mexico has included a human rights perspective in its climate change adaptation and mitigation efforts, including its INDC. The CNDH has also sought to raise awareness about the links between climate change and human rights. Both the Mexican courts and the CNDH's grievance procedures are open to those alleging human rights harm as a result of climate change, but have not yet been presented with such complaints. Legislative action has been taken in Mexico to address in particular climate change's impacts on health as a part of the national adaptation strategy, and the CNDH has worked to ensure that human rights are also considered and protected at COP21.

6. New Zealand Human Rights Commission (NZHRC)

61. The NZHRC focuses on three aspects of the relationship between climate change and the right to health: "climate change refugees," the effect on Maori health of climate change, and the sustainable development goals. With regard to climate change refugees, the

NZHRC notes that an asylum application was recently denied for a man from Kiribati who claimed that he was at risk of being subjected to arbitrary deprivation of life or cruel treatment if deported because Kiribati is suffering the effects of climate change. In response to the applicant's deportation, the NZHRC recommended that immigration quotas for Kiribati people be raised and that New Zealand be prepared to assist in the migration with dignity of its Pacific neighbours.

62. With regard to the effect on Maori health of climate change, the NZHRC makes reference to a July 2014 report on Climate Change and the Right to Health for Maori in Aotearoa/New Zealand, highlighting the recommendation that the New Zealand government be accountable to its international human rights obligations with regard to the right to health by addressing climate change and its threats to the right to health for Maori in Aotearoa/New Zealand, and by considering the human rights impacts of climate change adaptation and mitigation strategies. The report also noted that Maori people are likely to disproportionately bear the adverse impacts of climate change on health, including mental health. The NZHRC also states that the medical community in New Zealand has called for increased recognition of the effects of climate change on the right to health.

63. With regard to the Sustainable Development Goals, the NZHRC says that it will need to consider how it can contribute, along with other NHRIS and in line with the Merida Declaration, to ensure a human rights based approach to work on the health and environment-related SDGs. Potential actions include: undertaking workshops on human rights and sustainable development; providing advice to national and local governments, rights-holders and other actors; assessing the impact of laws, policies, programmes, national development plans, administrative practices and budgets on the realization of all human rights for all; developing and strengthening partnerships for implementation by promoting transparent and inclusive processes for participation and consultation with rights-holders and civil society; shaping of global and national indicators and sound data collection systems to ensure the protection and promotion of human rights in the measurement of the Agenda; and facilitating access to justice, redress and remedy for those who experience abuse and violation of their rights in the process of development.

7. Tanzania Commission for Human Rights and Good Governance

64. The Tanzania Commission for Human Rights and Good Governance (the Commission), notes that climate change can lead to rising sea levels, desertification, temperature increases, disasters, disease, illness, and food security impacts, all of which directly impact the enjoyment of the right to health. While the Commission has not worked extensively on the issue of climate change and human rights, Tanzania has made a number of legislative efforts to address climate change, as well as human rights, and has established several mechanisms to ensure access to a remedy for those who suffer climate change-related human rights harms. Tanzania has also undertaken climate change adaptation and mitigation measures including raising awareness of and knowledge sharing around climate change impacts.

8. Venezuela (Bolivarian Republic of) - Defensoría del Pueblo

65. Venezuela's Defensoría del Pueblo states that man-made climate change is now beyond doubt and impacts human health. A 2004 report by Venezuela's Ministry of Environment indicates that climate change is transforming precipitation patterns with resulting negative consequences including displacement, loss of lives, crop destruction, death, and disease proliferation. The following rights are affected by climate change: right to non-discrimination; right to a safe environment; right to adequate housing; right to life and personal integrity; right to food; and right to health. According to the Defensoría del

Pueblo, preventable negative impacts on these rights resulting from climate change constitute human rights violations.

66. In 2010, strong rains destroyed numerous houses in the country and led to massive displacement. Venezuela provided emergency health and relocation assistance. Venezuela has also seen an increase in vector-borne diseases like chikungunya which included a 2014 upsurge in cases of chikungunya that required special measures. In 2014, Venezuela initiated a national plan against dengue and chikungunya. Venezuela's national social and economic plan for 2013-19 has as an objective, among others, to contribute to the preservation of life on the planet and the salvation of the human species. This plan includes specific elements related to climate change and the rights of Nature. Venezuela also has legal mechanisms and provisions related to housing crises, the rights of persons displaced by natural disasters, agriculture and the right to water. On mitigation and adaptation, Venezuela is taking action to improve water management, to reduce emissions and to promote renewable energy, among other things.

E. Non-governmental organizations

1. Centre de Lecture et Animation Culturelle (CLAC), Mbandaka, Democratic Republic of Congo

67. The CLAC asserts that climate change affects the fundamental determinants of health, including clean air, drinking water, food, and shelter, and that the extreme weather effects of climate change can have direct health impacts. Certain populations, including those living in coastal and mountainous regions and urban agglomerations, children, and the elderly, will be particularly vulnerable to these effects. The CLAC notes that important action areas for the protection of the right to health in the face of climate change include education, water, sanitation, food, and shelter. It notes also that the Democratic Republic of Congo is party to a number of international instruments related to climate change and the environment, and that it has in place a system to manage health risks, an epidemiological warning and detection system, and a health priority action plan, and that it has partnered with clinicians, researchers, and the pharmaceutical industry in these efforts. Finally, the CLAC notes a number of adaptation and mitigation measures that could be undertaken to reduce the negative effects of climate change on the right to health, including through education, planning, capacity building, and data collection.

2. Fondation Kalipa pour le Développement

68. The Kalipa Foundation for Development (FOKAD) is a non-profit organization based in the Democratic Republic of the Congo. FOKAD explains that there is a direct relationship between ecosystems, weather and health, and that climate change can disrupt that relationship by impacting traditional cultural adaptations to climate. FOKAD notes that there is a lack of official data on the health impacts of climate change in the region, and that there is a lack of funding for a non-profit to undertake such a project. Nevertheless, it is possible to measure the negative effects that climate impacts can have on education, water-borne diseases, sanitation, food security, housing, and ecosystems.

69. The Democratic Republic of the Congo has made efforts to address climate change, but these efforts are still in development and have not been sufficiently disseminated. Some local civil society organizations have published documentation of the effects of climate change in the region. However, it is difficult to raise awareness about the effects of climate change and to promote the right to health because of the lack of financial support and capacity building for local organizations in this area. In spite of efforts by civil society, there are no real remedy mechanisms for those who suffer the human rights impacts of climate change. FOKAD recalls that every person, community, and state can play a part in

addressing the negative impacts of climate change and its health effects, and that African nations have already undertaken climate change adaptation and mitigation efforts. It concludes with a call for the international community to assist civil society in its efforts to address the negative impacts of climate change on health.

3. Human Rights Watch (HRW)

70. HRW emphasizes that marginalized groups and individuals, including women and girls, are likely to face the greatest challenges with regard to climate change impacts, and that climate change increases the burden on governments that already struggle to allocate limited resources to fulfil human rights obligations. Climate change is likely to affect the right to health through increased malnutrition, increased disease and injury due to extreme weather events, and an increased burden of diarrheal, cardiorespiratory and infectious diseases. Additionally, climate change will have negative impacts on the rights to water and adequate food. To respond to these challenges, governments should recognize the impacts of climate change on human rights, conduct human rights risk assessments, take steps to reduce vulnerabilities through adaptation plans, refrain from exacerbating vulnerabilities, and facilitate adaptation and technology transfer.

71. HRW highlights its research on the impacts of climate change on human rights in Kenya and Bangladesh. In Turkana County, Kenya, HRW observed that rising temperatures and changing weather patterns have reduced access to water, in turn affecting livelihoods, food security, and health. In Bangladesh, the risk of extreme weather events and other climate impacts have led to an increase in child marriage as a component of family survival strategies. Child marriage is a violation of the right to health, as it is linked with heightened risk of early pregnancy, domestic violence, and termination of education. HRW notes that in Kenya, local and national governments have recognized the negative impacts of climate change on access to health and other human rights, and have made efforts to develop policies addressing these impacts but follow-up and further improvement is needed. In Bangladesh, the government has recognized the disproportionate threat that climate change poses for vulnerable groups, but has not specifically targeted the link between climate change and the risk of child marriage.

4. International Baby Food Action Network (IBFAN)

72. IBFAN asserts that infants and young children are the first victims of pollution and climate change. In particular, the effects of extreme weather events caused by climate change can impact every child's right to right to survival and development. Storms, droughts, floods and other extreme weather events caused by global warming cause disruption to supplies of safe, unspoiled food and of clean drinking water, as well as disrupting provision of and access to health care services. Thus, States have the obligation to take measures to alleviate the consequences of these climatic events. This has been explicitly recognized by the Committee on the Rights of the Child in its General Comment 15 which calls for States to take measures that address the "dangers and risks that local environmental pollution poses to children's health in all settings" and to implement environmental interventions that should, "inter alia, address climate change, as this is one of the biggest threats to children's health and exacerbates health disparities".

73. According to IBFAN, promoting breastfeeding can have significant positive health impacts and contribute to climate change mitigation. In calling for promotion and increased awareness of the benefits of breastfeeding, IBFAN notes that food, water, and air quality are underlying determinants of the right to health; that implementing and enforcing the international code of marketing of breastmilk substitutes can contribute to State efforts to reduce the negative effects of climate change on the right to health; that breastfeeding has

positive impacts on climate, the environment and health; and that formula feeding has negative impacts in those same areas.

5. International Federation of Medical Students' Associations (IFMSA)

74. IFMSA advocates for more consideration of health within climate change negotiations, and has developed a health analysis of the submitted INDCs. It notes that fundamental rights to health and life are violated by the exacerbation of climate change. Climate change acts as a threat multiplier for other processes including but not limited to, forced migration, conflict, mental well-being, economic security, food and water security, threatening human rights to health, subsistence, community & family life - and their social, political, environmental determinants. Climate change also leads to a rise in extreme weather events, and has an unambiguous negative impact on the right to health, particularly for indigenous peoples. In addition to its impacts on physical health, IFMSA notes that climate change has profound impacts on mental health, through its direct impacts as well as its consequences for social support systems. Much of the mental health toll of natural disasters comes not directly from the destruction itself but from the resultant collapse of the social support systems necessary for maintaining mental health.

75. There is a moral obligation to work to adapt to and mitigate the effects of climate change. Efforts to do so can have substantial health co-benefits, including personal efforts to reduce emissions, such as walking and biking that have positive health effects. IFMSA notes that measurable climate change impacts on health include increased disease burdens, mental health pressures and respiratory harm caused by air pollution. Since there is a dearth of international instruments and policy frameworks that directly address climate change and the right to health, IFMSA calls for a number of policy interventions in this area including substantial reduction of emissions, limiting global warming to 1.5 degrees Celsius above pre-industrial levels, promoting participation of all in UNFCCC processes, and improving climate education in the health sector.

6. International Indian Treaty Council

76. The International Indian Treaty Council calls attention to a number of documents regarding the impacts of climate change on the right of indigenous peoples to the enjoyment of the highest attainable standard of health, including: the Declaration of Santo Domingo Tomaltepec and the Okmulgee Declaration, which affirm the rights of Corn Peoples and Nations, for whom corn has served as the basis of culture, spirituality, health, traditional economies, and food sovereignty; the Conference Resolution of the Southwest Tribal Nations Food Sovereignty Conference, which addresses environmental harms and climate change effects on food sovereignty and right to health; the Dine' Nation Territory's Declaration of a GMO- and Pesticide-Free Zone; and the National Congress of American Indians' Resolution calling on the UNFCCC to adopt an agreement that upholds the rights of indigenous peoples.

7. International-Lawyers.Org

77. International-Lawyers.Org recognizes that climate change has substantial adverse effects on human health. It argues that States should be jointly and severally liable for those effects which occur as a result of their failure to comply with existing climate commitments. International-Lawyers.Org is concerned by the inadequate coverage and analysis of human rights and climate change by the Human Rights Council and reiterates the call of the 2010 Social Forum for creation of a mandate focused on climate change. It further calls on OHCHR to be transparent and collaborative in its work on this issue.

78. International-Lawyers.Org notes the need to distinguish between mitigation and adaptation measures and the responsibilities of developed and developing States, and to

understand the relationships between international climate change law and international human rights law. Failure to address the negative health impacts of climate change can be a failure to live up to obligations in both of these distinct areas of law, and States should take necessary steps to implement those obligations in domestic law and practice. To date, there have been several domestic court cases that address the impacts of climate change on human health. International-Lawyers.Org also points to a number of documents from the International Panel on Climate Change and the World Health Organization that measure the health impacts of climate change. For details of adaptation and mitigation measures, it points to the NAPs and INDCs submitted by states to the UNFCCC all of which it believes should be the subject of human rights analysis.

8. New Zealand Climate and Health Council

79. OraTaiao: The NZ Climate and Health Council points to three recent publications concerning climate and the right to health in New Zealand. It focuses on equity concerns, and particularly on the disproportionate health burden of climate change likely to be borne by indigenous Maori and Pacific peoples. Pacific peoples are at risk of inundation of their lands and potential migration to a context where they may face additional discrimination and health risks. OraTaiao: The NZ Climate and Health Council also calls attention to its submission to the New Zealand government regarding the gaps in existing national responses to the health impacts of climate change.

9. Southwest Native Cultures

80. Southwest Native Cultures calls attention to the issues faced by World, Indigenous, and Native American Peoples in relation to climate change and health, including environmental contamination by extractive industries, intrusion on sacred sites, access to clean water and clean air, and the need for development and real action that will help the most vulnerable bear the impacts of climate change.

10. Universal Rights Group

81. The Universal Rights Group calls attention to a number of documents, including: its policy report on human rights, climate change, and cross-border displacement, which highlights the role of the international human rights community in contributing to effective and just solutions; a blog post highlighting the manner in which a human rights focus can strengthen the Paris climate agreement; a report of calls by human rights groups for heightened ambition at COP21; and a blog post on the role of the international human rights community in contributing to an effective and just agreement in Paris.

11. WaterLex

82. WaterLex emphasizes that climate change impacts human rights, including the right to health and has disproportionate impacts on the poor and disenfranchised. In addressing climate impacts on enjoyment of the right to water, Waterlex focuses on the role that National Human Rights Mechanisms (NHRIs) can play in ensuring access to remedy for those who suffer human rights harms as a result of climate change. WaterLex aims to enhance the role of NHRIs in monitoring and protecting water governance-related human rights. It notes that NHRIs are independent institutions with constitutional powers to promote and protect human rights and monitor the work of governments and that several have already addressed climate change-related issues.

83. NHRIs can go beyond monitoring by combining analysis and action to ensure remedy for both individual violations and systematic deficiencies. Therefore, they are also well placed to seek remedies to human rights concerns resulting from the adverse impacts of climate change and national climate change related frameworks, and to influence policy

in this area. Waterlex cites several specific recent actions in this area including a petition to the Commission on Human Rights of the Philippines calling for an investigation into the responsibility of big fossil fuel companies for fuelling catastrophic climate change resulting in human rights violations. Petitioners have requested that “the Carbon Majors should be held accountable for violations or threats of violations of Filipinos’ rights (a) to life; (b) to the highest attainable standard of physical and mental health; (c) to food; (d) to water; (e) to sanitation; (f) to adequate housing; and (g) to self-determination resulting from the adverse impacts of climate change.”

F. Academic institutions

1. The Lancet Commission

84. The 2015 Lancet Commission on Health and Climate Change was formed to map out the impacts of climate change, and the necessary policy responses, in order to ensure the highest attainable standards of health for populations worldwide. The Commission is multidisciplinary and international in nature, with strong collaboration between academic centres in Europe and China. The Commission submitted a report titled “Health and Climate Change: policy responses to protect public health.” The report emphasizes that the effects of climate change are being felt today, and future projections represent an unacceptably high and potentially catastrophic risk to human health. It further stresses that the implications of climate change threaten to undermine the last half century of gains in development and global health.

85. However, the report also notes that tackling climate change could be the greatest global health opportunity of the 21st century. In this context, it states that many mitigation and adaptation responses to climate change are “no-regret” options, which lead to direct reductions in the burden of ill-health, enhance community resilience, alleviate poverty, and address global inequity. The report provides detailed recommendations and highlights that achieving a decarbonized global economy with public health benefits is now a political question, not a technical or economic one. This is because major technical advances have been made and there are plentiful financial resources available, however much of these resources are still being directed towards the fossil-fuel industry. The report emphasizes that the health community has a vital part to play in accelerating progress to tackle climate change, as a public health perspective has the potential to unite all actors behind a common cause - the health and wellbeing of our families, communities, and countries.

2. University of Groningen

86. The University of Groningen submitted a study titled “The Human Right to Health and Climate Change: A Legal Perspective”. The study demonstrates that alongside a range of other human rights, the human right to health is impacted by climate change. The study emphasizes that States have concrete legal obligations to respect, protect and fulfil human rights in the context of climate change including with regard to the environmental and social determinants of health, international cooperation and participation in decision-making. However, it notes that despite the fact that the current human right to health framework has clear ramifications for the manner in which States and other responsible actors must approach climate change and health protection, the right to health implications of climate change have not attracted broad attention in the work of most UN human rights monitoring bodies. The study further emphasizes that effective legal protection of peoples’ health in the face of climate change, especially for vulnerable people, and especially in cases where people will not be able to enjoy health themselves without strong government action, requires more decisive action on the human right to health, as well as more effective monitoring mechanisms.

III. Conclusions

87. Respondents highlighted that the impacts of climate change pose a grave threat to all human rights, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The implications of climate change threaten to undermine the last half century of gains in development and global health and pose a severe challenge to State efforts to ensure the full realization of the right to health.

88. Climate change, directly and indirectly, impacts physical and mental health in a number of ways. These include inter alia increasing frequency and severity of extreme weather events, natural disasters, heat waves, and droughts; water and food shortages; increased incidence of respiratory and cardiovascular diseases; increased range of and human exposure to tropical and vector borne diseases; and mental health impacts of displacement, crisis exposure, physical ailment, and environmental destruction.

89. The negative impacts of climate change are disproportionately felt by the poor, women, children, migrants, persons with disabilities, minorities, indigenous peoples, and others in vulnerable situations, particularly those living in geographically vulnerable developing countries. The vast majority of the existing global burden of diseases due to climate change occurs in children and many of the main causes of death of children are likely to increase with climate change impacts (diarrhoea, malaria and malnutrition). Similarly, for the poor the impacts of climate change directly threaten their survival. For indigenous peoples, impacts on livelihoods, culture and traditional foods can have particularly severe mental and physical health impacts. Changing climate also results in increased migration with resulting health risks for migrants.

90. Respondents observed that climate-related health impacts are of grave concern and require directed policy measures. Many State respondents reported having constitutional protections of health and the environment and employing measures focused on mitigation of and adaptation to the negative impacts of climate change on human health. These include inter alia establishment of early warning systems; enhancement of emergency response capabilities; development of surveillance and monitoring systems for diseases; disease prevention and control programmes; raising public awareness; capacity building; promoting sustainable and resilient health systems and infrastructure; and designing specialized frameworks for tackling climate change related threats to health.

91. Many respondents specifically stressed that States have an obligation to respect human rights by taking effective action to address climate change including through international cooperation. Respondents broadly called for climate justice, further integration of human rights in climate action at all levels of governance, and further analysis and study of the impacts of climate change on enjoyment of the right to health.

Annex

Questionnaire

1. Please describe, in your view, the relationship between climate change and the enjoyment of the right to health and any human rights obligations to mitigate and adapt to climate change that can be derived therefrom.
2. Please share a summary of any relevant data on the impacts of climate change on the enjoyment of the human right to health including its underlying determinants (education, water and sanitation, food, housing, etc.), disaggregated to the extent possible.
3. Please describe existing national commitments, legislation and policy frameworks related to climate change mitigation and adaptation including any specific measures intended to prevent the worst impacts of climate change on the right to health; to ensure access to information, transparency, participation, and other procedural rights of persons affected by climate actions; to promote, protect and fulfil all human rights particularly those closely linked to the underlying determinants of health such as food, water and sanitation, housing, etc.; and to ensure that climate-related actions respect, promote, protect and fulfil human rights. Please share any relevant information on the implementation of existing commitments to address climate change and its impacts.
4. Please describe any relevant national accountability and oversight mechanisms designed to ensure access to remedy for those who suffer human rights harms as a result of climate change. Please highlight any relevant jurisprudence on this subject and indicate what measures, regulatory or otherwise (i.e. impact assessments), are in place to prevent harms caused by third parties.
5. Please describe any concrete mitigation and adaptation measures being taken to address the impacts of climate change on the human right to health and good practices in this regard including those related to: international cooperation; local and community-based initiatives; private sector initiatives; development, application and diffusion of technologies, practices and processes that control, reduce or prevent anthropogenic emissions of greenhouse gases; and the exchange of relevant scientific, technological, technical, socio-economic and legal information related to the climate system and climate change and the economic and social consequences of various response strategies.