



Health in the Global Environmental Agenda:

A policy guide

EXECUTIVE SUMMARY

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Executive Summary

Nearly 25% of global deaths are attributed to economic decisions affecting the environment, but stakeholders from the health community are mostly unaware of—or not visible within—discussions and negotiations on global environmental policies. Little institutional capacity exists to address the environmental determinants of health outcomes and health inequities. A first step toward cohesive, comprehensive policies that protect both people and the planet is building that connection.

This is an insider’s landscape view to bringing health into the global environmental agenda. It is a technical guide on sustainable development focused on the health–environment nexus, written with the perspective that a microphone within the negotiations is more powerful than a megaphone at its margins.

Global governance hinges on the language embedded in its treaties. Policies change when language changes, terms are added, or issues are adopted. This work requires informed engagement and strategic entry points in global debates and decision-making bodies. Environmental treaties do not typically contain health provisions, which is a window of opportunity.

The world in 2022 faces:

- A [triple planetary crisis](#) of environmental degradation in the form of biodiversity loss, climate change, and pollution.
- A [Triple Billion global health burden](#) of people lacking access to health care, needing enhanced protection from health emergencies, and falling behind health and well-being metrics.

These issues are inherently linked but remain legally and institutionally distinct. It is not enough to simply include “health considerations” in environmental decisions or for the health sector to merely attend a policy event. The health community must engage with—and be called upon to inform—global environmental processes. There is significant, unrealized value in the contributions from health stakeholders to driving and achieving strong global environmental agreements.

The merger between global environmental and health governance is not only intuitive—it is necessary. Decisions made in multilateral environmental agreements (MEAs) must be relevant to health policy and should not compete with public health objectives, negatively impact health, or widen health inequities. Sound environmental policy-making can improve and expedite positive health outcomes.

Concrete opportunities exist to bring health experts with technical and diverse knowledge into targeted environmental policy discussions. This guide dissects the decision-making bodies, issues, and implementation frameworks of key MEAs using a health lens. Its purpose is to facilitate common understanding and build a bridge between the health and environmental sectors in global policy-making on sustainable development.



Written jointly by health and environmental policy experts, this document reviews and analyzes the global governance landscape for biodiversity, climate change, pollution, and food systems, with a view to informing policy and events beginning in 2022. This guide connects disciplines and expands expertise beyond traditional spheres and silos of work. In that way, it contributes to thinking at the true “nexus” of health and environment.

Key Findings

Operationalizing integrated health–environment objectives into global policy and national work has been a long-standing challenge, but overlapping agendas and synergistic strategies are not out of reach. Across United Nations (UN) environmental agreements and organizations, there is value for those at the health–environment nexus in considering the following:

Environmental governance is health governance

Environmental agents can transform the footprint of health and health systems and change health outcomes.

Speaking the same language

Health professionals need to understand the architecture of global environmental agreements before they can influence how to change and enhance them.

Health science and environmental policy must interface

Data and decisions need to connect more clearly. The environmental science–policy interface needs the evidence-based experience of the health sector, and terminology must be harmonized.

Health actors are expert stakeholders

Most decision-making does not happen at the annual conferences. Health actors and organizations should participate in relevant intersessional bodies where substantive issues are discussed and prioritized, and health technical expertise is sorely needed.

National implementation is global implementation

A binding global treaty is only effective if countries fulfill its mandate. Health data is an important indicator for monitoring the effectiveness of environmental regimes.

Health considerations must inform planning

Guidelines on issues such as air and water quality, diet, and pollution should be reflected in environmental assessments and influence national plans for climate change, biodiversity, and other issues.



Health–Environment Nexus: The case for connection

1.0 The Purpose of this Guide: This guide seeks to facilitate a common understanding and build a bridge between the health and environmental sectors on global environmental governance. The guide focuses on four main areas: biodiversity, climate change, pollution, and food systems. It aims to achieve multi-sectoral engagement and to advance multi-sectoral health governance by examining and explaining the frameworks of key global environmental agreements through a health lens. It provides conceptual links and technical input on health concepts that can be used to de-silo internal expertise.

2.0 Multi-Sectoral Health Governance: A clean environment and intact ecosystems are essential for the health and well-being of humans and all other living organisms, but the human impact on the environment has created a series of negative effects. Health governance models generally view public health outcomes as being achieved solely through the health sector. However, health sector policies cannot comprehensively address all elements that determine human health, while non-health institutions and sectors are unfit to manage the externalities they produce. A more effective model would include health and non-health actors in public health decision making and implementation, and the adoption of a holistic perspective.

3.0 The Policy Shift into the Health–Environment Nexus: Acknowledgement of the health–environment nexus is growing, as is evident across organizations and forums. At a high level, leaders have signalled an interest in shifting global activities toward integrated and cross-disciplinary work at the health nexus. Across the UN system, MEAs, and international environmental organizations, there are opportunities to advance dialogue and action to build this nexus. Moreover, adoption of the human right to a healthy environment is a step forward to advancing the Sustainable Development Goals (SDGs) and building common agendas.

4.0 The Way Forward: Provisions in global agreements on biodiversity, climate change, pollution, and food systems influence health outcomes and health equity, and can transform the footprint of health systems. Decisions in these MEAs can contribute to reducing disease burdens. Health participation means informed engagement at the heart of debate in both global health and global environmental forums. Health data should inform national plans across MEAs and be informed by environmental science–policy bodies.

Health–Environment Nexus: The global landscape view

An informed landscape view of global environmental governance lays the foundation for action in the health community to advance planetary health and achieve the SDGs. The umbrella of interconnected environmental crises included here—biodiversity loss, climate change, and pollution—are priorities in the global environmental community, while food system transformation is a leading issue on both environmental and health agendas. Here are key points.

KEY MESSAGES ON BIODIVERSITY GOVERNANCE

The integration of biodiversity–health governance began over 2 decades ago. Over time, inter-agency collaboration resulted in health considerations peppered into over 20 elements under the CBD on substantive issues as well as strategy and implementation. Decisions



by parties in 2022 at the 15th UN Biodiversity Conference of the Parties (COP 15) could influence whether this work advances into broader action. Adoption of the post-2020 global biodiversity framework with health targets, as drafted, may change the governance landscape for global health.

The framework is set up to be reinforced by a draft global action plan on biodiversity and health, also posed to be adopted. Such a plan will stimulate evidence and capacity building for addressing the health–environment nexus on many issues. It is essentially a global (Planetary) health strategy that complements and reinforces One Health approaches taking root across the UN. Yet there is still an opportunity to expand references to health in this action plan to make them more relevant to the work of the health sector and, importantly, to target disease burden. Several issue areas could benefit from technical health expertise, such as biotechnology, mental health, and women’s health.

Despite the global health system’s focus on preventative medicine, the draft global action plan on biodiversity and health does not acknowledge that intact, healthy ecosystems are a determinant of health and healthcare for 80% of the global population who rely on traditional medicine and knowledge. Loss of biodiversity and loss of Traditional Knowledge are issues of public and global health and health equity. The draft also lacks two fundamental public health elements: it does not reference the health of children, despite the CBD’s aims to protect future generations, and it does not link biodiversity to nutrition as a component of food system transformation. To adequately steer the next decade of work at the biodiversity–health nexus, parties must incorporate these elements into decisions as part of the CBD’s 2050 Vision for “Living in Harmony with Nature”—to be agreed in 2022.

KEY MESSAGES ON CLIMATE CHANGE GOVERNANCE

The integration of climate–health governance began with Intergovernmental Panel on Climate Change recommendations in 1990. However, there is a widening gap between the expanding presence of health stakeholders at global climate events and the formal uptake of their messages in negotiations. Strategic engagement within the UNFCCC negotiations is key to improving the uptake of health issues.

In addition, an important area needing advancement is assisting developing countries in preparing vulnerability assessments and formulating and implementing adaptation plans. More plans must be developed, and the quality of their health component must be strengthened. Specifically, much work is needed to engage with ministries of health and use newly developed World Health Organization (WHO) criteria to advance plans—known as health NAPs (HNAPs)—for health sector resilience. This is a very promising area for joint ministerial work.

On the mitigation side of the equation (that is, cutting actual emissions), the health sector can support advancements in reducing greenhouse gas (GHG) emissions, especially short-lived climate pollutants (SLCPs), which do not stay in the atmosphere for a long time but significantly contribute to warming. Increased attention is needed on methane and black carbon, as well as support for the Global Methane Pledge and adoption of the WHO Air Pollution Guidelines at the national level.



The UNFCCC does not contain health provisions, but there are multiple entry points in the negotiations beyond adaptation and mitigation where health input can be introduced or informed. Future negotiations will greatly impact food governance, addressing loss and damage, and emergency preparedness. Strong decisions that maximize health outcomes will require technical input from health experts in all these areas.

KEY MESSAGES ON POLLUTION GOVERNANCE

A unique aspect of pollution governance is that these international agreements are equally concerned with protecting human health and the environment. Engagement between sectors on pollution policy-making is founded on effective multistakeholder collaboration. But even this has not been enough to ward off a “silent pandemic” of children born “pre-polluted” or the “toxic trespass” of dozens to hundreds of chemicals randomly found in bloodstreams from exposure in day-to-day lives. A priority for the health sector should be raising awareness of the importance of the environmentally sound management of chemicals and wastes.

Maximizing and expediting health outcomes should be a renewed goal in chemicals governance. Several institutional changes could support this, including addressing gaps in partially regulated pollutants (e.g., lead), shifting to class-based listing of pollutants rather than individual listings, taking a circular economy approach, and considering a potential new science-policy mechanism on chemicals and waste for aggregating knowledge and providing it to decision-makers.

Reducing pollution in the health sector is also a priority. Pharmaceutical pollutants and pollution from medical waste take a great toll on the health of our ecosystems but are not currently sufficiently governed under the chemicals conventions. Clearly, this is an area for action.

KEY MESSAGES ON FOOD SYSTEM GOVERNANCE

Most MEAs are relevant to agriculture and impact food policy and food-related health outcomes. Decisions under these agreements should positively influence dietary health. Synergies in approaches, terminology, and goals are fundamentally important to improving global food system governance and addressing global malnutrition. There is room to harmonize these efforts. Policy guidance on food systems and nutrition developed under the CFS is adopted under an intergovernmental policy process and can be used to inform work across MEAs.

An essential area for progress is ensuring that nutrition—and especially food security—is not interpreted narrowly in discussions and negotiations. Nutrition language under the MEAs must comprehensively address malnutrition in all its forms, as well as the relationship between nutrition and biodiversity and traditional food culture.



Box ES1. Selected MEAs and intergovernmental bodies

- World Health Assembly (WHA)
- Convention on Biological Diversity (CBD)
- Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES)
- Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES)
- UN Framework Convention on Climate Change (UNFCCC)
- The Minamata Convention on Mercury
- The BRS conventions—the Stockholm Convention on Persistent Organic Pollutants (POPs), the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, and the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade.
- UN Committee on World Food Security (CFS)

Figure ES1. Architecture of MEAs and science-policy bodies in the UN system

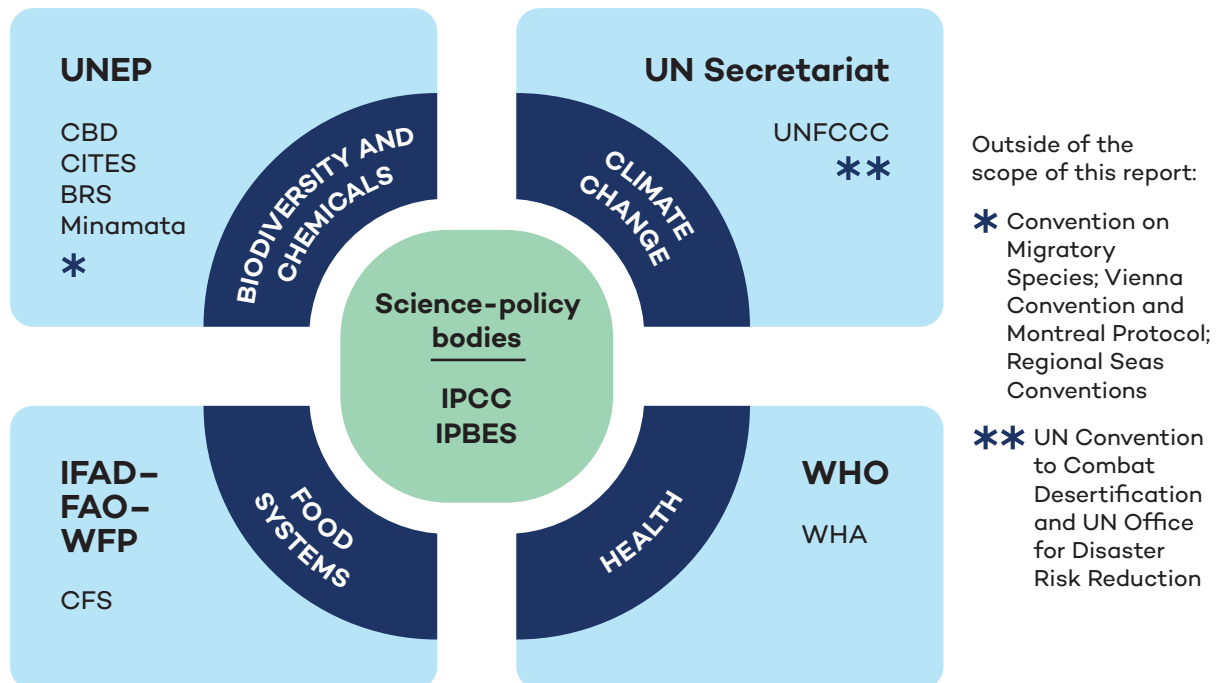




Table ES1. Key Entry Points: Health sector engagement in global environmental governance

MEA	CBD	IPBES	CITES	UNFCCC	BRS	Minamata	CFS
Year in force	1993	2012	1975	1994	1992 (B), 2004 (R & S)	2017	1974
Parties/members	196	137	183	197	188 (B), 164 (R), 184 (S)	135	133
Attendance	up to 8,000	800	1,700	>20,000	1,700	1,000	>1,600
Topic	Biodiversity		Climate Change		Pollution		Food Systems
Objective	Biodiversity: conservation, sustainable use, access, and benefit sharing	Science-policy evidence on biodiversity and ecosystems	Trade of wildlife and species survival	Stabilization of GHGs	Reducing risks from chemicals and waste	Protecting human health from anthropogenic mercury pollution	Food security and nutrition for all
Public health issues influenced by policies on this topic	Medicines, clean air and water, nutrition, infectious disease, mental health, pollution exposure, biotechnology, genetics, Traditional Knowledge		Emerging infectious disease and zoonoses	Heat stress, food and water security, respiratory disease and other non-communicable disease, infectious disease, nutrition, emergencies, trauma	Developmental disorders; neurological disorders; endocrine disruption; lung, skin, and eye disease; contaminated breast milk	Neurological and musculoskeletal disorders, vision impairment, congenital disorders	Malnutrition, food security, non-communicable disease (esp. diabetes, cardiovascular disease), obesity, stunting, wasting, anemia, biotechnology
Ministries negotiating	Environment, foreign affairs	Environment, foreign affairs	Environment, foreign affairs, trade	Environment, foreign affairs, finance	Environment; also agriculture, industry, health, customs/borders, energy, transportation		Agriculture, foreign affairs
Health ministers in attendance	?	?	No (?)	Yes; ~ 12% of parties (COP 26)	Yes	Yes	Yes; ~ 6% of members (CFS 49)
Negotiations: key focal areas for health issues (2022–2023)	Post-2020 global biodiversity framework; draft global action plan on biodiversity and health	Nexus assessment (biodiversity, water, food, health)	Consideration of an animal health surveillance mechanism	National communications; clean and efficient energy; future of Koronivia Joint Work on Agriculture (KJWA); SLCPs; non-economic losses	Class-based listing of chemicals; potential new science-policy mechanism for addressing chemicals and waste; pharmaceutical pollution, medical instruments and medical waste; plastic pollution		Gender and malnutrition; inequalities; food safety
Negotiations: key entry point for technical participation on health	Subsidiary Body for Scientific, Technical, and Technological Advice (SBSTTA), Working Group Article 8(j)	Plenary; representation on the Multidisciplinary Panel of Experts	Standing Committee	Subsidiary Body for Scientific and Technological Advice (SBSTA); Nairobi work programme (NWP); KJWA; Glasgow-Sharm el-Sheik Work Programme; Expert Group on non-Economic Losses and the Santiago Network	Basel - Expert working group, Plastic Waste Partnership; Rotterdam & Stockholm - Chemical Review Committees	Ad hoc expert groups	Plenary; Civil Society Mechanism; Private Sector Mechanism
National-level assessments and plans	National biodiversity strategies and action plans (NBSAPs), biodiversity impact assessments	-	-	Nationally determined contributions (NDC)s, National Adaptation Plans (NAPs), Health National Adaptation Plans, Water Safety Plans	National implementation plans and national action plans		-
Global health guidelines important to the MEA	WHO Traditional Medicine Strategy, Akwé-Kon Guidelines	-	WHO guidance on the sale of live wild animals	WHO Global Air Quality Guidelines; WHO Guidelines for Drinking Water Quality	Numerous		WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases, 2013-2020



Key Recommendations

Health

- Planetary Health, One Health, and the socioecological determinants of health must become common vocabulary.
- Increase environmental actor awareness and participation in WHA meetings.
- Reference “women’s health” as a component to gender considerations.
- A convention on pandemics should include and align with biodiversity MEAs.
- Evidence from the IPCC and IPBES should inform health sector planning.
- Strengthen reporting and actions on mental health outcomes in NAPs and national biodiversity strategies and action plans (NBSAPs).
- Incorporate biodiversity themes into global strategies on mental health.
- Increase awareness of the WHO’s Traditional Medicine Strategy.

Biodiversity

- Increase health stakeholder participation in CBD negotiating bodies.
- The draft global action plan on biodiversity and health must reference the health of children.
- Advisory from the CBD on food system transformation in the draft global action plan on biodiversity and health must include strong linkages between biodiversity and nutrition.
- Adopt the post-2020 global biodiversity framework, ensuring it contains robust and relevant health targets, and adopt the draft global action plan on biodiversity and health.
- Strengthen health sector input to biosafety and biotechnology discussions under the CBD, especially on Digital Sequence Information (DSI) and synthetic biology.
- NBSAPs should include health values, risks, impacts, and metrics and be reviewed by a health ministry.
- Deepen the evaluation of health in biodiversity impact assessments, for instance, drawing on the Akwé-Kon guidelines (specifically, Articles 43, 44, 50).
- Consider a potential wildlife disease surveillance mechanism for traded species as a safeguard to human health as a new requirement under CITES.
- Add a health expert to the IPBES Multidisciplinary Expert Panel (MEP).



Climate Change

- Increase health sector visibility in negotiations through lobbying (months in advance), engaging in constituted bodies, statements in negotiations, and submissions to the UNFCCC Secretariat.
- Increase the presence of health ministers. Whereas 81 ministries of health (out of 95 respondents) designate a focal point for health and climate change, only 24 countries (12% of parties) sent a representative to COP 26.
- Increase national training on climate change policies. Approximately seven countries report that their ministry of health received training on health in UNFCCC negotiations.
- Improve national implementation of WHO's Global Air Quality Guidelines, particularly for the 77 countries with no reporting. Focus on broadening the pollutants covered and reducing long-term exposure to pollutants.
- Increase attention on SLCPs, including, as a stand-alone reduction target in NDCs, through development of National SLCP Action Plans, and by supporting the Global Methane Pledge.
- NDCs and NAPs can be used to detail health co-benefits of mitigation. Only 16% of countries (of 95 assessed) have assessed the health benefits of national climate mitigation policies.
- Formalize cross-sectoral collaboration at the national level on mitigation. Few agreements are established between ministries of health and ministries of water, sanitation and hygiene (32%); energy (20%); agriculture (19%); transportation sector (17%); and urban development and housing (14%).
- Strengthen national-level training for low- and middle-income countries on adaptation assessments. Only eight of these countries reported receiving training on climate change and health for vulnerability and adaptation assessments.
- Assist developing countries in formulating and implementing NAPs and HNAPs. In 2020, more than 80% of developing countries were still forming their first NAP, while criteria for HNAPs were only established in 2021. Development of HNAPs can be a concrete activity for joint health–environment ministerial work.
- Boost the quality of health information in NAPs and HNAPs, including: the links between vulnerabilities and response actions; on addressing vulnerable sub-populations; consistency of diseases assessed; and on financial planning for health needs.
- Health stakeholders should inform the party-driven work that informs the UNFCCC, namely NDCs, Adaptation Communications, NAPs, National Communications, and Biennial Transparency Reports.
- The 2023 Global Stocktake is an opportunity to assess progress on addressing health outcomes, impacts to the health sector, and financing for resilience.
- Prioritize health metrics for measuring progress on the Global Goal on Adaptation in the Glasgow-Sharm el-Sheikh Work Programme.
- Support adoption of a permanent framework for agriculture under the UNFCCC.



- Define the term “food production” under the UNFCCC to encompass both dietary quantity and quality.
- Strengthen discussion on malnutrition under the KJWA and/or its predecessor body.
- Enhance national and adaptation planning for water resources and consider links to the WHO Guidelines on Drinking Water Quality and incorporation of water safety plans. Only three health ministries reported receiving training on climate-resilient water safety plans.
- Health stakeholders should inform the Expert Group on Non-Economic Losses, the Santiago Network, and the Glasgow Dialogue.
- Increase alignment of national health systems to adaptation and mitigation goals. Only 52 countries (26% of parties) have pledged ministerial commitment to reforming their national health sector to be climate-resilient, sustainable, and/or low carbon.
- Include health indicators in Glasgow Financial Alliance for Net Zero’s (GFANZ) decision-making rubric and align investments for decarbonization pathways to co-deliver for both healthy people and a healthy planet.

Pollution

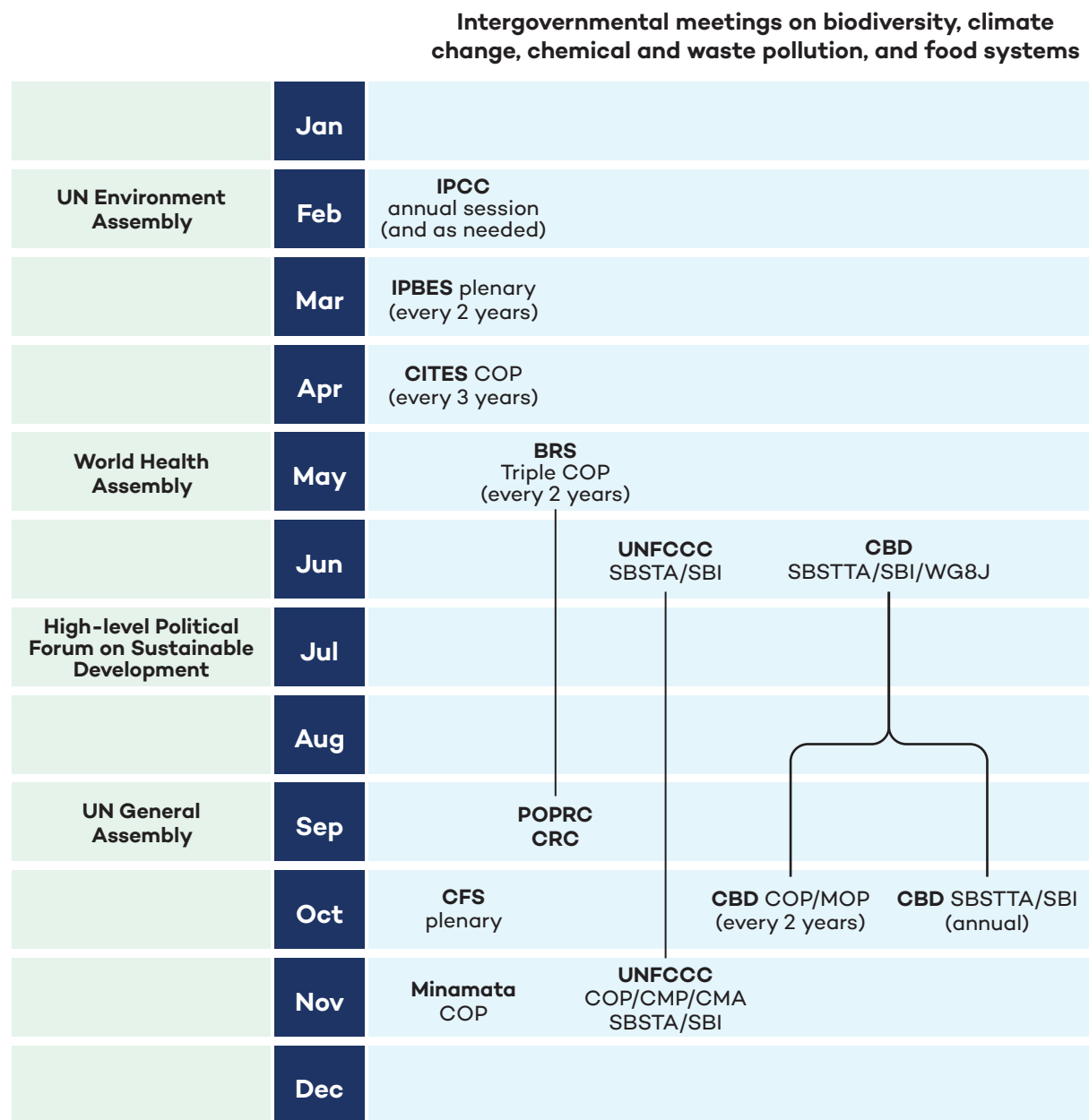
- Increase awareness of chemicals governance.
- Strengthen targeted, coordinated statements and strategic informal negotiations at chemicals meetings.
- Support establishing a science–policy body on chemicals and wastes for advancing knowledge and delivering evidence to decision-makers.
- Amend the global regulation of chemicals to class-based rather than individual listings to expedite health outcomes and reduce health risks.
- Formalize intergovernmental commitments to address pharmaceutical pollutants.
- Increase attention to pollution from medical waste and its incineration under the Stockholm Convention and the Plastic Waste Partnership.
- Revise threshold setting for chemicals exposure to be inclusive of all consumers by gender, age, or diet. Some are based on a middle-aged adult male, which is both narrow and vague.

Food Systems

- Increase health sector and ministerial participation in the CFS plenary.
- Synergize work on food systems across MEAs.
- MEAs should address malnutrition in all its forms and utilize nutrition terminology that maximizes health outcomes, such as “nutritional security.”
- Link CFS policy guidance on food systems to decisions in MEAs.



Figure ES2. Traditional cycle for MEA decision-making



Notes:

Related UN decision-making forums connected with a line.

POPRC - Persistent Organic Pollutants Review Committee (Stockholm Convention)

CRC - Chemicals Review Committee (Rotterdam Convention)

See acronyms list for complete list.

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