The International Association of National Public Health Institutes (IANPHI) is a network of 110 national public health institutes (NPHIs) in 95 countries, which collectively builds public health capacity and capabilities by connecting, developing and strengthening NPHIs worldwide.

Motivated by the urgent need to act, based on evidence, for the benefit of public health with regards to the degradation of natural systems, IANPHI supports the development of NPHIs’ capacity globally to be key advocates and actors of climate mitigation and adaptation.
IANPHI recognizes climate change as a major threat to the health and well-being of the world population.

Climate change is a major public health threat. IANPHI recognizes climate action as a critical global public health intervention. IANPHI also acknowledges that public health interventions on environmental and socio-economic determinants of health are essential drivers of climate adaptation and mitigation. Recovery from the COVID-19 pandemic provides a unique opportunity to reset business as usual and strengthen actions on climate change, biodiversity and health, while reducing and addressing social and health inequities in the long term.

The World Health Organization recognizes the 2015 Paris Agreement as the most important public health agreement of the 21st century. Climate change, biodiversity loss and other degradations of Earth’s life-supporting systems are a high threat to the physical and mental health and well-being of populations worldwide.\(^1\) They amplify health risks and drive inequities, which trigger health and social crises.\(^2\) They influence a majority of the environmental and social determinants of health.\(^3\) Existing monitoring and surveillance systems have already been able to measure some of these impacts,\(^4\) documenting the acceleration of trends, for instance of extreme weather events, infectious diseases, and malnutrition among others. These impacts can also be accelerated by other major public health threats, such as antimicrobial resistance.\(^5\)

The adverse health impacts of climate change worsen existing health, demographic and socio-economic inequalities and inequity.\(^6\) Those who contribute the most to climate change and biodiversity loss are least likely to experience adverse impacts and have more resources to adapt. An inequitable and disproportionate share is already borne by inhabitants of low and middle-income countries, by the poorest and most vulnerable in high-income countries,\(^7\) and by Indigenous communities,\(^8\) all of whom have limited adaptive capacity.

Maintaining the increase in global average temperature well below 2°C, preferably to 1.5°C,\(^9\) and protecting biodiversity are essential to the health and well-being of current and future generations. Exceeding a 1.5°C increase would lead to countless preventable deaths, illness and injuries. Insufficient or slow-paced actions to adapt to climatic changes, mitigate greenhouse gases, and protect biodiversity would lead to more frequent and severe public health crises and reverse some of the hard earned public health achievements and gains of the last decades.\(^10\)

Efficient and equitable adaptation policies and evidence-based interventions to mitigate climate change while protecting biodiversity would ensure far-reaching benefits for public health globally, and reduce inequities.\(^11\) Actions such as transforming unsustainable and unhealthy food systems and diets,\(^12\) limiting sources of air pollution, securing access to clean water, sanitation and hygiene, developing healthy commuting and transportation, alongside protecting natural ecosystems and the services they provide would save millions of lives per year, with societal, health and economic benefits that would far outweigh mitigation costs.\(^13\)

Recovery from the COVID-19 pandemic offers an unparalleled opportunity to engage all sectors in these actions and create safer, more equitable, healthier, and climate-resilient societies that “leave no one behind”.\(^14\) To achieve these objectives, climate policies need to integrate the rights to health and be consistent with the Sustainable Development Goals, in particular to end hunger (Goal 2), ensure good health and well-being (Goal 3), access to clean water and sanitation (Goal 6), responsible production and consumption (Goal 12) and take urgent climate action (Goal 13).
IANPHI AIMS TO STRENGTHEN THE WORLD’S NATIONAL PUBLIC HEALTH INSTITUTES AS KEY CLIMATE ACTORS

National public health institutes are the cornerstone of public health practice in most countries. They detect and monitor health threats, identify key individual, socio-economic, and environmental health determinants. They design, implement and monitor public health interventions, and evaluate public policies and their health impact, benefits and costs. They are at the frontline of responding to health emergencies – from emerging or re-emerging infectious disease outbreaks to extreme weather events – but also offer evidence to develop science-based long-term policies to protect, promote and improve the health of the populations they serve.

NPHIs are evidence-based trusted advisors for health protection, prevention and improvement guidance to decision-makers and the general public. NPHIs interface with multi-sectoral national and local, institutional and non-institutional stakeholders. The complexity of interlinks between climate change, biodiversity, equity and health increase the demand for interdisciplinary science and international cooperation to respond in a timely and sustainable manner. NPHIs can raise awareness of those interlinks among relevant stakeholders, promote One Health and Planetary Health concepts, while identifying and promoting healthy lifestyles, such as diets that are both healthy and environmentally sustainable. NPHIs can contribute to the development of innovative, inter-sectoral solutions to protect and improve health and protect the environment simultaneously.

A survey led by IANPHI in 2021 showed that worldwide, NPHIs are already mapping, monitoring and addressing the physical and mental health impacts of climate change (e.g. programs on extreme weather events, vector-borne and waterborne diseases, building capacity for climate change and health risk assessments at the local/regional levels, etc.). They also support with evidence the implementation of effective and ambitious social and environmental policies (e.g. programs on air pollution, urban planning, transport, food security, etc.), while strengthening capacity within health systems and the workforce.

Yet, the survey also found that few NPHIs identify themselves as key climate actors and their involvement in their countries’ national and regional climate adaptation and mitigation policies is rather limited. Only a few NPHIs reported an appropriate level of resources dedicated to the development of robust health and climate programs.

Through their role in protecting the health of the population, NPHIs have a unique humanitarian, scientific and institutional position to contribute to more efficient climate adaptation and mitigation research, policies and action. The rapidly evolving health risks increase the need for NPHIs’ reactivity, flexibility and adaptability. Reinforcing NPHIs as key climate actors through adequate human resources, infrastructure and funding will lead to impactful local and national climate and health programs, and support healthier and more sustainable societies that leave no one behind.
Surveillance of climate risks & impacts on health
Cross-cutting climate & public health research
Measure the benefits of nature-based solutions
Evaluate the health impacts of climate mitigation policies

PROTECT, PROMOTE & EDUCATE
- Educate health workforce to climate issues & health risks
- Advocacy & public outreach
- Promote healthy environments & lifestyles

HEALTHY ENVIRONMENTS & POPULATIONS

RESPOND & FACILITATE ACTION
- Evidence-based advice to policy-makers
- Extreme weather events response & preparedness
- Multi-disciplinary based interventions

HOW NATIONAL PUBLIC HEALTH INSTITUTES CONTRIBUTE TO CLIMATE ADAPTATION AND MITIGATION
IANPHI COMMITS TO ACTIONS TO IMPROVE CLIMATE CHANGE AND PUBLIC HEALTH INTERVENTIONS

To support NPHIs in their development as key climate actors, IANPHI commits to the following initiatives responding to five priorities:

1. Advocate for strengthening the capacity of NPHIs to contribute effectively to climate and biodiversity research, policies and action
IANPHI advocacy will focus on presenting data and issues in a way that makes them both compelling and relevant to audiences without public health expertise.

2. Enhance capacity, competence and training through peer-to-peer support and knowledge sharing between NPHIs
IANPHI will collate case studies and conduct scientific seminars on strategic topics related to climate change, biodiversity, and public health, such as:
• actionable translation of the concepts of One Health and Planetary Health
• examples of opportunities of cross-sectoral collaboration between NPHIs and key climate stakeholders
• integrated analysis of the health impacts of specific sectors (e.g., industry, agroforestry…) or activities associated with deforestation
IANPHI will also support the development of joint actions between NPHIs based on members’ expertise, in particular:
• identify common indicators of the health impacts of climate change
• support innovative approaches to address health and health system vulnerability and adaptation assessments
IANPHI will promote and support the development of research programs led by NPHIs on the links between climate change, biodiversity and public health, and the NPHIs’ capacity to value research findings among decision-makers.

3. Increase collaboration with international and regional organizations active in the fields of public health and climate change
IANPHI will foster existing partnerships and develop new ones (World Health Organization, United Nations Environment Program, World Meteorological Organization, Food and Agriculture Organization, European Climate and Health Observatory, Global Heat Health Information Network, etc.) for collective action at the local, national and regional levels.

4. Support the greening of public health services
IANPHI will encourage NPHIs to assess regularly their organization’s carbon footprint and take actions to reduce it, particularly in high-income countries. IANPHI will also encourage NPHIs to support and advocate for sustainable, low-carbon, equitable health services.

5. Monitor progress in the NPHIs’ involvement in climate change policies through key indicators
IANPHI will identify how many NPHIs:
• make climate change an institutional priority
• completed a carbon footprint assessment and take action to reduce it
• are involved in national and regional adaptation and mitigation plans (nationally determined contributions, adaptation communication, health national adaptation plans, etc.)
• host centers dedicated to climate change, biodiversity and health research and action
1 UN Climate Change News. The Paris Agreement is a Health Agreement - WHO. unfccc.int. [Online] 03 May 2018.


IANPHI wishes to address a special thanks to the members of the position paper drafting team: Mathilde Pascal and Arnaud Mathieu (Santé publique France), Revati Phalkey and Emma Gillingham (UK Health Security Agency), Jaana Halonen (Finnish Institute for Health and Welfare), Horacio Riojas and Magali Hurtado (National Public Health Institute of Mexico), Amandine Zoonekyndt and Louise Rigal (IANPHI).

IANPHI acknowledges the members of the IANPHI working group on public health and climate change for their precious contributions to the document and for their involvement in favor of NPHI development to assess and reduce the impact of climate change on public health: colleagues from the Public Health Agency of Canada, Qiyong Liu (China Center for Disease Control and Prevention), Guillaume Boulanger et Sébastien Denys (Santé publique France), Christina Plantz (Federal Centre for Health Education, Germany), Angela Fehr, Luzie Verbeek and Thomas Ziese (Robert Koch Institute, Germany), Laura Mancini and Stefania Marcheggiani (National Institute of Health, Italy), Limbani Kalumbi (University of Malawi), Suvd Batbaatar (National Centre for Public Health, Mongolia), Tatiana Marrufo (National Institute of Health of Mozambique), Lisbeth Hall, Guus Velders and Joyce Zwartkruis (National Institute for Public Health and the Environment, Netherlands), Chinwe Ochu (Nigeria Centre for Disease Control), Ågot Aakra (Norwegian Institute of Public Health), Raquel Duarte-Davidson, Giovanni Leonardi and Emer O’Connell (UK Health Security Agency).