

# BRIEF FOR PARLIAMENTARIANS



LINKS AND MORE



# BRIEF FOR PARLIAMENTARIANS

## FOREWORD

### Briefs for parliamentarians on realizing the co-benefits of action on climate and the environment

Climate change and environmental degradation turn the very things that sustain good health – clean air and water, nutritious food and the natural environment – into health hazards. At the same time, weather events are increasing in frequency and intensity, and sea levels are rising – threatening the safety of communities, disrupting essential services and exacerbating environmental and other health risks.

Every year, 3.5 million people in the Western Pacific Region die because of air pollution, inadequate water, poor sanitation and hygiene, unsafe use of chemicals and other environmental hazards. Without urgent action, climate and environmental harms threaten to overwhelm health systems and workforces, and reverse social and economic progress.

Primary health care is the first line of defence for communities across the Western Pacific Region and the world. Resilient primary health-care systems are needed to withstand climate and environmental shocks and create a healthy environment for communities. However, many primary health-care facilities lack basic infrastructure and services, such as reliable power, adequate workforces and basic water, sanitation and hygiene services.

The Declaration of Astana puts forth a shared vision for primary health care that is more relevant now than it was when it was drafted in 2018. The Declaration calls on governments globally to promote multisectoral action, engage

stakeholders and empower communities to address environmental determinants of health. Addressing the drivers of climate change and environmental degradation will have substantial benefits for health, as well as positive carry-over and multiplier effects in other sectors. Taking action also makes shrewd economic sense, as the cost of inaction far exceeds the cost of action.

Bold and visionary leadership is needed to bring stakeholders together to make transformative policy choices that will deliver health, social and economic progress for all. The health of current and future generations depends on the choices made by today's leaders. WHO proudly stands beside you ready to assist in this mission.

I encourage you to carefully read these briefs. They are designed to equip you with information on the far-reaching health benefits that action on climate change and the environment will bring.

Together, let us seize this opportunity to forge a healthier and more prosperous future for all.

Thank you.



**Dr Zsuzsanna Jakab**  
WHO Acting Regional Director  
for the Western Pacific

# Stronger primary health care and other co-benefits of action on climate change and the environment

## Purpose

To brief parliamentarians on the co-benefits for primary health care and other health, social and economic goals that result from taking action on climate change and the environment, and to suggest actions parliamentarians may take to realize co-benefits for their communities.

## Key Points

Urgent action is needed to strengthen primary health care and address climate change and environmental determinants of health.

1. Strengthening primary health care and taking action to address climate change and environmental determinants of health are complementary and interdependent agendas that promise significant health, social and economic co-benefits.
2. Climate change and environmental degradation place added stress on health systems and workforces and threaten to overwhelm them unless urgent action is taken.
3. Climate change is already affecting lives in Asia and the Pacific through air pollution, extreme weather events, rising sea levels, increased spread of disease, food insecurity and more.
4. On our current trajectory, it is projected that over 250 000 more lives will be lost each year between 2030 and 2050 because of malaria, diarrhoea, malnutrition and heat stress alone. Since these are just some ways climate change affects health, the total impact will be even greater.
5. In parallel, environmental degradation, accelerated by increased consumption patterns, social inequities, rapid urbanization and unsustainable development, poses persistent and growing health risks.
6. Every year, 3.5 million people in the Western Pacific Region die because of air pollution, inadequate water, poor sanitation and hygiene, unsafe use of chemicals and other environmental risks.
7. Populations with vulnerabilities that contribute the least to climate and environmental risks and are least able to protect themselves will be hit hardest, further widening existing inequities and holding back social and economic development.
8. Primary health care is the first line of defence for communities across the Western Pacific Region and the world. Primary health-care reforms, such as investing in climate-resilient and environmentally sustainable facilities, keeping communities at the centre and catalysing actions beyond the health sector, are crucial to preventing and mitigating the impacts of climate change and environmental degradation.
9. Many primary health-care facilities lack basic infrastructure and services, such as reliable power, adequate workforces and basic water, sanitation and hygiene services, to withstand climate and environmental shocks and create a healthy environment for communities.
10. Through wise investments, the health system's contribution to climate and environmental harm can be reduced while building resilience and access to primary health-care services – such as investments in alternative energy for PHC facilities.



## The cost of inaction would be catastrophic and exceed the cost of action while losing out on benefits for health, social and economic progress.

11. Climate and environmental harms impose significant economic costs. The global health cost of air pollution in 2019 was estimated to be US\$ 8.1 trillion, equivalent to 9.3% of GDP in East Asia and the Pacific .
  - improving air quality, increasing physical activity and reducing road injuries; and
  - investment in renewable energy would improve indoor and outdoor air quality, energize critical infrastructure and generate green jobs.
12. Even without accounting for health, economic studies indicate that the global cost of climate change could be five to six times higher (10–12% of GDP) if we fail to limit the global temperature rise to under 2 °C, consistent with the Paris Agreement.
13. In contrast, the health benefits of reducing air pollution to meet the Paris Agreement targets would offset mitigation costs by a ratio of about 2:1.
14. Action on climate and the environment can produce co-benefits for health, social and economic goals, for example:
  - support for active and rapid mass transport would reduce emissions while
15. Despite the obvious win-win situations, health has not been influential in climate and environmental policy. Factoring health benefits and costs in the assessment of policy options strengthens the case for taking action. This approach ensures that actions with the greatest health, social and economic gains are prioritized, which is crucial for a just transition.
16. While some social and economic benefits might emerge over the long run, health benefits might be felt within days or weeks. This underscores the need for immediate action to achieve the targets set in the Paris Agreement and protect the environment.

## Parliamentarians can make a profound difference.

17. Parliamentarians have unique opportunities to accelerate action for climate change, environment and health and realize co-benefits for their communities through their core functions and roles as members of parliaments.
18. Bold and visionary leadership is needed to bring stakeholders together to make transformative policy choices that will deliver health, social and economic progress for all.
19. Actions taken by today's parliamentarians will determine the health of current and future generations. Young people are increasingly demanding action.
20. Attached are five “back pocket” briefs with information on the far-reaching health benefits that action in climate change and the environment can bring. Each brief contains talking points on the case for action, a snapshot of benefits for health and other sectors, suggested actions to consider and sources of further information.



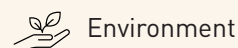
## FIVE BENEFITS FOR HEALTH

- 1 Improved outdoor air quality – reducing the current 1.6 million deaths per year in the Western Pacific.
- 2 Improved household air quality – reducing the 475 000 deaths per year in the Western Pacific.
- 3 Reduced incidence of stroke, heart disease, chronic and acute respiratory diseases, lung cancer, low birth weight and stillbirths.
- 4 Reduced health inequities and effect on social determinants of health.
- 5 Increased physical activity.

## FIVE “WIN-WINS” FOR OTHER SECTORS AND SOCIAL AND ECONOMIC PROGRESS

- 1 Reduce emissions associated with household solid fuel combustion.
- 2 Reduce emissions from fossil fuel consumption and other sources of outdoor pollution.
- 3 Contribute to sustainable development, including poverty alleviation and social and economic outcomes for women and girls.
- 4 Improve energy efficiency and access to clean energy.
- 5 Reduce economic costs – health costs of air pollution are estimated to absorb 7.4% of global GDP.

## OTHER SECTORS THAT MAY BE INVOLVED



Environment



Planning



Industry



Waste



Transport



Finance



Energy



Housing



Agriculture



Forestry

## Where can I find out more?

### POLICY IDEAS

1. Compendium of WHO and other United Nations guidance on health and the environment: 500 actions to take, including 58 for air pollution
2. Clean Household Energy Solutions Toolkit (CHEST) (WHO)
3. 25 Clean Air Measures for Asia and the Pacific (UNEP)

### TECHNICAL INFORMATION AND SCIENCE

1. WHO Global Air Quality Guidelines
2. Actions on Air Quality: A Global Summary of Policies and Programmes to Reduce Air Pollution (UNEP)
3. Health and Energy Platform of Action (WHO)



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### LINKS AND MORE



# AIR POLLUTION

## BACK-POCKET BRIEF FOR PARLIAMENTARIANS





# Talking points: why action is needed

- Air pollution is the world's largest environmental health threat – 99% of people breathe air that exceeds WHO air quality limits.
- More than 2 million people in the Western Pacific Region lost their lives to ambient (outdoor) and household air pollution in 2019 – more than four times the reported number of deaths in the Region from COVID-19.
- Ambient air pollution is now the third leading risk factor for deaths in the Western Pacific and contributes to 11% of all deaths – twice the rate reported for 1990.
- Sources of ambient air pollution are numerous, such as transport, industrial emissions, agricultural practices and waste-burning – a sizeable portion of which traverses national borders.
- While exposure to household air pollution is reducing, half the world's population remains exposed. In the Western Pacific, it is the fourth highest risk factor for death in children under age 5.
- Inefficient cooking practices using polluting stoves and solid fuels are the major cause of household air pollution.
- Rural populations in low- and middle-income countries are particularly affected, especially women and girls.
- Global welfare losses attributable to air pollution are estimated to be US\$ 5.11 trillion.
- Many air pollutants contribute to climate change, and meeting the Paris Agreement targets would be expected to save over 1 million lives per year by 2050.

# Actions for parliamentarians to consider

## LAWMAKING

- Seek briefings and information about legal frameworks relevant to air pollution, including those setting ambient or indoor air quality standards, assigning responsibility for monitoring air quality and regulating sources of pollution.
- Advocate for legislation that adopts or exceeds WHO air quality guidelines.
- Advocate for regulatory measures setting energy efficiency or emissions standards for sources of pollution, including transport, industry, energy generation, household appliances and fuel sources.
- Advocate for legislative interventions that support a clean energy transition, such as targets and incentives for renewables.
- Consider the potential impacts of proposed laws on air quality and health, and ask questions in parliament and/or seek information from the parliamentary service or relevant ministry.

## REPRESENTATION AND LEADERSHIP

- Seek data and scientific advice from experts and relevant authorities on air pollution and its implications for health.
- Speak to constituents about their awareness of the health risks of outdoor and household air pollution, their exposure to risks and any barriers they face in avoiding risks – such as accessing clean fuels for cooking.

- Support activities to provide communities with access to clean fuels and energy and appropriate waste management.
- Advocate for governments to lead the way by implementing energy efficiency and emissions standards in government vehicles, buildings and other assets.
- Use opportunities in parliament and public debate to promote discussion of health benefits and costs in policy options relating to air pollution.
- Engage in multilateral activities at regional and global levels concerning air pollution. Consider opportunities for regional networks of parliamentarians to address common issues, particularly transboundary air pollution.

## BUDGETING

- Review annual budget allocations for activities to improve air quality and reduce exposures to hazards, and prioritize activities with potential health co-benefits.
- Remove taxes and subsidies that incentivize activities causing air pollution, and consider recycling them into alternative subsidies and incentives for industry and households to transition to clean fuels, energy and waste management.

## OVERSIGHT AND ACCOUNTABILITY

- Advocate for governance and accountability mechanisms within parliament and government to address industry interference, such as registers of lobbyists and anti-corruption bodies.
- Through parliamentary hearings and other mechanisms, require relevant authorities to report on air quality and actions being taken across sectors of the economy.

## FIVE BENEFITS FOR HEALTH

- 1 Improved capacities to prepare, detect, assess and respond to chemical events as part of an overall all-hazards approach.
- 2 Reduced deaths and illnesses from exposure to hazardous chemicals in the environment and workplace.
- 3 Improved management of health-care waste.
- 4 Reduced health impacts of air pollution.
- 5 Improved access to safe, clean drinking water.

## FIVE “WIN-WINS” FOR OTHER SECTORS AND SOCIAL AND ECONOMIC PROGRESS

- 1 Reduce economic and productivity losses, particularly those associated with occupational exposures – promoting a safe and productive chemical industry.
- 2 Reduce generation of hazardous waste.
- 3 Reduce education losses due to childhood exposure to lead and other chemicals.
- 4 Promote new markets and job opportunities through ecodesign and circular economy.
- 5 Improve ocean health, support fishing sector, and promote safe, quality fish for consumption.

## OTHER SECTORS THAT MAY BE INVOLVED



## Where can I find out more?

### POLICY IDEAS

1. Compendium of WHO and other United Nations guidance on health and the environment: 500 actions to take, including 55 for chemicals
2. Chemicals Road Map (WHO)

### TECHNICAL INFORMATION AND SCIENCE

1. 10 Chemicals of Public Health Concern (WHO)
2. The Public Health Impact of Chemicals: Knowns and Unknowns (WHO)
3. Strategic Approach to International Chemicals Management (UNEP)



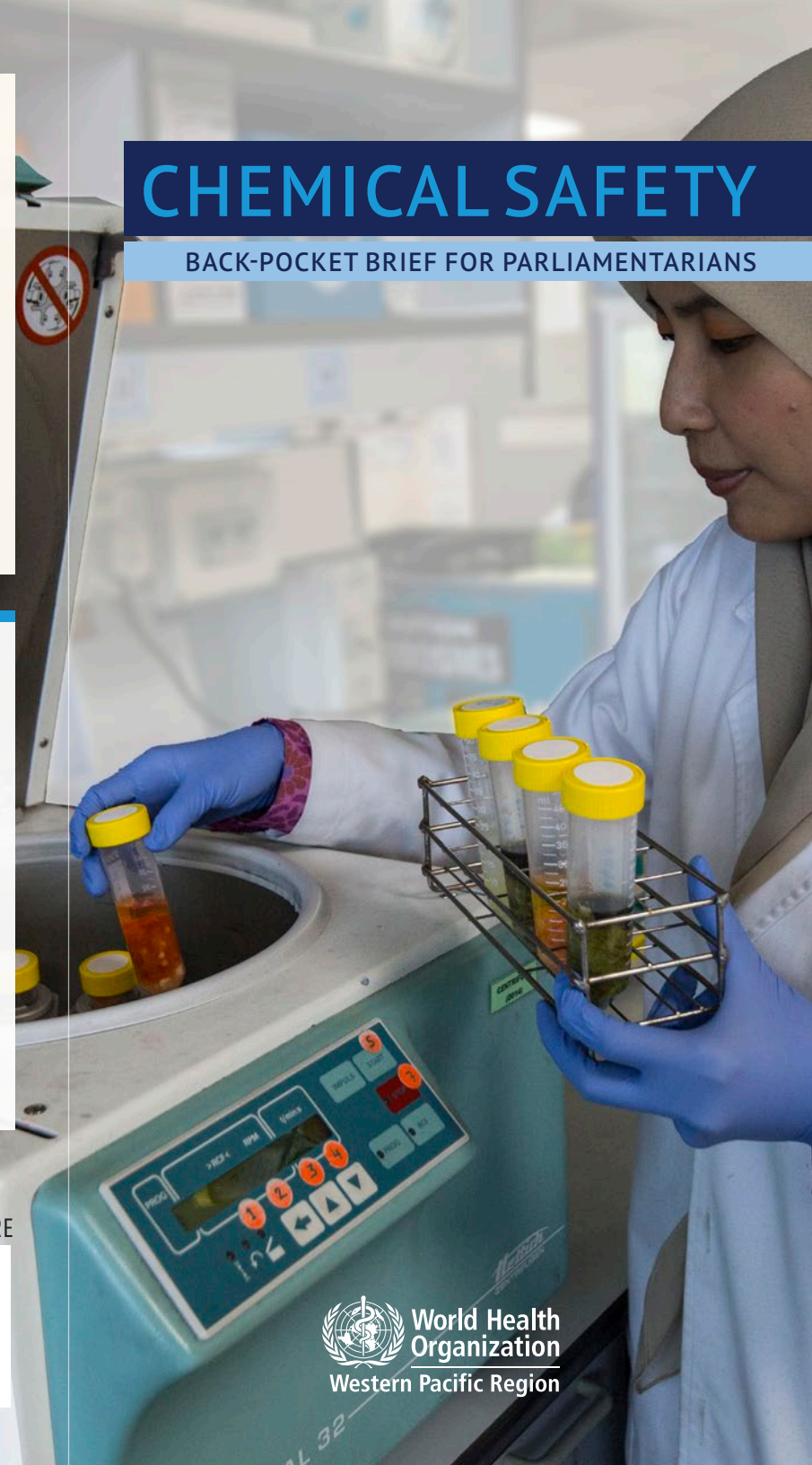
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### LINKS AND MORE



# CHEMICAL SAFETY

## BACK-POCKET BRIEF FOR PARLIAMENTARIANS



# Talking points: why action is needed

- Exposure to hazardous chemicals accounts for over 2 million deaths per year.
- Humans can be exposed through the air they breathe, food and water they consume, substances they handle, and as infants through the umbilical cord. Exposure can happen anywhere – in the workplace, home or recreational environment.
- Over one third of cases of ischaemic heart disease and about 42% of strokes could be prevented by reducing or removing exposure to chemicals.
- Exposure to chemicals contributes to a range of other health impacts, including unintentional poisonings, cancers, self-harm, diabetes, lower respiratory tract infections, asbestosis, stillbirths, low birth weight and chronic kidney disease.
- Chemicals are also suspected to contribute to mental, behavioural and neurological disorders.
- Chemicals of major health concern include arsenic, asbestos, benzene, cadmium, dioxin and dioxin-like substances, inadequate or excess fluoride, lead, mercury, substances found in air pollution and tobacco smoke, and highly hazardous pesticides.
- Chemical production continues to increase and, by 2050, is projected to be more than triple the amount produced in 2010, with rapid growth in non-OECD countries.
- The International Health Regulations (IHR) (2005) require countries to develop core capacities to prevent, detect and respond to public health risks from chemical events.
- Several multilateral and international environment agreements control the use, trade, movement and disposal of certain chemicals:
  - Stockholm Convention on Persistent Organic Pollutants
  - Minamata Convention on Mercury
  - Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal.

# Actions for parliamentarians to consider

## LAWMAKING

- Seek briefings and information about legal frameworks relating to the management of chemicals through their life cycle and associated health risks.
- Advocate for the ratification and implementation of multilateral and international environment agreements for the sound management of chemicals and waste, including: (i) Minamata Convention on Mercury, (ii) Stockholm Convention on Persistent Organic Pollutants, (iii) Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, (iv) Rotterdam Convention on Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade, and (v) Montreal Protocol on Substances that Deplete the Ozone Layer.
- Support legislation to protect consumers from harmful chemicals in products; regulate the use of harmful chemicals such as lead and asbestos; enable the implementation of standards for chemicals in air, food, drinking water and soil that align with WHO guidelines; and enhance information-sharing between sectors and national focal points based on IHR (2005).
- Consider the potential health impacts of proposed laws in non-health sectors that affect the management of chemicals and seek guidance from the relevant authority or parliamentary service.

## REPRESENTATION AND LEADERSHIP

- Seek data and scientific advice from experts and relevant authorities on the burden of disease associated with chemicals.
- Promote inclusion of health considerations in policies relating to chemicals.
- Speak to constituents about their concerns, particularly communities close to known sites of pollution and contamination.
- Convey needs of constituents to relevant authorities and advocate for actions to reduce their exposure to chemicals.
- Advocate for measures to make information about chemicals accessible to the public, and to local and international stakeholders and researchers.
- Engage in multilateral activities at regional and global levels concerning sound management of chemicals, including the management of trade and transboundary movement of waste.

## BUDGETING

- Review annual budget allocations for management of chemicals, and promote investment in institutional capacities and implementation of legal frameworks to prevent illegal trade and non-compliance.
- Advocate for funding to improve the management of all waste, including health-care waste, through a nationally integrated and funded strategy.

## OVERSIGHT AND ACCOUNTABILITY

- Through parliamentary hearings and other mechanisms, require relevant authorities to measure and report on chemical incidents and levels of exposure.



## FIVE BENEFITS FOR HEALTH

- 1 Improved air quality – reducing millions of deaths due to air pollution.
- 2 Improved health security – reducing the risk of communicable diseases.
- 3 Increased physical activity through investment in active transport and green spaces – alleviating noncommunicable diseases.
- 4 Improved food security and healthy diets.
- 5 Reduced stress on already stretched health systems and workforces – advancing UHC.

## FIVE “WIN-WINS” FOR OTHER SECTORS AND SOCIAL AND ECONOMIC PROGRESS

- 1 Increase revenue with green development and reduction of fossil fuel subsidies (which accounted for over 6% of GDP in 2017).
- 2 Improve long-term fiscal outlook – low-carbon investment needed to meet the Paris Agreement targets is lower than economic costs of inaction.
- 3 Improve energy security – enhance reliability and increase local energy production.
- 4 Reduce exposure to flooding and droughts through adaptations in water management.
- 5 Build healthier, more productive cities through effective urban planning.

## OTHER SECTORS THAT MAY BE INVOLVED



## Where can I find out more?

### POLICY IDEAS

1. Compendium of WHO and other United Nations guidance on health and the environment: 500 actions to take, including 38 for climate change
2. Tools to assess the health impacts and co-benefits of climate action (WHO)

### TECHNICAL INFORMATION AND SCIENCE

1. COP26: Special Report on Climate Change and Health: the Health Argument for Climate Change (WHO)
2. IPCC Sixth Assessment Report (AR6)
3. The Lancet Countdown on Health and Climate Change



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### LINKS AND MORE



# CLIMATE CHANGE

## BACK-POCKET BRIEF FOR PARLIAMENTARIANS



# Talking points: why action is needed

- Climate change is the biggest threat we face – it threatens to undo the last 50 years of progress in development, global health and poverty reduction.
- Failure to address climate change would threaten the achievement of the health-related and many other Sustainable Development Goals.
- The health of the Western Pacific Region is being impacted by increasing extreme weather events; rising sea levels; heatwaves; disruptions in food systems; increases in zoonotic, foodborne, waterborne and vector-borne diseases; and adverse impacts on mental health.
- With every tenth of a degree increase, more and more changes become irreversible and the greater the impact on health and the economy.
- Populations that contribute least to its causes and are least able to protect themselves will be hit hardest – further widening inequities, holding back social and economic development and increasing vulnerabilities.
- For this reason, the Paris Agreement is potentially the most important health agreement of the 21st century: meeting its targets would avert over 1 million lives per year from air pollution alone.
- Without urgent action, a further 250 000 lives will be lost each year between 2030 and 2050 due to malnutrition, diarrhoea, heat stress and malaria.
- Direct health costs will amount to an estimated US\$ 2–4 billion per year by 2030.
- The total health cost of inaction would be far higher – climate change impacts health via multiple, complex pathways.
- Excluding health costs, economic analyses estimate that global damages resulting from climate change could absorb 10–12% of GDP, five to six times higher than if the global temperature increase is kept well below 2°C, consistent with the Paris Agreement.
- There is growing evidence that the health, social and economic benefits of action would outweigh the cost.
- Despite this, health costs and benefits are rarely factored into policy assessments and decision-making.

## Actions for parliamentarians to consider

### LAWMAKING

- Seek briefings and information about the legal frameworks for climate change and gaps that may exist.
- Advocate for legislation that supports an effective national strategy for climate change mitigation and adaptation.
- Consider the relevance of climate change to proposed laws in the health portfolio and seek information from the health ministry as to how its staff address climate-induced risks.
- Consider the potential health impacts of proposed laws in non-health portfolios, ask questions in parliament and/or seek information from the parliamentary service or relevant ministry.
- Advocate for investment in legal frameworks and capacities for the management of public health risks associated with climate change, including alignment with disaster laws.
- Join a parliamentary committee that covers climate change and seek input from experts and stakeholders.

### REPRESENTATION AND LEADERSHIP

- Seek data and scientific evidence from experts and relevant authorities on climate change and its implications for health.
- Speak to constituents about their priorities and the health impacts they may be experiencing.
- Convey the needs of constituents to relevant authorities and support community-led mitigation and adaptation initiatives.

- Advocate for climate policies that prioritize social, economic and health gains, and for the inclusion of health costs and benefits in the assessment of policy options.
- Engage in cross-party parliamentary networks for climate change and multilateral activities at regional and global levels. Consider opportunities for regional networks of parliamentarians to advocate for common issues.
- Engage in partnerships with regional and local representatives.
- Connect with advocates in civil society, including youth and the health profession, to promote climate action.
- Advocate for health participation in national dialogues and international negotiations on climate change.

### BUDGETING

- Review annual budget allocations for climate change and promote activities with health co-benefits.
- Seek briefings on international climate financing opportunities and encourage international climate institutions to include funding for health – currently, only 0.5% of climate financing goes to health projects.
- Promote reform of taxes and subsidies to foster climate action. Fossil-fuel subsidies incentivize investment in emission-intensive activities, represent potential lost revenue and are often comparable to or even outstrip national health budgets. Promote cycling of revenue from reduced subsidies and carbon pricing into pro-health activities.

### OVERSIGHT AND ACCOUNTABILITY

- Use parliamentary mechanisms to require ministers and relevant authorities to report on progress relating to nationally determined contributions under the Paris Agreement and on the implementation of national adaptation plans.
- Advocate for governance and accountability mechanisms within parliament and government to address industry interference, such as registers of lobbyists and anti-corruption bodies.



## FIVE BENEFITS FOR HEALTH

- 1 More PHC facilities with access to reliable energy – enabling critical functions such as communications, lighting, infection control and storage of medicines.
- 2 Expanded access to PHC services.
- 3 Enhanced capacity and equitable distribution of health workforce.
- 4 Improved capacities to detect and respond to public health emergencies and sustain essential services.
- 5 Improved WASH and infection prevention and control, reducing illnesses and deaths.

## FIVE “WIN-WINS” FOR OTHER SECTORS AND SOCIAL AND ECONOMIC PROGRESS

- 1 Reduce health sector contribution to greenhouse gas emissions and environmental pollutants.
- 2 Support clean energy transition and build energy resilience by reducing exposure to fuel supply disruptions and price variability.
- 3 Reduce long-term costs to health system associated with fuel and maintenance.
- 4 Strengthen climate resilience and capacities to respond to emergencies and disasters.
- 5 Improve community access to WASH infrastructure and services.

## OTHER SECTORS THAT MAY BE INVOLVED



## Where can I find out more?

### POLICY IDEAS

1. Compendium of WHO and other United Nations guidance on health and the environment: 500 actions to take, including 23 for climate and environmental action in health-care facilities
2. WHO Guidance for Climate-resilient and Environmentally Sustainable Health Care Facilities
3. Energizing Health: Accelerating Electricity Access in Health Care Facilities (WHO, World Bank, IRENA)

### TECHNICAL INFORMATION AND SCIENCE

1. Operational Framework for Building Climate Resilient Health Systems (WHO)
2. Checklists to Assess Vulnerabilities in Health Care Facilities in the Context of Climate Change (WHO)
3. Regional Framework on the Future of Primary Health Care in the Western Pacific (WHO)



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### LINKS AND MORE



# CLIMATE-RESILIENT AND ENVIRONMENTALLY SUSTAINABLE PRIMARY HEALTH-CARE FACILITIES

BACK-POCKET BRIEF FOR PARLIAMENTARIANS





# Talking points: why action is needed

- Primary health-care (PHC) facilities are communities' first line of defence against the impacts of climate change, but they are also vulnerable – to extreme weather events, sea-level rise, climate-sensitive disease outbreaks – and under increasing pressure.
- Building resilience for PHC facilities is a critical investment in health – to ensure facilities have the capacity to anticipate, prepare, respond, sustain activity, recover and adapt to climate shocks and stresses such as extreme weather events.
- Serious workforce and infrastructure gaps in PHC facilities exist in many parts of the Western Pacific Region, including maldistribution affecting rural populations particularly vulnerable to climate risks.
- Less than half of all rural and remote facilities in the Region have access to basic water, sanitation and hygiene (WASH), health-care waste management and environmental cleaning services.
- Under half of all health-care facilities in low- and middle-income countries have access to reliable electricity, which is needed to provide basic care – affecting about 1 billion people.
- Nine out of 26 countries in the Region reporting data do not meet the Sustainable Development Goal target for health worker density, with acute shortages in many remote areas.
- As places of healing, health-care facilities should also minimize their contribution to climate and environmental harms – such as waste, chemical hazards and excess emissions – that impact the health of their workforce and communities.
- Investment in low-carbon and environmentally sustainable solutions can enhance resilience and contribute to expanding access to PHC.
- Low- and middle-income countries can leapfrog to clean energy solutions – solar photovoltaics and other alternative renewable energy systems can be more cost-effective than fuel-based systems and improve resilience against fuel supply disruptions and price variability.

## Actions for parliamentarians to consider

### LAWMAKING

- Seek information and briefings on legal frameworks that set standards for health facilities and their performance.
- Advocate for any legislative actions needed to ensure climate resilience and environmental sustainability are incorporated in regulation or accreditation of facilities.
- Join a parliamentary committee concerned with climate adaptation and build a climate-resilient health system.

### REPRESENTATION AND LEADERSHIP

- Seek data and scientific advice from experts and relevant authorities on the vulnerabilities of PHC facilities to climate risks.
- Speak to health-care workers and members of the community in constituencies to understand climate-related impacts on local health facilities.
- Communicate needs of constituents to relevant authorities and support initiatives to invest in resilience.
- Advocate for an assessment of climate resilience and environmental sustainability of PHC facilities in the country, and development of a costed and funded improvement plan – this has been undertaken by only 51% of countries.
- Advocate for climate risks and needs to be incorporated in planning for infrastructure investments in new and upgraded facilities.
- Engage in partnerships with regional and local representatives to invest in municipal infrastructure and subnational health-care facilities.

### BUDGETING

- Review budget allocation for infrastructure and climate adaptation and consider opportunities for greater funding for PHC facilities.
- Advocate for WASH to have a budget line in health to support maintenance and investment in PHC facilities.
- Seek briefings on international climate financing opportunities and encourage international climate institutions to include funding for resilient and sustainable PHC facilities.
- Sponsor reform of taxes and subsidies that promote fossil fuels and consider cycling revenues into incentives for renewables, such as subsidies and import tax exemptions, available to health facilities.

### OVERSIGHT AND ACCOUNTABILITY

- Use parliamentary mechanisms to require ministers and relevant authorities to report on progress on building climate resilience, including under the national adaptation plan (if any) and health sector contribution to emissions in the nationally determined contributions report.
- Encourage parliamentary committees to hear from health-care workers and communities most vulnerable to climate risks.



## FIVE BENEFITS FOR HEALTH

- 1 Reduced health-care-associated infections and expensive, hard-to-treat antibiotic-resistant infections.
- 2 Improved health and safety for health-care workers, carers and communities.
- 3 Improved quality of care, leading to an increased uptake of services.
- 4 Health-care facilities better prepared to provide WASH and safe, quality care during emergencies and disasters.
- 5 Reduced morbidity and mortality and associated health costs.

## FIVE “WIN-WINS” FOR OTHER SECTORS AND SOCIAL AND ECONOMIC PROGRESS

- 1 Strengthen climate resilience and capacities to respond to emergencies and disasters.
- 2 Improve access to WASH infrastructure and services in the community.
- 3 Reduce use of antimicrobials and antimicrobial emissions in the environment.
- 4 Make a positive economic investment – tackling AMR through WASH is estimated to pay for itself within a year and produce savings of around US\$ 1.5 for every dollar spent thereafter.
- 5 Advance human rights, social justice and gender equity – lack of access to WASH disproportionately affects marginalized populations.

## OTHER SECTORS THAT MAY BE INVOLVED



Environment



Water/sanitation



Planning



Infrastructure



Waste



Finance

## Where can I find out more?

### POLICY IDEAS

1. Compendium of WHO and other United Nations guidance on health and the environment: 500 actions to take, including 10 for Water, sanitation and hygiene in health care facilities
2. Water, sanitation, and hygiene in health-care facilities: practical steps to achieve universal access to quality care (WHO and UNICEF)

### TECHNICAL INFORMATION AND SCIENCE

1. Core questions and indicators for monitoring WASH in health care facilities in the Sustainable Development Goals (WHO and UNICEF)
2. WHO UNICEF knowledge portal on WASH in health care facilities



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### LINKS AND MORE



# WATER, SANITATION, AND HYGIENE IN HEALTH-CARE FACILITIES

BACK-POCKET BRIEF FOR PARLIAMENTARIANS



# Talking points: why action is needed

- Access to health facilities with water, sanitation and hygiene (WASH), cleaning and health-care waste management is essential to achieving universal health coverage.
- Inadequate WASH in health-care facilities impacts the quality of care and patient safety. Currently, poor-quality health services result in 8 million deaths and US\$ 6 trillion in losses each year.
- There cannot be effective infection prevention and control without WASH in health-care facilities.
- Globally, around half of all health facilities lack basic services for hygiene at the point of care, one in five lack basic water facilities, one in 10 have no toilets and one in four do not segregate waste.
- Global gaps in access to basic WASH services in health-care facilities affect 1.7 billion people.
- Fifteen per cent of patients in low- and middle-income countries acquire infections while in hospital – over twice the rate of high-income countries.
- Infections associated with unhygienic births account for 26% of neonatal deaths and 11% of maternal mortality – together, these account for over 1 million lives lost each year globally.
- Poor WASH infrastructure, services and practices, and inadequate infection prevention and control, lead to infections and over-reliance on antimicrobials, accelerating the spread of antimicrobial resistance (AMR).
- It is estimated that almost one third of 670 000 neonatal deaths globally due to sepsis each year may be attributable to AMR.
- The COVID-19 pandemic highlighted that adequate WASH is a critical component of health system resilience to emergencies and climate threats.
- At the same time, climate change threatens the safety and sustainability of essential WASH services.
- Most countries have policies in place or under development to improve WASH in health-care facilities, but less than 25% have a costed plan and only 3% report sufficient resources to implement.

# Actions for parliamentarians to consider

## LAWMAKING

- Seek information and briefings on legal frameworks relating to standards for WASH in health-care facilities and management of health risks associated with inadequate WASH.
- Advocate for reforms that support the setting of minimum standards for WASH services and infection prevention and control in public and private facilities.
- Advocate for legislation that supports minimum standards and monitoring of public water supply.
- Support the implementation of legal frameworks for accreditation or regulation of health facilities.

## REPRESENTATION AND LEADERSHIP

- Seek data and scientific evidence from experts and relevant authorities on the status of WASH in health-care facilities, including any inequities between types of facilities, particularly those providing maternity services and primary health care.
- Speak to constituents about their experiences accessing WASH in health-care facilities and any impact on health or health-seeking behaviour.
- Convey needs of constituents to relevant authorities and support initiatives to improve WASH in health-care facilities in the constituency.
- Advocate for the development and/or implementation of a national road map that sets targets and indicators for monitoring, and which is costed and funded.
- Engage in partnerships with regional and local representatives to invest in municipal infrastructure and subnational health-care facilities.

## BUDGETING

- Review annual budget allocations for WASH, utilizing the WASH Accounts Production Tool.
- Promote sustainable funding for WASH in health-care facilities, including capital costs and maintenance.
- Promote the integration of WASH, waste and electricity services into health planning, financing, programming and monitoring at all levels to ensure it is mainstreamed and prioritized.

## OVERSIGHT AND ACCOUNTABILITY

- Use parliamentary mechanisms to require ministers and relevant authorities to report on the status of WASH in health-care facilities and progress on the national road map or strategy in alignment with commitments under World Health Assembly resolution 72.7.
- Require water suppliers and network operators to report on the performance of supplies to health-care facilities.

