

INTERNATIONAL COURT OF JUSTICE

OBLIGATIONS OF STATES IN RESPECT OF CLIMATE CHANGE
(REQUEST FOR ADVISORY OPINION)

WRITTEN STATEMENT OF THE
WORLD HEALTH ORGANIZATION



22 MARCH 2024

I. Introduction

1. The World Health Organization (“WHO” or the “Organization”) is a specialized agency of the United Nations. WHO was brought into relations with the United Nations in 1948 in accordance with Article 69 of the Constitution of the World Health Organization (the “Constitution”) and Articles 57 and 63 of the United Nations Charter¹. Membership in WHO is open to all Member States of the United Nations, and 194 States are currently Members of the Organization.

2. The Organization’s objective is “the attainment by all peoples of the highest possible level of health”². WHO accordingly submits this Written Statement on the request of the United Nations General Assembly for an advisory opinion from the International Court of Justice (the “Court”) on the obligations of States in respect of climate change (the “Request”) because, as the General Assembly has recognized, the issues raised in the Request have significant implications for global health³. The Court authorized WHO to make this Written Statement pursuant to Article 66(2) of the Statute of the Court on the basis that it is likely to be able to furnish relevant information.

3. The Request is set out in General Assembly resolution 77/276, which was adopted by consensus on 29 March 2023⁴. The Request poses the following questions:

Having particular regard to the Charter of the United Nations, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the United Nations Framework Convention on Climate Change, the Paris Agreement, the United Nations Convention on the Law of the Sea, the duty of due diligence, the rights recognized in the Universal Declaration of Human Rights, the principle of prevention of significant harm to the environment and the duty to protect and preserve the marine environment,

- (a) What are the obligations of States under international law to ensure the protection of the climate system and other parts of the environment from anthropogenic emissions of greenhouse gases for States and for present and future generations;
- (b) What are the legal consequences under these obligations for States where they, by their acts and omissions, have

¹ Constitution of the World Health Organization, *United Nations Treaty Series*, Vol. 14, p. 185 (1948), Art. 69. All sources cited in this Written Statement are readily available online.

² *Id.*, Art. 1.

³ *Cf.*, e.g., United Nations General Assembly, resolution 77/165, Protection of Global Climate for Present and Future Generations of Humankind, document A/RES/77/165 (14 December 2023) (Dossier No. 135), ¶ 1 (recognizing the “substantial risks posed by climate change to health”).

⁴ United Nations General Assembly, resolution 77/276, Request for an Advisory Opinion of the International Court of Justice on the Obligations of States in Respect of Climate Change, document A/RES/77/276 (29 March 2023) (Dossier No. 2).

caused significant harm to the climate system and other parts of the environment, with respect to:

- (i) States, including, in particular, small island developing States, which due to their geographical circumstances and level of development, are injured or specially affected by or are particularly vulnerable to the adverse effects of climate change?
- (ii) Peoples and individuals of the present and future generations affected by the adverse effects of climate change?

4. WHO has been collecting evidence on the impacts of climate change and responses to them for more than 25 years, and its governing body—the World Health Assembly—has “draw[n] to the attention of the public and policy-makers the serious risk of climate change to global health” since at least May 2008⁵. WHO has cooperated closely with its Member States and United Nations organizations and other agencies to develop effective response measures and health protection strategies⁶. WHO has also been active in raising awareness about the links between health and climate, including its interlinkages with air pollution, the importance of centering health in mitigation and adaptation strategies, and the potential for enhancing health through mitigation of climate change.⁷ In all this work, WHO has relied extensively on its own research, as well as the findings of the Intergovernmental Panel on Climate Change (the “IPCC”), the United Nations body for assessing the science related to climate change.

5. WHO has provided policy and technical support to its Member States to develop resilience in relation to threats posed by climate change, including through capacity-building programmes⁸. In particular, WHO has collaborated with more than 80 national governments to develop Health and Climate Change Country Profiles that summarize evidence of the climate hazards and health risks facing each country, track national progress in addressing the health threats from climate change, and highlight opportunities for gaining health benefits from climate mitigation action⁹.

6. WHO’s core approach in this work has been to assess the health-related impacts of climate change and determine the most effective global strategies for promoting resilience to them. In particular, the World Health Assembly has recognized “the importance of addressing in a timely fashion the *health impacts resulting from climate change* due to the cumulative effects

⁵ World Health Assembly, resolution WHA61.19, Climate Change and Health (24 May 2008), ¶ 1(1); *see also* WHO Secretariat, Report on Climate Change and Health, document A62/11 (6 March 2009), ¶ 1 (“There is a strong and growing, global, scientific consensus that warming of the climate system is a fact and is affecting human health.”).

⁶ World Health Assembly, resolution WHA61.19, Climate Change and Health (24 May 2008), ¶ 1(4).

⁷ WHO Secretariat, Report on Climate Change and Health, document A62/11 (6 March 2009), ¶¶ 5–8; WHO Secretariat, Report on Health and the Environment, document report EB136/16 (5 December 2014), ¶¶ 11, 21–22, 28.

⁸ World Health Assembly, resolution WHA61/19, Climate Change and Health, document WHA61/19 (24 May 2008), ¶¶ 2(2)–(3); WHO Secretariat, Report on Climate Change and Health, document A62/11 (6 March 2009), ¶¶ 6, 23–24.

⁹ WHO, Health and Climate Change Country Profiles, <https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/evidence-monitoring/country-profiles>.

of emissions of greenhouse gases” and that “*solutions to the health impacts of climate change should be seen as a joint responsibility of all States*”¹⁰. The remainder of this Written Statement summarizes WHO’s key findings with respect to these impacts and climate-resilient approaches.

7. WHO relies in this Written Statement on its key reporting on climate change. Separately, WHO published a more comprehensive *Compendium of WHO and Other UN Guidance on Health and Environment* in 2023. WHO also refers to the IPCC’s global findings in its chapter on “Health, Wellbeing, and the Changing Structure of Communities” in its 2022 assessment of climate-related *Impacts, Adaptation, and Vulnerability*.

II. Impacts of climate change on human health

8. Climate change is the single biggest health threat facing humanity¹¹. The impacts are already harming health through air pollution, disease, extreme weather events, food insecurity, forced displacement, and pressures on mental health¹².

9. This Section provides an indicative, non-exhaustive list of six cross-cutting impacts of climate change on health outcomes: disease, heat-related risks, air pollution, poor nutrition and food and water insecurity, climate-related natural disasters, and mental health. These impacts do not fall evenly on all people: climate-vulnerable regions, countries, peoples, and persons—including women, children, ethnic minorities, poor communities, migrants or displaced persons, older populations, and those with underlying health conditions—suffer disproportionately from them¹³.

10. **Disease.** Diseases exacerbated by climate change impacts are some of the world’s most deadly, having caused over 39.5 million deaths in 2019 alone¹⁴. The IPCC estimates that climate change could lead to an additional 250,000 deaths per year by 2050 from heat, undernutrition, malaria, and diarrhoeal disease alone¹⁵.

(a) Climate change will heighten the impact of certain *communicable diseases*—those that can be spread from one individual to another—including food-, water-, and vector-borne illnesses such as malaria, dengue fever, and *Schistosoma mansoni*¹⁶. This is in part because the organisms that spread these diseases—such as mosquitoes, in the case of dengue and malaria—thrive in warmer temperatures¹⁷. High-emissions scenarios will

¹⁰ World Health Assembly, resolution WHA61.19, Climate Change and Health (24 May 2008), Preamble (emphases added).

¹¹ WHO, Climate Action: Fast Facts, https://cdn.who.int/media/docs/default-source/climate-change/fast-facts-on-climate-and-health.pdf?sfvrsn=157ecd81_5&download=true.

¹² *Id.*

¹³ WHO, Climate Change (12 October 2023), <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>; see also IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1126.

¹⁴ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1060.

¹⁵ *Id.*, p. 1046; WHO, Quantitative Risk Assessment of the Effects of Climate Change on Selected Causes of Death, 2030s and 2050s (2014), p. 1.

¹⁶ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1046.

¹⁷ *Id.*

potentially place an additional 2.25 billion people at risk of dengue in particular¹⁸. Environmental harm can introduce diseases into food systems, such as ciguatera fish poisoning, a foodborne illness caused by toxic algae that grow on heat-degraded coral reefs and bioaccumulate in reef fish¹⁹. Climate-related natural disasters, such as tropical cyclones, can also damage water and sanitation infrastructure, spreading cholera or other diarrhoeal diseases²⁰.

- (b) Greenhouse gas emissions and global warming also increase the risk of many *noncommunicable diseases*, including heart disease due to heat stress, certain respiratory diseases due to air pollution, and diabetes due to food insecurity²¹.

11. **Heat-related risks.** An increase in future heat-related mortality is one of the most likely impacts of future anthropogenic climate change²². An increase in health effects is projected from both increases in average seasonal temperatures and an increase in the frequency and intensity of heatwave events²³. Heatwaves in particular cause heat rash, heat cramps, dehydration, heat exhaustion, heat stroke, and death, especially for persons with pre-existing conditions²⁴.

12. **Air pollution.** Air pollution is responsible for 7 million annual deaths globally, especially from noncommunicable diseases, such as stroke, ischemic heart disease, chronic obstructive pulmonary disease, lung cancer, as well as acute respiratory infections such as pneumonia²⁵. Most air pollution sources are also important contributors to climate change, with around two thirds of ambient air pollution generated by fossil fuel combustion²⁶. Some air pollutants like ozone and particulate matter exert warming potential. Heat waves, often climate induced, may lead to increased levels of ozone, both a greenhouse gas and an air pollutant associated with respiratory disease outcomes. Exposure to climate-related wildfires and associated air pollution smoke is increasing in several regions of the world²⁷.

13. **Poor nutrition and food and water insecurity.** Climate variability caused by human-induced climate change contributes to food and water insecurity, which results in malnutrition or undernutrition, as well as increases in weight, obesity, and disease vulnerability²⁸. Furthermore,

¹⁸ *Id.*

¹⁹ See IPCC, Working Group II, “Chapter 15: Small Islands”, *Climate Change 2022: Impacts, Adaptation, and Vulnerability* (2022), p. 2064.

²⁰ WHO, Quantitative Risk Assessment of the Effects of Climate Change on Selected Causes of Death, 2030s and 2050s (2014), p. 37.

²¹ See IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), pp. 1071–72.

²² WHO, Quantitative Risk Assessment of the Effects of Climate Change on Selected Causes of Death, 2030s and 2050s (2014), p. 17.

²³ *Id.*, p. 17.

²⁴ See IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1045.

²⁵ WHO, Global Health Observatory: Air Pollution Data Portal (2023); WHO, Global Air Quality Guidelines: Particulate Matter (PM_{2.5} and PM₁₀), Ozone, Nitrogen Dioxide, Sulfur Dioxide, and Carbon Monoxide (2021), p. 10.

²⁶ WHO, COP24 Special Report: Health and Climate Change (2018), pp. 16–17.

²⁷ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1045.

²⁸ *Id.*

the IPCC has concluded that competition over food and water resources is likely to increase the risk of armed conflict²⁹.

14. ***Climate-related natural disasters.*** Natural disasters that increase in frequency and intensity due to climate change—such as floods, drought, tropical cyclones, and heatwaves—all adversely impact human health, even beyond the spread of disease³⁰. In particular, climate-related disasters displace people from their homes, cause direct injuries, and destroy healthcare infrastructure³¹.

15. ***Mental health.*** Climate change negatively impacts mental health and well-being by exposing individuals to high temperatures, extreme weather events, displacement, malnutrition, conflict, and climate-related economic and social losses³². Some individuals also develop anxiety and distress in connection with concerns about climate change³³.

III. Climate-resilient approaches to health systems

16. Health systems are the main line of defence for populations faced with emerging health threats, including from climate change³⁴. To protect health and avoid widening health inequities, countries must build climate resilient and low carbon sustainable health systems³⁵.

17. The primary policy responses to managing the health risks of climate change are mitigation (reduction of human influence on the climate system) and adaptation (interventions designed to prevent avoidable impacts and minimize resulting health burdens)³⁶. Failure to invest in adaptation and mitigation will leave communities and nations poorly prepared, increasing the probability of more severe adverse consequences³⁷.

18. A key driver of population health will be the degree of success or failure of current policies and programmes in reducing climate-sensitive diseases and health outcomes³⁸. The IPCC has concluded with confidence that “proactive, timely and effective adaptation” can reduce or avoid “many observed and projected risks for human health and well-being” and “health systems”³⁹.

²⁹ *Id.*

³⁰ *Id.*

³¹ *Id.*

³² IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), pp. 1046–1147; see also WHO, *Mental Health and Climate Change: Policy Brief* (2022).

³³ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1046.

³⁴ See generally WHO, *Operational Framework for Building Climate Resilient and Low Carbon Health Systems* (2023).

³⁵ See generally *id.*

³⁶ WHO, *Climate Change and Health Vulnerability and Adaptation Assessment* (2021), p. 2.

³⁷ *Id.*

³⁸ *Id.*, p. 1.

³⁹ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1102; see also *id.* (relying on WHO data to document trends in health-focused adaptation strategies).

19. Because all climate-sensitive diseases and health outcomes are current causes of morbidity and mortality, building climate resilient and low carbon sustainable health systems to explicitly take climate change into account should enable reductions in most of the projected increases in morbidity and mortality⁴⁰. Understanding the strengths and weaknesses of health systems and specific programmes to manage climate-change impacts and risks is of critical importance to plan modifications needed to increase the resilience of those systems⁴¹.

20. The value of the health gains of many mitigation actions across diverse sectors significantly outweighs the costs⁴². WHO has found that some mitigation policies may not maximize potential health gains, and some could potentially cause harm to human health⁴³. As such, it is important that countries continue to strengthen the evidence of health benefits from climate mitigation action and that health systems stakeholders are fully involved with climate processes at all levels⁴⁴.

21. A critical first step in responding to the health risks posed by climate change is to establish an evidence base to support decision-making⁴⁵. WHO has developed robust frameworks to support countries in conducting climate change and health vulnerability and adaptation assessments and integrating health in national climate change planning, including national adaptation plans⁴⁶. These technical guidance documents respond to countries' demands: health is considered in 94 percent of nationally determined contributions under the Paris Agreement⁴⁷.

22. Climate finance is essential for effective, health-focused adaptation⁴⁸. Health is neglected even within often-inadequate adaptation funding. Only approximately 2 percent of adaptation funding—and 0.5 percent of overall funding from multilateral climate finance sources—is allocated to projects that expressly aim to protect or improve human health⁴⁹. The IPCC has thus identified, with high confidence, “a large adaptation deficit for health and well-being, with climate change causing avoidable injuries, illnesses, disabilities, diseases and deaths”⁵⁰. In sum, the IPCC has high confidence that “[c]urrent global investments in health adaptation are insufficient to protect the health of populations and communities . . . from most climate-sensitive risks”⁵¹.

* * *

⁴⁰ WHO, *Climate Change and Health Vulnerability and Adaptation Assessment* (2021), p. 1.

⁴¹ *Id.*

⁴² WHO, *COP24 Special Report: Health and Climate Change* (2018), ch. 3.

⁴³ WHO, *Review of Health in Nationally Determined Contributions and Long-Term Strategies: Health at the Heart of the Paris Agreement* (2023), p. 5.

⁴⁴ *Id.*

⁴⁵ WHO, *Health and Climate Change Global Survey Report* (2021), p. 4.

⁴⁶ *Id.*; see also WHO, *Quality Criteria for Health National Adaptation Plans* (2021).

⁴⁷ WHO, *Health and Climate Change Global Survey Report* (2021), p. 31.

⁴⁸ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1103.

⁴⁹ WHO, *Health and Climate Change Global Survey Report* (2021), p. 27.

⁵⁰ IPCC, Working Group II, “Health, Wellbeing, and the Changing Structure of Communities”, *Sixth Assessment Report: Impacts, Adaptation, and Vulnerability* (2022), p. 1103.

⁵¹ *Id.*

(Signed)

Derek Walton
Legal Counsel
World Health Organization