

**WHO submission on issues to be addressed in the dialogue, including external forces affecting the Clean Development Mechanism, future challenges it can be expected to face, and opportunities and possible directions for its future use and development.**

Human health is one of the pillars of sustainable development, being the latter a key element of the Clean Development Mechanism (CDM). Therefore, the World Health Organization welcomes the opportunity to submit comments on issues to be addressed in the context of the CDM policy dialogue. According to the 2007 report from the Intergovernmental Panel on Climate Change (IPCC) the costs of many mitigation interventions would be partly or wholly compensated for by health benefits. In addition, unmanaged health risks have the potential to seriously undermine CDM projects, whereas obtaining health cobenefits can provide a major boost. Limiting emissions of global warming pollutants distinct from CO<sub>2</sub> also pose an important welfare gain in various areas, particularly in human health.

Health services cannot be provided in the absence of energy and approximately 180,000 health facilities globally do not have reliable access to power. As developing country health care services are expanded to meet the demands of the increasing burden of non-communicable diseases, it is essential that this power be provided sustainably. This will require low energy medical equipment; natural ventilation; natural lighting; on-site production and storage of energy from renewable sources. The health sector will need access to CDM in order to meet the growing needs for energy.

While the CDM has seen substantial revenue flows into developing countries, most of this has gone to projects in a small group of countries, and many of the poorest countries have not yet accessed CDM funds. These countries may lack the resources to engage in the CDM process but could benefit from clean development projects. Ensuring that poorer countries are able to access CDM funds, such as by building these countries' capacity to engage with the CDM process, could increase uptake in countries most in need of improved health and clean development.

Uncertainty in carbon prices and the presence of mandatory GHG cap and trade markets in a post-Kyoto Protocol world makes it difficult to pursue CDM projects in recent years. These issues and opportunities apply to rural and urban, developed and developing health care facilities alike.

Key themes for the above mentioned discussion are proposed as follows:

**Current challenges, opportunities and possible directions of the CDM mechanism**

- The lack of any reference to **health co-benefits** as a criteria or feature in resource allocation or set-up of priorities. In addition, the current CDM approach biases against some

of the sectors with large, measurable impacts on health, impacts on health where health can be quickly and effectively addressed.

- **Reliance on single technologies**, rather than packages of technologies also tends to bias against mitigation in a few very key sectors where some of the largest health benefits could be derived. These include housing, health care facilities and transport. These are sectors offering large co-benefits for health through more effective building energy and design measures that also improve health and in the case of health care services, resilience and availability of the services; low carbon rapid transit and non-motorized transit that also stimulates physical activity and reduce injuries. Building efficiency projects often rely on a suite of technologies rather than one larger technology, for which the CDM process is not well equipped.

- High **transaction costs** have limited CDM use in two sectors where some of the most immediate climate and health benefits could be obtained, namely buildings and transport.

- Potential impacts on **ecosystems and local communities**, and therefore human health should be addressed.

## Recommendations

- Better **methods and validated indicators** are needed to estimate the emissions impact of land use changes and planning policies to integrate this critical area into CDM.

- **Opportunities related to health care projects**: Health care owners in developed or developing worlds could invest in energy consumption reduction programs, or in on-site renewable energy programs, and sell the resulting emission reductions to help fund the projects. In spite of these opportunities, few health care projects are pursuing CDM and JI (Joint Implementation programmes). In fact, in 2008 there were only six CDM projects (of more than 3,000) involving energy efficiency in buildings. This is significant given that the bulk of the mitigation strategies most relevant to the health care industry are related to building-level improvements.

- CDM mechanisms targeted at **water treatment systems** using renewable energy systems should be rapidly developed to allow implementation of such programs without extensive and complicated administrative procedures. Such offsets could include both the energy used to generate the on-site clean water and the additional benefits related to the avoided discharge of pollutants.

- **Additionality** criteria should be reinforced, since some large-scale projects, specially hydropower ones, are conventional technology that is being built extensively in various settings worldwide and without carbon credits, therefore failing on the criteria of additionality. On the other hand, small-scale projects, particularly within the energy industry sector, in order to be considered by CDM should be built at slower rates than they would with carbon credits, but specially in those countries where governments are not able to support them technologically.