

Draft notes

26th annual meeting of the Regions for Health Network (25 – 28 October 2021)

Days 3 and 4

Day 3. Climate change, environment and health

During opening the session, Dr Bettina Menne, WHO Coordinator of the Regions for health network, European Office for Investment for Health (Venice, Italy), referred to *the 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future*,ⁱ which highlights that inequities resulting from climate change have become more evident and require a more equitable response.

Objective of Day 3

The objective of Day 3 was to:

- discuss the increasing effects of climate change and other environmental threats on human health;
- equip regions with a means of integrating action related to climate change;
- understand the role of the subnational level in efforts to achieve the goals of the 2021 United Nations Climate Change Conference (COP26), and to discuss the expected results.ⁱⁱ
- share examples of regional good practice in designing and implementing mitigation and adaptation strategies aimed at protecting people's health.

The discussions illustrated that the regions have themselves developed a broad range of action, new policies and processes, which have already resulted in the identification of lessons learned and best practice. The regions have ambitious plans for the future, the implementation of which will need the support of RHN and WHO, cross-sectoral cooperation with other services, and policy dialogue with national authorities.

Dr Vladimir Kendrovski, Technical Officer, WHO European Centre for Environment and Health (Bonn, Germany), and Dr Evgeniy Gasho, Head, Research Laboratory of Methodological Problems of Energy Savings, Federal State Budgetary, Educational Institution of Higher Education, Moscow, Russia, chaired the meeting.

Summary of keynote addresses

In describing the current situation regarding the climate crisis, Professor Josep Antó, Barcelona Institute of Global Health (ISGlobal) (Spain), referred to the *Special Report on Global Warming of 1.5 °C* of the Intergovernmental Panel on Climate Change (IPCC),ⁱⁱⁱ which calls for implementation of the urgent transformative measures suggested by the Global Environment Outlook of the United Nations Environment Programme.⁴ He also urged for a change in the concept of health by putting the One Health, EcoHealth or Planetary Health approaches at the heart of future standards. Finally, he underlined the interactions between the biosphere and inequality, suggesting the attainment of a more sustainable future through attention to equity.

Professor Maria Nilsson, Umeå University (Sweden), emphasized the complex links that exist between the direct and indirect impacts of greenhouse gas (GHG) emissions on climate and human health. In a medium-emission scenario, land temperatures in Europe will significantly increase, causing health problems not only in terms of undernutrition, cardiovascular and respiratory diseases, allergies and birth complications, but also in the form of emotional and psychological challenges. Vector-borne

diseases, such as dengue, tick-borne encephalitis and lyme borreliosis, and waterborne and foodborne diseases, like vibrio bacterial infections, are other climate-sensitive health threats.

Dr Revati Phalkey, Head, Climate Change and Health Group, Public Health England, London, spoke about the Zero Regrets paper of the WHO Working Group on Health in Climate Change (WGHCC) and ways of prioritizing climate-related action to reduce GHG emissions.⁵ As local living conditions and well-being will be heavily impacted, she urged governments to ensure that collective climate commitments keep the ambition to meet the 1.5 °C goal. In this connection, she referred to the newly released nationally determined contributions (NDC) synthesis report of the United Nations Framework Convention on Climate Change (UNFCCC).⁶ To build resilience, she suggested creating strong strategic delivery alliances, fostering good governance, and quantifying the economic benefits of reducing GHG emissions and air pollution.

Mrs Sonia Roshnik from the nongovernmental organization, Health Care without Harm (HCWH), spoke about what health-care institutions do for climate change and the environment, highlighting that health-care systems are responsible for 4.4% of GHG emissions globally. Mitigating (reducing greenhouse gas emissions) climate change will help to improve health and societal resilience and reduce inequities. While board members and staff in health-care facilities can be engaged, action also requires the commitment of countries to setting national baselines, like zero carbon transportation. Further suggestions were made regarding sustainable buildings, food choices, decarbonization and the use of medicines.

Dr Emmanuelle Pinault, Director, City Diplomacy, C40 Cities Climate Leadership Group, provided an insight into the climate-related action of the C40 network, which pays special attention to air quality and the reduction of carbon emissions at the local level. With the outbreak of the COVID-19 pandemic, the interrelated issues of climate change and health took on a different meaning, and mayors involved in C40 made huge efforts to make their cities safer. Using the political stimuli to end the health crisis, investments could also be shifted to climate-related action, such as the decarbonization of public transport.

Dr Evgenia Semutnikova, Deputy Head, Department of Nature Management and Environmental Protection of the City of Moscow, Russia, presented the city's results^{iv} achieved through measures directly impacting public health, with a focus on air quality, the accessibility of green spaces and the promotion of physical activity. These measures included support to the development of pedestrian spaces, a network of bike lines, green constructions, parks, new energy-efficient buildings, transport infrastructure, and electronic transportation. While the local government introduced environmental upgrade programmes in all industrial facilities ten years ago, transport has now been recognized as the main driver of investments, particularly those aimed at making public transportation more attractive. At the same time, monitoring systems are needed to provide an understanding of and address the impact of these programmes.

⁵ [WHO/Europe | Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region. Key messages from the Working Group on Health in Climate Change \(2021\) \(https://apps.who.int/iris/bitstream/handle/10665/344733/WHO-EURO-2021-3198-42956-60023-eng.pdf?sequence=1&isAllowed=y\)](https://apps.who.int/iris/bitstream/handle/10665/344733/WHO-EURO-2021-3198-42956-60023-eng.pdf?sequence=1&isAllowed=y).

⁶ [Nationally determined contributions under the Paris Agreement. Synthesis report by the secretariat | UNFCCC \(https://unfccc.int/sites/default/files/resouce/cma2021_08E.pdf\)](https://unfccc.int/sites/default/files/resouce/cma2021_08E.pdf).

Parallel workstreams

Workstream 1. Food safety/agriculture/One Health

In a survey to multiple European Member States (unpublished) the Food and Agriculture Organization (FAO) and WHO tried to gain an understanding of how best to improve food safety were provided. This survey illustrated that COVID-19 is not considered a foodborne hazard but may impair processes related to and the organization of food safety. The recommendations were to better prepare for challenges (truly foodborne pandemics and disruptions of food-supply chains) through learning about vulnerability and response. The aim of this learning would be to secure a science- and evidence-based approach to risk management, risk assessment and risk communication, and to implement laws and regulations in support of better reducing food-safety risk and providing foresight in terms of coordination and action.

The City of Moscow provided the participants with the opportunity to become acquainted with the scientific work of the Gorbatov Federal Scientific Center for Food Systems, which is dedicated to achieving Sustainable Development Goals (SDGs) 2, 3, 9, and 12^v. The statistical data presented showed that COVID-19 impacted food safety (vis-à-vis accessibility and hygiene), especially from a consumer perspective. However, people have also become more aware of the environmental impacts of the pandemic on food and health.

The Sistema Integrado de Epidemiología Genómica de Andalucía (SIEGA)^{vi} drew important conclusions for the COVID-19 pandemic from the listeria outbreak in 2019, especially regarding cross-data exchange and cross-level cooperation. The main drivers for success were the adoption of the One Health approach, accuracy, collaboration, investigation and faster response. The SIEGA database combines information on strain isolation with DNA extraction and sequencing and the bioinformatics pipeline.

The European Public Health Alliance (EPHA)^{vii} described the food–health dimension as a large web of interactions with various health impacts. It was suggested that public food procurement could be used as a key lever in mobilizing public purchasing power to promote a sustainable healthy diet and market changes. Finally, the importance of changing current dietary habits to enable changes in food environments was stressed. This would ensure that foods, beverages and meals contributing to a sustainable healthy diet were readily available, accessible and affordable and widely promoted.

Wales presented its approach to sustainability and Health in All Policies (HiAP), namely to offer global and public-sector organizations help in the form of a practical tool. This is an example of how to implement the *Well-being of Future Generations (Wales) Act 2015*^{viii}, the first legally binding purpose for national and local governments and public bodies with a sustainable development principle that takes long-term prevention, integration, collaboration and involvement measures into consideration.

WORKSTREAM 2. Extreme weather events

This workstream delved into the notion that climate change is expected to worsen the frequency, intensity and impact of some types of extreme weather events, constituting a major challenge to human health. For example, the recent floods in Belgium and Germany and the risks of rises in sea levels, increasing the impacts of coastal storms and warming, can put more stress on water supplies during droughts; heat waves are also a threat, especially to the most vulnerable. In the summer of 2021, a new European maximum temperature record of 48.8 °C was recorded on Sicily (Italy).

The European Environment Agency (EEA)^{ix} shared insights into the available resources for and the existing guidance on heat and health. This topic has been scrutinized increasingly in recent months, for instance, through a comprehensive evidence review involving over 600 sources, and a comprehensive national and local survey related to heat–health action plans (HHAP), both conducted by the WHO Regional Office for Europe. The European Climate and Health Observatory is also a significant source of information that points to a constant increase in heatwaves, which are projected to worsen in the future in realistic climate-change scenarios. Europe is becoming more urban, and its population is ageing and more affected by chronic disease and noncommunicable diseases (NCDs). In many countries, however, health-related mortality is currently on the decline, thanks to a combination of health-protection plans to increase income/quality of life, improve health care, and raise housing standards (including the provision of air conditioning). In terms of governing public health response to heat, HHAPs are generally insufficiently resourced and there is a need for local governments and non-state actors to be more involved. Subnational engagement is crucial to the effectiveness of strategies both for prevention in public health and adaptation to climate-change.

The Climate Department of the Swedish Environmental protection Agency (Swedish EPA) provided a brief overview of the work being carried out by the Agency. While air quality in Sweden is good overall, some problems exist in larger cities, where road traffic and wood burning are the main sources of pollution. Pollution originating in neighboring countries is also a source of concern. Swedish municipalities have been granted considerable power and autonomy to assess their air quality and design action plans in collaboration with the Swedish EPA. Local authorities have implemented policy instruments for dealing with the pollution caused by road traffic, thus contributing to cleaner air. The most important of these measures has been the subsidization of local and regional public transport and the support of bicycle traffic.

The presentation of the Institute of the Russian Academy of Sciences focused on providing an overview of the lessons learned from the heat wave that occurred in Russia in the summer of 2010. The heat wave lasted for 42 days, which was an abnormally long duration compared to the average. Its causes ranged from the specific anticyclonic conditions present at the time, combined with wildfires in agricultural grounds surrounding the city of Moscow. The heat wave resulted in excess mortality in the city of Moscow and across Russia, where an additional 55 000 lives were lost. In response, the city of Moscow has reinforced its green policies at the urban level, as highlighted in previous presentations.

The Metropolitan Development Alliance, Greater Paris, underlined the links between the COVID-19 crisis and other urban aspects of health. The importance of investing in urban infrastructure and nature-based solutions, which are necessary to respond to future crises, pandemics and climate change, represents an important lesson learned from the common experience of the G20 group of cities. The solutions are to be found at the intersections between many issues and actors; civil society and the private and government sectors must be brought together. Connecting health issues to a local

perception of the ecological boundaries (resources, carbon emissions, chemicals in the water, soil, or air) is the path for the future.

WORKSTREAM 3. Action related to climate change

This workstream sought to identify lessons learned from the experiences of various regions. Each of the panelists presented different actions adopted at the regional level that had had an impact on the link between population health and the environment. These ranged from specific initiatives to reduce emissions to wide-ranging cross-sectoral programmes and processes and steps taken to develop regional policies on climate-related action.

Wales described its health impact assessment (HIA) of climate change, the aim of which was to assess the consequences of climate change from a broad perspective. This included health inequalities and the wider determinants of health, as well as the analysis of impacts on mental well-being and social relationships, with specific attention to vulnerable groups. The process of developing the HIA was complex and various tools were implemented across several disciplines: workshops, a participatory analysis, a literature review and interviews were all used to conduct the assessment. A wide range of probable impacts across the determinants of health were analysed, such as food security, employment and the potential population groups, occupations and settings affected, which in many instances was the whole population. The findings focused on moderate-to-major negative impacts in the short and long terms, and indirect impacts on mental well-being due to uncertainty, changing environments, and economic environment.

In Utrecht, which is a highly urbanized province, the Government focused on a cross-sectoral, multi-level approach rather than on specific measures. Governance is seen as being fundamentally important since the issues at stake are extremely complex and can only be addressed through (i) cross-sectoral cooperation that brings health and environmental agencies and the private sector together; and (ii) multi-level governance since collaboration between the local, regional and national authorities is considered essential. Two examples of tools developed to this end were provided:

- the Data and Knowledge Hub, through which public and private actors can share data to test policy interventions in settings that approximate reality;
- the Health Hub, which connects public health practitioners and agencies with civil society and different governmental services to promote focus on prevention and digital health with the aim of improving citizen knowledge and health literacy.

The Puglia region described the Taranto case study. Taranto hosts a large industrial steel-production plant. The city became a case study because of the proximity of the industrial plant to residential areas. The Taranto plant is among the most polluting in Europe. Exposure to air pollutants interacts with the epigenome in human cells and human health, which is of particular interest with regards to the incidence of cancer. Health studies indicate that there are considerable health inequalities in the city, as well as exposure to air pollution linked to the industrial plant. The Puglia region is now pushing for mobilization of the Just Transition Fund, one of the three pillars of the Just Transition Mechanism (JTM)^x, which is part of the European Green Deal, and the implementation of decarbonization programmes.

The Government of Moscow described the considerable effort deployed in recent years to monitor the impacts of human activity on air. Monitoring systems are based on the control of energy consumption in buildings and air quality around the city. Special meters positioned on each building allow the

health/environmental authorities to gain an understanding of how energy travels through them and is consumed. Work on energy efficiency is, therefore, based on scientific data. In addition, Moscow has installed 60 stations for to eco-monitor the major pollutants. These show a general improvement in the quality of the city's air.

Nord-Rheine Westphalia (NRW) explained the process of empowering public health services to deal with climate-change adaptation strategies. The WHO guidelines for heat waves^{xi} have been adapted for Germany, paying specific attention to the core strategic elements, including central cooperation and interdisciplinary cooperation; the guidelines map the coordinating bodies and other stakeholders in heat-related action plans and climate-adaptation strategies. Several initiatives are planned for the coming years: the Federal Conference of State Health Ministers (October 2020) decided to implement and monitor heat–health action plans on different administrative levels (federal agencies, states, and municipalities); a climate adaptation act for NRW (in preparation); and a dialogue process with different medical associations on climate and health.

Västra Götaland described its climate change mitigation strategy, which has a target of net zero GHG emissions by 2045. The region has worked on reducing the carbon footprint of the health sector, for instance, through fossil-free health-care transport, the reduced use of electricity for equipment in health facilities (for instance, in the procurement process). Strict measures have been enforced for biomedical equipment, such as the obligation to use bio-based plastic bags and other recycled materials.

Conclusions of Day 3's workstream discussions

1. Regions have done a lot of work to combat climate change proactively. This has brought stakeholders, different regional services and citizens together to identify the potential impacts of climate change on health and well-being by mapping the affected groups, the causes of their vulnerabilities, and the impacts of climate change on their health and well-being.
2. Heat waves and other extreme weather events are becoming longer, more frequent and more intense and this trend will worsen in the near- and mid-terms. Without the proactive involvement of regions in, for example, heat-health action and multisectoral emergency plans, prevention measures for tackling the increasing trends will remain insufficient.
3. Evidence is essential and used to reinforce strategic-planning and decision-making processes. Cooperation between the regional and national levels was considered important by several speakers.
4. Regions for health have shown results; considerable evidence of successful action is available. There is still enormous potential for concrete action in many fields, such as decarbonization, energy efficiency, city-mitigation efforts (in areas like transport, air pollution, citizen engagement, etc.), and One Health.
5. Food safety and security are growing concerns. Good examples of cross-sectoral and cross-border collaboration were shared during the meeting; these could be further discussed and related evidence from other regions collected. Evidence also suggests that there is a need for more sustainable and resilient food systems. Food systems for public health and the mitigation of climate change provide considerable cobenefits.

6. There is no time to lose with regard to zero regrets^{xii}. There are various ways in which regions and countries can act on health and environment. RHN can contribute to developing a shared understanding of these topics by continuing to share related best practice amongst its members.
7. Essential alliances and partnerships between regions and between cities and regions, including a range of stakeholders and networks, will contribute to success.

Day 4. Collaboration and partnerships with other networks

Dr Evgenia Semutnikova, Deputy Head, Department of Nature Management and Environmental Protection of the City of Moscow, and Dr Bettina Menne introduced Day 4.

Mrs Leda Nemer, WHO Consultant working with the Healthy Settings Programme, underlined the importance of the opportunity offered by this year's annual meeting to share regional experiences in dealing with COVID19 and climate change, and to discuss cross-border approaches, primary-health-care reform, large-city responses, like those described by the Moscow government, intersectoral and multilevel collaboration for health, and longer-term priorities, such as health equity.

Important new evidence was communicated, including information related to the impacts of and action for climate change, as well as to COVID-19 vis-à-vis mental health, food systems, the environment, urban settings and their environmental response. Available tools included: the *European Programme of Work 2020–2025* (EPW) and its flagships^{xiii}; the WHO *European Framework for Action on Mental Health 2021–2025*^{xiv}; One Health^{xv} (which highlights the importance of multisectoral responses and interconnected drivers in providing an understanding of and better preventing health threats); primary health care, environmental and city tools; and WHO methods and guidelines.

Mrs Nemer summarized the changes that had taken place since the last RHN meeting (2019) as the 7 Cs, namely:

1. **COVID-19**, which is a new, big, frightening, unpredictable disease, capable of turning the world upside down, but luckily, and little by little, controllable through united accelerated public health action;
2. **climate change**, which is not new, but accelerating and evidence-based, affecting everyone's present and future and creating a need for an international response and urgent action, not with a 5-year outlook but with an outlook focused on the present;
3. **cross-overs**, representing the double challenge of COVID-19 and climate change to which there are some joint solutions; the disease has disrupted societies, but also provided opportunities for accelerated change, innovation and thinking outside the box;
4. **co-benefits** in the form of behavioural changes brought about by COVID-19 (people are travelling differently, working differently – 5 years ago a hybrid RHN meeting would have been inconceivable) and action on climate change for population health.
5. **communication**, illustrating the importance of building trust, targeting responses, engaging partners and civil society, and building on behavioural science to achieve change (using risk communication and community engagement (RCCE) to produce common strategies).
6. **capacity** in the form of leadership (of the assess-strengths-and gaps (AGILE) style) and good governance is required to implement COVID19 response and climate-related action, as well as to

plan and prepare for future pandemics and accelerated climate-related action and achieve multiple co-benefits.

7. **creativity**, which came alive during the meeting when regions shared information on what they had done in the face of adversity and shortages, and in spite of gaps in scientific knowledge; this creativity must prevail.

Finally, in addition to the five Ps of the 2030 Agenda (people, planet, prosperity, peace, partnership), a further five action Ps have emerged as a consequence of the COVID-19 pandemic, namely: primary health care; psychosocial aspects; public engagement; planning; and preparedness. In the following discussion, one more P was proposed, namely, practical solutions.

Session 4. Collaboration and partnership with other networks

During Session 4, subnational health networks across Europe were invited to talk about their activities with the objective of identifying potential future synergies and areas for collaboration and joint action. The presentations can be summarized as follows.

The Committee of the Regions (CoR)^{xvi}, which is an official EU institution that must be consulted in any EU decision-making process, represents over one million politicians elected at the subnational level. Over the years, CoR has gathered considerable experience in working across sectoral boundaries as a way of being more effective in reaching common objectives (for instance, when working on air pollution). Many answers are to be found at the local level, as is the case when seeking new ways of reaching out to people regarding vaccinations. Finally, the concept of resilience is a top priority and central to the work of the Committee in local settings and must include environmental and health considerations.

The European Regions and Local Health Authorities (EUREGHA)^{xvii} network is active in the fields of health and social care, with a focus on health promotion with local authorities. Regions are a bridge in the complex relationship between national and European policy-making processes. EUREGHA reflected on 3 concepts: eco-systems, broadly meant as social and cultural systems used and as a paradigm in designing policy; trust, as the basis for dialogue and policy-making; and cross-border cooperation to render common European policies effective.

The European Public Health Association (EUPHA) represents 43 national public health associations, which engage 5000 members through the triple A approach: analysis, advocacy, action. The Association disseminates mainly through its annual European Public Health Conference, Public Health Week, newsletters, EU-funded projects, among others. EUPHA has worked considerably on the common response to COVID-19, the central concepts of which are: intersectorality, sustainability, empowerment, public health engagement and equity.

EuroHealthNet^{xviii} brings together 60 institutions, such as national public health institutes, ministries of health, and regional health authorities. Central to its work are the promotion of health equity and the social determinants of health, and the partnership's fight against the underlying causes of illness and disease. It also gathers its members' communication officers to develop a common position, which is instrumental in the work of EuroHealthNet on fake news. It has a portal on health equity with a range of resources available to all. Overall, EuroHealthNet covers five thematic areas: equity; noncommunicable diseases; climate crisis (air pollution, green spaces, the European Green Deal; shift from health care to local prevention; and care across the life-course.

Local Governments for Sustainability (ICLEI)^{xx} is a leading global organization of subnational and regional governments, working with more than 700 governments at the local level. Health plays a role in all of its pathways: nature-based development, people-centered development, resilient development, low-emission development, and circular development. It also implements some projects on urban nature and active travel, and on the importance of nature and biodiversity in improving psychological and human health in general.

Healthy Cities^{xx} is a WHO network that brings more than 100 cities and 24 national networks together. It uses a 6-P framework: people, place, participation, prosperity, peace and planet. During COVID-19, cities were at the forefront of the emergency, and the Healthy Cities Network held weekly meetings to discuss measures that were being implemented, for instance, in connection with the homeless population and the most vulnerable groups. Healthy Cities holds annual conferences in which RHN and other networks are invited to participate. It has a number of sub-groups (for example, on inequalities and healthy ageing) one of the assets of which is the inclusion of experts from other sectors who will thus experience the benefits of participating in European networks.

The WHO European Working Group on Health in Climate Change (HIC)^{xxi} consists of representatives of 38 European countries and other partners and promotes collaboration on protecting health from the adverse effects of climate change. It advocates the integration of health considerations in national climate-change mitigation and adaptation strategies. In May 2021, WGHIC organized its ninth meeting as a 2-day event to advance action on climate change and health, in close collaboration with representatives of civil society. As a result, WGHIC developed the zero regrets paper to support commitments on these topics.

The WHO European Working Group on Collaboration on Local and Subnational Authorities (WGCoLSA) was established recently to promote environment and health at the subnational level. WGCoLSA is conducting a literature review on multilateral governance to gain an understanding of good practice in and challenges to effective local action. In general, the objective is to contribute to WHO's environmental and health processes by adding a local perspective.

The European Medical Students' Association (EMSA)^{xxii} represents medical students across Europe who promote health and well-being. Its members are future nurses, doctors, and health professionals who need to be actively involved in shaping policies that will impact their future. Young people can bring new ideas, but in order to do so they need to be given a voice at the table. The year 2020 was a very important one: EMSA is convinced that there are many lessons to be learned from the pandemic, and that these should feed into health-care curricula. EMSA has also developed a roadmap for the involvement of youth in health-policy design.

The Head of the European Office for Investment for Health, Mrs Chris Brown, highlighted ongoing work focusing on health equity and the promotion of the concept of well-being economy, whereby economic activity must serve human and planetary health. A new narrative and metrics, tools and partnerships to this end are needed and are under elaboration. The focus of well-being economy is to provide an approach to shaping the economy with the aim of building healthy and inclusive societies. The challenge is to mainstream this approach and not confine it to smaller projects in isolated regions. In bringing this agenda forward, the European Office for Investment for Health has received the mandate to pursue the recommendations of the Pan European Commission on Health and Sustainable Development (the Monti Commission) to shape financial mechanisms in favour of public health goods. Chris Brown proposed involving subnational networks in future discussions on these topics that will be organized by the European Office for Investment for Health.

Overall conclusions and next steps

The participants highly appreciated the richness of the presentations at the meeting and thanked the Moscow Government and WHO for its excellent organization.

Dr Evgenia Semutnikova, Deputy Head, Department of Nature Management and Environmental Protection of the City of Moscow, and Dr Bettina Menne, concluded the meeting by highlighting:

- the scientific and technical richness of the contributions and thanking all the participants for their input;
- next steps proposed for further discussion within RHN, including the:
 - finalization of the RHN terms of reference for 2022–2025;
 - submission of annual progress reports, highlighting specific operational activities, projects and results;
 - development of operational, solution-based working groups on themes in which the regions are most interested;
 - updating of the Catalogue of the regions, based on the regions' priorities related to the EPW.

[All URLs accessed 1 November 2021](#)

ⁱ [2021 Report - Lancet Countdown \(https://www.lancetcountdown.org/2021-report/\)](https://www.lancetcountdown.org/2021-report/).

ⁱⁱ [COP26 \(https://ukcop26.org/\)](https://ukcop26.org/)

ⁱⁱⁱ [Global Warming of 1.5 °C — \(ipcc.ch\) \(https://www.ipcc.ch/sr15/\)](https://www.ipcc.ch/sr15/).

^{iv} [Meeting of the Regions for Health Network Moscow \(rhnmoscow.com\)](https://rhnmoscow.com)

^v [WHO/Europe | Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region. Key messages from the Working Group on Health in Climate Change \(2021\)](#)

^{vi} [Sistema Integrado de Epidemiología Genómica de Andalucía - Junta de Andalucía \(juntadeandalucia.es\)](https://www.juntadeandalucia.es)

^{vii} [EPHA - European Public Health Alliance](#)

^{viii} <https://www.futuregenerations.wales/about-us/future-generations-act/>

^{ix} [Climate change adaptation — European Environment Agency \(europa.eu\)](https://www.euro.who.int/en/health-topics/environment-and-climate-change/health-in-climate-change/working-group-on-health-in-climate-change)

^x https://ec.europa.eu/info/strategy/priorities-2019-2024/european-green-deal/finance-and-green-deal/just-transition-mechanism_en

^{xi} https://www.who.int/globalchange/publications/WMO_WHO_Heat_Health_Guidance_2015.pdf?ua=1

^{xii} [WHO/Europe | Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region. Key messages from the Working Group on Health in Climate Change \(2021\) \(https://apps.who.int/iris/bitstream/handle/10665/344733/WHO-EURO-2021-3198-42956-60023-eng.pdf?sequence=1&isAllowed=y\)](#).

^{xiii} [WHO/Europe | About the European Programme of work](#)

^{xiv} [Microsoft Word - 2 EFAMH final edit clean rev-rs.docx \(who.int\)](#)

^{xv} [Pan-European-Commission-health-sustainable-development-eng.pdf \(who.int\)](#)

^{xvi} [European Committee of the Regions \(europa.eu\)](https://www.europa.eu)

^{xvii} [EUREGHA - Bringing regions together for better health](#)

^{xviii} [EuroHealthNet | European Partnership for Health Equity and Wellbeing](#)

^{xix} [ICLEI](#)

^{xx} [WHO/Europe | Urban health - WHO European Healthy Cities Network](#)

^{xxi} [WHO/Europe | Working Group on Health in Climate Change \(HIC\) of the Environment and Health Process \(EHP\) in Europe](#)

^{xxii} [EMSA | European Medical Students' Association \(emsa-europe.eu\)](https://www.emsa-europe.eu)