

## Introduction

Climate change is a serious ongoing problem for mankind. The 4<sup>th</sup> International Panel on Climate Change (IPCC) report in 2007 stated “Warming of the climate system is unequivocal”, and “observational evidence from all continents...that many natural systems are affected by regional climate change”. Global warming affects hydrological and terrestrial biological systems including alteration in rainfall, air pollutants, bird migration, arthropod species, plants, and so forth.

Climate change brings a lot of impacts on human health, through direct exposures such as the extreme heat and cold waves or indirect exposures such as change in water, air quality, vector ecology, agriculture, etc. In August 2003, a heat wave in France caused more than 14,800 deaths. Extreme cold temperature in Europe from December 2009 to January 2010 caused about 100 deaths. Children in low-income countries suffered from increased diarrheal diseases which were found to be associated with high temperature (Checkley et al., 2004; Singh et al., 2001). Vector-borne diseases such as Dengue fever, malaria are influenced by climate change. In the fact sheets in January 2010, WHO also states “climate change affect the fundamental requirement for health – clean air, safe drinking water, sufficient food and secure shelter”.

Health is one of the major concerns of human beings. Climate change gives impacts on health. Health care sectors also contribute to the climate change. Hospitals are among the most intensive energy-consuming buildings. Byproducts of health care including toxins, medical waste can undermine the health of the people we mean to serve. Health care sectors are on the frontline of battling with the climate-related health issues. Also health care professionals have a credible voice on these impacts brought by climate change. “Be the change you want to see in the world”, health care sectors should take the inevitable responsibility for better health of the individual patients and the global communities. Organizations working in this field for many years have shown fruitful outcomes. The international coalition of “Health Care Without Harm” began in 1996 and now has more than 470 organizations in 52 countries working on transforming the health care sector to become a no-harm source for human beings. “Green guide for health care” initiated in 2002 offered toolkits for green health building and operation.

The WHO initiated Network of Health Promoting Hospitals and Health Services focuses on fulfilling the health promotion concept through the health care settings. In light of the need for further development, documentation and dissemination of climate change and environment related issues in the hospitals and health services, the proposed Task Force will work to support this implementation through the Terms of References mentioned below

### Terms of References for the proposed Task Force

- Visualizing environment-related health promotion issues in existing HPH Models and Tools (e.g. WHO Standards for HP in Hospitals, HPH Model for documentation of HP activities and DRG, HPH Data)
- Giving examples on best evidence practice related to HPH Models and Tools (Evidence, staff competences and patient preferences)
- Developing tools for monitoring the effect of environment friendly intervention programs
- Disseminating the best practice examples and HPH Models and Tools through the network and increasing the health professionals’ literacy about climate change and health impacts
- Establishing a database for environmental friendly hospitals and health services programs

## Mission & obligations of TF according to HPH Constitution

### Relation of the proposed Task Force to the HPH Mission, Purpose and Objectives

The proposed Task Force on HPH, Climate and Environment relates - through the terms of references - directly to parts of the mission of the International HPH Network. The proposed Task Force thereby adds to a better health gain by improving the quality of health care and the conditions for patients, relatives, staffs and the environment. It relates to the purpose of the International HPH Network by supporting the implementation within countries and regions, internationally, through deliverables mentioned below. The relation of the proposed TF to the International HPH objectives includes

- To set norms and standards for environment friendly hospitals & health services and promote and monitor their implementation
- To articulate evidence-based policy options regarding environment friendly hospitals intervention programs
- To monitor the development of health promotion regarding environment friendly intervention in hospitals & health services.

### Action plan and Time schedule

The action plan will include details on responsibility and duties of the Task Force members to fulfil the terms of references. The related time-schedule will give the dates of the milestones (=deliverables).

Furthermore, in accordance with the HPH Constitution and the HPH Strategy the proposed TF will recruit and support members in becoming HPH members, advocate the TF and HPH Network to stakeholders, and actively invite people to HPH activities. The proposed TF will engage in intersectional settings and activities as well as cooperate with relevant partners, participate in the HPH conferences and the WHO-Summer and Winter School. The proposed TF will deliver a progress report biannually. The TF will run for 4 years. Action plan and time schedule will be worked out first thing upon approval.

### Task Force Members

- Prof Hanne Tønnesen, WHO-CC, Bispebjerg University Hospital, Denmark (HPH Member)
- Dr. Shu-Ti Chiou, Director-General, Bureau of Health Promotion, Department of Health, Taiwan (HPH Member)
- Susan Wilburn, Technical officer, Occupational and Environmental Health, Department of Public Health and Environment, WHO
- Dr. Gary Cohen, CO-Executive Director, Health Care Without Harm
- Dr. Michael Wong, Director, Health for Life Center, Alexander Hospital, Singapore (HPH Member)
- Dr. Chun-Lon Lin, CEO, Tzuchi Medical Mission, Tzuchi Compassionate Foundation, Taiwan (HPH Member)

The proposed TF leader will be Dr. Shu-Ti, Chiou from the Bureau of Health Promotion, Department of Health, Taiwan who is also the coordinator of Taiwan Network of Health Promoting Hospitals and Health Services.

The proposed TF will invite other participants from National or Regional Networks, individual members as well as other relevant experts.

The TF members will meet during the International HPH Conference and at other conferences or specific task force meetings.

## **Deliverables**

For the 1<sup>st</sup> and 2<sup>nd</sup> terms of references: Visualising environment-friendly health promotion issues in existing HPH Models and Tools and giving best practice examples relating to the WHO-HPH Standards:

1. Policy for patients, relatives, staff and community
2. Patient Assessment
3. Patient Information and Intervention
4. Promotion of Healthy Workplaces and Education
5. Documentation, follow-up and continuity across sectors

as well as relating to the HPH Model for documentation of HPH activities and the HPH Data Model.

For the 3<sup>rd</sup> term of reference: Developing tools for monitoring the effects of environment friendly intervention programs for health promoting hospitals and health services.

For the 4<sup>th</sup> term of reference: Disseminating the best practice examples and HPH Models and Tools through the network and other international and regional organizations.

For the 5<sup>th</sup> term of reference: Establishing a database for the environment-friendly hospitals and health services programs

## **Evaluation**

The standardized Progress Report for Task Forces is used for documentation. The evaluation is performed according to action plan and deliverables as well as to the process.

The proposed Task Force will deliver the evaluation annually to the Governance Board and to the General assembly as well as on request.

## **Funding**

The proposed Task Force is self-financed.