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## **CLIMATE CHANGE AND HEALTH POLICY ANALYSIS: ARMENIA**

**Authors:** This analysis was developed by the “Social Ecological Association” NGO

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Atmosphere favorable for life is the primary protection of the Earth against undesirable space impacts. However, human un-systemized economic activities, in particular, production of thermal energy, use of organic fuel for transport, industrial emissions, lumbering and forest fires, burning of agricultural and other organic waste,... have rapidly increased the concentration of carbon dioxide, methane and other greenhouse gases in the atmosphere, thus, leading to distortion of atmospheric balance, increasing the temperature of the lower layers of the atmosphere. In the result:

1. sharp fluctuations of climate indicators are frequent;
2. the frequency and intensity of natural phenomena have increased;
3. natural resources are decreasing which results in degradation of eco-systems;
4. food, energetic and other resources necessary for life are decreasing;
5. the level of human comfortability is decreasing, regular life activities are disrupted leading to worsening of health....

Consequently, the change of climatic characteristics on the Earth, distortion of natural balance and adverse impacts greatly affect not only the natural environment but also human health, development of different branches of economy.

In the territory of RA the main sources of greenhouse gas emissions are: production of electricity, transport, industry, heating of residential, public, commercial buildings. RA emission of greenhouse gases form 0,02% of overall emissions. In the territory of RA greenhouse gas emissions prevail in the energetics sphere – 78-93%.

The Republic of Armenia is a country scarce in land and forests, it has complex mountainous zoning and dry continental climate. Nature forming factors in RA are weak, degradation processes are more active, especially in the mountains nature rules are strict and obliging. There are many anthropogenically conditioned environmental problems, which united with climate change impacts create not only ecological, but also economic, social, health problems requiring urgent solutions.

1. The forests foster the process of nature forming, regulate atmospheric balance, foster the mitigation of climate change factors, human health and recreation. At the same time, it should be mentioned that the lumbering in RA continue which entails to poverty of the nature and reducing the quality of environment. The observations show that within the last century RA forest coverage has decreased twice which brought to activation of erosion and desertification factors.

2. There are many ecological problems in the settlements of RA (insufficient air and water quality, high noise level, dense construction, unsolved problems of household and toxic waste, high concentration of heavy metals in the land, low quality food, ...), which become more severe especially because of climate change. When adaptation conditions are scarce, climate change threatens and deepens almost all human health problems.

3. In the result of climate change impacts water scarcity is stressed which makes the energy and agriculture sectors more vulnerable. Eco-system degradation process become more active from year to year, the possibility and intensity of natural and technogenic catastrophes increases.

The factors mentioned above dictate and oblige to take consistent measures not only in the sphere of nature protection but also in the spheres of healthcare, emergency situations, agriculture, energy, local self-

governancesystem, infrastructures etc. In particular, regulation of the risks of economic initiatives strictly ensuring environmental safety is of primary importance. However, versatile impacts of CC and its wide coverage complicate the unified regulation of various problems. There is no unified policy.

The risks conditioned by CC involve all groups of the society, thus making the whole population vulnerable. But the poor, children, old and handicapped people are more vulnerable. CC impact on human health is obvious: international community considers CC as main healthcare problem. However, RA doesn't have a united, systematized document as RA National Policy on CC and Healthcare yet. It is necessary to find out the problems in RA healthcare system conditioned by CC and what should be the proactive policy for CC predictable impact in order to secure public health.

In order to take into consideration the public demand concerning the RA National Policy on Climate Change and Healthcare (NHPCC) on 15th April 2016 a public discussion was conducted at Yerevan Aarhus Center with involvement of NGOs. Further on with the help of professional characteristics, ecological, legalassessments healthcare national problems were detected in the CC context and suggestions were developed for those problems' solutions. On 30th May 2016 NHPCCanalysis project discussion took place during which the NGOs and the representatives of healthcare sphere have been presented the ecological, healthcare and legal components of NHPCC together with the package of suggestions and proposed policy elaborated based on the analysis.

RA legislation aimed at meeting international obligations in terms of CC as well as national healthcare legislation have been considered as national policy on climate change and healthcare. The analysis has been conducted based upon legal and ecological assessment of the legislation. RA national commuunications, RA vulnerability assessment in terms of CC (2014), legal bases of public participation and practice of implementation have been used as sources. The criteria of the assessment are:

**Legal** – Consistency of RA legal acts aimed at meting interational obligations in terms of CC, especially comprehensivity of preventive measures in the context of ecological safety, legal acts in the sphere of healthcare in the CC context.

**Ecological** – existence of ecological, economic mechanisms in the RA legislation and their consistency in the CC context.

**Economic** –CC risk assessments linked to economic initiatives in terms of environmental safety, existence of programs, planned measures and actions in the sphere of healthcare, emergency situations related to CC issues.

Impact of CC on human health is conditioned by natural climatic factors of the country and the quality of the environment, social factors, human and public abilities to challenge and adapt the dangers. Therefore, the main characteristics of the natural environment of the country and the abilities of the state and the individual to address the natural and technogenic dangers.

Within the NHPCC draft the issues of human environment and public health have been revealed. Most of these solutions require comprehensive and consistent policy. NHPCC analysis draft consists of:

Introduction – summary on NHPCC analysis and methodology, CC problems and UNFCCC

Main chapters:

1. Natural environment of RA /main characteristics of natural eco-systems/ and its state as a human environment, including:

1.1. The role of forests in RA as climate regulator and the problems

1.2. Ecological situation in RA settlements

1.3. Eco-systems' problems conditioned by CC

2. Natural technogenic dangers and human healthsecurity, including:

2.1. Impact of natural and climatic factors on human health

2.2. RA system of public healthcare

2.3. RA public healthcare in numbers

2.4. Measures taken in RA to secure public health in the CC context

2.5. General reforms of the healthcare system

3. Legal issues of NHPCC, including:

3.1. Formation and development of RA environmental legislation

3.2. The system of RA environmental legislation

3.3. Human environmental rights under RA legislation

3.4. The system of nature protection and nature utilization economic tools in the NHPCC context

3.5. The system of state governance information tools of natural resources utilization and nature protection in the NHPCC context

3.6. Environmental impact assessment and expertise

3.7. Public notification and public participation framework in the process of decision-making in other legal acts of RA

3.8. Quality assurance system in the context of NHPCC

3.9. Norm-guarantees and state environmental control

3.10. Public notification on CC adverse effects, healthcare, protection of the population in emergency situations

3.11. International treaties ratified by RA

3.12. Coordination of the activities of carrying out obligations deriving from the international treaties ratified by RA

4. National healthcare policy in the NPCC context

5. Appendices, including:

Appendix 1. Information on UNFCCC, foreseeings 2000

Appendix 2. The experience of the „Social-Ecological Association“ NGO in the sphere of public participation in environmental decision-making

Appendix 3. Examples from international practice on CC

6. Sources – information on main sources of NHPCC draft analysis

### **Benchmark provisions on national healthcare policy proposed in the result of NHPCC analysis**

National healthcare policy in the context of CC (NHPCC) shall:

- first of all it needs to ensure the medical-biological safety and the right to live in an environment meeting the conditions for normal human activities;
- it should be prioritized in all spheres of economic and legal developments.

NHPCC provisions shall contain well-grounded unified systematic approaches, solutions and clear, targeted sectoral requirements in order to mitigate risks to human health linked to CC. They shall also establish the clear responsibility of decision-makers, public authorities and involvement of specialists in the processes of preparing solutions for CC linked problems.

NHPCC shall involve RAministries of healthcare, emergency situations, agriculture, nature protection, energy and natural resources, economy, territorial governance and the system of local self-governance bodies (INDC responsible parties) as well as the spheres of extraction and production, urban development and the RA Ministry of Education and Science.

NHPCC shall ensure practicable, clear and targeted solutions in the following directions:

1. Requirements, observation and measures for climate risks assessment for human health, their prevention and mitigation;
2. Clear requirements in the RA legislation on public health safety on ensuring environmental safety of initiatives, prevention and mitigation of epidemiological, radioactive, thermal waves and other climatic risks;
3. Clear requirements on assessment of possible impacts of the initiatives and prevention of irreversible impacts, quality-quantity regulation provisions for high and essential risks within the RA legislation on environmental expertise, RA land code, RA forest code, mining code of RA, legislation on urban planning, the Law of RA „On State Regulation of Ensuring Technological Safety“, ....
4. Amendment of the RA legislation on public participation in environmental decision-making according to the Articles 6, 7 and 8 of the Aarhus Convention;

5. Substantiated conceptual, legislative, scientific, organizational and administrative regulation of healthcare problems, including:

6. Enhancing preventive capacities of the healthcare sphere, including:

a/ special service for observation and control of external risk factors' impact on human health, which will have a department of CC risks study;

b/ studies of adverse and dangerous environmental factors on human health, observtion of CC impact assessments, programs.

7. Coordinated activities of the ministries of healthcare, education, nature protection, emergency situations, mass media, NGOs and local self-governance bodies in order to provide timely notification to the public on the foreseeings of climate change and human health risks mitigation conditioned by CC.

8. NHPCC shall also envisage functional and territorial subsystems, ...

The framework of the main NHPCC actors according to planned norms, established requirements and measures:

1. Standing Committees of RA National Assembly on healthcare, agricultural and environmental issues, economy;
2. Public authorities in the sphere of healthcare, agriculture, forestry, emergency situations, energy and natural resources, economy, urban development and others;
3. Territorial administration bodies, local self-governance system;
4. Eastern Climate Platform, CC information center and CC coordinator of RA;
5. Public entities, professional groups, scientific centers;
6. Individual experts, planning and consulting companies;
7. Mass media;
8. International donor organizations and foundations of the UNFCCC Secretariat ...

responsibilities of which should be established by the legislation of RA within its competence. NHPCC should also make clear the framework of the policy, responsibility of the actors and their functions ensuring balanced competence. To make this practicable, RA legislation should be respectively amended.

NHPCC involves many spheres. The norms and requirements established and measures planned are also versatile and multi-sectorial. Therefore, coordination by one center is not feasible. An executive entity should be established composed of abovementioned actors (3 co-directors – vice-minister of healthcare, vice-minister of emergency situations and a representative of CC national coordinator) with relevant mechanisms of permanent policy control and territorial divisions. This executive entity shall function in mode of crisis management center but without crisis, preventing possible crisis.