Representation of health in global climate diplomacy, and vice versa

Dr. Diarmid Campbell-Lendrum
Team Leader, Climate Change and Health,
Department of Public Health, Environmental and Social Determinants of Health

World Health Organization
"The defining issue for public health during this century"
Health impacts of climate change

Each year:

- Undernutrition kills 3.1 million
- Malaria kills over 600,000
- Diarrhoea kills almost 600,000 children
- Extreme weather events kill tens of thousands

These, and others, are highly sensitive to a changing climate
Health impacts of the causes of climate change

- **Outdoor air pollution** → 3.7 million deaths/yr – mostly from urban exposures

- **Indoor air pollution** → 4.3 million deaths/yr – mostly from inefficient biomass and coal cookstoves

- Polluted air, unsustainable transport systems, poor diet are major contributors to non-communicable disease
Health impacts are unfairly distributed

Cumulative emissions of greenhouse gases, to 2002

WHO estimates of per capita mortality from climate change, 2000

Health as a central principle of the 1992 Rio conference and the UNFCCC:

1992 RIO DECLARATION Article 1: "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature."

UNFCCC Article 1: “Adverse effects of climate change” : changes in the physical environment or biota resulting from climate change which have significant deleterious effects on the composition, resilience or productivity of natural and managed ecosystems or on the operation of socio-economic systems or on human health and welfare.
Climate change is rising on the health agenda

- Identified by WHO DG as a top priority, and selected as theme for World Health Day 2008.

- WHA 2008 resolution, Executive Board 2009 endorsement of a new WHO action plan, Regional Committee Resolutions and Frameworks for Action.

- Multiple new initiatives on advocacy, assessment tools, research funds, country level adaptation pilots.

- All led by health sector at the global, regional and national level - and most very recent.
Challenges
State of global climate change negotiations

- Science broadly settled, but political difficulties to achieve even the modest commitments made so far.

- The main disagreement - Why should WE pay to achieve uncertain, shared environmental benefits, decades down the line?

- Health has a role to play – but high barriers to getting messages across.
An atlas of pollution: the world in carbon dioxide emissions

Climate change and health diplomacy

Latest data published by the US Energy Information Administration provides a unique picture of economic growth—and decline. China has sped ahead of the UK, as shown by this map, which measures each country’s contribution to CO2 emissions. And, for the first time, it shows emissions have gone down.

- **Europe**: 4,310m (down 6.9%) - **US**: 5,425m (7.0%)
- **Central & South America**: 1,723m (up 3.1%)
- **Africa**: 1,221m (down 3.1%)
- **Middle East**: 1,714m (up 3.3%)
- **Asia & Oceania**: 13,264m (up 7.5%)
- **World**: 30,452m (down 0.1%)

Detailed data:
Full list of each country’s CO2 emissions and movement in the world emissions league table.
Weak links between climate and health policies

1) How many times was health mentioned in the 200 page draft agreement proposed at the Copenhagen UNFCCC CoP?

2) How many of the 323 side events focussed on health?

3) What percentage of global climate funds were allocated to health projects?

4) Of the 13 main economic models to inform climate mitigation decisions, how many incorporated health co-benefits?
Weaknesses in planning responses

- 95% (39/41) of National Adaptation Programmes of Action include health as a sector affected by climate change.

- 73% (30/41) of NAPAs included health interventions within adaptation needs.

- However, only 23% (9/39) had a comprehensive health vulnerability assessment.

- Only 27% (8/30) of the interventions were considered adequate.

Lack of resources to implement the response

LDCs identifying health as adaptation priority
- Identifying health
- Not identifying health

Number of adaptation projects submitted
- Health projects
- Other sectors

Funds requested for health
- Health projects
- Other sectors

Funds awarded for health
- Health projects
- Other sectors
Opportunities
Opportunity 1: Greater relevance to the public

2001 Globescan poll in 30 countries:

“Now I would like to ask you some questions about climate change, which is sometimes referred to as global warming or the greenhouse effect. Which ONE of the following possible impacts most concerns you personally, if any?”

Figure X. Climate Impacts of Greatest Concern (GlobeScan, 2001)
Opportunity 2: 
Mobilization of the capacity of the health sector

We have proven, cost-effective interventions against every climate-sensitive health impact.

All of these can save lives now, and reduce vulnerability to climate change.

Strengthening of health systems, including prevention, is central to protection from climate risks.
Opportunity 3: Simpler and more efficient public policy

- The same regulations can address climate as well as health-threatening pollutants.
- E.g. - the legal instrument for regulating US greenhouse gas emissions is based on evidence that they endanger public health.

US President Barack Obama at children's asthma ward, during launch of US national climate plan, May 2014.
● Reducing short-lived climate pollutants is expected to save almost 2.5 million lives per year, and avoid 0.5°C of warming by 2050

● Sustainable urban transport – could cut heart disease and stroke by 10-20%, breast cancer by 12-13%, depression and dementia by 5-8% in developed countries - greater gains in developing countries

Opportunity 5: More cost-effective policy

For the top 20 emitting countries, pricing carbon is in their own national interests, due mainly to health cobenefits. Nationally optimum pricing of cobenefits would reduce their CO2 emissions by 13.5 percent.

*IMF working paper, September 2014*

McCullum et al, Nature Climate Change, October 2011
Creating a positive vision for the future

- Physical activity
- Osteoporosis
- CO₂ emissions
- Air pollution
- Infrastructure costs
- Mental health
- Social capital
Conclusions

- Health is part of the original justification for action on climate change
- A future without mitigating and adapting to climate change is unacceptable for health
- Health remains weakly connected to international climate change policy – though this is improving
- Stronger linkages should help promote environment, health, economic (i.e. sustainable development) objectives.
Climate change and health diplomacy

CLIMATE SUMMIT

WHAT IF IT'S A BIG HOAX AND WE CREATE A BETTER WORLD FOR NOTHING?

- ENERGY INDEPENDENCE
- PRESERVE RAINFORESTS
- SUSTAINABILITY
- GREEN JOBS
- LIVABLE CITIES
- RENEWABLES
- CLEAN WATER, AIR
- HEALTHY CHILDREN
- ETC. ETC.

World Health Organization