



HEALTH AND CLIMATE CHANGE

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Health is an oft-forgotten sector in the climate discourse. The global average temperatures in July 2023 were the hottest in human history and extreme heat exposed many to threats including heat exhaustion, organ failure, hyperthermia, heart attacks and mental health challenges.

Health offers a powerful narrative for ratcheting ambition in climate action by emphasising climate impacts and benefits from climate action which are local, near term, tangible and personal. Public concern for issues that threaten human health has been evident since the COVID-19 pandemic. However, the compelling nature of health debate also runs the risk of “health washing” through misuse of health arguments to distract from climate action. The narrative and language are particularly important at climate change negotiations where global agendas are pushed for adoption. As such it is important to build a comprehensive picture on the links between health and climate change well in advance of the Conference of Parties to be held in Dubai in December 2023 to avoid misinterpretation or misrepresentation of facts.

The UAE plans to elevate the profile of health at COP28. This will include a Health Day on 3rd December and an inter-ministerial meeting on health

and climate change, which will require more ambitious climate decision making and action, building on and going beyond a mere dialogue on health and climate change to protect and promote health through a comprehensive approach that takes all the contributing factors into account.

The links between health and climate change are acknowledged clearly in various key UNFCCC documents and processes. The adverse impacts of climate change on human health, and the commitment to consider the public health implications of climate action are articulated in Article 1.1 and Article 4.1 of the UNFCCC Convention. Parties to the Paris Agreement also acknowledge the need in its preamble to respect and promote the right to health when taking action to address climate change. The right to a clean, healthy and sustainable environment is also acknowledged in the Sharm el Sheikh implementation plan.

Despite mention of health in various work streams, there is not enough emphasis on the broad and deep links between health and climate change by the UNFCCC. Health conversations need to expand beyond current cursory references towards integration across the Paris Agreement’s pillars and COP outcomes.

LOSS AND DAMAGE

The health sector often provides the first response to loss and damage alongside the humanitarian sector. Well financed, equitable and climate resilient health systems can ensure that communities are more resilient to climate impacts. Climate change exacerbates health threats like malnutrition and spread of vector and water borne diseases along with risks associated with migration and damage to health infrastructure. Although health is classified as a non-economic loss, it has clear financial implications not least in terms of healthcare cost and loss of productivity. The direct damage costs to health excluding costs in health determining sectors such as agriculture and water and sanitation are estimated to be between USD 2-4 billion per year by 2030. In 2021, heat exposure led to the loss of 470 billion potential labor hours, and a loss of USD 669 billion equivalent to 0.72% of gross world product. Finance for Loss and Damage could avoid larger economic losses in health costs and provide resources for social protection schemes to avoid loss of lives and labor.

ADAPTATION

Investing in human health is itself a pillar of resilience. Health is a theme in the proposed framework of the Global Goal on Adaptation (GGA) adopted in Sharm el Sheikh and has long been a priority sector under adaptation (including as part of the Nairobi Work Program, Adaptation Committee and National Adaptation Plans). Health metrics to measure well-being and development on specific health targets aligned with GGA themes at COP28 can go a long way in strengthening global health goals.

MITIGATION

Climate change and the health impacts that arise from it are directly attributable to emissions from oil and gas companies. Air pollution from fossil fuel combustion alone causes 3.6 million deaths annually, while some estimates are as high as 8.7 million deaths. This makes shifting from fossil fuels to renewable an imperative ask that will have a positive economic outcome with healthier populations and work forces. Carbon Capture and Storage (CCS) is not a solution and should not distract from the urgency in accelerating measures to make a just transition. Moreover, CCS still remains an untested technology that may not be available at scale any time soon.

FINANCE

Climate finance flows to health sector activities are extremely low, receiving less than one percent of climate adaptation finance, and overall climate finance, making health one of the most underfunded sectors for climate finance.

This hinders climate action in the health sector, with 70% of countries identifying insufficient finance as a barrier for implementing national health and climate change plans or strategies. Global allocations to finance climate should be new and deployed for action at the intersection of climate and health. One approach to make best use of limited resources and ensuring return on investment could be to provide health finance for interventions which offer benefits (mitigation-adaptation) for climate action and support climate proofing health portfolios.

NATURE, AGRICULTURE AND FOOD SYSTEMS

Human health is inherently dependent on biodiversity and healthy ecosystems. The risk of bypassing 1.5° Celsius due to land use change and emissions from agriculture and food production, irreversible climate impact and biodiversity loss is increasing rapidly. Without profound transformation of the global food system, we may soon lose our ability to nourish all people within planetary boundaries. Along with restoring nature, promoting healthy diets, transitioning to agro-ecology approaches and reducing food loss and waste, we need to adopt the “One Health” planetary approach that simultaneously protects and promotes the health of humans and ecosystems.

GLOBAL STOCK TAKE (GST)

The human right to health is acknowledged in the Paris Agreement and therefore should be considered an integral component of the GST. Health metrics and quantification of health losses and health co-benefits of climate action can provide the indicators of some of the human and economic losses for climate change, as well as progress on climate action and the overall success in implementing the Paris Agreement across sectors.

HEALTH AND COP28

The UAE government was highly active on the issue of health and climate change during the World Health Assembly in May, seeking to elevate the discourse. The presidency has engaged a small group of “champion countries” and inter-ministerial (UK, Germany, Egypt, Kenya, India, Fiji, Brazil, US) engagements to help co-design the COP28 health program. A steering committee has also been established to inform the content of the COP28 health program. The UAE Presidency plans to highlight three priorities:

- 1) Lift political profile of climate change and health to ensure that public health is positioned as critical in the climate agenda
- 2) Support political commitment and progress on health system transformation

- 3) Help close the global climate finance gap for health by reducing barriers to funding and maximising investment for climate change and health

WAY FORWARD

For Pakistan, adaptive action in health is of paramount importance. Pakistan stands at high risk due to its labour-intensive exposure to heat (agriculture and construction) and recurrent exposure to climate induced hydrometeorological disasters. The additional burden of inflation and increase in prices of essential commodities and services in particular will deepen poverty, decelerate growth and severely jeopardise the country's ability to meet its SDG commitments. The multi-dimensional impacts of climate change on health will harm those the most who are least able to protect themselves. The floods of 2022 are proof of the adverse reflection on social determinants and their intergenerational impacts. A repeat disaster of similar scale will be catastrophic.

This is a good time to mainstream climate induced health hazards into national health plans and develop a health strategy for coping with climate change. The Federal Ministry of Health can take the lead in preparing the national climate change/health guidelines that can be used by the provinces for developing implementation plans at local level. Health is a human capital without which no country can move forward. The lessons learnt from COVID should be used to identify gaps and use strengths to improve health governance. Pakistan urgently needs to position and prepare itself to address health sector issues at home and at COP28.

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