# Briefing for UNFCCC Negotiators on Incorporating Health into the Climate Regime IMPACT, DELAY AND OPPORTUNITIES

The World Health Organization (WHO) has described climate change as the **greatest threat to global health** of the 21<sup>st</sup> century.<sup>1</sup> However, tackling climate change presents the **biggest opportunity to improve global health**, by reducing air pollution, encouraging exercise and improving what we eat.<sup>2</sup> Highlighting this, the WHO is releasing a **Special Report on Health and Climate Change** at COP24 to support the UNFCCC negotiations.<sup>3</sup>

Alongside mitigation, adaptation to address the climate risks to health must increase as, while cities expect climate change to seriously affect their public health infrastructure, only 4.8% of adaptation funding is directed at health and only 15% of the Nationally Determined Contributions (NDCs) currently submitted under the Paris Agreement address health.<sup>4,5</sup>

The health benefits of climate action can substantially offset costs of climate change mitigation. Therefore increased attention to health offers a means to promote public support.

Protection of human health requires urgent ambition on NDCs.
Health savings can substantially offset the costs of climate action.



# **Health Impacts of Climate Change**

People around the world are already exposed to the health effects of climate change. The latest report of the Lancet Countdown: Tracking Progress on Health and Climate Change revealed concerning trends in areas such as heat waves, labour capacity, vector-borne diseases and food security. Some of the headline findings from this report are:<sup>4</sup>

- → 157 million more people most vulnerable to heat-related illnesses around the world were exposed to heat waves in 2017 compared with 2000. Heat exposure also resulted in 153 billion hours of labour (or 3.2 billion weeks of work) lost around the world in 2017, an increase of more than 62 billion hours since 2000.
- → 30 countries are now experiencing downward trends in agricultural yields. The resulting undernourishment can limit people's growth and make them more vulnerable to other illnesses.
- → 712 extreme weather events in 2017 resulted in US\$326 billion in economic losses, almost triple the total losses of 2016.

# **Delays in the Response**

The world is not moving fast enough to avoid the worst health consequences of climate change and the effects we have already seen result from global warming of only 1°C from pre-industrial times. These impacts on health are projected to increase as our world continues to warm:

- → With a warming of 1.5°C, 13.8% of the world's population would be exposed to severe heat waves at least once every five years. This would triple to 36.9% of the world's population with a warming of 2°C.6
- → Air pollution (inside and outside the home) kills 7 million people every year and fossil fuels are a major contributor. Air pollution is responsible for 26% of all deaths worldwide from ischaemic heart disease, 24% of those from strokes, 43% from chronic obstructive pulmonary disease and 29% from lung cancer, making it the second leading cause of deaths from non-communicable diseases worldwide.<sup>7</sup>

# Maximizing Opportunities of Climate Change Action

Collaboration between sectors is essential for health and environmental co-benefits to be realised. Indeed, health savings could **more than offset the mitigations costs** to achieve 1.5°C.8

### Energy

Coal is responsible **for over 800,000 premature deaths** per year globally and many millions more serious and minor illnesses. The economic costs of the **health impacts from coal combustion in Europe** alone are estimated at US\$70 billion per year, with 250,600 years of life lost. Renewable energy sources offer solutions for both human health and the health of our environment.

### **Transport**

Total global annual passenger transport is set to **more than double** from 33 trillion to 74 trillion km from 2000 to 2050, while lack of exercise caused 5.5 million deaths in 2008 - almost 10% of all global mortality. 11 Promoting active transport (i.e. cycling and walking) through creation of bike lanes, bike share schemes and more walkable streets, both dramatically reduces emissions and increasing physical activity.

### **Fiscal policies**

Taxation of commodities (such as diesel cars and coal) and retraction of subsidies for the same products offer health and environmental co-benefits and release funds which can instead be invested in climate change mitigation and adaptation. In 2014, G20 governments paid out US\$444 billion in subsidies to fossil fuel companies in 2014, but the use of fossil fuels resulted in estimated **health costs of at least six times this amount**: US\$2.76 trillion.<sup>12</sup>

### Mobilising the health community

The health community around the world is ready to support ambitious climate action. This is evidenced by organisations representing 5 million health professionals and 1,700 hospitals and health systems signing the **Call to Action on Climate and Health**. <sup>13</sup> Formal recognition of health in the climate change negotiations would assist the health community in delivering climate action messages and developing strategies to address climate change and health, such as the framework developed by the **Climate and Health Alliance**. <sup>14</sup>

This brief was developed by members of health civil society including representatives from the Climate and Health Alliance (Australia), McGill University, the Royal Australasian College of Physicians, the NCD Alliance, Queensland University of Technology, the World Medical Association, the World Organization of Family Doctors and others, coordinated by the Global Climate and Health Alliance, www.climateandhealthalliance.org.

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### **KEY ACTIONS**

To realize the opportunities to protect the health of millions, strengthen public support for climate action, and reap the maximum costs savings associated with climate action, a **number of steps** are needed in the COP24 and post-COP discussions:

- → Health considerations should be built into the rulebook for the Paris Agreement.³
- → Health should be systematically included in NDCs, and national reporting should include accurate quantification of the avoided burden of disease and health cost savings that result from climate mitigation activities.<sup>3,15</sup>
- → Health should be systematically included in **national adaptation plans** and adaptation communications to the UNFCCC.<sup>16</sup>

### References and useful documents

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- 9. End Coal: https://endcoal.org/health/
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