WHO UNFCCC SB56 Side event: Update on COP26 Health and Climate Programme
13 June 2022

The WHO Climate Change and Health team hosted a side event to share information and updates on progress of the COP26 Health Programme.

Moderator: James Creswick, WHO Europe

Chris Carter, Commonwealth and Development Office (DFCO), UK, spoke on the need for investment in climate and health. “Almost every climate story is a health story,” he said, “and we are not paying enough attention [to this].” He drew attention to how “the right policies” for infrastructure could lead to 50-70% reduction in greenhouse gas (GHG) emissions by 2050, particularly across transport, food, and energy sectors. He also emphasized how infrastructure changes would lead to lifestyle changes that can improve health and wellbeing. There is a “powerful health argument” for addressing climate change, he said. This argument as well as the promotion of transformational change in health systems globally are the focus of work at COP, he said.

Carter provided a number of insights to progress on action and implementation of the COP26 Health Programme. One area of focus is the strong need to assess baseline carbon footprints of health systems along with corresponding action plans to address the findings. He celebrated that the 19 countries who had pledged to net zero health systems represented one third of global health care emissions, however that implementation would be key. He also highlighted a new Alliance for Transformative Action on Climate Change and Health (ATACH) which will host an inaugural meeting on 27 June 2022. ATACH will serve as a multi-dimensional platform for knowledge sharing, resource mobilization, and monitoring and tracking. The goal of ATACH, he said, is to build on the rapidly growing body of work on climate and health and facilitate cross-sector partnerships that can build capacity for resilience and sustainability in the health sector. “The design is for a pro-active community on health-environmental-climate outcomes,” he said, “instead of working in siloes.”

Diarmid Campbell-Lendrum, WHO, presented updates on national climate and health commitments. He highlighted WHO’s focus on a “silo-busting agenda,” underlined by an urgency that “no more good news is coming,” in terms of projected impacts of climate change on health. He said pro-active adaptation can “take the edge off” climate change by reducing health risks and offering protection. “There are solutions to cut carbon across all sectors and a large part of these are cost-saving already,” he said, but that is “without even taking into account health gains, which are really large.” He pointed to findings in the IPCC AR6 Working Group III report showing economic health gains are greater than the costs of mitigation. “Health is a really strong argument for mitigation,” he stated.

Looking forward, he discussed the need for more countries to pledge commitment on climate and health. Equally valuable, he also recognized the importance for countries to “be serious
about the commitments” and be supported in achieving those commitments. WHO is working with countries to assess core functions of their health systems, develop health national adaptation plans (HNAPs) and build climate resilience, including through providing support for finance and training of the healthcare workforce. “There is no reason why any country shouldn’t sign up,” he said. However, on the other hand, he drew attention to balancing priorities: “Healthcare is now a significant emitter of carbon while facilities in some countries have no energy access at all.” Those countries, he said, need support to provide energy for their needs, ideally by renewable and clean energy. WHO aims to “walk the talk” institutionally by striving to be carbon neutral by 2030 and prioritizing climate change as the single most important issue for health promotion and disease prevention, he said.

Alison Doig, Global Climate and Health Alliance (GCHA), presented on mobilizing the health community on climate change, health and equity. She said much of this work is about “bringing a trusted health sector voice into the UNFCCC negotiations.” She also emphasized calling for action from climate actors, such as through the WHO-GCHA Civil Society Working Group on Climate and Health and by targeting sector-specific action and interdisciplinary collaboration. She noted recent work to stimulate transformation in health professional education through a call to action and the advocacy at COP 26 – the Healthy Climate Prescription Letter – aimed at increasing ambition in nationally determined contributions and for phase out of fossil fuels. An ongoing agenda, she stressed, is “getting health professionals talking to those in energy, food and agriculture, transportation sectors, and in city governments.” “We need, for example, transportation policies that have positive health outcomes,” she said.

Mohamed Eissa, International Federation of Medical Students Associations (IFMSA), discussed progress to “getting health on the climate agenda.” For over a decade IFMSA has contributed to global policy forums through workshops, government lobbying, producing policy documents, and building institutional capacity to create cohesive enabling environments for this work. He stressed the importance of “changing mindsets.” “It’s not just about what to do but how the organization works … It’s important that this [integrated thinking] becomes the norm in the community.” He also highlighted IFMSA’s work to build capacity at the country level by providing a space for students to showcase what is being done nationally. “Youth need to create their own platforms to learn, contribute and meaningfully engage,” he said, emphasizing one of IFMSA’s core aims is youth empowerment on the determinants of health. He encouraged youth engagement internal and external to the UNFCCC process and the need for curriculums to stimulate this.

Anna Fuhrmann, Healthcare Without Harm (HCWH), opened her health sector decarbonization presentation by stating “The health sector cannot continue to contribute to ‘the greatest public health threat of this century’, meaning through nearly 5% global GHG emissions. She spoke to the granular aspects of addressing emission reductions: 1) delivering baseline assessments of GHG in the health system including its supply chains; 2) developing an action plan inclusive of the supply chain and human exposure to air pollution; and 3) setting target dates for high polluters for net zero emissions. She drew attention to the growing demand for this work in developed and developing countries, and pointed out that 15 of 19 countries committed to net
zero are in the Global South. Regarding methodology, she described a top down, global roadmap based on national expenditure and input/output data as well as a bottom up, emissions calculator available for the health care sector. A pilot national health sector carbon footprint project is currently underway in Columbia, she said. “Non-state actors have been equally important,” she reported, noting 60 healthcare institutions globally were committed to the UN Race to Zero campaign.

In a Q&A, panelists fielded a range of questions including on planetary health, consumer decision-making, integrated agendas, the life course approach to climate and health, the value of indirect lobbying, environmental determinants as pro-aging factors, and climate anxiety.