



UCL BRIEFING – JUNE 2015

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KEY MESSAGES

- Any agreement in December 2015 must **secure a long-term commitment to keep global temperature rise under 2°C, and maintain a credible pathway to raise ambition on post-2020 mitigation actions**. The Convention text recognises “human health and wellbeing” as an important motivation for an ambitious climate agreement. It should build on Article 4.1f in ensuring that health considerations are included in all future planning of climate mitigation and adaptation.
- **Key determinants of public health are harmed by un-mitigated climate change, poses an unacceptably high and potentially catastrophic risk to human health**. Indeed, without rapid progress in the international negotiations, the implications of climate change for a global population of 9 billion people threatens to undermine the last half century of gains in development and global health.
- **Rapid progress within the climate change negotiations will accelerate finance and political commitment for mitigation and adaptation policies, driving unprecedented advances in public health**. Many interventions are ‘no-regret’ alternatives, which will simultaneously help to tackle some of the largest health challenges faced, and reduce pressure on national health budgets.
- **The health community has a vital role to play in advising the negotiation process**, and implementing decisions by the Conference of the Parties. Health systems and healthcare facilities can act as anchors of community resilience and adaptation. Conducting health impact assessments on future mitigation policies will help ensure that they are designed in a way that maximizes the health and wellbeing of local populations.

LANCET **commission**

ON **health** & **climate** '15

Briefing for UN Framework Convention on Climate Change (UNFCCC) Negotiators

Health and climate change – making the connections

The human causes, impacts and future risks of climate change are widely accepted, and now threaten to undermine the last half-century of gains in development and global health. Climate change is affecting human health in multiple ways: both directly – through extreme weather events, food and water insecurity and infectious diseases – and indirectly – mediated through economic and social processes (leading, for instance, to migration and conflict).

The 2015 Lancet Commission on Health and Climate Change highlights the fact that many of the projected impacts on health can be avoided by low-cost solutions to mitigate climate change and by implementing policies that support populations to adapt to a changing world.

This briefing discusses key climate change issues that should be considered ahead of Paris 2015 by UNFCCC negotiators seeking to realise these global health co-benefits.

Health adaptation

Health systems should act as anchors of community resilience, helping populations to adapt to climate change. Climate-ready health systems will need to be able to withstand extreme weather events and be responsive to new and emerging epidemics, which may threaten the viability of poorly prepared healthcare infrastructure.

Including the health impacts of climate change (and the responses to them) in national assessments is an essential step for countries party to the UNFCCC. National Adaptation Plans must include a regular review of health vulnerabilities and interventions to address these, with technical support available from the World Health Organization.

To facilitate this, renewed investment in climate change, public health monitoring and surveillance infrastructure is required, ensuring a better understanding of the adaptation needs and the potential co-benefits of climate mitigation at the local level, where it matters most. This is best achieved by **strengthening existing infrastructure, aiming to provide more locally-relevant**

meteorological and epidemiological data, and training national statistical officers in their use for early warning and health system planning.

ADAPTATION TO FLOODS AND STORMS IN BANGLADESH

Bangladesh regularly suffers from extreme weather events. In 2007, Cyclone Sidr killed around 4,000 people, 296,00 fewer than those who died in an equivalent storm in 1970. Bangladesh managed to reduce deaths through collaboration of government, NGOs and local communities, who built a network of cyclone shelters and deployed early warning systems. Systems included high technology information systems, as well as training volunteers to distribute warning messages by bicycle. Such adaptation helps to protect lives, by allowing the storage of clean water, and securing food before an event.

Finance

Current levels of finance for health from the Adaptation Fund and the Green Climate Fund are insufficient. **New and additional finance is needed to help implement the cost-effective and 'no-regret' solutions** highlighted by the **Lancet Commission**. In line with Decision 17/CP.19, this should be coupled with additional technical support for parties from the Nairobi Work Programme, particularly for least developed countries and small-island developing states.

These interventions will be most effective when implemented in concert with broader development measures outlined in the post-2015 development agenda, and in line with UNISDR's Hyogo Framework.

Mitigating climate change – promoting public health

The 2015 Lancet Commission argues that mitigating climate change and promoting public health are two sides of the same coin. **It concludes that achieving a decarbonised global economy and securing the public health benefits it offers is no longer primarily a technical or economic question – it is now a political one.** Indeed, the WHO has often stated that a strong climate agreement is a strong health agreement.

Transitioning to a low-carbon global economy will come with the implicit recognition that international responsibility for reducing greenhouse gas emissions (GHGs) is shared; interventions that reduce emissions and promote global public health must be prioritised regardless of national boundaries.

Bold political commitment in the Paris agreement should rapidly accelerate the deployment of new technologies, and mobilisation of additional climate finance. It is clear that there are no 'silver bullet' technologies for climate change mitigation. However, mitigation measures that accelerate a transition away from fossil fuels or reduce vehicle emissions to low carbon technologies will result in improved public health and subsequent cost-savings. Analysis by WHO Europe demonstrates that air pollution costs European economies some 1.6 trillion USD annually in terms of additional healthcare costs and lost economic productivity.

To facilitate this, the Commission notes that a framework for a strong, predictable and international carbon pricing mechanism is crucial in tying many mitigation interventions together, delivering long-term commitments and a credible path towards a 2° world.

Recommendations

The 2015 Lancet Commission examines mitigation policies in light of their health implications, providing **recommendations to governments, with important implications for the UNFCCC negotiations:**

1. To protect cardiovascular and respiratory health, the Commission strongly supports the 2015 World Health Assembly resolution on air pollution, and recommends an early and decisive policy package which targets air pollution from the transport, agriculture and energy sectors, aiming to reducing the health burden of PM2.5 and short-lived climate pollutants.
2. Central to this policy package, is the rapid phase-out of coal from the global energy mix. Indeed, it is recommended that many of the 2,200 coal-fired plants currently proposed for construction globally be replaced with cleaner energy alternatives. In line with this, the UNFCCC's Clean Development Mechanism (and any future market based mechanisms under the ADP) should reverse ACM0013 on public health grounds.
3. Health considerations should be built into guidelines for the preparation of National Communications and contributions under the UNFCCC and reporting under any new agreement, facilitating accurate quantification of the avoided burden of disease and reduced healthcare costs that result from climate mitigation activities. This should be coupled with scaled-up national and local statistical capacity, political support, and decision support to help guide countries on low-carbon healthy energy choices.
4. Measures to rapidly expand access to renewable energy in low-income and middle-income countries should be prioritised. This provides reliable electricity for communities and health facilities, unlocks substantial economic gains and promotes health equity. Indeed, a global development pathway that fails to achieve this expansion will come at a detriment to public health, and will not achieve long-term economic growth. This expansion provides an opportunity to engage with the post-2015 development agenda's drive for 'sustainable energy for all'.

CHINA'S ENVIRONMENTAL TRADING SYSTEMS PILOT

In 2006, China became the world's biggest greenhouse gas emitter. In line with its stated aims of reducing CO2 emissions 40-45% by 2020, seven environmental trading system (ETS) pilots were started, guaranteeing a specified level of emissions reduction. Each of the pilots was contextually designed, with diverse monitoring systems, penalty fines and tools to manage prices. One common factor was the use of 'relative' CO2 caps, set in relation to local economic activity, rather than an absolute cap as applied in the EU ETS.

2015 and Beyond

The Commission has developed an independent and international "Countdown to 2030: Global Health and Climate Action" coalition. Building on the success of the Commission, the 'Countdown' will report in The Lancet every 2 years, tracking, supporting and communicating progress and success across a range of indicators in global health and climate change. In particular,

it will track the development of health adaptation policies, and support the implementation of mitigation interventions which yield public health benefits. Ultimately, it will support driving a transition towards a low-carbon future, taking advantage of the greatest global health opportunity of the 21st century.

2015 LANCET COMMISSION ON HEALTH AND CLIMATE CHANGE

The Commission is an international, independent collaboration of academic experts, formed to map out justification for policy responses to climate change. It exists as a collaboration between European and Chinese climate scientists, geographers, social and environmental scientists, biodiversity experts, engineers, energy policy experts, economists, political scientists and public policy experts, and health professionals – all seeking a response to climate change which is designed to protect and promote human health. Administrative, communications, and design personnel also support this Commission.

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