



Media briefing

GCHA COP25 Media Briefing: The Climate Crisis is a Health Crisis and Requires Urgent Global Action

Who: Global Climate and Health Alliance

What: Climate Action at COP25 to protect Health

Where: Madrid, Spain

When: December 7th: Global Climate and Health Summit at COP25

Why: To generate urgent global action to protect the health of people worldwide, in the face of a changing global climate.

Summary: The [Global Climate and Health Alliance \(GCHA\)](#), a coalition of health and development organisations from around the world calls for health to form an integral component of the work carried out during COP25 in Madrid, Spain (Dec 2-13 2019).

Events: From 0900-1730 on December 7th the Global Climate and Health Alliance (GCHA), in collaboration with the World Health Organization (WHO), Spain's Ministry of Health and other partners, will convene the [Global Climate and Health Summit](#) alongside the UN climate negotiations in Madrid. The summit serves as a central moment for health civil society and other stakeholders to help generate global action towards protecting health from a changing global climate.

Interviews: GCHA Executive Director, Jeni Miller, will be present and available for interview at Cop25 from between Dec 2nd and 9th - also available for interviews following these dates.

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I. The Global Climate and Health Alliance Calls for National Governments to:

1. Protect the “**right to health**” as they committed to in the Paris Agreement by delivering national emissions reduction targets in their updated [Nationally Determined Contributions](#) (NDCs) commensurate with limiting global temperature increase to 1.5 degrees C, cutting emissions in half by 2030, and achieving net zero emissions globally by 2050 as recommended in the IPCC SR1.5 report.
2. Align their NDCs with relevant national policies across sectors and align all policies with their health goals, to ensure policy coherence that delivers climate mitigation and adaptation, health protection and promotion, and greater social and economic equity, within a human rights framework.
3. Bring health agencies, ministries, health professional societies and other health stakeholders into their decision-making processes for climate change, so that national climate strategies protect and promote health.
4. Make health an integral component of their NDCs, incorporate it into their National Adaptation Plans, and into climate financing mechanisms. Calculating the health co-benefits and the **health cost savings of climate strategies** has the potential to serve as a core ambition strengthening mechanism.
5. Move to rapidly eliminate fossil fuel subsidies, redirecting funding and prioritising initiatives with health co-benefits and those which strengthen the resilience of health systems. In developing countries, the optimal path for health and climate may entail, in the near term, shifting some subsidies from a more polluting fossil fuel to one that is less so for some groups, e.g. India is shifting coal subsidies to subsidizing LPG gas for low income households currently dependent on burning biomass for household cooking and heating.
6. In high income countries, set much more ambitious targets commensurate to historical responsibility and current capabilities, **so that lower income and less developed countries have time to catch up**. Without such considerations for global equity, the effort for reaching climate objectives could create further health disparities.

II. Background on Climate and Health at COP25

During 2019, we have seen extraordinary health impacts related to climate change, with toxic air pollution in Delhi and in Australia, devastating floods in South Asia, extreme hurricane impacts in the Bahamas, and wildfires in the Amazon, Australia, Indonesia and the United States. This year has also seen the rise of an energized global movement demanding action on climate change, including mounting declarations from doctors, nurses, and health organizations around the world declaring that the climate crisis is a health emergency. Despite the dramatic evidence that we are now in an era defined by climate change, and despite widespread demands to rise to the occasion and address this crisis, governments of the world are still failing to deliver. Most national governments are neither making nor meeting emissions reduction commitments commensurate with limiting warming to within levels recommended by climate scientists. Some national governments -- such as **Australia, Brazil and Saudi Arabia**, and most prominently the **United States** -- are actively undermining action on climate change.

Despite a series of challenges, including two changes of location, the international community has persevered to mount the COP25 talks, demonstrating shared recognition that progress on climate change cannot wait, regardless of what else may be happening. This is good news. At the same time, the late change of venue from Santiago, Chile to Madrid, Spain poses real challenges for the full participation of civil society, presenting concerns that while business interests may have the resources to fully participate, many NGOs and other civil society stakeholders, especially from Latin America, may not have been able to change place quickly enough to be fully represented. Strong civil society involvement in these international deliberations is particularly salient in light of the social and economic inequities driving civil unrest in several countries around the world. In addition, as made pointedly clear by the climate strikes and direct action around the world, civil society *must* be involved because, to date, world leaders have *not* taken the needed actions to avert catastrophic warming, and are being called to account for this by teenagers.

[The November 2019 report by *The Lancet Countdown: Tracking Progress on Health and Climate Change*](#), suggests that the world currently remains on a “business as usual” path, **with warming of 4°C likely in the lifetime of a child born today**. Under that scenario, such a child could experience malnutrition and stunting due to reduced crop yields, developmental and respiratory issues from air pollution, work productivity hampered by heat waves, and displacement due to extreme weather. Social stability and security would by no means be assured for such a child.

The Lancet report reinforces the findings of the [Intergovernmental Panel on Climate Change \(IPCC\)](#) report released earlier this year, which indicates that, without major, transformative changes to our food systems and how we manage our forests, to complement a rapid transition of our energy systems away from fossil fuels, we will not be able to limit global warming to the 1.5°C needed to protect human health.

The Lancet report, however, highlights another possible scenario to keep us below 1.5°C, in which strong climate leadership drives a rapid transition away from fossil fuels, transforming our food systems and transportation systems. Robust climate financing and other supports ensure that more severely impacted countries and communities have the resources they need to adapt and build resilience toward climate impacts, resulting in “cleaner air, safer cities, and more nutritious food, coupled with renewed investment in health systems and vital infrastructure.” (Lancet Countdown)

The outcomes of the climate negotiations in Madrid will play an important role in determining which of these paths we pursue. That choice must be made *now*.

III. What must happen at COP 25?

COP25 will lay the groundwork for vital decisions over the coming year, when countries are to revise their national climate mitigation commitments (their “NDCs” or Nationally Determined Contributions), as required under the terms of the Paris Agreement. Finalizing the Paris “rulebook” is among technical work of this COP, while building momentum toward strong, enhanced NDCs and Long Term Strategies (LTs) in 2020 is its political work. Health has a stake in both the technical and political work of this COP. Protecting human rights and strengthen social and economic equity must also infuse all elements of the discussion.

IV. Technical issues at COP25

Both the [World Health Organization](#) and health civil society representatives will be engaging with the negotiations on the technical issues to be addressed regarding implications for health:

- 1) [Loss and Damage](#) -- With increased migration and displacement due to climate impacts ranging from multi-year droughts to devastating storms and wildfires, [humanitarian](#) and health organizations have flagged the importance of international agreements on loss and damages that will protect the health and human rights of adversely impacted people and that will provide the needed resources to support their recovery.
- 2) [Carbon Markets](#) -- A top agenda item at COP25 is setting strong rules for carbon markets. Essential considerations for health are: to ensure any market approaches do not simply displace emissions from one country to another without reducing overall emissions; and to establish social and environmental safeguards so that emissions are not traded at the expense of the health of vulnerable communities in high emission zones. The global transition to a low carbon economy must deliver health benefits for all.
- 3) [Reporting and Transparency](#) -- While the Paris Agreement requires countries to deliver NDCs, implementation, not legally required, is instead intended to be achieved via transparent international reporting mechanisms -- do countries’ NDCs meet their “fair share” of emissions reductions, what are their actual national emissions, etc. The “right to health” requires that the climate regime not just promise, but actually deliver greenhouse gas (GHG) reductions aligned with 1.5°C, and these reporting mechanisms are part of the globally agreed upon approach to ensuring implementation.

- 4) **Climate Finance** -- Historical emissions of many developed countries mean that reducing current emissions alone would not allow them to contribute their “fair share” toward achieving 1.5°C. Meanwhile, though many developing countries are taking significant steps toward a low carbon economy, they must also spend on adaptation and response as they bear the brunt of current climate impacts. International climate financing is essential to support developing countries to meet their mitigation goals; and equally, to support their adaptation and resilience. Both of these aspects can help strengthen trust in and broad-based commitment to the global climate regime. \$100 billion has been promised to the Green Climate Fund but has not yet been fully delivered. Only a tiny percentage of all global climate funding goes to climate and health. Much more is needed for health system adaptation, and for [basic public health interventions that improve people’s baseline health status](#) and thus their resilience in the face of climate change impacts. Notably, fossil fuel consumption subsidies in non-OECD countries were [nearly US\\$430 billion in 2018](#). If [production subsidies and environment costs are included, the total is in the trillions](#) of US dollars.
- 5) **Adaptation**: Adaptation is addressed both within countries’ [National Adaptation Plans](#) (NAPs) and, in some cases, within their NDCs. The goal in both cases is for countries to address climate change risks in all of their planning, across sectors. With increasing impacts of climate change being experienced around the world, robust adaptation planning that prepares countries and communities is essential to minimizing the lives lost and the threats to health.

V. Political issues at COP25

COP25 must lay the groundwork for countries to deliver ambitious updated climate action commitments, in line with limiting warming to 1.5°C, when revised NDCs and LTSs are due in 2020. These commitments and their full implementation will determine the outlook for human health and well-being on this planet.

- 1) **Deliver High Ambition NDCs in 2020, Commensurate with 1.5°C and Protecting Health** -- Thanks to the “ratcheting mechanism” of the Paris Agreement, NDCs are meant to become more ambitious every 5 years. Current commitments put the world on the path to as much as 4°C, which would be catastrophic for global human health and well-being, as detailed in the [IPCC Special Report on 1.5°C](#).
 - a) **The [health cost savings, globally, from actions needed to limit warming to 1.5°C would more than pay for that mitigation](#), through reduced air pollution exposure alone. Significant additional health co-benefits will come from increased physical activity when countries improve their active and public transportation systems to reduce vehicle emissions; and from healthier diets through transformation of our food systems. These health co-benefits are above and beyond the health benefit of avoided climate change impacts themselves.** Integrating “health” into countries’ revised NDCs, and bringing the health sector into national climate policy and decision making can help deliver these benefits.

- 2) **[Long Term Strategies \(LTS\)](#)** -- An important start on LTS was made on Net Zero pledges at the UN Climate Action Summit convened by Secretary General Antonio Guterres in New York, where [77 countries and over 100 cities made net zero commitments](#). COP25 offers the opportunity for additional governments and other stakeholders to announce net zero commitments and signal their LTS intentions, thereby building global momentum toward hitting the long term goal of 1.5°C.

VI. Why COP25 matters for health

The climate change impacts that a child born today can expect under a business-as-usual scenario are already becoming visible in some of the climate-related events of 2019. While climate change poses grave threats to health, through impacts we are already experiencing, the opportunities for health if we aggressively tackle climate change are immense. There are currently 7 million deaths per year worldwide from air pollution. The [health benefits from reduced air pollution of climate mitigation to achieve 1.5°C](#) would more than pay for the cost of that mitigation, with especially high benefits in China and India. Transformation of our food systems, including change agricultural practices, food waste and distribution, and diets, offer substantial opportunities to improve health. [Healthy, sustainable diets would prevent an estimated 11 million deaths per year](#) from heart disease, stroke, diabetes and cancers. Scenarios in which transportation systems support active and public transportation along with low emission vehicles show this would reduce years of life lost to ischaemic heart disease [by 10-19% in London and 11-25% in Delhi](#).

To choose the better path, governments must commit to rapid decarbonization.

VII. Global Climate and Health Summit and other health activities at COP25:

On 7th December in Madrid, the Global Climate and Health Alliance (GCHA), in collaboration with the World Health Organization (WHO), Spain's Ministry of Health, and other partners, will convene the [Global Climate and Health Summit](#) alongside the UN climate negotiations to highlight that climate change is a health issue. As part of the formal program of the UNFCCC, in addition, on December 3rd WHO will host a High Level Meeting on health and climate change as well as several other side events ([details to be posted here](#)). Members of the WHO-Civil Society Working Group to Advance Action on Climate and Health (co-chaired by GCHA) will meet to discuss joint strategies for addressing health and climate in 2020. Health representatives will also be meeting with national delegations during the negotiations, calling for countries to address health in their climate plans. Health delegates to the COP will be advocating with country delegations for inclusion of health considerations in NDCs and other UN mechanisms, both to protect health, and to enable countries to realize and reap the health, economic, and productivity benefits that are possible out of climate action.

VIII. About the Global Climate and Health Alliance

The Global Climate and Health Alliance was formed in Durban in 2011 to tackle climate change and to protect and promote public health.

The Alliance is made up of health and development organisations from around the world, united by a shared vision of an equitable, sustainable future. Our vision is a world in which the health impacts of climate change are kept to a minimum, and the health co-benefits of climate change mitigation are maximised. Alliance members work together to:

1. Ensure that health impacts are integrated into global, regional, national and local policy responses to climate change so as to reduce them as far as possible, with a particular focus on reducing health inequalities through mitigation and adaptation;
2. Encourage and support the health sector to lead by example, in mitigating and adapting to climate change;
3. Raise awareness of the health threats posed by climate change and the potential health benefits of well-chosen climate mitigation policies in areas such as energy, transport, food and housing.

More more information, visit <http://climateandhealthalliance.org>