CLIMATE ACTION, URGENT ACTION

RECOMMENDATIONS FOR COP28

KAMCHATKA/ FREEPIK

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SALUD por DERECHO
Right to health foundation

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EXECUTIVE SUMMARY AND MAIN RECOMMENDATIONS:

Every year, from November 30 to December 12, the Member States meet for the annual conference, COP28. From Salud por Derecho, we want to send the Government of Spain the following recommendations that address, among other elements, adaptation, mitigation, and climate financing policies. Spain holds the Presidency of the EU, and its efforts toward a more progressive negotiation that allows achieving a more ambitious text are an opportunity that we cannot miss:

01. Fossil fuels

The complete, timely, fair, and funded phase-out of fossil fuels is a public health imperative. The results of COP28 must include a globally agreed plan to eliminate all fossil fuels and introduce renewable energy and greater energy efficiency. Furthermore, carbon capture and storage is not the solution and will not prevent the health impacts of air pollution from burning fossil fuels. Emissions must be reduced by 43% by 2030 and 60% by 2035 compared to 2019.

02. Climate funds

Climate funds committed in 2020 must be guaranteed and increased in line with current needs. Wealthy countries must provide a credible and transparent roadmap for fully meeting their $100,000 million climate fund commitments, as well as increasing financing for adaptation policies by 2025. Financing for investments in adaptation policies is minimal, as mitigation actions are prioritized. Both approaches are necessary and complementary.

03. Adaptation and mitigation

Adaptation and mitigation policies are inseparable, integrated, and equally urgent. Neither should be detrimental to the other if we want to reduce health impacts.

04. Loss and damage fund

Creating a loss and damage fund that is ambitious in financial contributions and flexible, capable of responding to the needs of the affected communities. They must be grants and not loans that consider the contexts of the parties that request them. It must incorporate among its actions the financing of social protection plans to increase access to health services for affected communities.

05. Health into NAP

Health must be incorporated into the National Adaptation Plans (NAP) but also have its own space with Health Adaptation Plans, following WHO recommendations and addressing the different levels of political action (macro, meso, and micro). Public policies must incorporate specific plans to prevent an impact on health and mortality in such critical aspects as extreme adverse events, heat waves, vector-borne diseases, and fires.

06. Air quality

Binding commitments regarding air quality must be incorporated into national public policies that allow the implementation of policies following the WHO recommendations.

07. Health in Global Stocktake

Health must appear in the global overview/Global Stocktake as an indicator of success in climate action to also evaluate progress in the public policies implemented.

08. Food security

Food security must be guaranteed, as well as the availability, accessibility, utilization, stability, agency, and sustainability of crops. All of this is intending to guarantee that all people have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

09. Vulnerable population

Climate action that protects and empowers the most affected and vulnerable population groups and communities must be ensured, as well as guaranteeing the protection of the right to health of climate migrants, promoting the necessary procedures, and contributing to avoiding the global degradation of the right to health. asylum

INTRODUCCIÓN

From November 30 to December 12, Dubai will be where Governments gather for the annual Conference of the Parties, known as COP28. Although the sense of urgency has become practically constant in each edition, the delays in compliance with the agreements and the lack of action on the part of many States further underline, if possible, the need to ensure important advances in climate policies.

This document contains a package of recommendations that we want to send to the Government of Spain ahead of COP28 from Salud por Derecho. The requests range from adaptation and mitigation policies to everything related to sectors where the impact on health is high and worrying if measures are not taken in time. Furthermore, given that Spain holds the Presidency of the EU, its efforts toward a more progressive negotiation and a more ambitious text are an opportunity we cannot miss.

Climate change is one of the greatest threats to human health and, in the words of Dr. Tedros Adhanom Ghebreyesus, director general of the WHO, "the climate crisis is a health crisis that fuels disease outbreaks, contributes to rising rates of non-communicable diseases and threatens to overwhelm the workforce and health infrastructure." According to data from the WHO and the Lancet Commission, it is estimated that, between 2030 and 2050, climate change could cause around 250,000 additional deaths per year due to reasons such as malnutrition, malaria, diarrhea, or heat stress[1].

Like every year, the Lancet Countdown has recently published the most recent data referring to 2022, and they are worrying. The data that stands out the most is that deaths related to heat and people over 65 years of age increased by 85% compared to the period 1990-2000. Another figure of particular concern is the impact of water scarcity and drought, as the global land area affected by extreme droughts has increased from 18% in 1951-60 to 47% in 2013-22.

The impact on health will bring economic effects estimated between 2000 and 4000 million dollars annually until 2030[2]. Furthermore, areas with poor health infrastructure will have greater difficulties coping with the situation. In this context, it will be practically impossible to guarantee the right to health and a healthy environment, as stated in the UN Framework Convention on Climate Change and other international resolutions of the WHO[3].

However, the impact of climate change on health is increasingly present in international spaces and is recognized as a threat, especially relevant in relation to global health and zoonotic impact. Current Pandemic Treaty negotiations must address both prevention and surveillance of the spread of zoonoses for public health reasons. Furthermore, it is essential to expand efforts to other areas, such as biodiversity conservation and food security, among others[4]. These efforts will not be possible, especially in lower-income countries, if they do not have sufficient financing to strengthen their health policies.

However, climate change not only directly impacts pandemics and epidemics. Scientific evidence shows a change in the behavior of communicable and non-communicable diseases. Adverse events such as heat or cold waves, floods, and long periods of drought are becoming more frequent. All of this implies a change in many patterns, such as the prolongation of hot periods, thus increasing the impact of many diseases.

Other impacts are related to air pollution and its effects on respiratory and oncological diseases, which is especially relevant in more vulnerable populations, such as children[5], pregnant women, older people, workers exposed to contaminated air, and chronically ill people. According to the most up-to-date data, in 2019, 6.67 million[6] people died worldwide from air pollution. On the other hand, it is estimated that 3.6 million[7] die annually due to the burning of fossil fuels.

However, the effects of climate change do not end here. Another of the enormously affected sectors is agriculture, where periods of drought reduce or even cause the loss of crops that are essential for the populations and risk their survival. In these scenarios, migration becomes the only alternative to facing a future without resources.

In addition to the impact on people's physical health, there is also the impact on mental health, evidenced by the growing prevalence of eco-anxiety and solastalgia, especially among the younger generations. They perceive a hopeless future on a destroyed planet whose extractive culture strips them of their right to a clean, healthy, and sustainable[8] environment, violating a right as basic as health.

Despite this reality, a recent report from the International Monetary Fund[9] reveals that global subsidies for fossil fuels reached $7 trillion in 2022, an all-time high, according to the institution itself. The analysis shows that 18 percent of this amount corresponds only to explicit subsidies, such as policies that limit fuel prices.

During the last United Nations assembly in September 2023, 17 member countries of the High Ambition Coalition, including Spain, signed a letter [10] expressing the urgency of addressing the climate crisis and meeting the objectives established in the Paris Agreement.

This call urges the phasing out of fossil fuels and setting ambitious global targets for renewable energy and energy efficiency.

All this at a time when:

1. There are fears that only 12% of the Sustainable Development Goals (SDGs) will be achieved within the established deadlines, with 575 million people projected to continue living in extreme poverty by 2030.
2. Recent data indicate that approximately 735 million people, or 1 in 10 people in the world, currently suffer from hunger, even with current levels of warming, representing an increase of 60 million in the last five years.
3. Globally, 775 million people still live without electricity, and nearly 1 billion still receive healthcare without reliable power[11].

These data underline the urgency for parties to take immediate action during COP28 to curb inequity and address glaring inequalities. They must rise to the challenge of placing human and ecosystem health at the center of political will.

MITIGATION

The latest data reveals a 12 percent increase in global greenhouse gas emissions in 2019 compared to 2010, and 54 percent more than in 1990[12]. Although we have not reached the highest peak, 2050 is getting closer. The two main strategies to combat global warming are mitigation and adaptation. Mitigation policies, according to the UNFCCC, are those whose efforts are aimed at reducing or preventing greenhouse gas emissions[13].

The IPCC 2023 highlights actions that countries carry out in this area, such as improvements in energy efficiency, policies to combat deforestation, and the development of new technologies[14]. In practical terms, we are talking about promoting solar and wind energy, electrification, energy efficiency of old equipment, improvements in infrastructure, or changes in management and consumption practices.

Mitigating means not only reducing emissions but also preventing health impacts. A relevant fact is the 600 million people who lack access to electricity, most of them in sub-Saharan Africa[15]. Using polluting fuels, such as biomass, coal, and kerosene, in homes without electricity has serious consequences.

In 2020, household air pollution caused 3.2 million deaths, including 237,000 children under five years of age[16]. Breaking this cycle would make it possible to reduce mortality, ensure the sustainability of homes, or reduce emissions, in addition to covering other elements such as refrigeration, which is so essential to confront heat waves.

Mitigation policies in other key sectors, such as transportation, are also essential, but the resistance of the automobile industry continues to delay and slow down the reduction of emissions from combustion vehicles. Therefore, from Salud por Derecho, we want to propose the following actions for the next COP28:

01. The complete, timely, fair, and **funded phase-out of fossil fuels is a public health imperative**. The results of COP28 must include a globally agreed plan to eliminate all fossil fuels and introduce renewable energy and greater energy efficiency. Carbon capture and storage is not the solution and will not prevent the health impacts of air pollution from burning fossil fuels.

02. COP28 must be a clear and determined commitment **to reduce emissions** by 43% by 2030 and 60% by 2035, compared to 2019 levels, as required to keep the temperature increase below 1.5°C. On the other hand, it is urgent to set more ambitious objectives for 2035 before COP30.

03. The most industrialized countries **must provide the necessary funding** so that the lowest-income countries – which are the ones that pollute the least – can undertake mitigation policies, as well as the technology to face the challenges of climate change.

04. All public funding for fossil fuels, including subsidies, **must be ended**. Tax policies for fossil fuels must be proportionate to their broader health and social costs[17].

05. As stated by the IPCC (AR6), to reduce the demand for fossil fuels, the following aspects must be considered, all related to mitigation measures[18]:

a. The implementation of **transformative governance** driven by the macro policies of States. This includes introducing financial incentives for low-emission living and low-impact products; investments in sustainable inter-urban and intra-urban public transport, as well as active transport infrastructure that encourages pedestrian and bicycle mobility; and the development of green cities with a rationalization of living space, among other initiatives.
b. A **commitment to technology and its transfer** to allow access to alternative energies and CO2-neutral materials; the adoption of electric and energy-efficient vehicles, energy-efficient appliances, and the implementation of integrated renewable energy plans.

ADAPTATION

If mitigation seeks to reduce greenhouse gas emissions into the atmosphere, adaptive policies aim to address the risks of climate change through initiatives that reduce the vulnerability of communities[19]. The climate emergency increases threats to health, and to address this issue, resilient health systems are essential, as well as interventions in other sectors that influence the determinants of health, such as access to water, remediation of infrastructure, housing, and sustainable infrastructure or green urban spaces. From Salud por Derecho, we want to propose the following actions for the next COP28:

01. **Adaptation and mitigation policies are inseparable**, complementary, and equally urgent. Neither should be detrimental to the other if we want to reduce health impacts.

02. **Health must be incorporated into the National Adaptation Plans** (NAP) but also have its own space with Health Adaptation Plans following WHO recommendations and addressing the different levels of political action (macro, meso, and micro). Adaptation needs to reflect the particularities of each context at the local level, along with higher levels of action. Furthermore, it is essential to establish baselines, vulnerability assessments, and adaptation for each case.

03. Regarding adaptation materials, public policies must incorporate **specific plans to prevent an impact on health** and mortality in such critical aspects as extreme adverse events, heat waves, vector-borne diseases, and fires.

04. We must focus on metrics that **allow the analysis** and evaluation of health impacts.

05. Defining outcome-based adaptation objectives that comprehensively address all **health-determining sectors is essential.** This implies access to water and food, policies for sustainable infrastructure, and the protection of ecosystems. In short, guarantee resilient systems.

06. COP28 is an opportunity to address **universal healthcare coverage** as a central element to ensure the resilience of populations and health protection systems.

07. Sufficient funding is needed **to carry out adaptation plans,** especially for those countries with fewer resources that nevertheless suffer more from the consequences of climate impact

08. Strengthen policies for the **recovery of nature and diversity**, including urban spaces, as one of the main adaptation measures to climate change.

CLIMATE CHANGE FUNDING

Health is one of the three priority sectors within the Nationally Determined Contributions (NDC), that is, the set of efforts each country has to put in place to reduce national emissions and adapt to the effects of climate change. However, when it comes to funding health adaptation projects, they do not turn out to be a priority. Between 2018 and 2020, 0.3 percent ($14 million) of multilateral climate change adaptation funding went specifically to the health sector[20]. Between 2009 and 2019, only 0.39 percent of multilateral and bilateral funding for climate adaptation went specifically to health-related efforts, according to the OECD[21].

According to the most recent reviews, only 2 percent of funding for adaptation projects and 0.5 percent of total funding from multilateral sources for climate funding have been directed to health projects as such[22]. Multilateral health funds such as GAVI, UNITAID, or the Global Fund have begun incorporating climate change into their work strategies and policies. This process has only just started and, although the numbers are still limited, it should be perceived as a further opportunity to integrate climate and health among organizations' strategic priorities[23].

Furthermore, the healthcare sector is energy-intensive and is greatly affected by climate change. It is urgent to implement mitigation policies with a view to sustainability in infrastructure and energy efficiency. Therefore, the effort must be twofold, with specific mitigation policies to limit and eliminate Greenhouse Gases (GHG) from the sector, as well as reinforce the link between health and climate. This exercise involves addressing health and investment in all those areas that produce collateral benefits. From Salud por Derecho, we want to propose the following actions for the next COP28:

01. **Guarantee climate funds committed in 2020 and increase it in line with current needs.** Wealthy countries must provide a credible and transparent roadmap for fully meeting their $100,000 million climate fund commitments, duplicating the funds designated to adaptation policies by 2025. Financing for investments in adaptation policies has been minimal, as other mitigation actions have been prioritized. Both approaches are necessary and complementary.

02. Funding for climate and health is limited. Therefore, it is necessary to consider **how to maximize the benefits** of each. To avoid the detriment of other needs and ensure positive outcomes, climate funding for health must be new and additional to funds already committed.

03. Governments must agree and promote a comprehensive package of **global financial tools** to accelerate and sustain action on climate- and pandemic-resilient health systems. These should include the adoption of climate and pandemic debt suspension clauses in all new sovereign loans.

04. Adopt the **principle of reciprocity** between climate and humanitarian action. Climate funding should help close gaps in health and humanitarian action, while humanitarian funding should support the implementation of climate action.

05. COP28 should reach a decision on the general parameters for the **new quantified collective goal** on funding the fight against climate change. This objective should include grant-based public support, mitigation, adaptation, and loss and damage secondary objectives, as well as other elements related to implementation deadlines and times.

06. Quantify the health co-benefits and returns associated with the investment. International climate finance entities should develop **clear guidance on opportunities** to maximize health benefits within investments made across sectors, putting human and ecosystem health at the center of commitments.

07. Allocate specific investments for **responses to pandemics** through funds for adaptation actions, loss, and damage, as well as mechanisms that can be carried over to the current negotiations on the Pandemic Treaty that allow for the resilience and strengthening of health systems.

08. Support **the expansion of the number of health agencies** accredited to access climate funds and implement financing for capacities, especially in countries with fewer resources, that allow better and greater access to the different climate funds[24].

GLOBAL STOCKTAKE, HEALTH CO-BENEFITS AND OTHER RELEVANT RECOMMENDATIONS REGARDING CLIMATE MIGRATION.

The Paris Agreement established a mechanism that, starting in 2023, would carry out a Global Stocktake (GST) to evaluate collective progress toward the established objectives and encourage greater climate ambition by the Governments. The first was published in September of this year. Such a strategic exercise must incorporate health at the center of the evaluation process and, at the same time. As progress is measured and targets reviewed, health should be a key indicator of overall success in implementing the Paris Agreement across sectors.

In this sense, the GST should incorporate the impacts of climate change on health and the opportunities that climate action offers to improve it, integrating these aspects into the Nationally Determined Contributions (NDC) in their national contributions (NDC). This includes, among other things, monitoring and quantifying the health impacts of climate-sensitive diseases.
Regarding the collateral health benefits derived from climate action, maximizing them through public policies that improve, for example, ambient air quality is essential. Quantifying the impact of these policies can further support the case for accelerated action.

Finally, it is important to address the impact of climate change on agriculture, considering crop losses and reduced agricultural productivity[25]. In turn, the relationship between higher CO2 levels and decreased nutrients[26] affects the availability and affordability of food, contributing to malnutrition of the area's population[27]. Food scarcity perpetuates poverty, climate migration, social injustice, and socioeconomic inequality with a direct impact on health outcomes[28]. Furthermore, global food systems, especially industrial ones, are resource-intensive and account for one-third of global greenhouse gas emissions[29], including methane.

From Salud por Derecho, we want to propose the following actions for the next COP28:

01. Incorporate health as an **indicator of success** in the global balance of climate action in order to evaluate progress in the public policies implemented.

02. Incorporate binding commitments **regarding air quality** into public policies that allow the implementation of policies following the WHO recommendations

03. **Guarantee food security**, addressing the availability, accessibility, utilization, stability, agency, and sustainability of crops. The objective is to guarantee that all people have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.

04. **Redistribute agricultural subsidies**, which often go toward conventional agriculture and food products, toward greener agricultural practices. This includes keeping natural areas intact and connected as part of rural farmland and promoting local food security and healthy diets.

05. Guarantee the protection of the **right to health of climate migrants**, promoting the necessary procedures and contributing to avoiding the global degradation of the right to asylum.

Salud por Derecho would like to thank the Global Climate and Health Alliance for their work in crafting and advocating recommendations for COP28 on health and climate change, many of which are reflected in this document.

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