Health must become core to global climate policy negotiations

As the world is struggling to recover from a global pandemic, the concurrent threat to human health from climate change[1] must be given greater political attention. The challenges that climate change pose to societies have typically been addressed by ministries of energy and environment and by environmental non-governmental organisations (NGOs), who do not have sufficient knowledge to assess and tackle health aspects of climate change. Some progress can be discerned in recent years when health ministries have begun to address the issue, capitalising on the commitment of health NGOs and international organisations such as WHO, but this has often been confined to sustainable health-care systems, disregarding the wider co-benefits of action.

There is a rapidly accumulating scientific evidence base on the deleterious effects of climate change on health. As a result of an increase in greenhouse gas emissions, societies around the world must cope with rising temperatures and sea levels and extreme weather events such as droughts, wildfires, heatwaves, and floods. These changes pose risks to human health through various exposure pathways, both direct and indirect. Often, communities that contribute least to climate change—eg, low-income and middle-income countries (LMICs) and vulnerable groups such as children, older people, migrants, Indigenous populations, and other marginalised groups—are affected most by these changes. The negative consequences can be difficult to quantify, and health is seen as a non-economic loss in the current UN Framework Convention on Climate Change (UNFCCC) loss and damage and other negotiations.[2] Nonetheless, many of the health effects bear measurable costs—be it in terms of reduced labour productivity due to heat stress[3] or to an increased financial burden on health systems. A better understanding of the universal value of health is required to develop an intersectoral, whole society approach that considers the links between climate and health.[4,5]

With the evidence becoming clear as summarised in many publications (eg, the latest IPCC reports by working groups II and III, it is surprising to see how little has been done in the international political arena to address and develop solutions to combat the threats to human health posed by climate change. Two questions can be considered here. On the one hand, what is inhibiting a health framing of the climate policy discussions (ie, addressing the topic); and on the other hand, what hinders the translation of political discussions into political commitments and actions (ie, developing and implementing solutions)? The first question points to challenges in the political agenda setting, whereby health is often equated with health care. This perspective downplays the cross-sectoral relevance of health priorities, and means that the topic has to compete with the dominant discourse about the central importance of economic growth as the main priority of government policy. The second question reveals the shortcomings of the policy making organisational structures, whereby the connection between scientists providing the evidence and policy makers turning this evidence into action is often weak, fragmented, and constrained by what is perceived as acceptable and feasible. To help address this disconnect between science and policy, the scientific community must do more to communicate findings in an accessible way to policy makers, catalyse new forms of engagement at science–policy interfaces, assess implementation of solutions, and advise on accountability. One such endeavour by scientists is the recently published report of a project by the InterAcademy Partnership (IAP)[6]—the global network of academies of science, engineering, and medicine—which aimed to succinctly summarise evidence available from diverse regions worldwide and lay out the principles, practicalities, and priorities embedded in diverse recommendations for policy makers. A particular focus was on clarifying and implementing mitigation policies with substantial health co-benefits and adaptation interventions for the most vulnerable groups.

The global IAP report draws many of its recommendations from four regional reports that were published by academy networks for Europe (2019; reviewed in a previous comment[7]), Asia (2021), the Americas (2022), and Africa (2022). Characterising and understanding the variability within and between regions in climate change pathways and impacts, robustness of health systems, and socioeconomic drivers provides an unparalleled resource for analysis and synthesis of recommendations

For more on the **IPCC reports** see https://www.ipcc.ch/report/ar6/wg2/downloads/report/IPCC_AR6_WGII_FullReport.pdf and https://www.ipcc.ch/report/ar6/wg3/downloads/report/IPCC_AR6_WGIII_Full_Report.pdf

at national, regional, and global levels. The panel lists some of the IAP emerging recommendations for generating and using research outputs. Although it is not possible to make detailed discussion here, one priority for transdisciplinary science is detection and attribution to quantify how climate change affects health.[8] Evidence on attribution is of utmost importance for activities pursuing climate justice and health equity; for instance as evidence to substantiate climate litigation[9] and to revitalise ambitions on loss and damage negotiations.

The challenge continues to translate IAP and other recommendations into the language of the international policy making community. The political fora are manifold and often follow complex processes and procedures, which make it hard for scientists to gain access and for the health argument to gain momentum. At COP26, health still only played a minor role in international climate negotiations, despite the efforts of non-governmental and international health advocates to make it more visible. Climate and health champions must redouble their efforts in future UNFCCC negotiations, by ensuring that national initiatives trigger international commitment and by bringing greater coherence and coordination into the disparate policy initiatives through shared targets and integrating the provision of evidence. For example, a compelling case can be made for better integration of health within and between the parallel UN processes of the Framework Convention on Climate Change, the Convention on Biological Diversity, the follow up to the Food Systems Summit, and the High-Level Political Group on Sustainable Development Goals. The time is surely overdue to seek greater collaboration with and between other inter-governmental initiatives that address similar priorities (such as the G7, G20, and G77). Such collaboration should strengthen messages while avoiding excessive duplication of effort, and facilitate continuity between the successive presidencies of these governance subsets to promote credibility and impact. The recent statement by the G7 health ministers in which they acknowledge "the importance of combating

Panel: **The InterAcademy Partnership (IAP) recommendations on generating and using transdisciplinary science to inform innovation, policy making, and practice***

1. Using the evidence base already available to inform policy with greater urgency and ambition

When evidence exists, it must be deployed to develop health-in-all-policies: there are unprecedented threats to health but also unprecedented opportunities to use knowledge.

2. Filling knowledge gaps with research

These actions must be based on commitment to develop basic biomedical and applied research and to strengthen transdisciplinary collaboration. Furthermore, the currently skewed geographical and societal distribution of research worldwide (with relatively little research designed and conducted by scientists in low-income and middle-income countries) must be addressed. More knowledge is needed to understand which adverse health effects are attributable to climate change, and to determine location, population, group, and disease specificities. Moreover, there must be strengthening of monitoring and surveillance activities that link health and climate, particularly in low-income countries. Such activities should ensure that health and environmental data streams are interoperable. Interoperable streams will permit better understanding of the trends in health effects of climate change and will help to identify when the limits to adaptation are being reached.

3. Synthesising research findings using robust systematic review methods

4. Improving evaluation of health effects of climate mitigation and adaptation actions

Rigorous evaluation of the effectiveness of potential mitigation and adaptation solutions is needed to inform priorities for action.

5. Effective health risk communication and countering misinformation

Countering vested interests who deny scientific knowledge must remain a priority. Health professionals can take a lead in this regard; their credibility is enhanced if the health sector itself sets ambitious decarbonisation targets for the sector and its supply chains.

6. Identifying and implementing academy of sciences' roles in support of science as a public good to inform policy and practice

Academies worldwide must use their expertise and convening powers to bring together policy makers and the scientific community at the national, regional, and global levels. The wide geographical representation of the academy global and regional networks is valuable in representing the voices of those who are not always heard during the processes (eg, people from low-income and middle-income countries and other vulnerable populations) whereby evidence informs international policy.

*Sources are the IAP global report and its regional reports from Europe, Africa, Asia, and the Americas.

For more on the **reports** see https://www.interacademies.org/project/climate-change-and-health

climate change to protect health: climate protection equals health protection"[10] is an opportunity to place the health and climate nexus at the centre of discussions—not only at G7 meetings, but also throughout the UN system and other international negotiations. IAP, its regional academy networks, and its national academy members are committed to sustaining dialogue and stimulating action on the issues for climate change and health. The preparation of our recent regional and global reports has benefitted greatly from wide-ranging discussion and advice from the scientific, health, and policy communities and from other stakeholders. We welcome further feedback on how to build on this momentum so that health becomes a central pillar of international climate policy negotiations.

We declare no competing interests.

Johanna Mogwitz, Robin Fears, Andy Haines, Volker ter Meulen
iap@twas.org

The InterAcademy Partnership, Trieste, Italy (JM, RF, VtM); Department of Public Health, Environment and Society and Department of Population Health, Centre on Climate Change and Planetary Health, London School of Hygiene & Tropical Medicine, London, UK (AH)

1 Haines A, Ebi K. The imperative for climate action to protect health. *N Engl J Med* 2019; **380:** 263–73.
2 The UN Framework Convention on Climate Change. Non-economic losses. 2022. https://unfccc.int/wim-excom/areas-of-work/non-economic-losses (accessed July 18, 2022).
3 Andrews O, Le Quéré C, Kjellstrom T, Lemke B, Haines A. Implications for workability and survivability in populations exposed to extreme heat under climate change: a modelling study. *Lancet Planet Health* 2018; **2:** e540–47.
4 The WHO Council on the Economics of Health for All. 2022. https://www.who.int/groups/who-council-on-the-economics-of-health-for-all (accessed Oct 19, 2022).
5 Buse K, Tomson G, Kuruvilla S, et al. Tackling the politics of intersectoral action for the health of people and the planet. *BMJ* 2022; **376:** e068124.
6 InterAcademy Partnership. Health in the climate emergency: a global perspective. 2022. https://www.interacademies.org/publication/health-climate-emergency-global-perspective (accessed July 18, 2022).
7 Hobbhahn N, Fears R, Haines A, Ter Meulen V. Urgent action is needed to protect human health from the increasing effects of climate change. *Lancet Planet Health* 2019; **3:** e333–35.
8 Ebi KL, Åström C, Boyer CJ, et al. Using detection and attribution to quantify how climate change is affecting health. *Health Aff (Millwood)* 2020; **39:** 2168–74.
9 McCormick S, Simmens SJ, Glicksman R, Paddock L, Kim D, Whited B. The role of health in climate litigation. *Am J Public Health* 2018; **108** (suppl 2)**:** S104–08.
10 G7. G7 Health Ministers' Communiqué. 2022. https://www.g7germany.de/resource/blob/974430/2042058/5651daa321517b089cdccfaffd1e37a1/2022-05-20-g7-health-ministers-communique-data.pdf?download=1 (accessed Oct 19, 2022).