

# For the Health of People and Planet

## Priorities for a Healthy COP28

We, the undersigned organisations, call upon Parties at COP28 to adopt ambitious outcomes that protect and promote the health of people and the planet. We underscore the essential nature of climate action that protects the human right to health, and the human right to a clean, healthy and sustainable environment. The list of signatories will be updated at [bit.ly/HealthCOP28](https://bit.ly/HealthCOP28).

As described by the IPCC, climate change has profound direct and indirect impacts on health and wellbeing, driving injury and deaths from heatwaves and other extreme weather events, wildfires, vector-borne and water-borne disease transmission, food and water insecurity, poor non-communicable disease outcomes, adverse maternal-child health outcomes and threats to sexual health and reproductive rights, and negative mental health impacts<sup>12</sup>. Ecosystem degradation is also associated with zoonotic disease transmission and risk of pandemics. The burden falls most heavily on vulnerable populations with the least capacity to address them. Meanwhile, action to address climate change delivers health gains and opportunities through clean air, nutritious diets, physical activity<sup>3</sup>, safe water, and healthy living environments<sup>4</sup>.

With the first ever Health Day due to take place at COP28 on 3rd December, including the adoption of a Ministerial Declaration on Climate and Health, we also urge ambitious decision-making and action across negotiations to protect and promote health. This requires a Health in All Policies (HiAP) approach to climate action<sup>\*</sup>. The protection of human health necessitates accelerated progress across all dimensions of UNFCCC policymaking, and with coordination and action across sectors.

In order to avoid further costly health losses and damages, adaptation and mitigation must be viewed hand in hand, supported by necessary finance. Without urgent mitigation, the limits of adaptation, which is already vital in many settings, will rapidly be exceeded, with catastrophic impacts for physical and mental health. Health systems are challenged to deliver universal health coverage even at current levels of warming, with the majority of countries (108/194) experiencing worsening or no significant change in service coverage since the launch of the SDGs in 2015<sup>5</sup>. Climate change is poised to undermine decades of progress in global health<sup>6</sup>.

In order to protect and promote health, action on climate and health must include and extend far beyond healthcare systems - the majority of health and climate determinants lie outside the healthcare sector itself<sup>7,8</sup>. Health outcomes of climate action across sectors should be considered and evaluated alongside economic priorities.

As such, COP28 must deliver:

- 1. A full phase-out of fossil fuels and commitment to no new fossil fuel infrastructure to reduce emissions in line with the Paris Agreement, preventing the acceleration of climate-induced threats to human health and wellbeing. Replacement of fossil fuel power by a just transition to renewable energy, which is fair, fast, full, and funded, is a public health imperative**
  - In November 2023, leaders of organisations representing 46.3 million health professionals signed a letter calling on the COP28 Presidency and Parties at COP28 to commit to an accelerated, just and equitable phase-out of fossil fuels and invest in a renewable energy transition as the decisive path to health for all<sup>9</sup>. This follows other recent calls coordinated by the World Health Organization<sup>10</sup>, the World Organization of Family Doctors, and the Clean Air Fund<sup>11</sup>.

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<sup>\*</sup> A Health in All Policies (HiAP) refers to “[integrated governance](#) which promotes health and equity objectives and at the same time achieves mutual benefits for partnering sectors” On account of these mutual benefits, the phrase [Health for all Policies](#) has also recently been coined.

- Ending fossil fuel dependence is needed in order to achieve emissions reductions of 43% by 2030 and 60% by 2050 compared to 1990 levels, in order to achieve the 1.5°C target and hold climate change within the limits of adaptation to protect people.
  - In addition to preventing health threats of climate change, fossil fuel phase-out provides the opportunity to save 3.6 million lives annually, with associated cost savings<sup>12</sup>. In some settings, the health savings due to clean air are equal to the cost of implementing the intervention to reduce emissions.<sup>13</sup>
  - Reliance on dangerous distractions such as carbon capture and storage, geoengineering, or coal co-firing with ammonia, even if demonstrated to work at scale, will not deliver the same health gains as a just transition to renewable energy in terms of reduced health harms of air pollution from fossil fuel extraction and combustion, nor the health harms on local communities of air water and soil pollution from fossil fuel extraction and processing, nor occupational risks to fossil fuel workers<sup>14</sup>.
  - Methane, the primary component of fossil gas (commonly referred to as natural gas), which is also emitted in coal and oil extraction, is a precursor for ground level ozone, as well as several toxic co-pollutants.<sup>15</sup> Fossil gas cannot be considered as a transition fuel on account of its health and wider climate impacts.
  - Reliable and affordable access to safe electricity, and access to decent work<sup>16</sup> (including a safe work environment), are key social determinants of physical and mental health, and should be achieved through a just renewable energy transition.
  - Historically and presently large and rich polluters must move soonest in making this transition domestically, while supporting reductions in consumption and, critically, providing support to enable just transitions in developing countries.
  - The health impacts of fossil fuel extraction on the health of local communities must not be repeated when extracting critical minerals to support renewable energy infrastructure.
- 2. Adaptation planning and monitoring that centers on health and wellbeing outcomes**
- Healthy populations both are a pillar of resilience, and a mark of effective adaptation across sectors.
  - Healthy outcomes require adaptation across the healthcare sector and health-determining sectors such as water and sanitation, agriculture, and housing. These considerations should be addressed in National Adaptation Plans or dedicated Health National Adaptation Plans.
  - The Global Goal on Adaptation should be included as a standing agenda item at future meetings.
  - Parties should adopt targets and metrics as part of the Global Goal on Adaptation Framework at COP28. In particular, outcomes-based health targets and metrics should be included.
- 3. A Loss and Damage Fund that is fit for purpose, and technical assistance by the Santiago Network to better quantify health losses and damages**
- Operationalisation and capitalisation of the Loss and Damage Fund, and agreement on a host for the Santiago Network, are essential to protect health and wellbeing and to respond to the needs of communities.
  - Loss and damage funding must be rapidly accessible, flexible and respond to the health and wider needs of affected communities, including public health. Insurance and loans are not sufficient to serve this purpose.
  - Quantifying current and future health related losses and damage is necessary in order to understand the full extent of health-related losses and damages, including non-economic losses and slow-onset losses and damages, and how to improve the necessary response. However, optimised data is not a prerequisite for action.
- 4. Rapidly scaled climate finance, strategically allocated for health outcomes**
- The 100bn USD climate finance target is overdue. Developed countries must deliver this shortfall, including a doubling of adaptation finance by 2025. Healthy climate action is impossible without adequate finance.
  - Ambitious targets should be agreed for the post-2025 New Collective Quantified Goal, covering mitigation, adaptation, and loss and damage.

- Climate finance should be optimised for health, with strategic allocation of finance to projects which offer high returns on investment due to improved physical and mental health outcomes and associated economic savings. Reciprocally, health finance must also be maximised for climate action.
- New announcements for climate and health finance must not divert funds away from other action for health and climate change but must rather consist of new and additional finance and also consider how existing health finance and climate finance can be optimised to build on synergistic actions for health and climate.
- Finance for climate and health must respond to the needs of the most vulnerable populations and must be based on grants, not loans, to avoid reinforcing cycles of debt, poverty, and ill-health.
- Notably universal health coverage could be achieved with approximately one seventh of the funds currently spent on fossil fuel subsidies worldwide<sup>1718</sup>, while fossil fuel subsidies by G20 countries cause health impacts six times greater than the cost of the subsidies themselves<sup>19</sup>.

#### **5. A Global Stocktake decision that protects and promotes health and wellbeing**

- The GST decision should call on Parties to submit enhanced NDCs with 1.5°C aligned economy-wide 2030/2035 targets in advance of COP30.
- Guidance should be provided to countries on how to more deeply integrate physical and mental health considerations into NDCs and LT-LEDS, including developing national plans for sustainable, low carbon, resilient health systems, and mitigation and adaptation action across health-determining sectors, and means to quantify the health and economic co-benefits of such actions, all supported by cross-sectoral coordination.
- Health should be considered as a theme in the adaptation section of the GST decision rather than as a sector, since the links between health and climate action extend beyond the health sector alone.

#### **6. Food and agriculture systems which promote nutrition security, including sustainable healthy diets**

- In order to protect human health and the climate, agriculture systems should promote agroecology and Indigenous foodways, and a transition away from industrial livestock farming, while protecting smallholder farmers. This would have substantial co-benefits for physical and mental health.
- Policies should be implemented to reduce emissions including promoting consumption of plant-rich, sustainable healthy diets, and reducing food loss and waste, as identified by the IPCC<sup>20</sup>. A transition to sustainable healthy diets could save 11 million premature adult deaths annually from undernutrition and diet-related non-communicable diseases, while improved distribution could simultaneously reduce waste and promote nutrition security.

#### **7. Climate action to protect most affected and vulnerable population groups and communities, guided by their meaningful engagement and empowerment**

- Climate action at global, regional and local level should take into account the impacts on, and expertise of the most impacted population groups and communities.
- Those most impacted by climate change, including Indigenous Peoples, women, children, adolescents and youth, older people, people with disabilities, and other marginalised groups are also at the forefront of implementing necessary solutions, and should be engaged and empowered at all levels of policy development and implementation to protect human rights and equity and ensure intergenerational justice.

Finally, we congratulate the UNFCCC Secretariat for strengthening its conflict of interest policy as announced at SB58 in June 2023, and request the UNFCCC Secretariat to continue its progress by limiting the influence of fossil fuel companies, and other unhealthy commodity industries, from influencing or undermining UNFCCC policymaking, comparable to the exclusion of the tobacco industry from policymaking under the World Health Organization Framework Convention on Tobacco Control<sup>21</sup>.

## Endorsed by:

## Health Organisations:



1. Global Climate and Health Alliance
2. Advocacy Working Group G4 Alliance
3. Alliance of Nurses for Healthy Environments
4. ARNEC Asia Pacific Regional Network for Early Childhood (Singapore)
5. Boston University Center for Climate and Health (USA)
6. Canadian Association of Physicians for the Environment (Canada)
7. Centre for Chronic Disease Control (India)
8. Center for People & Environ (Bangladesh)
9. Climate and Health Alliance (Australia)
10. Climate Solutions for Health Lab, University of Wisconsin-Madison (United States)
11. Deutsche Gesellschaft für Epidemiologie (Germany)
12. ENBEL
13. EuroHealthNet
14. Favour Lowcost Healthcare Foundation (Cameroon)
15. Future Earth Health Knowledge-Action Network
16. Fundacion Plenitud (Dominican Republic)
17. George Institute for Global Health
18. German Alliance on Climate Change and Health (Germany)
19. Global Health Visions
20. Global Health Council
21. Harvard Center for Climate and Health and the Global environment (USA)
22. Health and Global Policy Institute (Japan)
23. Health Care Without Harm
24. Health for Future Austria (Austria)
25. Healthy Planet - Healthy People Foundation (Germany)
26. Hope for Future Generations (Ghana)

27. International Federation of Medical Students' Associations (IFMSA)
28. Irish Doctors for Environment
29. Management Sciences for Health
30. Médecins du Monde International Network
31. MMBSHS Trust (India)
32. National Institute of Environmental Health Sciences, National Health Research Institutes (Taiwan)
33. NCD Alliance
34. Otilemuwa Empowerment Foundation (Nigeria)
35. OraTaiao (New Zealand)
36. Partnership for Maternal, Newborn and Child Health (PMNCH)
37. Partnership for Sustainable Development Nepal (Nepal)
38. Pathfinder Initiative, London School of Hygiene and Tropical Medicine
39. Physicians Association for Nutrition e.V. - PAN International
40. Physicians Association for Nutrition South Africa (South Africa)
41. Physicians for Social Responsibility Pennsylvania (USA)
42. Shine Africa Foundation
43. S-Viva Human & Environmental Health
44. UK Health Alliance on Climate Change (UK)
45. United for Global Mental Health
46. World Medical Association

#### Climate, Environment and Development Organisations:



47. Alpha Action for Social and Economic Development (Uganda)
48. Centre For Earth Works (Nigeria)
49. Community Development Advocacy Foundation (Nigeria)
50. Fundación Ética Climática y Desarrollo (Argentina)
51. George Mason University Center for Climate Change Communication (USA)
52. Green Foster Action Uganda
53. groundWork, Friends of the Earth South Africa (South Africa)
54. Instituto Árvores Vivas para Conservação e Cultura Ambiental (Brazil)
55. Jeunes Unis pour le Développement Durable (Burkina Faso)
56. National Advanced School of Engineering Yaoundé (Cameroon)
57. Norsaac (Ghana)
58. ONG Asefce Benin (Benin)
59. Probha Aurora (Bangladesh)
60. Resilient Cities Network
61. Rwanda Youth Voice for Change (Rwanda)
62. SERAC-Bangladesh (Bangladesh)
63. The Youth Cafe

64. Tree Adoption Uganda (Uganda)
65. UK Youth Climate Coalition (UK)
66. UN Sustainable Development Solutions Network (SDSN) Youth Black Sea
67. UNISC International
68. University of Sydney (Australia)
69. World Animal Protection
70. Women's Institute for Leadership Development (WILD) (Zimbabwe)

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- <sup>3</sup> [Hamilton 2021](#). The public health implications of the Paris Agreement: a modelling study.
- <sup>4</sup> [Whitmee, 2023](#) Pathways to a healthy net-zero future: report of the Lancet Pathfinder Commission
- <sup>5</sup> [WHO and World Bank, 2023](#). Tracking Universal Health Coverage: 2023 Global monitoring report.
- <sup>6</sup> [Watts, 2018](#). Health and climate change: policy responses to protect public health.
- <sup>7</sup> [WHO, 2016](#). Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks.
- <sup>8</sup> [Braveman, 2014](#). The Social Determinants of Health: It's Time to Consider the Causes of the Causes.
- <sup>9</sup> [Health Care Without Harm and Global Climate and Health Alliance, 2023](#). COP28 Open Letter on fossil fuels from the Global Medical and Health Community.
- <sup>10</sup> [WHO 2023](#). Uniting for Health and Climate Action.
- <sup>11</sup> [Clean Air Fund, 2023](#). 100 days to COP28: open letter urges to raise air pollution up agenda
- <sup>12</sup> [Lelieveld, 2019](#). Effects of fossil fuel and total anthropogenic emission removal on public health and climate.
- <sup>13</sup> [Markandya, 2018](#). Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study.
- <sup>14</sup> [Global Climate and Health Alliance, 2022](#). Cradle to Grave: The Health Harms of Fossil Fuel Dependence.
- <sup>15</sup> [Global Climate and Health Alliance, 2023](#). Methane and Health.
- <sup>16</sup> [ILO, n.d](#). Decent work indicators.
- <sup>17</sup> [Moses, 2018](#). Funding and services needed to achieve universal health coverage: applications of global, regional, and national estimates of utilisation of outpatient visits and inpatient admissions from 1990 to 2016, and unit costs from 1995 to 2016.
- <sup>18</sup> [IMF, 2023](#). IMF Fossil Fuel Subsidies Data: 2023 Update.
- <sup>19</sup> [Health and Environment Alliance, 2018](#). Hidden Price Tags: How Ending Fossil Fuel Subsidies would Benefit Our Health.
- <sup>20</sup> [IPCC, 2019](#). Special Report on climate change and land, chapter 5.
- <sup>21</sup> [WHO, 2023](#). WHO Framework Convention on Tobacco Control (Article 5.3)