International Climate Negotiations: Health to the Rescue?

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That health protection and promotion should be a central goal for policy is increasingly recognized by the international community,¹ and there is no greater opportunity to protect and promote health than in the address of what has been termed by leading academics the “biggest health threat of the 21st century.”² In December 2010, Cancun, Mexico was the setting for the 16th Conference of the Parties (COP 16) to the United Nations Framework Convention on Climate Change (UNFCCC)—the process through which nations have agreed to come together to find solutions to the global climate crisis. Now that the dust has settled on COP 16 and COP 17 is approaching, it is an important time to analyze recent events in the world of the UNFCCC negotiations, and the role of the health community.

Without effective and urgent action to address climate change, more severe predictions for future climatic scenarios will be realized with their associated adverse health effects, including changes in rainfall patterns leading to both severe water shortages and flooding, disruption of food crops leading to decreased food security, and higher prevalence of infectious diseases such as malaria and dengue fever.³ Given the global nature of the climate crisis and the urgency of reducing our global emissions, we must agree on a fair, ambitious and legally binding treaty, in order to safeguard the international right to “Health For All.”

A Background to the Negotiations

The link between increasing carbon dioxide in the atmosphere, and increased surface temperatures on earth was first made as long ago as 1896. Throughout the 1970’s and 80’s the science of climate change progressed enormously with improved computer modelling and data sets. In 1988, the Intergovernmental Panel on Climate Change (IPCC) was established by the World Meteorological Association and the United Nations Environment Programme to produce assessments of the latest science relating to climate change.

In 1990, this group of the world’s leading scientists produced their first assessment report, which concluded that human activities (chiefly the extraction and combustion of coal, oil and gas) are substantially increasing the atmospheric concentrations of greenhouse gases. From this point onwards, scientific consensus is that increases in greenhouse gas concentrations (mainly carbon dioxide and methane concentrations) enhance the absorption of solar radiation by the earth’s atmosphere, resulting in an average increase in the temperature of the earth’s atmosphere, resulting in an average increase in the temperature of the earth’s surface and variable adverse impacts around the globe.

Two years later, in 1992, governments met in Rio de Janeiro at the Earth Summit (the UN Conference on Environment and Development), where the IPCC presented a follow-up report detailing that no further
scientific advances had changed the position of the first assessment report. One of the outcomes of the Earth Summit was the establishment of the UNFCCC which met for the first time in 1994 with a mandate to identify solutions to this international dilemma. It had become clear that preventing the worst effects of climate change—from extreme weather events to the spread of infectious diseases to heat- and cold-related morbidity and mortality—requires a reduction in global greenhouse gas emissions. What was less clear is which nations should bear the greater part of the responsibility.

Over the intervening years, much negotiation has focused on what the “common but differentiated responsibilities” of countries should be. Arguments about which nations should bear the brunt of the burden of emissions reductions were variously based on countries’ historic emissions (i.e., share of the blame for global emissions to date); current emissions levels; capacity to adapt, for example due to geographical and economic status; and potential for technological solutions.

After just three years of negotiations, the UNFCCC agreed the Kyoto Protocol at COP 3. This protocol bound Annex 1 countries (the wealthiest, most polluting countries) to clear targets for reductions in emissions from a baseline year of 1990. Critically, however, two countries—Russia and the USA—refused to sign up to the protocol and whilst some countries have reduced their emissions since, very few have made reductions in line with their commitments. Some countries have continued to increase their emissions, and the USA has consistently refused to sign.

Following a massive push from civil society and some majority world countries, global leaders came together in Copenhagen in 2009 at COP 15 with huge expectations for a breakthrough deal that would put the world on a pathway to safe levels of carbon dioxide in the atmosphere. Sadly, even the presence of nearly 140 presidents and prime ministers in Copenhagen, a political binding deal was not achieved and instead 25 countries agreed to an accord which was noted, rather than accepted, by the COP.

Health at the Negotiating Table

Despite the acknowledged links between increasing climatic changes and negative health consequences, there has been a marked lack of focus on health in the UN negotiations. Very few national delegations include health experts, and a focus on health has consistently been missing from the formal UNFCCC negotiation process. Of the 323 side events that took place in Copenhagen, a small minority focused on health.4

At COP 16 in December, health organizations, including the Health and Environment Alliance, the International Federation of Medical Students’ Associations, and the Climate and Health Council, were present but had limited success in making their voices heard. The Friends of Public
Health group was established by WHO in 2010 as a contact group to the UNFCCC process. The group invites all national delegations to join open, non-binding discussions on health issues relating to the UNFCCC process. Whilst Friends of Public Health provides a useful forum, due to multiple political and time pressures on negotiators it is essential that public health is mainstreamed in the plenary discussions. Strong public pressure from civil society across the world at both national and international level is crucial to achieving this.

Outcomes from the Latest Round

In Copenhagen, the focus had been on achieving sufficient emissions reductions—how much each country would reduce their emissions, when they would do it by, and how they would be compensated. The focus in Cancun, however, was significantly different. At COP16, negotiators and politicians gathered with the aim of “building for the future.” A deliberate attempt made to create strong policies on issues surrounding climate change, without concrete discussion on emissions reductions.

COP 16 produced a call to review the science behind a rise in global average temperature of 1.5 °C, and the action needed to keep temperatures below that level. National delegations gave statements of preparedness to move to a legally binding agreement, but no such commitment was made on this occasion. With respect to commitments that keep global temperature rise low enough to avoid the worst health effects of climate change, the failure of COP 16 leaves an ever more demanding undertaking for future UNFCCC meetings. The longer that emissions remain at high levels, the greater the task of stabilizing atmospheric concentrations of greenhouse gases at safe levels becomes.

In 2006, Nicholas Stern has reported to the British Treasury on the economic savings that would result from timely and sufficient action to tackle climate change. Despite a wealth of publicity around this report in UK and beyond, it has apparently not harnessed sufficient momentum for the parties to the UNFCCC to commit to the required action.

Delegates from health organizations at COP 16 have recognized that the health argument may offer the common purpose and urgency required (Personal communication with Dr. H. Montgomery).

The most positive outcomes of COP 16 were perhaps the commitment from a number of countries in the Global North to contribute to a “Green Climate Fund” and an improved sense of transparency within the negotiations. Some credibility was restored to the UNFCCC under the sound guidance of COP President and member of the UNFCCC Secretariat, Ms. Patricia Espinosa.

The “Green Climate Fund” will support low-income countries to adapt to and mitigate climate change. The contributors have committed to provide US$ 100 billion per year by 2020, a flow of money which will be directed by a 24-member board (12 from low-income countries and 12 from high-income countries), with the World Bank acting as the interim trustee of the fund. Despite some of the contention among member states and civil society about whether or not the World Bank is a suitable body to manage this fund, the interim nature of their involvement was enough of a compromise to foster agreement. Agreement on the fund was accompanied by a decision to create regional Technology Executive Committees and Climate Technology Centers and Networks, a step towards the effective transfer of green technology from the Global North to the Global South.
Further issues addressed at COP 16 included a stronger agreement on finer details of the Reduction in Emissions due to Deforestation and Forest Degradation (REDD), commitments to monitoring and verification of national emissions levels, an agreement to further discuss and explore additional adaptation options and the possibility of a “climate insurance risk facility.” Combined, these agreements are a small step towards an international climate deal, and alongside the renewed credibility of the UNFCCC process, they provide a positive backdrop for further negotiations at COP 17, which will take place in Durban in December this year.

It is anticipated that in Durban, member states will re-ignite discussion on broad emissions reductions, in the context of the progress made in Cancun. The political process has come a long way since Copenhagen in 2009, and there’s still a long way to go. Significant progress is being made, and civil society and member states alike must continue to push for a “fair, ambitious and legally binding” agreement.

What You Can Do …

Historically, health professionals have highlighted health threats and advocated for change. For example, the International Physicians for the Prevention of Nuclear War have used the strong and non-political voice of health professionals to lobby against war and environmental degradation and have been awarded the Nobel Peace Prize for their influence. Health professionals are well placed to advance the cultural, structural and behavioral changes required to protect the environment. There has never been a greater threat to health and health equity opportunity to institute policies to improve health equity, or a greater need.

To ignore the harm to human health that is caused by human-induced climate change would be to ignore our duty as health professionals to protect health, yet at the main international negotiations on climate change the health voice has not been heard loud and clear.

Wherever you are in the world, a delegation will be going to Durban for COP 17 to represent you. Health professionals can communicate the benefits of reducing carbon emissions to the general public and policy makers, and it is important that governments and negotiators hear the voice of health professionals and the public in support of adequate emissions reductions to protect health from climate change. Explain to your government representatives the importance of having greater health representation on national delegations to COP and greater health involvement in the UNFCCC national communications documents, for example by writing to them, meeting with them or joining a group march or demonstration. The UNFCCC specify that parties are to include information about the mitigation benefits of policies, including health benefits, in national communication documents.6 This should encourage health advocates to lobby relevant policy makers tasked with framing and writing these communications. One way that you can register your support for a fair and legally-binding international treaty is by signing the Climate and Health Council pledge at www.climateandhealth.org.

In signing the Climate and Health Council pledge, you also register a commitment to take personal action. Taking steps to reduce our emissions at home and at work helps not only to experience the challenge and benefits of more sustainable lifestyles, but also to communicate this to the local and global community. Activities such as cycling to work, taking local holidays and eating seasonal foods can improve your health as well as reduc-
ing carbon emissions which benefits the health of others. Moving your bank account and your electricity supplier to companies with a strong environmental track record can also have a major impact on carbon emissions. For more ideas, see the Web sites of 1010 (www.1010global.org), a global organization encouraging personal action to protect the environment and health and the Climate and Health Council (www.climateandhealth.org).

As a health professional, your influence on your workplace can further reduce local and global emissions, with a protective effect on the environment and health. The UK health service has set an example of how important emissions reductions can be achieved within the health service, through action from clinicians and other health sector workers. The Sustainable Development Unit is a small, but active and rapidly expanding, unit within the NHS that has taken important steps in measuring and facilitating reduction of the health sectors carbon footprint (www.sdu.nhs.uk).

As health experts, we should not be passive observers. Joining an international movement of health professionals will help to make our voice heard.

Conflicts of Interest: SCW, SS and NW are members of the Climate and Health Council; SS and NW are a members of IFMSA and attended COP 16 as observers.

References


