

PUBLIC HEALTH AT COP27

*The Urgency to Adopt a Human Development approach to Climate Negotiations
Reflections from Sharm El Sheikh, Egypt*

POSITION PAPER

PUBLIC HEALTH
AT COP27



PROMOTED BY  CHD GROUP

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**SHARM EL SHEIKH, EGYPT
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Policy Reflection #1

Title: Introduction
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Type: Individual submission

“Health, unfortunately, was not a big issue.” These were the words of European MEP and vice-chair of the European Parliament’s delegation to COP27 Peter Liese, who importantly underlined the inconsistent and weak approach of COP talks on the topic of climate and health. What is more, root causes of climate change like fossil fuel proliferation – prominently featured among the failures at the ‘African COP’ – and institutional delays in addressing the inadequacy of current health systems to address climate-related diseases might prove costly – the price to pay being human lives and welfare.

While COPs have been taking place for over three decades, the lack of an effective global mitigation strategy is already burdening human health worldwide. WHO estimates indicate that the forecasted climate change resulting from current policies would cause some 250,000 yearly additional deaths between 2030 and 2050, while air pollution – also stemming from root causes of climate change like fossil fuel combustion – is currently responsible for 7 million premature deaths per year globally.

At the same time, the vacuum of conversations on climate finance to build resilience towards climate-related diseases might – once again – increase mortality and morbidity among the most vulnerable communities, including children. A 2021 WHO survey indeed found that less than 50% of the surveyed countries even had identified their national public health vulnerability to climate change. Further, the 2022 Lancet Countdown report indicates that “funding to support health adaptation remains grossly insufficient” with a “ gap between the health impacts of climate change, and adaptation investment and implementation continu[ing] to increase, to the detriment of all.”

Given its focus on climate finance and implementation, COP27 could have spearheaded conversations on public health resilience and mitigation ambition, which also carries sizeable health co-benefits. Future COPs will necessarily need to catch up on health-centered efforts if the global population is not only to survive, but to thrive in the era of climate change.

About the author

Giacomo is a postgraduate researcher in Climate Health Economics at the Environmental Sustainability and Health Institute, TU Dublin, and a sustainability and climate advocate. He holds a B.A. in Business Administration and a B.A. in International Affairs from John Cabot University.

His experiences in the environmental sector include his current roles as National Director of ISEC Italy, founder and chairperson of Environmental Action Rome, Co-Chair of Technological University Dublin’s Green-Campus Committee, co-creator of the “School of Sustainability” project, and previous roles as Green Policy Advisor at Yezers, TEDx speaker at the TED Climate Countdown, and volunteer conservation assistant & field researcher for international projects at Service Civil International.



Policy Reflection #2

Title: Comments from the Scientific Committee of One-Health 22

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Affiliation: International One Health Conference 2022

Type: Organization's submission

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The International One Health Conference: A systemic approach to manage urban and natural resources (One-Health 22) was held on September 27-28, 2022 in Catania (Italy) and aimed to share and discuss systemic approaches to One Health to efficiently manage urban and natural resources. The One health conceptual framework and its applications in the urban resilience domain and health care sector have been at the core of the congress' dialogues.

The Conference activated synergic dialogues among disciplinary research fields and action domains among researchers, experts and students.

COP27 has been one of the most ever attended one: the first data released by Carbon Brief indicated that more than 33,000 delegates and afterwards, the Lancet reported 45,000 delegates (including 636 oil and gas industry lobbyists registered for COP27, making it the second largest conference in the history of the COPs.

A key element of participation has been the great presence of participants from African nations and from low- and middle-income countries in other parts of the world (South -America, Asia). These numbers reflect the need to speak up to end racial and economic injustices that go a long way. And it was these numbers that gave a boost to the unanimously recognized positive result of this COP: the starting process to build a fund on Loss and Damage.

Overall, COP27 tells us two main things:

1. An active and convinced presence such as that of low- and middle-income countries has led the self-styled "developed" countries to recognize their faults, as well as the rights of others to embark on a development path that "must" be more farsighted than the previous one adopted here in the cradle of modern civilization.
2. The opportunities for networking and collaboration that have arisen during this COP27 will not remain just an exchange of ideas but will expand tremendously in the various countries of origin, above all thanks to young people, and will be capable of arousing the consciences of people and "press" the institutions. Under a health perspective, COP27 was expected to have a great inclusion of health arguments as negotiations strongly deal with adaptation

Actually, health has been present in several final negotiation texts with reference, especially in terms of the right to a clean, healthy and sustainable environment, as well as the right to health. In the single negotiation streamlines, talking about health we can identify these major achievements



- effect on health and health implication has been part of several National Adaptation Plans and the framework of “Global Goals on Adaptation” has been initiated including health
- under Global Stocktake dedicated discussion on health has been considered under the World Cafè that helped to include health as a relevant field of climate action
- under the implementation of the new Sharm el Sheik Joint Work on implementation of climate action in agriculture, healthy diets and health food systems has been given a central role to a sustainable transition of agriculture sector

Besides the technical elements in the final text, it can be argued that in this COP, as started from Glasgow COP26, health topics are encountering an increasing presence inside UNFCCC climate negotiations both in terms of health effect and health co-benefits.

This is surely due to the stronger and effective action of the health communities and WHO along the two weeks of process, but as well as to an increasing awareness of the strict interlinkages between climate change and human health. The Lancet Countdown Report has defined climate change as the biggest health threat” since 2019[2,3] and surely this assertion is well included into the vision of One-Health that One-Health 2022 fosters.

But during the COP27 , also known as the COP of “implementation”, this concept could be brought beyond considering the climate crisis as also the biggest “health opportunity” in term of the possibility of a transformational change of the entire vision of the society, of the cities and of the health sector [2.3].

Consistently with such an approach the International One-Health Conference 2022 the Scientific committee of the conference drafted 5 main key points that identify a new way of policy action towards a One-Health approach.

Such key points include a strong dialogue between scientists, institutions, politicians, associations, and citizens aimed at a collaborative effort to address vulnerabilities with a vision of “leave no-one behind” and foster the risk perception about the interconnections between environment, climate change and health.

Within such a vision, cities need to be designed to be resilient to climate change and respond to Paris Agreement goals as well as to Agenda 2020, improving the public health actions and plans.

During COP27, IPCC [1] presented the concept of Climate Resilient Development (CRD) to achieve these intertwined objectives.

Urban and natural environments need to be lived, planned, managed and designed to mitigate and correctly adapt to climate change, as well to be compliant to SDGs in order to promote the Health in All Policies (HiAP)[3] and One-Health[4] approaches, fostering a territorial planning in one-health vision. The CRD can be a more comprehensive framework if in its inclusion of risk factors connected to climate change, it includes also the ones related to health, as well as the health related co-benefits of a climate compliant development. Standing these premises, can be indeed concluded that COP27 brings up the premises for a new vision of human development that also includes the One-Health vision even though it is currently only at an early stage.

The presence of such a concept inside the negotiation need to be brought to a more substantial level, even if it is a remarkable step forward in the recognition of the right to health and safe environment to be achieved at this stage.



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Domenico Vito, PhD bio-engineer from Politecnico di Milano

Since the last years he has been involved in European projects on the problem of air in support of the regions and for the improvement of data collection through participatory approaches (PULSE PROJECT). Since the 2015 he has been observers at the UNFCCC international negotiations on Climate Change joining several groups and constituencies actively took part in negotiation and expert sessions both as speaker and drafter of official documents. Since 2020 he is collaborating with the Metabolism of Cities Living Lab, San Diego State University California, on the issues of localization of SDGs and in 2021 he has been co-coordinator of the Urban Resilience and One-Health conference.



Policy Reflection #3

Title: Our Plant, Our Food, Our Health: Biodiversity & Medicinal Plants as food
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 Type: Organization's submission

The holistic One Health vision, on the integration of different disciplines, is ancient and at the same time current framework. It is based on the recognition that human health, animal health and ecosystem health are inextricably linked.

One Health is an ideal approach to achieving global health because it addresses the needs of the most vulnerable populations based on the intimate relationship between their health, the health of their animals and the environment in which they live, considering the broad spectrum of determinants that emerge from this relationship.

The vision of One-Health is intrinsically part of the traditional wisdoms where Our Biodiversity & Health are completely tied together in various aspects.

That's why indigenous medicine & knowledge of medicinal use of that biodiversity is so crucial and foster to protect it.

Indigenous values, beliefs, customs and protocols are meant to maintain the relationships that hold creation together [1].

For the protection of biodiversity and human health are part of a unique vision of connection with Earth by which diseases and unhealthy situation are eventually connected.

Indigenous identity is anchored in the land and reflected in their languages, arts, stories, ceremonies, and so on; and these are cultural pathway to collective survival and well-being [1]

COP27 Outcome: the right to health and rights of indigenous people: "Let food be thy medicine"

COP27 in its final resolutions has recognized the right to a clean, healthy and sustainable environment, as well as the right to health. The text recognizes also the right of indigenous people as well the importance of food systems in a renovate view on implementing climate action in agriculture by the Sharm El Sheikh joint work. With this position paper Our Plant, Our Food, Our Health : Biodiversity & Medicinal Plants as food, Govardhan, Climate Social Forum, and Be. wants to recognize the importance of indigenous knowledge and medical plants for a new human development based on a holistic approach to health. "Let food be thy medicine" is our message, with approximately 90% of the food we eat being plant-based.

"Indigenous people constitute 5 percent of the population and safeguard 80 percent of biodiversity. Therefore, a concerted gender-responsive approach, operationalizing Sustainable Development Goals 5, 10, 12 and 13, should be tailored to promote and invest in their unique and sustainable practices aimed at ecosystem preservation, which can be emulated by businesses in compliance with intellectual property rights law."

- UNCTAD Youth Declaration 2021[3]

Indigenous peoples live connected to nature and their lifestyles are dependent on the balance of the ecosystem around them. If it is the indigenous peoples who have not forgotten our connection with nature, who tend to the garden as a way-of-life and feed themselves from the harvests of what they grow, then we must do all we can to protect what is left of indigenous all over our planet and preserve their knowledge and wisdom. If "we are what we eat", and what we eat makes up our bodies, then it is essential that we highlight the importance and put it higher on the priorities of our negotiations. Humanity as a species cannot afford to lose the intelligence that the indigenous carry in order to ensure our survival.



Nemonte Nenquimo, a leader of the Waorani community in Ecuador, and founding member of the indigenous led “Ceibo alliance”, states that “The climate depends on the survival of our cultures and our territories”, Waorani territory spans 2.5 million acres and is home to 800 different species of animals and birds, many of which are otherwise endangered. The forest also has many plants with medicinal properties that treat everything from paper cuts and snake bites. The Waorani discovery of curare is now a popular muscle relaxant used in anesthesia. This way of life which secures biodiversity is now under grave danger. Nenquimo says *“Our brothers and sisters living in isolation have made the decision to live in the way of their ancestors but the world is closing in on them”*. She continues, *“The global economy continues to drive poachers, loggers, and land grabbers deep into our territories, putting our people at risk”*.

These are examples of why it is critical and of highest importance that we make the protection of plants as medicine and food. Lastly, by making our food higher priority on our lifestyles, we will be able to prevent many more ailments and raise our quality-of-life. Once we learn to maintain ourselves on an ongoing basis better, we will need less medicine, as well.

Due to vast traditional knowledge, indigenous people’s resilience and their ability to adjust to environmental change comes from a thorough grasp of the ecosystem. Their best practices need to be acknowledged and implemented to preserve biodiversity by the global community.

Indigenous women play a critical role in biodiversity preservation. It is time we design a responsive approach to restore ecosystems in our communities.

“The indigenous people of the Amazon have proven to be the best guardians of their traditional territories”, she continues, “the fact that the amazon ecosystems are as rich as they are today is proof of how successful these cultures have been in living in balance with their environment”.

In conclusion, by acknowledging this hypothesis, and integrating what the indigenous are offering to share with the rest of the world, and implementing it into our short, medium and long-term global plans, we believe that we have a great chance to not only fast-forward our transition to a sustainable future and the goals of 2030, but turn to a more secure and abundant future for generations to come.

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Policy Reflection #4

Title: Climate Justice: A Foundation for Health Justice
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Type: Personal submission

Climate change is inherently a crisis of inequality. The climate justice movement has been instrumental in accountability, including by platforming voices of those most affected by climate change inside the UNFCCC space, most recently contributing to the establishment of a loss and damage fund at COP27. This shift reflects an understanding, led by the likes of Indigenous philosopher Professor Kyle Whyte, of the responsibility of states which have high present and historical emissions, or which have extracted resources from the same Global South countries whose populations now face the greatest impacts. Whyte (2016) describes two kinds of responsibility borne by industrial or settler states in the context of loss and damages faced by indigenous communities of colonised states, which can be applied to wider UNFCCC policymaking: firstly, the responsibility of industrial or settler populations redress the impacts of past actions on the most vulnerable, and, in tandem, the responsibility of political reconciliation with populations which have borne the costs of actions by Global North countries and corporations - and which typically have a low presence inside the halls of COP.

While the establishment of a loss and damage fund is a clear victory in ensuring climate justice is reflected in climate policymaking, the human face of climate change, including health implications of climate action and inaction, is often obscured in the UNFCCC space. The lack of participation possible by civil society from the Global South, where climate change has burst through the door of many communities - presents a grave challenge in terms of bridging the gap between discussions in the halls of COP, and the reality faced by billions, and contradicts the philosophy of 'nothing about us without us'. Meanwhile, violations against community organisers continue around the world.

What does health mean for climate policymaking in the UNFCCC space and beyond?

Integrating a focus on health in the UNFCCC negotiations is both a matter of justice, and an opportunity for governments. Climate action across sectors reduces long term health impacts resulting from heatwaves and other extreme weather events, the spread of vector-borne disease, and nutrition insecurity, as well as their associated costs. In addition, mitigation measures can offer near term benefits - in India and China, costs of reducing greenhouse gas emissions could be compensated with the health co-benefits alone, with partial offsetting in the United States and Western Europe (Markandya, 2018). Healthy populations, which can be ensured by mitigation and adaptation efforts, are necessary for both economic productivity and overall climate resilience, being more likely to withstand and recover from climate shocks.

There are two main aspects to consider with regard to the integration of health into climate policymaking. One is in terms of the public health implications described above. The other is the critical role of the health sector (including but not limited to hospitals, clinics, community health centres, social care facilities, and ambulance transportation) in climate change adaptation and mitigation. As such, the integration of health into climate policymaking may take the form of taking health implications and rationale into consideration and hence committing to ambitious outcomes that will benefit the health of both people and planet; or to explicitly naming the health sector or health impacts in a document. However, it is important to recognise that the inclusion of health wording in a decision is neither a prerequisite for, nor a guarantee of, a healthy outcome - the health of populations ultimately depends on ambitious climate action. Rather than an objective strictly of "health in all policies" (Leppo, 2013), we propose an approach of ensuring health is included in the decision making process for a given issue, or "health for all policies".



While health was not mentioned in the text on a loss and damage fund (UNFCCC, 2022), the outcome is undoubtedly advantageous for ensuring that finances are made available to vulnerable communities, many of whom will be experiencing the worst health impacts. The understanding of historic, present and future impacts has created a platform for change - this shows the vitality of climate justice as a proponent of health justice. A second major breakthrough for health at COP27 was the recognition of the human right to a clean, healthy, and sustainable environment in the cover text. While individual action is necessary to address climate change mitigation and adaptation, healthy and sustainable choices are only possible if civilians inhabit an environment in which healthy, sustainable and affordable options are available to them. In addition, health was referenced as a theme in the framework for the Global Goal on Adaptation to be developed in the coming months, and a dedicated break out session on transformations in the health sector took place as part of proceedings for the Global Stocktake. The establishment of four-year Sharm elSheikh joint work on implementation of climate action on agriculture and food security can serve both to reduce the health impacts of malnutrition. However, the absence of strong language on the phase-out of all fossil fuels presents a severe threat to public health. Millions of fossil fuel related deaths occur annually, with one estimate as high as 8.7 million from air pollution alone (Vohra et al, 2021) - in the same range as deaths from tobacco use. Nevertheless, fossil fuel lobbyists are physically present at COP in increasing numbers year on year, as well as exerting strong influence in national policymaking. This is in contrast to tobacco control policymaking, from which the tobacco industry is specifically excluded (WHO, 2003).

Reflecting health and climate justice in national policymaking is also vital to ensure that progress at future COPs is more closely aligned to the response needed by local communities. For example, the Kalikasans Network in the Philippines is promoting a People's Green New Deal built by the community itself. Across the globe, Health for a Green New Deal is pushing for change within parliament. This highlights the need for a multi-dimensional approach that is sensitive to the culture and structures present nationally and locally.

Where must change come from?

For COP28, an especially important focus must be placed on the phase out of all fossil fuels, and the delivery of a loss and damage fund which is fit for purpose. In order to ensure integration and reflection of health considerations in climate decisionmaking, and, ultimately, ambitious outcomes that protect both planet and people, delivering climate and health justice, it is necessary for policymakers and the health community to coordinate throughout the year. Decisions must reflect the perspectives and expertise of the most affected communities and areas (MAPA). Finding ways to create space for attendance of MAPA representatives at COP is key in this regard. Moreso, organisations with badges to SBs must platform expert voices from the Global South, who have experienced health impacts, as part of widespread efforts to realise climate justice. We urge all stakeholders to implement climate action that will secure a healthy future for all - necessitating a fully equitable approach. Equality is insufficient in this regard, since it would maintain current disparities (George Washington University, 2020). There is time to save what we have, and to take remedial action for the losses that have already occurred. The clock is ticking, but a heartbeat remains.

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About the authors

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Jess Beagley is the Policy Lead for the Global Climate and Health Alliance. She has co-authored this piece in an individual capacity. In the lead up to and at COP27, Jess worked with the international health community to identify health links in the UNFCCC policy space, develop joint positions, follow the negotiations, and to engage with policymakers.



Policy Reflection #5

Title: COP27 Submission
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There is little doubt that food systems and dietary patterns impact global malnutrition and food insecurity, rural exodus and urbanisation, and public health (Capone et al., 2014, Capone et al., 2016, Seto Karen and Ramankutty, 2016, Willett et al., 2019). Being overweight/obese is a major risk factor in developing diet-related NCDs (i.e., cardiovascular disease, cancer, and diabetes) which are the leading cause of death worldwide, and, more recently, COVID-19 disease severity (Neuhouser, 2019, Cena and Calder, 2020, Boudou et al., 2021, van Doorn et al., 2021, Naja et al., 2011, Tierney and Zabetakis, 2018, Egg et al., 2019, Willett et al., 2019). Therefore, making dietary patterns and food systems more sustainable and healthy, public health will significantly improve while lowering healthcare costs.

Additionally, dietary patterns and food systems are intricately connected not only with human health but also with planet health. Previous and ongoing research highlights that dietary patterns are inherently linked to greenhouse (GHG) emissions which significantly impact climate change and environmental degradation as agriculture, both crop and animal, has been identified as the single most significant driver of climate change (Jose et al., 2016, IPCC, 2022). In 2019, global anthropogenic emissions equated to 54 billion metric tonnes of CO₂ equivalents, of which 31% (16.5 billion metric tonnes) derived from agri-food systems (Tubiello et al., 2021). Moreover, livestock production, a large component of the agricultural sector, is associated with approximately 14.5% - 18% of all anthropogenic GHG emissions (Farchi et al., 2017, Seves et al., 2017, Chaudhary and Tremorin, 2020, Mogensen et al., 2020, Ridoutt et al., 2021). The global population is predicted to reach 9.6 billion by 2050 (FAO, 2016) from the current 8 billion people (UN, 2022), thus placing significant added pressure on existing food systems (Clark and Tilman, 2017, Chaudhary and Tremorin, 2020, Mertens et al., 2020). Over the same period (i.e., 2020 - 2050), global dietary patterns are expected to increasingly shift towards animal-derived produce, with meat and milk consumption predicted to increase by 73% and 58%, respectively (FAO, 2011).

These excessive GHG emissions from agricultural systems need to be curtailed in order to meet the Paris Agreement and the United Nations Sustainable Development Goals target of limiting global warming to less than 2 °C (UN, 2015). Climatic shifts resulting from climate change and global warming may substantially alter crop yields by creating a mismatch between existing agricultural systems and historical climatic conditions (Aydinalp and Cresser, 2008, Campbell et al., 2016, Fresan et al., 2019, Gonzalez-Garcia et al., 2020). Concurrently, rising sea levels may result in a loss of farmland via coastal flooding and increasing groundwater salinity, with livestock and dairy production also at risk due to shifting forage crop patterns and the increasing geographical range of disease vectors, such as ticks (Aydinalp and Cresser, 2008, Mahato, 2014, Zhang et al., 2022).

Environmental health and human health are also connected with agriculture and dietary patterns as key drivers. For example, the destruction of natural ecosystems for cropland expansion is the largest factor causing the extinction of species, and fragmented landscapes along with factory farms have given rise to zootomic diseases (i.e., AIDS/HIV, swine and avian influenza, Lyme disease, Ebola, and SARS-CoV-2), which have accounted for roughly 60% of all infectious diseases from 1940 to 2004 (Willett et al., 2019, Bloomfield et al., 2020, Galimberti et al., 2020, Brozek and Falkenberg, 2021). Dietary patterns and food consumption, predominantly increased meat consumption, have also been linked to multi-drug resistance in bacterial strains as factory farms use large amounts of antibiotics, and these genes pass from organism to organism, even to humans, which is a major risk to current and future public health (Brozek and Falkenberg, 2021).



High-income countries could potentially significantly reduce GHG emissions and improve environmental and health outcomes by transitioning dietary patterns (Springmann et al., 2018, Candy et al., 2019, Chaudhary and Tremorin, 2020). For example, Chaudhary et al. (2020) reported that by replacing 33% of ground beef with cooked lentil puree in Canada, the environmental footprint from farm to retail could be decreased by approximately 33% (Chaudhary and Tremorin, 2020). Reducing the quantity of meat being consumed has also been shown to reduce diet related GHG emissions (Bassi et al., 2022, Zhang et al., 2022). Bassi et al., has shown that from the years 2003 to 2018, Americans at 1.78 less grams of beef yearly which equated to 70.7 g CO₂e per capita per day per year and accounted for almost half of observed yearly GHG savings across diets (Bassi et al., 2022).

Human health can be improved considerably by addressing the need to fix the current food system and improve dietary patterns. For example, by making food more nutritious, better verified, safer, more humanly raised, and more affordable public health problems would decrease, and people could live longer and more healthier lives. However, significant contributions from both the private and public sectors are needed in order to address these issues, this is where future COPs can come into service and dietary frameworks can be constructed, which would help ameliorate the worsening global public health trends.

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Policy Reflection #6

Title: Health in Harmony Position Piece
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Links between human health and environmental sustainability are often hard to quantify. Often they are seen as a no win situation, where poor health drives unsustainable resource use, or environmental degradation drives poor health. This Stanford-led study published in the Proceedings of the National Academy of Science, Improving rural health care reduces illegal logging and conserves carbon in a tropical forest, showed that the ability to access affordable quality healthcare, in concert with just transition, conservation, and education, is a critical component of rainforest peoples' ability to protect and regenerate rainforests, and thereby mitigate the climate crisis. Furthermore, it shows that intersectional solutions, such as those practiced by Health In Harmony, build resilience towards climate-related diseases, decrease mortality and morbidity among the most vulnerable communities, including children. However, this type of intersectional thinking and conversation

Research shows that regions managed by Indigenous Peoples suffer less degradation than regions managed by other public and private actors. However, these areas remain threatened and are projected to experience significant negative effects from global changes in climate, biodiversity, ecosystem functions, and nature's contributions. These negative effects will influence the ability of Indigenous Peoples and Local Communities to safeguard biodiversity and nature. Due to the unique perspective, expertise, and position of Indigenous peoples, it is important that people in the health and wider COP community be aware of and responsive to the positions of Indigenous Peoples. The practice of public health must be expanded to focus on human's interdependence with nature and the ecological determinants of human health. Equally, nature conservation efforts should not exclude human health and well-being. Guided by the reality that the health of people, ecosystems, and the planet cannot be effectively addressed in siloes, Health In Harmony works alongside 135,000 Indigenous Peoples and Local Communities (IPLCs) in Indonesia, Brazil, and Madagascar to reverse tropical rainforest deforestation and build climate resilience through community-led solutions. As such intersectional approaches to the climate crisis gain prominence, this year's United Nations Climate Conference (COP27) presented an opportune moment to address the underlying connections between ecological health and human well-being by adopting a human development approach to climate negotiations. However, the adherence to the siloed approaches of policy making and negotiations meant that once again the resulting outcomes fell short of achieving the step change needed to achieve 1.5 by 2030. We must move forward from COP27 with the priority to develop systems-oriented thinking across all sectors and build health and ecological resilience through multi-disciplinary approaches.

The effectiveness of advocacy and inclusion of diverse voices especially from climate vulnerable communities in developing countries was reflected in the passage of the Loss and Damage Fund (LDF) at COP27. The LDF, which represents a long and hard-fought win, is a huge opportunity to support climate-vulnerable communities to respond meaningfully to mitigate and better adapt to the effects of climate change. In 2022, Health In Harmony had to work as a first responder to several high intensity cyclones to support the Indigenous Peoples and Local Communities (IPLCs) we serve in Madagascar, which included providing emergency Radical Listening sessions to understand what the communities most needed during that time of crisis. Communities asked for food, support with rebuilding decimated structures (many villages lost their recently built schools / mobile clinic sites, in addition to homes and older structures), and support with re-establishing agricultural fields, as most of the successful fields were completely flooded and destroyed. This loss and damage came at a time when Southern Madagascar was in the grips of a national famine – the first in the world caused solely by climate change.



At Health In Harmony, we have seen first-hand how access to climate critical funds which support intersectional solutions can make a difference for communities on the frontlines of climate change. Future COPs need to recognize and support centering of community-designed, intersectional solutions that center health and livelihoods, if the world is to achieve the Paris ambition. The interdependence of nature and health has never been clearer.

About the authors

Devika Gopal Agge leads and directs the grants, fundraising, blended finance, marketing, and communications efforts to accelerate the organization's exponential growth to meet the urgency of the climate crisis. She is responsible for long-term relationship building and engagement with donors.

Devika is an accomplished and entrepreneurial development professional with two decades of nonprofit and public-private partnership experience in the United States, United Kingdom, and India. Over the years, she has partnered with several highly successful boards and high level government offices to plan and execute development initiatives leading to significant revenue growth. This includes developing the country-wide disaster management plan with the Planning Commission of India for the 2004 Tsunami Crisis. She holds a Master of City Planning from Massachusetts Institute of Technology and a Master of Arts in Economics from Bombay University. Devika serves on the board of the National Federation of Business and Professional Working Women, a century old organization that develops the professional, business and leadership potential of women at all levels.

Laetania Belai Djandam is a 21-year old Indigenous environmental activist descending from the Dayak Tribe of Borneo Island, Indonesia. She grew up surrounded by a traditional wisdom that calls for the protection of both 'nature' and 'culture' which has translated into years of activism across local, national and international platforms. Prior to joining HIH, Belai's passion for planetary health grew from volunteering on-site at HIH's sister organization, Alam Sehat Lestari (ASRI), where she assisted community-based environmental protection programmes with the local people in West Borneo.

Previously graduating with an International Baccalaureate (IB) Full Diploma, Belai is currently pursuing a BMedSci in Health and Human Sciences at The University of Sheffield. At present, her activism focuses on youth empowerment, advocacy for indigenous rights and community-based forest management.

NEWS / BLOGS / LIFESTYLE / UNFCCC must mainstream public health at COP meetings

LIFESTYLE

UNFCCC must mainstream public health at COP meetings

November 5, 2022, 11:57 AM IST / Edmond Fernandes in Global Health Focus, Lifestyle, World, TOI

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The future of the world rests in the hand of how well public health is crafted and how articulately public health is mainstreamed as an all-policies approach.

COP27 underway in Egypt has once again shied away from strategically and directly mainstreaming public health and integrating health systems. While there has been wide coverage on issues pertaining to climate finance, adaptation and resilience, youth and education, gender, land use, science, there is a wilful neglect on public health.

UNFCCC will become a playground of discussion without ever being able to bring forth outcomes if public health is not put in place. Growing research and evidence has been rich in terms of establishing the impact of climate change on human health issues. The onslaught of disaster events, pandemics

UNFCCC must mainstream public health at COP meetings

and the public health consequences of extreme weather events is painting a watershed moment for global sustainability.



Edmond Fernandes

Dr. Edmond Fernandes is a community health physician leading efforts for CHD Group which is a global public health organization, headquartered in Mangalore, India. He is also ... MORE

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The climate – disaster – public health – pandemic – agriculture nexus

The nexus between a disaster event inspired by climate change supported by pandemics and having impact on health systems and agriculture is putting human race to the brink of collapse. When a disaster strikes due to extreme weather events, it breaks the backbone on which health systems thrive.

Doctors today have very limited knowledge on addressing disasters, practicing medicine with limited resources and barely read about this nexus, because its never taught in medical school and investments in this direction are not taken seriously by practitioners of the trade. Regulatory authorities governing healthcare have also shied away from mainstreaming the issues of disasters and climate change. We need bold decisions to begin this dialogue, to inspire change and regulate a new future which puts human beings at the epicentre of progress and sustainability.

UNFCCC and Modern Medicine

Years ago, I completed my MBBS and MD. Almost everyone in India knows that when I started to study medicine, climate change as a topic was absent from textbooks. We had no clue how climate change could influence human health, let alone how climate change influences vectors and aggravating diseases. The change I wish for UNFCCC to now realize was then missing from the warehouse of my mind.

Role of UNFCCC in Integrated climatic action

Being an apex institution that must inspire a climate resilient future, UNFCCC threads on delicate futures. The burden that lies on UNFCCC is clear. Climate change is spreading its wings over all sectors and navigating old policies within government frameworks to build new algorithms that address cascading risks is not going to be easy.

UNFCCC embodies a purity of ideals, but this solitary effort fighting hostile institutions, hubris and proliferating industrial conditions will not permit progress we wish to achieve. UNFCCC needs today a global revolution built with the promise of inter-generational solidarity, tactful diplomacy and systematic engagement with stakeholders across the sector.

I wanted to make a difference, I wanted the UN to be more than an institution that brings out reports and works on lobbying, I wanted to live in a world where those who come after us will be grateful, because we took the time to care.

This would surely be a personal triumph but at the same time, I am a child of this planet deeply pained by how we are thriving and watching the insanity in futile submission. This is where I feel very strongly that the intersection of modern medicine with UNFCCC will set the tone for a new path to progress.

Modern medicine as always presents challenges and also has the potential to invest in a better future.

If we invest in health systems strengthening now, if we care to address disaster risk reduction, if we shape physicians-in-training today to understand what can be done to defend the planet, we will invest in a community

of influencers that have the potential to heal the world, in a right way.

UNFCCC needs to create Medical Envoy's on climate change for every country. The future lies with this excluded agenda being included and fixed. The timing cannot be better than this. If not COP27, COP28 must be the turning point for world history.



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