

# Climate Change, Health and the SDGs

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**Co-ordinator**

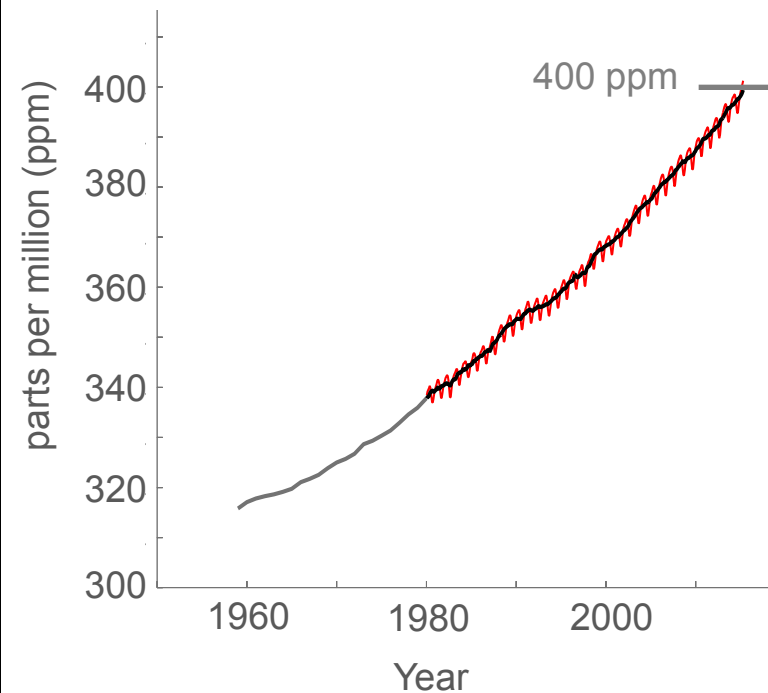
**Climate Change and Health**



**World Health  
Organization**

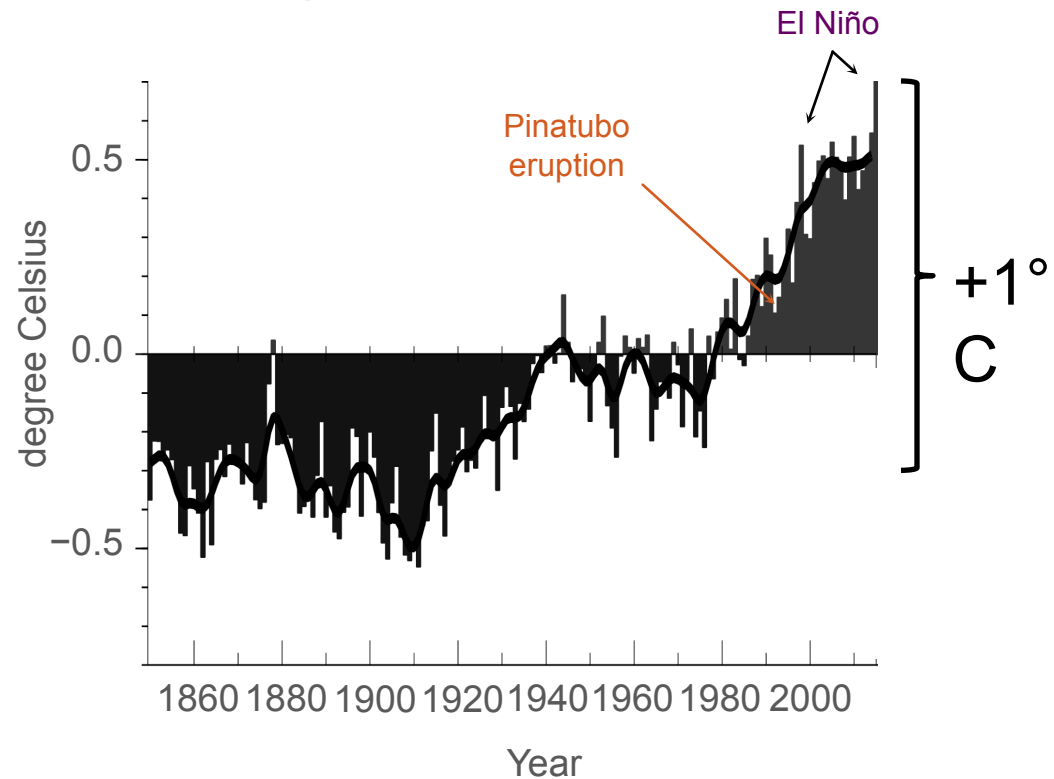
# Recent trends on atmospheric CO<sub>2</sub> and temperature

## atmospheric CO<sub>2</sub> concentration



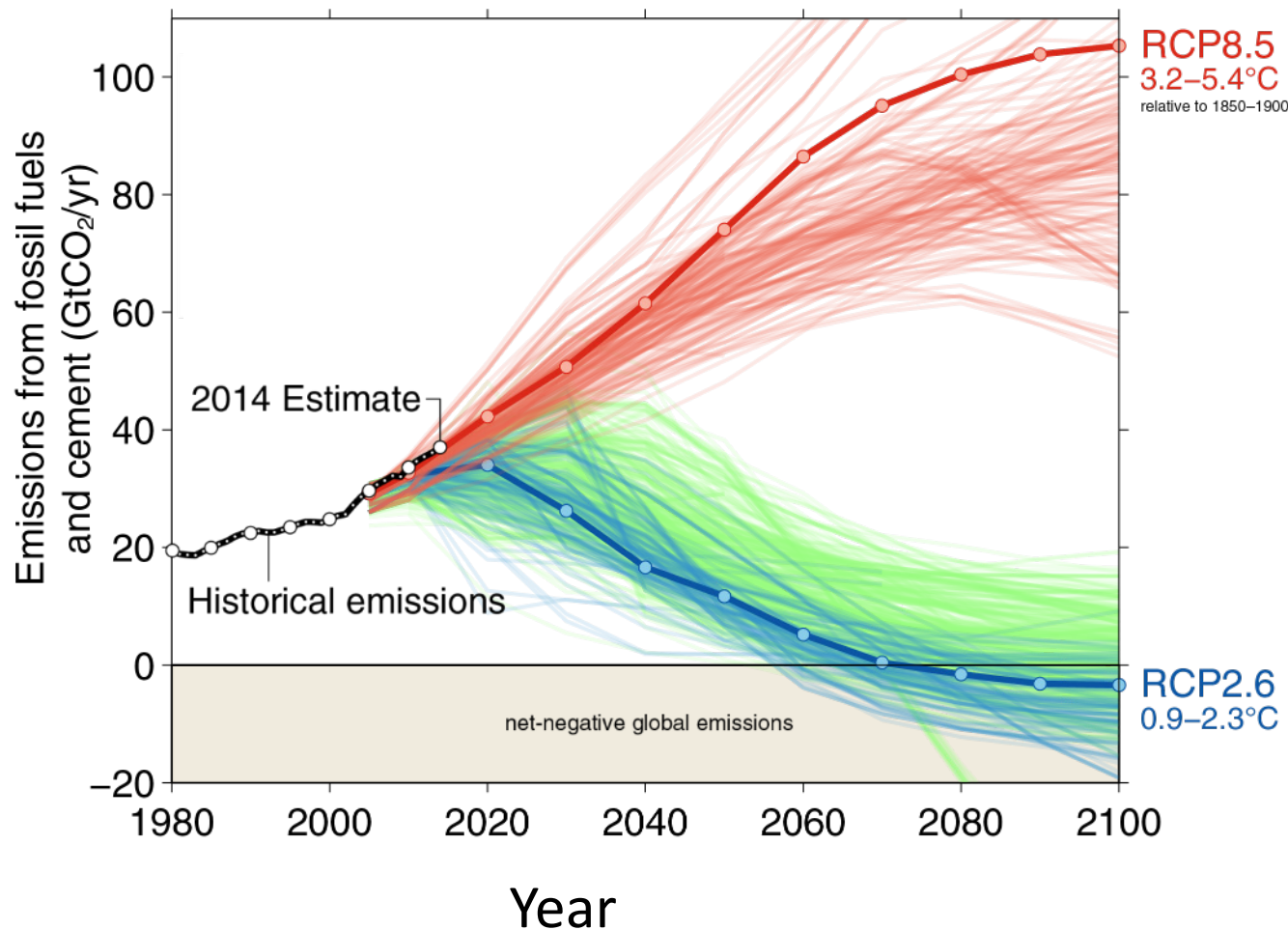
Data: Scripps/NOAA-ESRL

## global temperature



Data: HadCRUT4

# Emissions need to decrease to near zero to achieve climate stabilisation



high-risk  
climate future

Consistent  
with 2°C limit

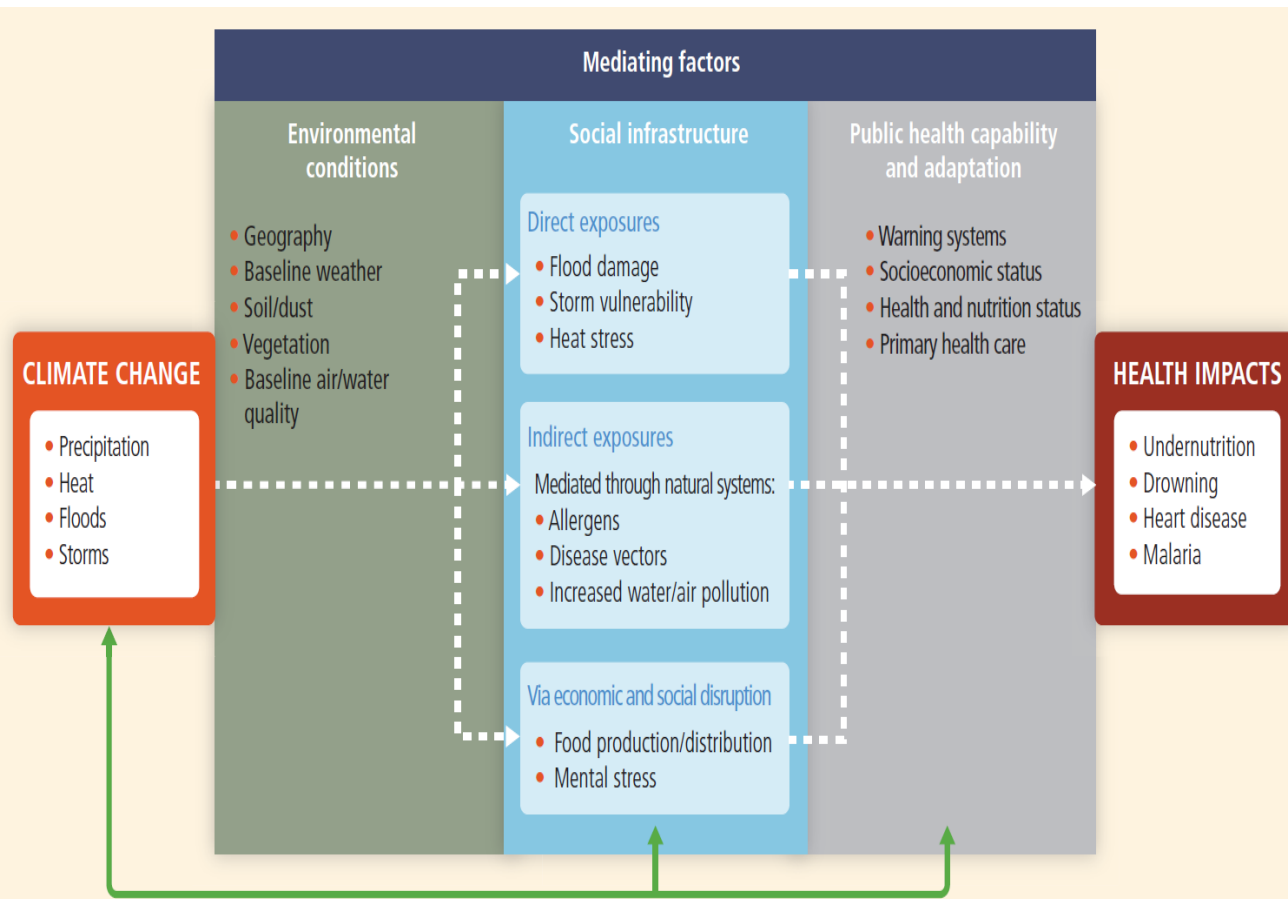
Source: Fuss et al 2014; CDIAC; Global Carbon Budget 2014; IPCC WGI & WGIII scenario database

# Health risks from climate change





# Health risks from climate change



## Each year:

-Extreme weather events kill tens of thousands

-Malaria kills over 600,000

-Diarrhoea kills almost 600,000 children

-Undernutrition kills 3.1 million

**All are highly sensitive to climate conditions**

# Climate change is firmly on the global health agenda



**One of four health priorities of WHO Director – General Tedros election.** Emergencies, Universal Health Coverage, Maternal and Child Health, and **Climate and Environmental Change.**

**Central platform for WHO's General Programme of Work 2019- 2023.**

# Relevance of climate change and health to the Global Development Agenda

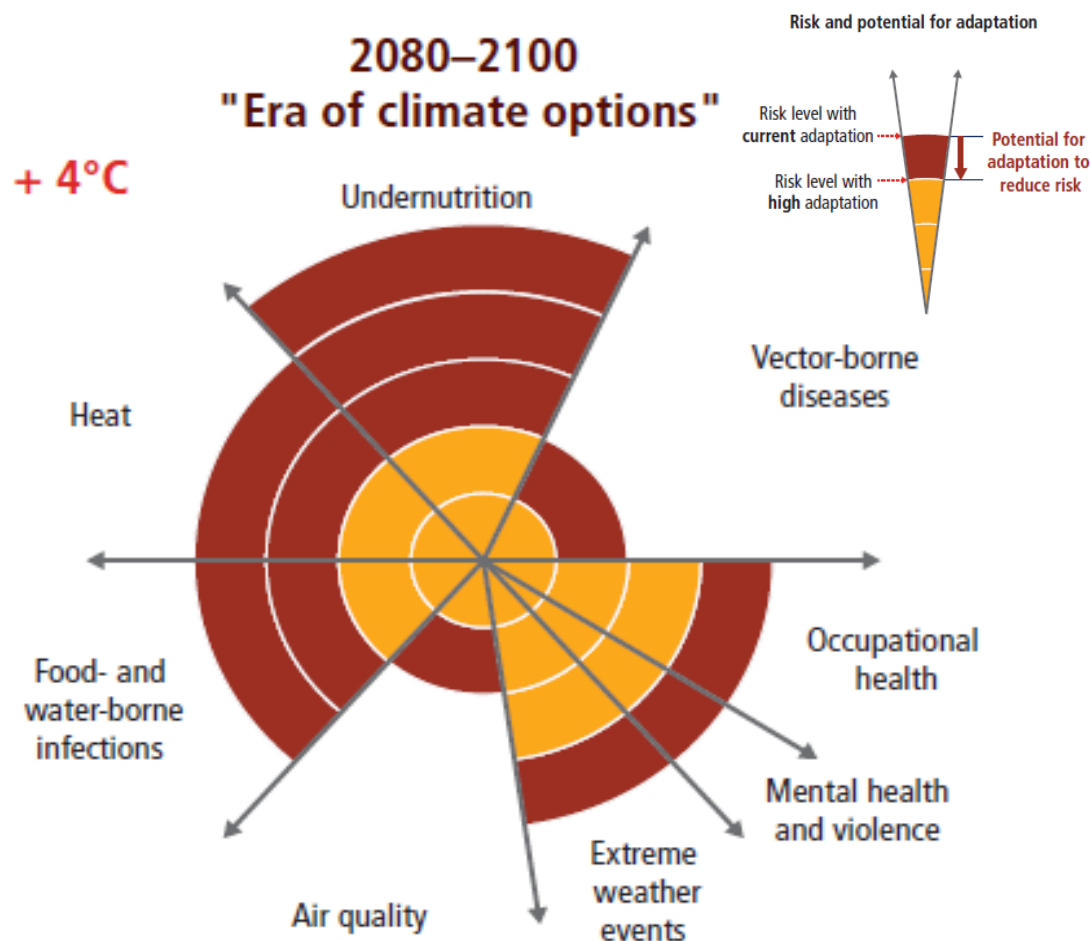


# THE GLOBAL GOALS

## For Sustainable Development



# First Priority: Primary prevention to minimize climate risks to health



We have proven, cost-effective interventions against every climate-sensitive health impact

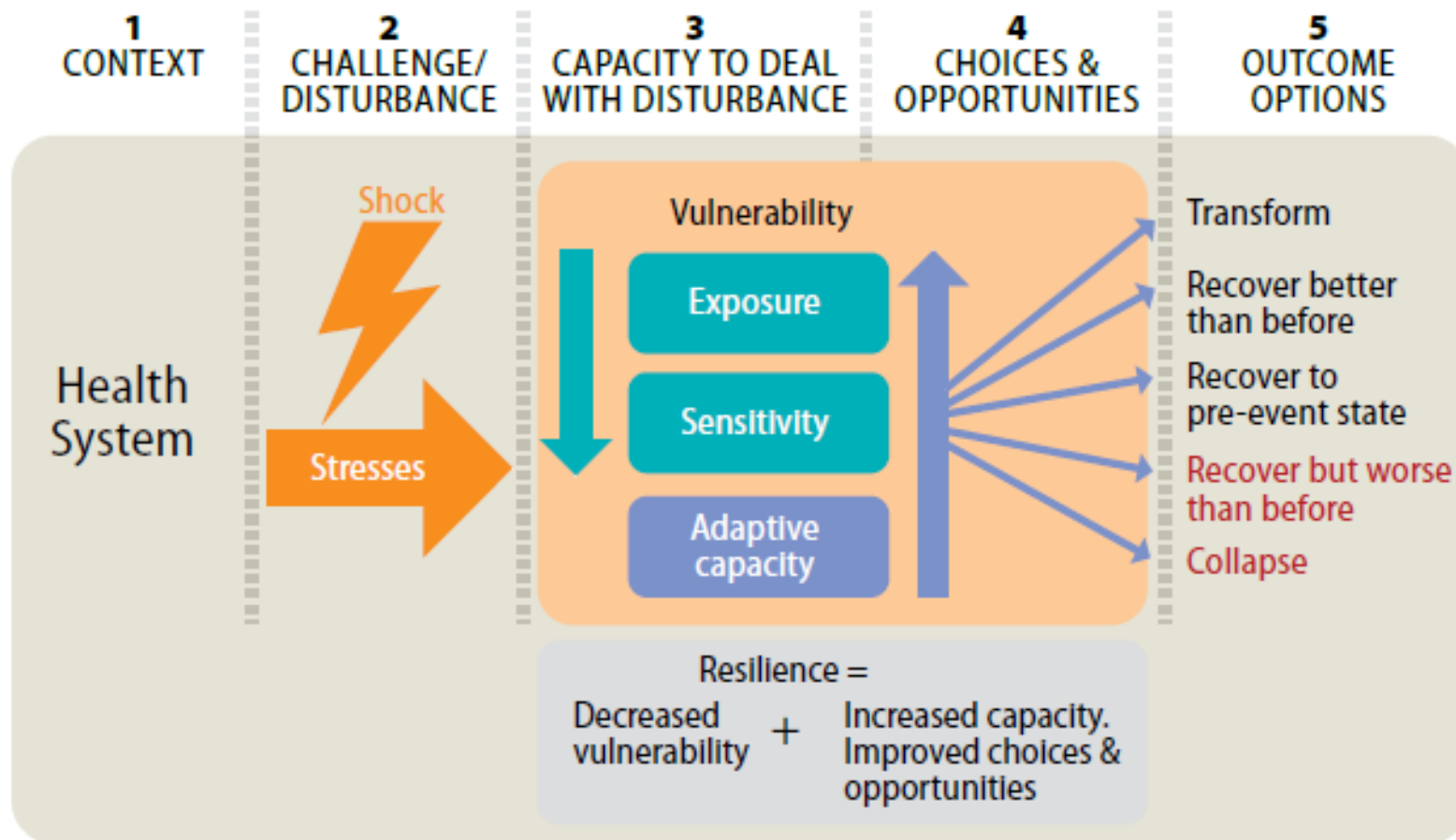
All of these can save lives now, and reduce vulnerability to climate change

**Strengthening of preventive public health functions, including climate resilience, is the best protection for the future**

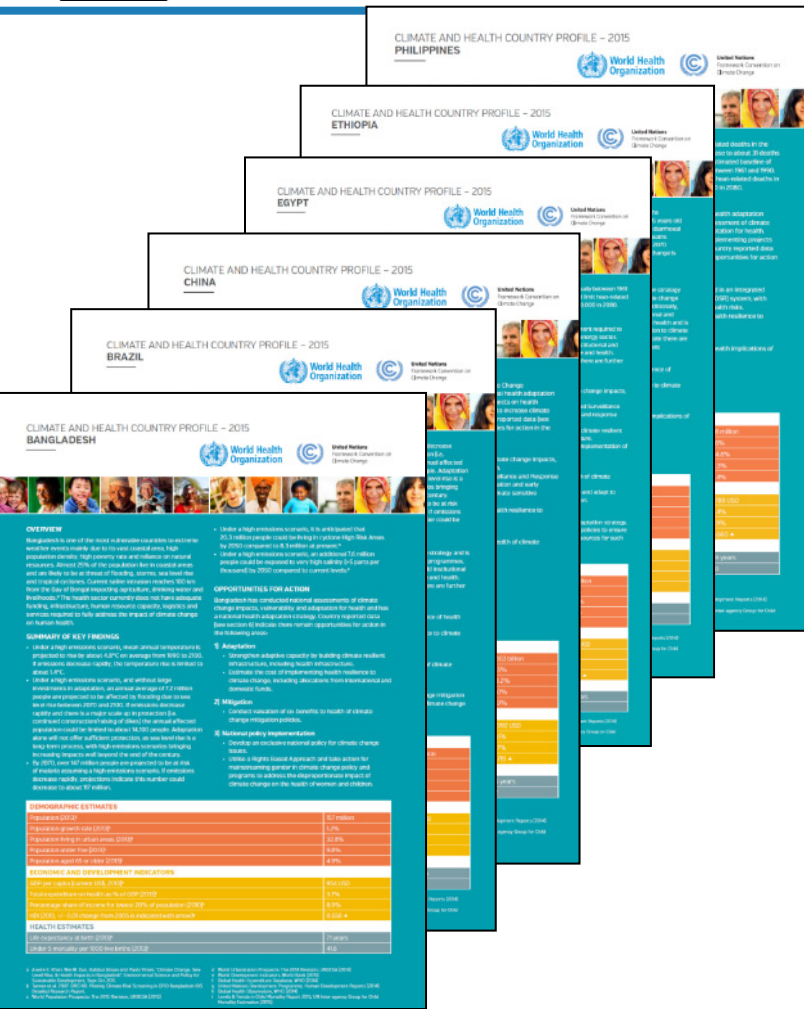




# Evidence: Improved understanding to build health system resilience

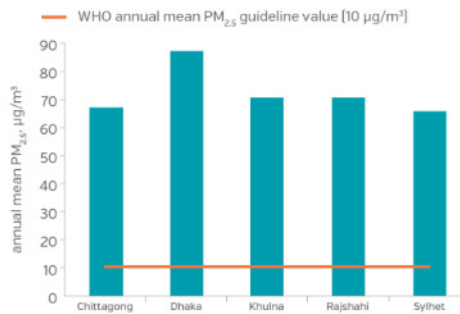


# Evidence: Country-specific information and investment cases



## OUTDOOR AIR POLLUTION EXPOSURE

Outdoor air pollution in cities in Bangladesh  
annual mean  $PM_{2.5}$  ( $\mu g/m^3$ ) 2013



The five most populated cities for which there is air pollution data available have annual mean  $PM_{2.5}$  levels that are above the WHO guideline value of  $10 \mu g/m^3$ .

Source: Ambient Air Pollution Database, WHO, May 2014.



## KEY IMPLICATIONS FOR HEALTH

Outdoor air pollution can have direct and sometimes severe consequences for health.

Fine particles which penetrate deep into the respiratory tract subsequently increase mortality from respiratory infections, lung cancer, and cardiovascular disease.

## HOUSEHOLD AIR POLLUTION

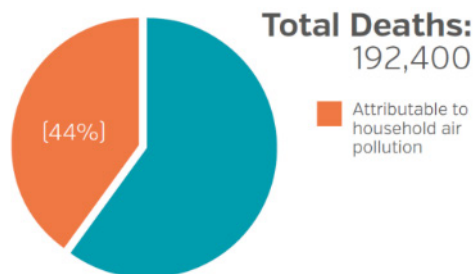
### BANGLADESH

Percentage of population primarily using solid fuels for cooking [%], 2013



Source: Global Health Observatory, data repository, World Health Organization, 2013

Percent of total deaths from ischaemic heart disease, stroke, lung cancer, chronic obstructive pulmonary disease (18 years +) and acute lower respiratory infections (under 5 years) attributable to household air pollution, 2012



Source: Global Health Observatory, data repository, World Health Organization, 2012



## KEY IMPLICATIONS FOR HEALTH

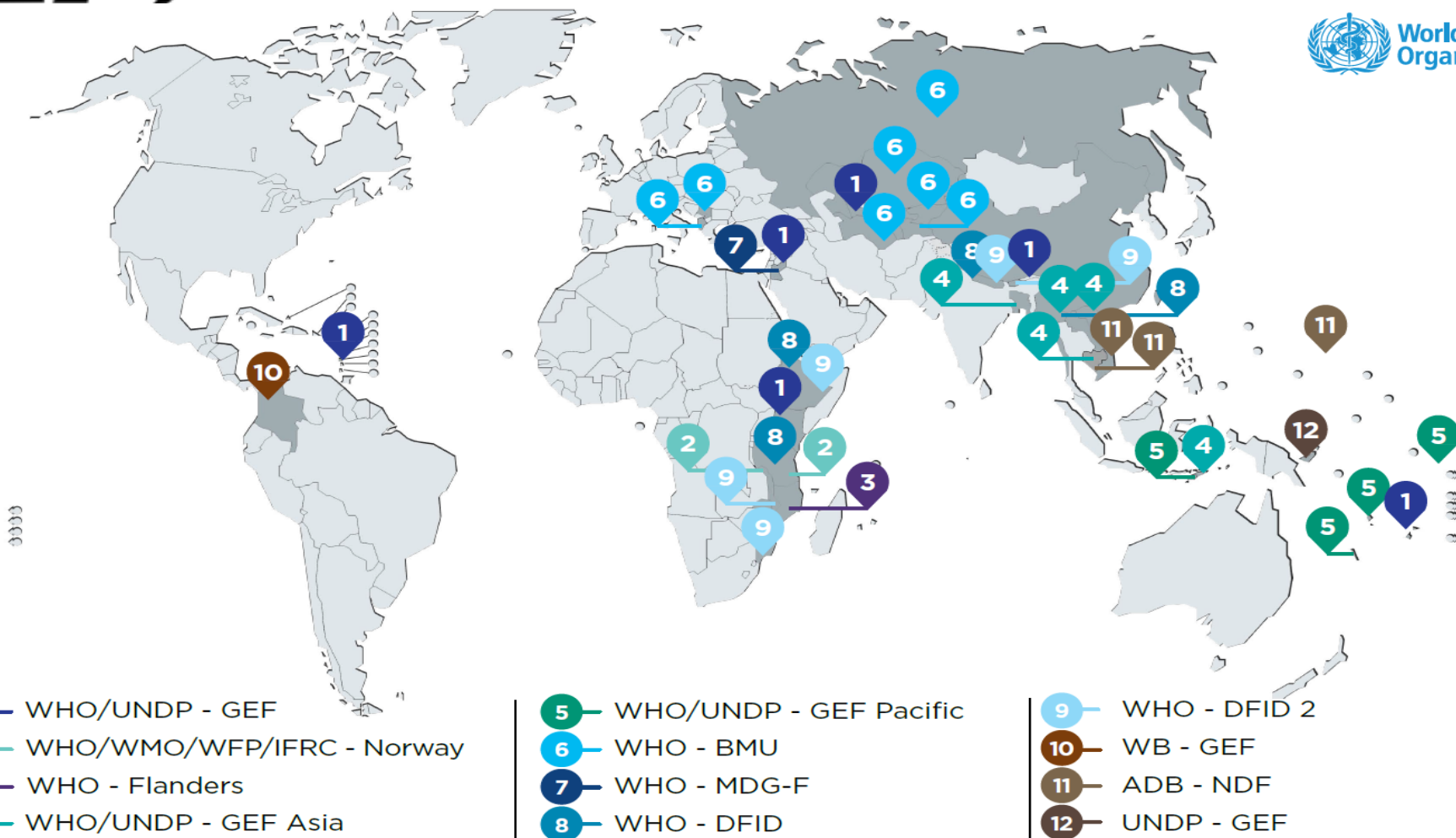
Air pollution in and around the home is largely a result of the burning of solid fuels (biomass or coal) for cooking.

Women and children are at a greater risk for disease from household air pollution. Consequently, household air pollution is responsible for a larger proportion of the total number of deaths from ischaemic heart disease, stroke, lung cancer and COPD in women compared to men.<sup>2</sup>

In Bangladesh, 61% percent of an estimated 17,100 child deaths due to acute lower respiratory infections is attributable to household air pollution (WHO, 2012).



# Implementation: Growing experience of health adaptation to climate change



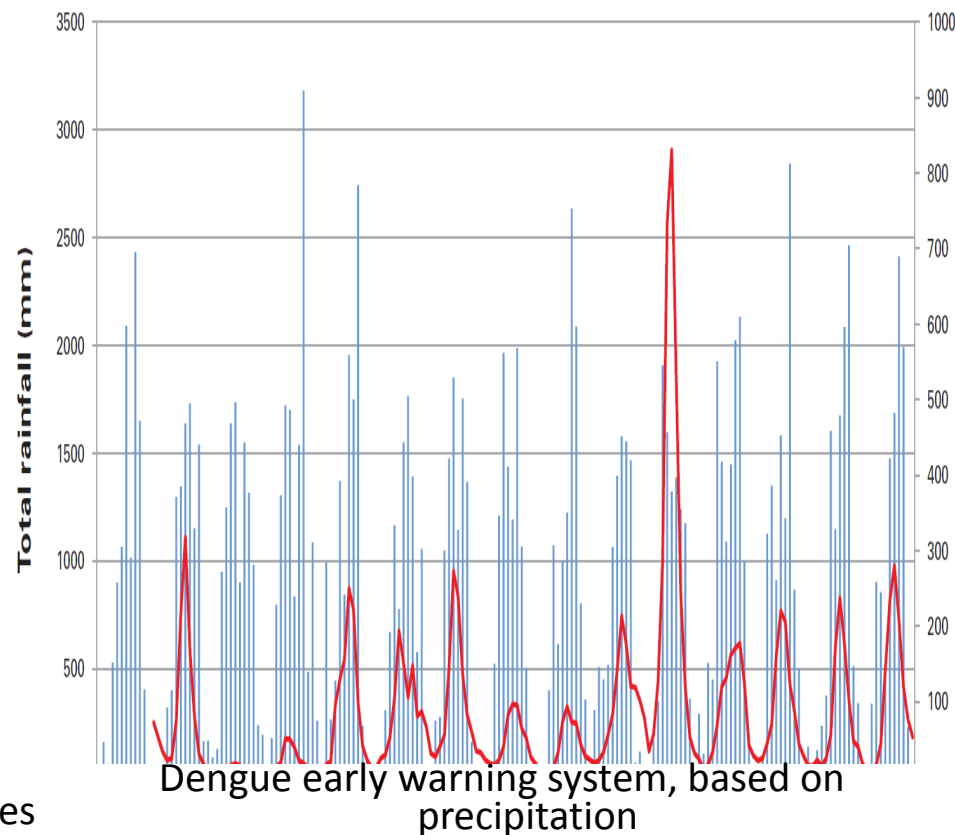


# Implementation:

## Scaling up and sharing best practice



“Smart “ (Safe and Green) hospitals:  
Georgetown Hospital in Saint Vincent & the Grenadines

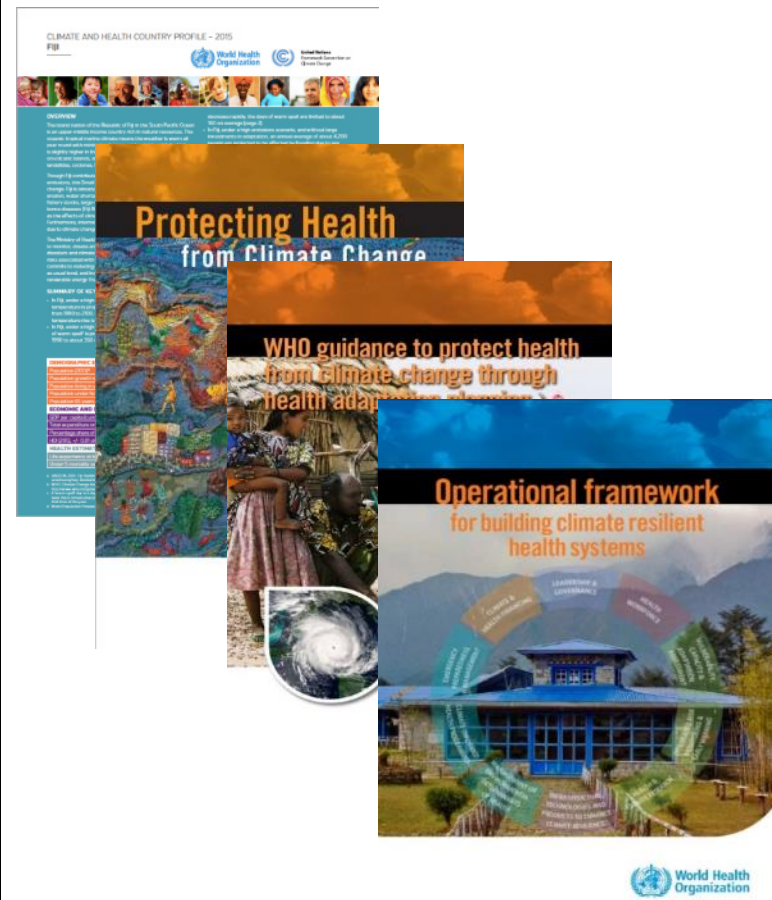






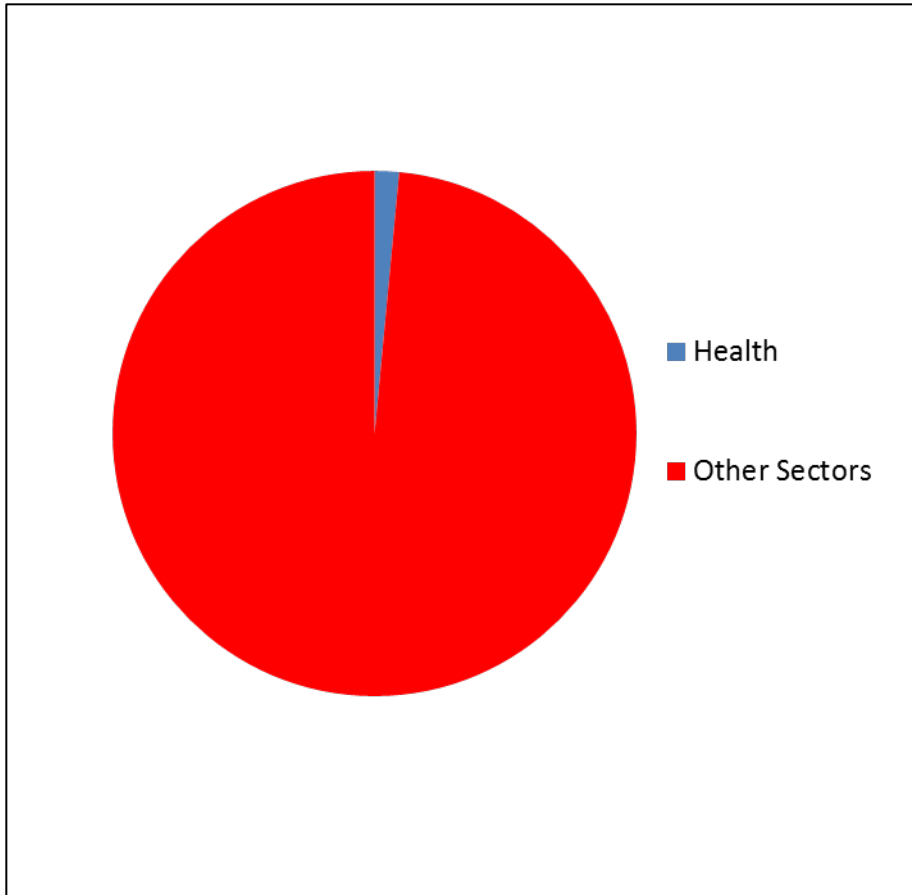
# Implementation:

## Toolkit and process for building climate resilient health systems





# Financing: Addressing the current neglect of support for climate and health



Climate change adaptation funds allocated to health projects

- National health budgets are overstretched, especially for prevention.
- Climate finance itself is insufficient.
- Health is poorly represented within climate project funding.

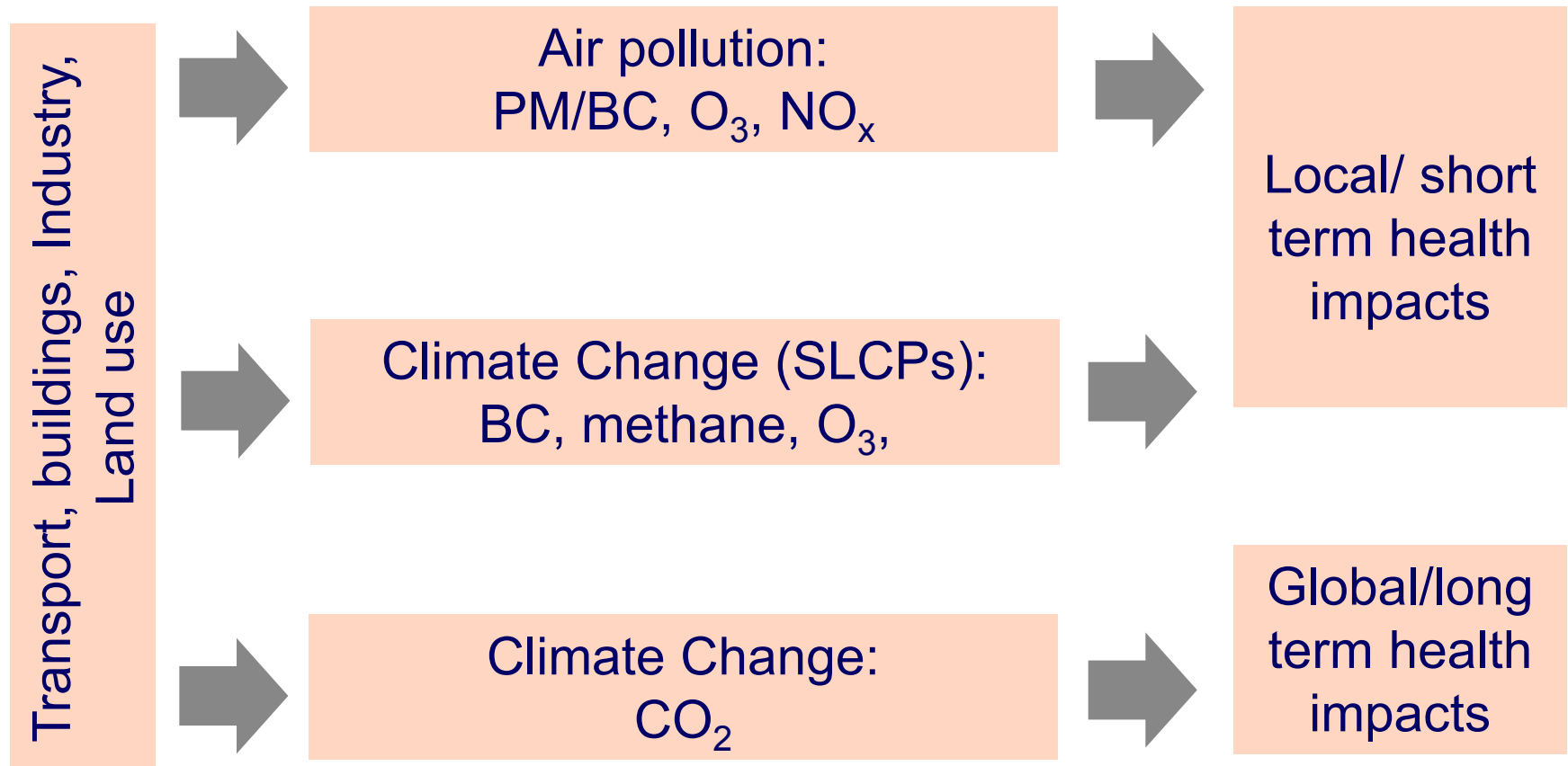






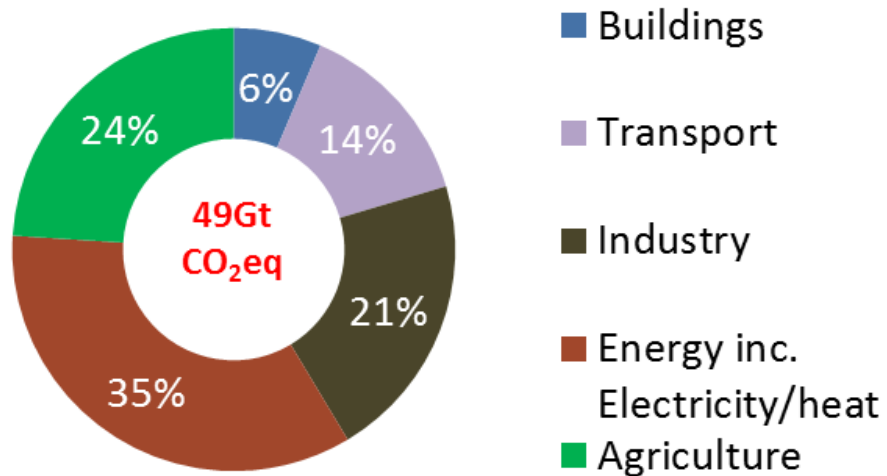


# Identifying Shared Pollutants for Climate Change and Local Air pollution



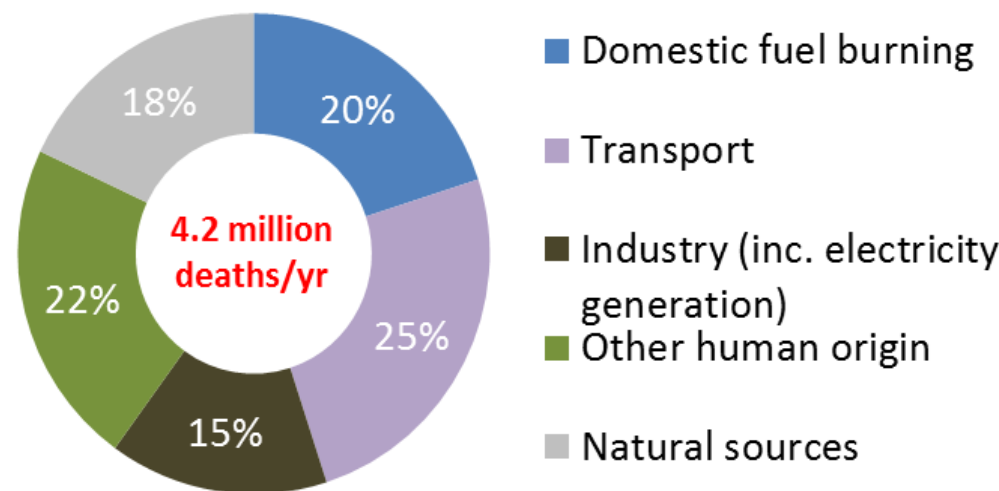
# Identifying Common drivers of Climate Change and Air Pollution

## Global Sources of Greenhouse Gas Emissions



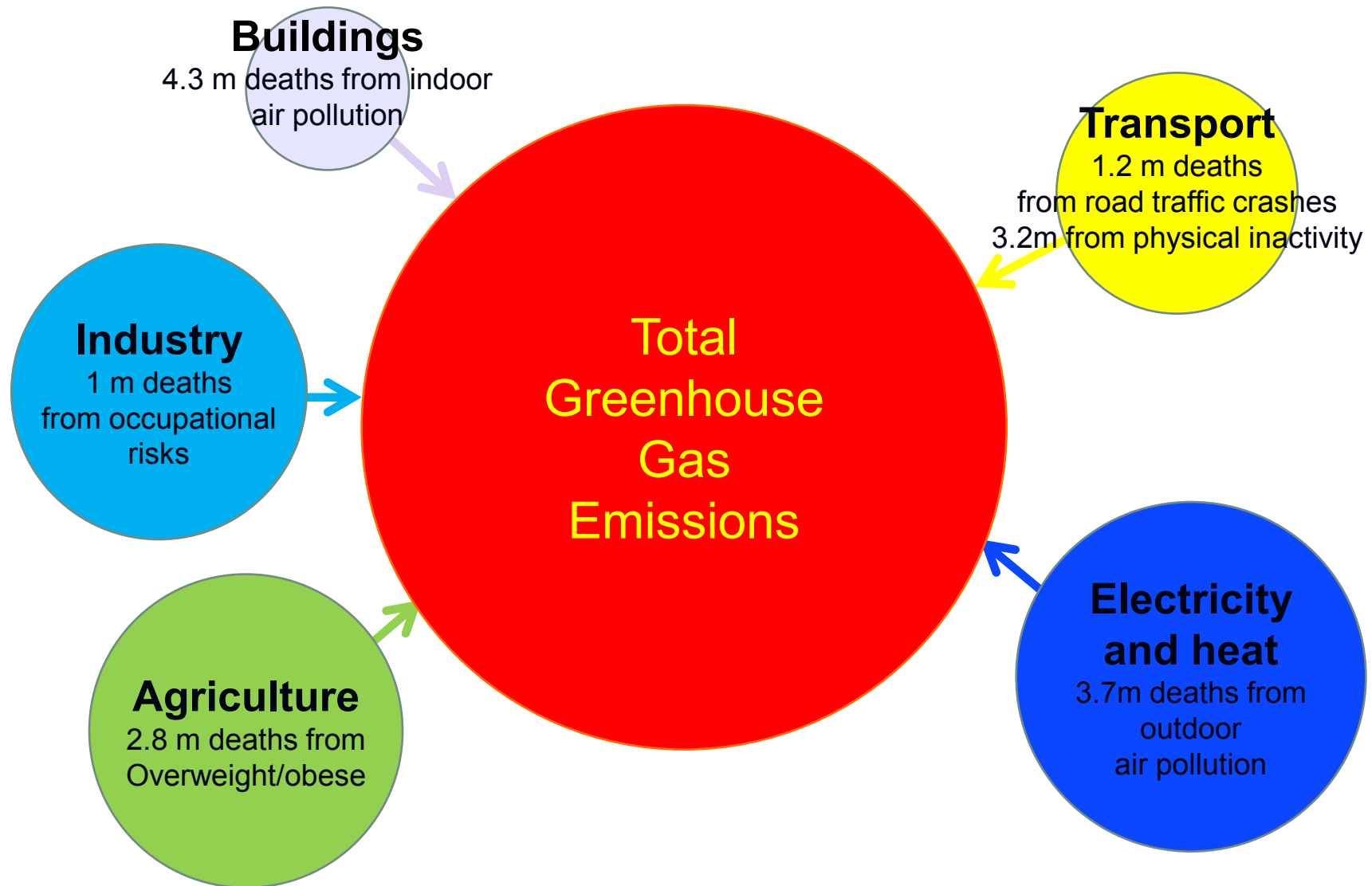
IPCC, 2014

## Global Sources of Urban Ambient PM<sub>2.5</sub>



Karagulian et al, 2015

# Health impacts of the causes of climate change

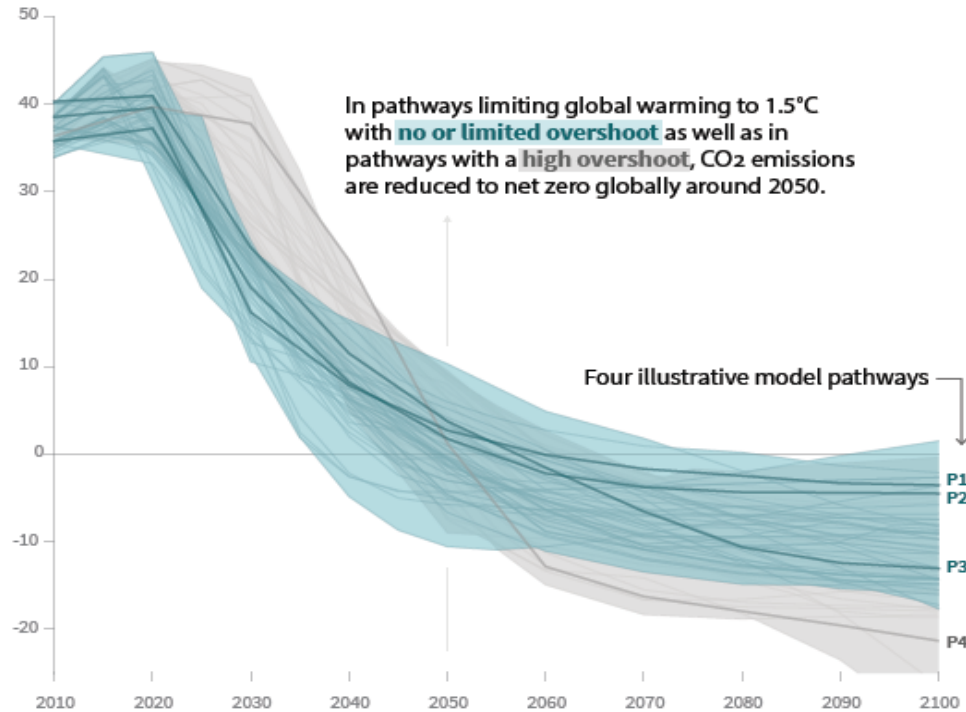


Circle size proportional to GHG emissions in 2010 (tonnes CO<sub>2</sub> equivalent).  
Changes proportional to projections of changes by 2050. *Emissions data from IPCC, 2014.*

# Ensuring we get the health benefits of decarbonization

## Global total net CO<sub>2</sub> emissions

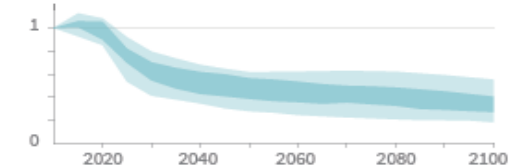
Billion tonnes of CO<sub>2</sub>/yr



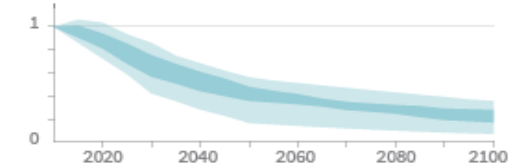
## Non-CO<sub>2</sub> emissions relative to 2010

Emissions of non-CO<sub>2</sub> forcers are also reduced or limited in pathways limiting global warming to 1.5°C with **no or limited overshoot**, but they do not reach zero globally.

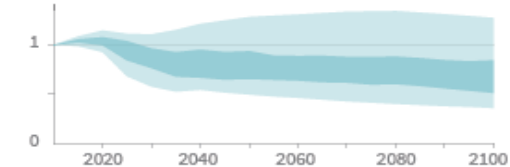
### Methane emissions



### Black carbon emissions



### Nitrous oxide emissions



## Energy-supply

Trade-offs

Synergies

## Energy-demand

Trade-offs

Synergies

## Land

Trade-offs

Synergies

SDG 3  
Good Health  
and Well-being



IPCC report on global warming of 1.5C (2018)



# SOLUTIONS



**CLEAN AIR FOR HEALTH**

**#AirPollution**



**World Health  
Organization**

# Quantifying the health co-benefits of climate mitigation action

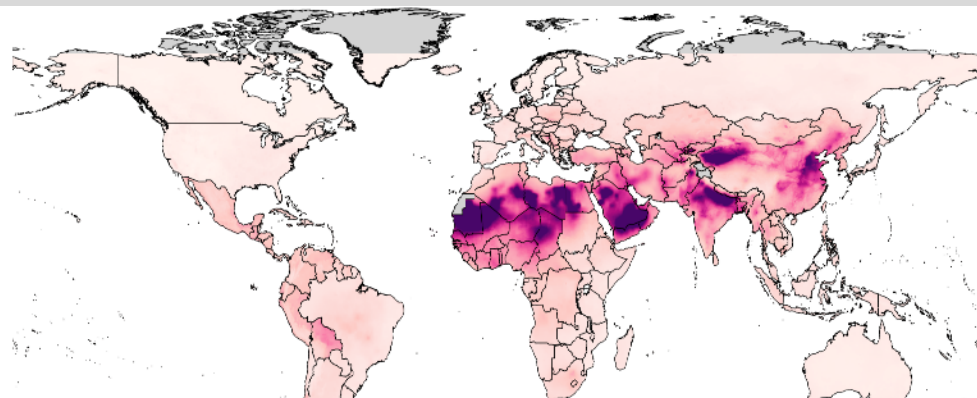
Global preliminary estimated avoided deaths attributable to PM<sub>2.5</sub> under two emissions scenarios

Emissions scenario	2050 (median)	Uncertainty
NDC commitments	109,308	(75,400, 158,520)
2°C scenario	383,194	(255,511, 576,280)

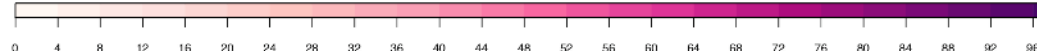
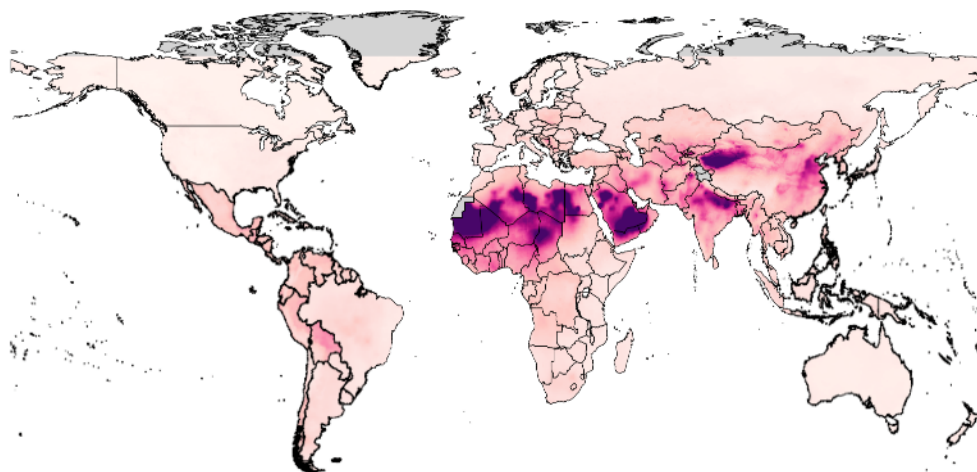
Preliminary research findings from study conducted by WHO, Basque Centre for Climate Change, University of Exeter and the EC Joint Research Centre Directorate for Energy, Transport, and Climate, Air and Climate Unit (2018)

## PM<sub>2.5</sub> concentrations (µg/m<sup>3</sup>)

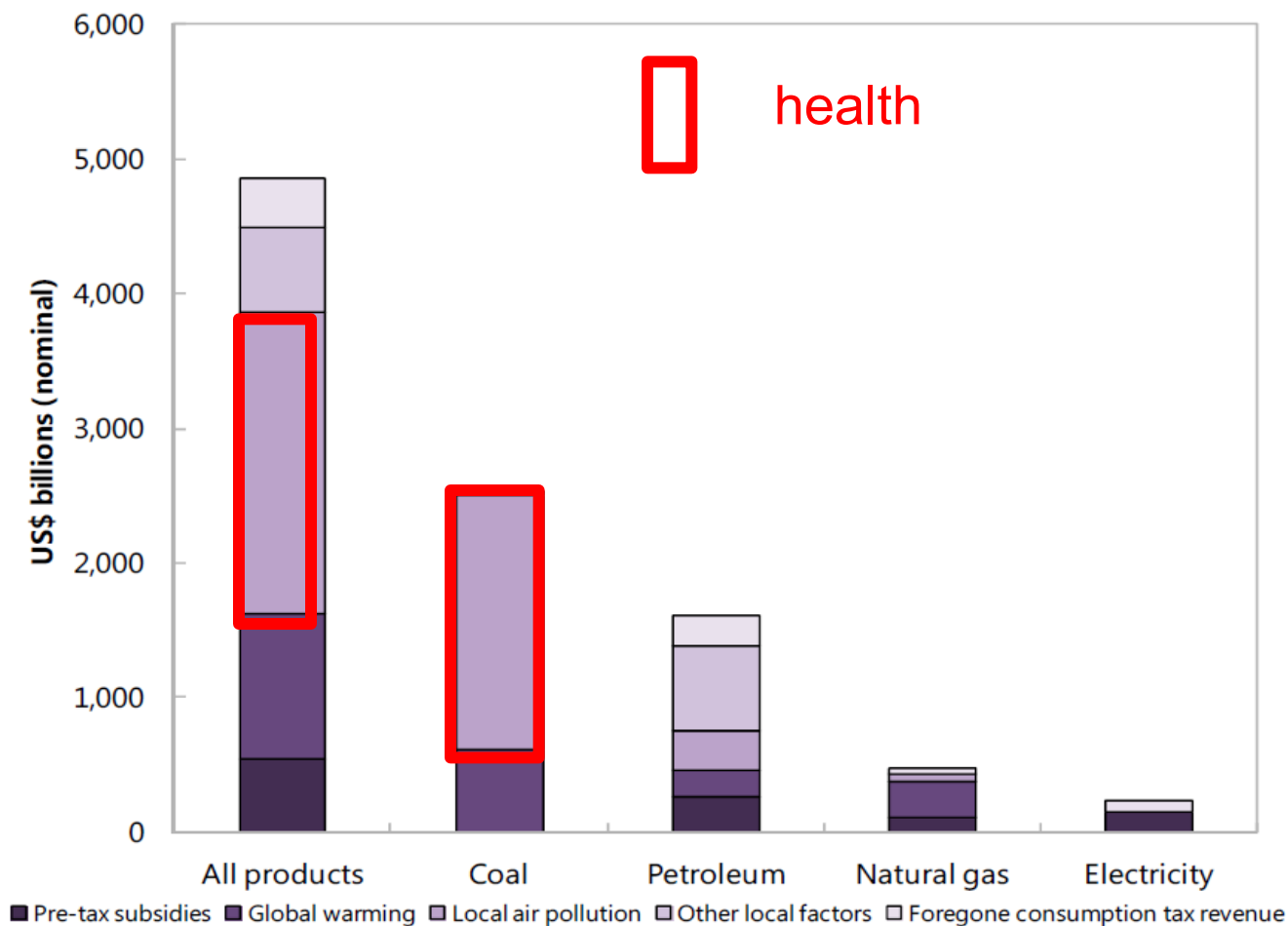
2010, reference scenario



2050, 2°C emissions scenario



# Supporting healthier economic policy



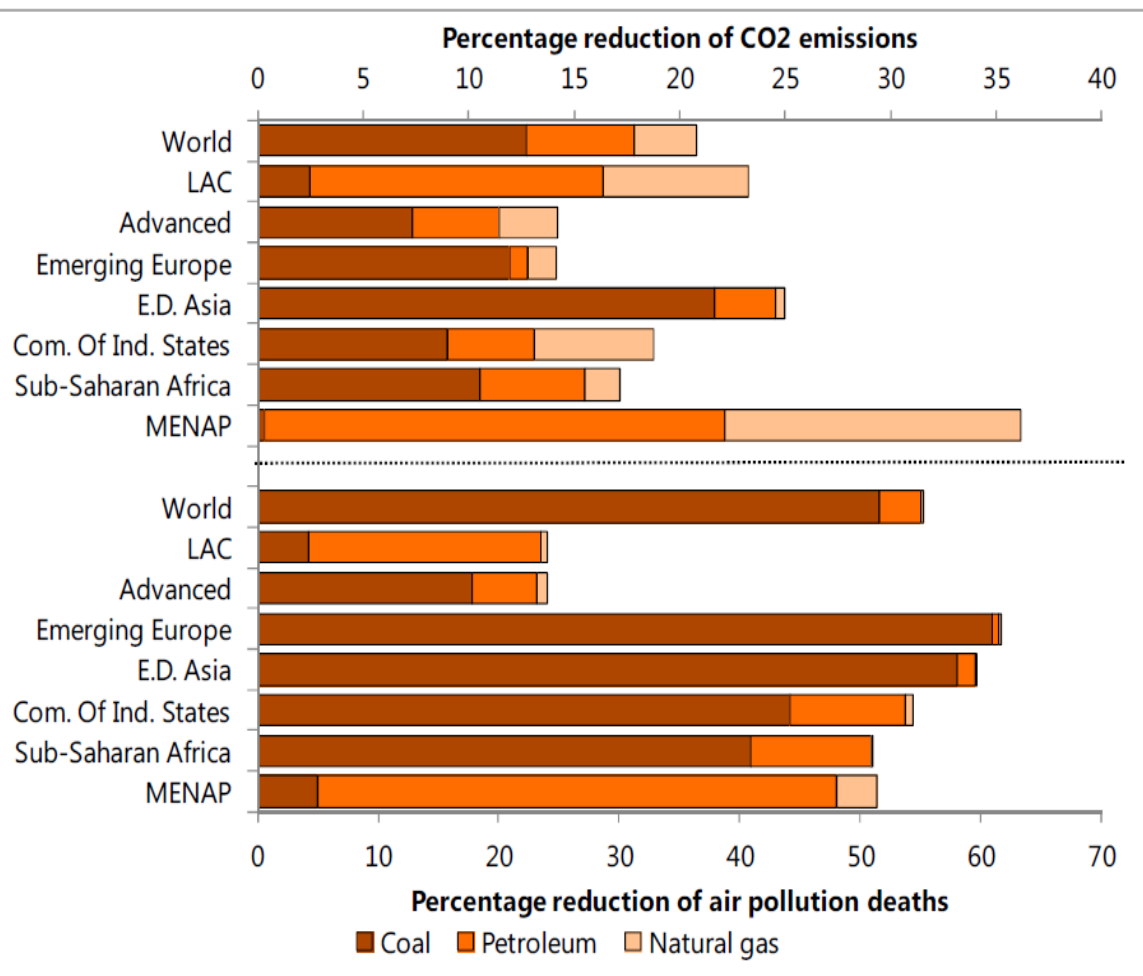
Energy subsidies  
US\$5.3 trillion/yr -  
more than all  
governments spend on  
health

Almost 50% is "unpaid  
health bill" from air  
pollution – mainly from  
coal

Subsidies received  
mainly by richer  
consumers.

IMF working paper, 2015

# Supporting healthier economic policy



Pricing carbon in line with health and other impacts would cut ~ 50% of AP deaths, ~ 20% of CO<sub>2</sub> emissions, and generate ~ 3% of GDP in tax revenues

IMF, 2015



# Bringing Air Pollution and Health to the Climate Negotiations



**Presidency Event on Climate Change and Health:  
UNFCCC COP-23, Bonn, November 2017**

# Engaging the health sector on climate change and air pollution

**92% of people  
worldwide do not  
breathe safe air**

Join us in breathing life back into our cities and our planet at  
[BreatheLife2030.org](http://BreatheLife2030.org)

**BREATHELIFE**  
Clean air. Healthy future.



World Health  
Organization



CLIMATE &  
CLEAN AIR  
COALITION  
TRANSFORMING AIR QUALITY  
TO IMPROVE HEALTH



Global call to action on climate and health



**COP24 • KATOWICE 2018**  
UNITED NATIONS CLIMATE CHANGE CONFERENCE

First ever health report to UNFCCC-COP



Health/AP as priority in 2019 UNSG climate summit

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**Thank you**