



¹ Global Climate and Health Alliance

² Health Care Without Harm

³ Centre on Climate Change and Planetary Health, London School of Hygiene and Tropical Medicine

Cite this as: *BMJ* 2024;384:q88

<http://dx.doi.org/10.1136/bmj.q88>

Published: 02 February 2024

The health community must build on commitments from COP28 to deliver healthy outcomes for all

Continued engagement by the health community is needed to ensure climate action is commensurate with the scale of the threat, argue these authors

Jess Beagley,¹ Shweta Narayan,² Sarah Whitmee³

COP28 took place at the end of 2023 amid unprecedented global challenges, with record high temperatures, widespread wildfires, and destructive floods, all demonstrating the immediate reality of the climate crisis. The health community has been engaging in COPs (international negotiations to reduce greenhouse gas emissions and tackle the effects of climate change) for the past decade, but COP28 was nonetheless a year of health “firsts.”¹ It included an inaugural health themed day, a health ministerial meeting, and a declaration on climate and health endorsed by 143 countries (correct at close of COP28) (A Wyns, personal communication, 2023)²; the announcement of an aggregated \$1bn fund for climate and health³; and the strongest ever representation from the health community—1900 people, including 49 ministers of health (A Wyns, personal communication, 2023).⁴ It followed calls by over 46 million health professionals for a fossil fuel phase-out and wider climate action.⁵ Health has a permanent place at the heart of the climate negotiation process, but health is not yet protected by sufficiently ambitious climate decision making. We examine the extent to which the negotiations delivered for health and explore how the health community can build on these advances.

The overarching decision of COP28—the “global stocktake,”⁷ which monitors progress towards delivering the Paris Agreement—makes clear reference to the right to health and to a clean, healthy, and sustainable environment, but negotiations did not fully deliver the necessary agreements to achieve these aims. New language on fossil fuels expands the focus beyond coal to tackle all fossil fuels, but dangerous loopholes still exist in terms of reliance on technologies such as carbon capture and storage and “transition fuels” such as gas. The call to triple renewable energy by 2030 should be celebrated but must be tied to the displacement of fossil fuels with clear stipulation of the need for overall reduced energy consumption, otherwise global heating will only progress. Further possible loopholes and unclear language also jeopardise health and equity; for example, text on the phasing out of fossil fuel subsidies risks subjective interpretation of language that is meant to protect workers and communities in the transition away from a fossil fuel economy. Meanwhile, language on transport heavily focuses on zero and low emission vehicles rather than making explicit reference to active travel and increased use of public transport, which could deliver benefits for both the climate and health.

A dedicated health target was included in the final text of the global goal on adaptation,⁸ on “attaining resilience against climate change related health impacts, promoting climate resilient health services, and significantly reducing climate related morbidity and mortality, particularly in the most vulnerable communities” by 2030 and beyond. But these targets remain unquantified, and a two year extension has been granted to develop indicators. There is also limited support for resources needed to move from aspiration to implementation.

The operationalisation of the loss and damage fund is a substantial step forward in delivery of finance to meet the needs of communities already facing the health and wider effects of climate change. But without adequate investment the fund cannot deliver. Commitments currently stand at \$700m, with the total need estimated as hundreds of billions.⁹ The United Nations Office for Disaster Risk Reduction and the United Nations Office for Project Services were identified as the joint hosts for the “Santiago network,”¹⁰ which might be able to build technical capacity to better quantify and respond to health related losses and damages.

Despite the clear effects of climate change on health and lives, the commitments and actions that emerged from COP28 are not commensurate with the scale of the threat. The health community has a responsibility to ensure that decisions at COP28 are translated into healthy outcomes and are built on in future years. Within the United Nations Framework Convention on Climate Change (UNFCCC) negotiations, it is imperative that the health community continues to call for the phase-out of fossil fuels and a just transition to renewable energy. This must promote actions that offer greenhouse gas mitigation alongside health co-benefits, such as improved air quality, avoiding unproven technological distractions.¹¹ Transitions must protect local populations from the effects of extraction of critical minerals, while building resilience through improved access to safe and affordable energy. In addition, future cycles of the global stocktake will require clear metrics for monitoring and evaluating progress, supported by interdisciplinary research and synthesis from experts on climate, health, equity, and beyond.

To become more formally embedded in the UNFCCC process, health organisations can apply for observer status, make subsequent submissions to consultations, and join UNFCCC constituency organisations such as RINGO (a network of research and independent non-governmental organisations),

Climate Action Network, and YOUNGO (the official youth constituency of the UNFCCC). Lessons must be drawn from the regulation of tobacco and other unhealthy commodity industries to combat the interests of the 2456 fossil fuel representatives at COP28, especially noting the provision to exclude industry from policymaking in Article 5.3 of the WHO Framework Convention on Tobacco Control. There might be value to collaborating with legal partners on litigation when state decisions undermine the right to a clean, healthy, and sustainable environment. It is vital that members of the health community from the global north partner more effectively with allies from the global south to increase representation through sharing of passes to attend negotiations and through providing financial resources. Better representation from the global south can ensure that policy calls are grounded in global realities and match the priorities of people living in regions already most affected by climate change and who are forging solutions.

International policy engagement must be supported by domestic action. The healthcare sector has a key role in tackling the climate crisis from local administrations to national ministries, not least through developing low carbon, resilient, and sustainable health systems, and divesting from fossil fuels as a health harming commodity. Health professionals have a rich history of shaping social norms – from tobacco control, to pandemic response, to prevention of nuclear war, and can lead by example in responding to climate change. More broadly, health systems must protect populations through universal health coverage and surveillance systems; protect professionals working within them; and protect the planet through clean supply chains. Although action in the healthcare sector is key, action in other sectors will ultimately determine whether the healthcare sector can respond to the health burden associated with climate change. As such, health community representatives should build bridges with health determining sectors—energy, water, transport, housing, agriculture, and beyond to ensure that health is recognised as a shared concern across sectoral climate decision making and to achieve healthy and just transitions rooted in social wellbeing, justice, and equity.

Elevating the importance of health in climate planning not only protects wellbeing now and in the future, but also strengthens community resilience and disease management. By incorporating health considerations into climate planning, we not only make sound economic decisions by reducing healthcare expenses and boosting productivity, but also strategically enhance the overall effectiveness and sustainability of climate actions.

Competing interests: SW declares employment at London School of Hygiene and Tropical Medicine and support from a Wellcome Trust grant (number 221284/Z/20/Z) and a grant from the Oak Foundation (number OFIL-20-093) for the Pathfinder Initiative. JB, SN declare none.

- 1 Smeeth L, Haines A. COP 28: Ambitious climate action is needed to protect health. *BMJ* 2023;383. doi: 10.1136/bmj.p2938 pmid: 38092459
- 2 COP28 Presidency. COP28 declaration on climate and health. 2023. <https://www.who.int/publications/m/item/cop28-uae-declaration-on-climate-and-health>
- 3 COP28. Over 120 countries back COP28 UAE Climate and Health Declaration delivering breakthrough moment for health in climate talks. <https://www.cop28.com/en/news/2023/12/Health-Declaration-delivering-breakthrough-moment-for-health-in-climate-talks>
- 4 UNFCCC. Provisional list of registered participants: on-site participants (Excel file). 2023. <https://unfccc.int/documents/634503>
- 5 Global Climate and Health Alliance. Global health and medical community unite to demand end to fossil fuel dependency at COP28. <https://climateandhealthalliance.org/press-releases/global-health-and-medical-community-unite-to-demand-end-fossil-fuel-dependency-at-cop28/>
- 6 World Health Organization. Uniting for health and climate action. 2023. <https://www.who.int/teams/environment-climate-change-and-health/call-for-climate-action>
- 7 UNFCCC. First global stocktake. 13 Dec 2023. https://unfccc.int/sites/default/files/resource/cma2023_L17_adv.pdf

- 8 UNFCCC. Matters relating to adaptation. 13 Dec 2023. https://unfccc.int/sites/default/files/resource/cma2023_L18_adv.pdf
- 9 Lakhani N. \$700m pledged to loss and damage fund at COP28 covers less than 0.2% needed. *Guardian* 2023 Dec 6 <https://www.theguardian.com/environment/2023/dec/06/700m-pledged-to-loss-and-damage-fund-cop28-covers-less-than-02-percent-needed>
- 10 UNFCCC. Warsaw international mechanism for loss and damage associated with climate change impacts. https://unfccc.int/sites/default/files/resource/cp2023_L08E_0.pdf
- 11 Whitmee S, Green R, Belesova K, et al. Pathways to a healthy net-zero future: report of the Lancet Pathfinder Commission. *Lancet* 2024;403:-110. doi: 10.1016/S0140-6736(23)02466-2 pmid: 37995741