

Cutting carbon, improving health



Events such as the financial crisis and climate change are not quirks of the marketplace or quirks of nature. Instead they are markers of massive failure in international systems that govern the way nations and their populations interact. The contagion of our mistakes shows no mercy and makes no exceptions on the basis of fair play. For example, countries that have contributed least to greenhouse-gas emissions will be the first and hardest hit by climate change.¹

Several health consequences of a changing climate have been identified with a high degree of certainty. Malnutrition, and its devastating effects on child health, will increase. Worsening floods, droughts, and storms will cause more deaths and injuries. Heat waves will cause more deaths, largely among people who are elderly. Finally, climate change could alter the geographical distribution of disease vectors, including the insects that spread malaria and dengue.² All these health problems are already huge, largely concentrated in the developing world, and difficult to control.³

Sadly, policy makers have been slow to recognise that the real bottom-line of climate change is its risk to human health and quality of life. Thankfully, however, this situation is beginning to change. At the World Health Assembly, health ministers have called

for intensified action to protect health from climate change,⁴ including awareness raising, the development of regional and national action plans, and increased support to strengthen adaptive capacities in health systems, especially in the most vulnerable countries. The past few months have also seen statements and campaigns by major medical associations and health non-governmental organisations, speaking on behalf of tens of thousands of health professionals and other concerned citizens.^{5,6}

Research findings which show how carbon-reduction strategies can be good for health have helped to drive these changes. The papers presented in a Series in *The Lancet* today, are therefore timely and profoundly important.

These papers make a strong case for linking climate and health goals. Most of the mitigation measures for climate change investigated (including cleaner household-energy sources, less dependence on automobile transport, and reduced consumption of animal products in developed countries) would bring public health benefits. In many cases, these benefits are substantial, and would help to address some of the largest and fastest growing global health challenges and the greatest drains on health-sector resources, such as acute respiratory infections, cardiovascular

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disease, obesity, cancer, and diabetes. While the climatic effects of mitigation measures are long term and dispersed throughout the world, the health benefits are immediate and local, making them more attractive to politicians and the public.

This research therefore brings a sharper focus to the role of the health community in climate policy. It provides another reason why we should speak out in favour of effective and fair mitigation measures, and brings a strong positive argument for more sustainable and healthier public policies. The papers also illustrate wide variation in the size of the health benefits that can be achieved for any given financial investment or reduction in greenhouse-gas emissions. Failing to prioritise the most health-enhancing mitigation choices would waste an important social opportunity, and give a poorer return on investments.

The issue now is not whether climate change is occurring, but how we can respond most effectively. The first steps are clear. In the short term, strengthening health systems, and widening coverage of proven and cheap public health interventions to control climate-sensitive diseases, would accelerate progress towards the health-related Millennium Development Goals and save millions of lives. In the long term, the same actions would also reduce vulnerability to climate change. Responding to climate change is not a distraction from the business of protecting health: it is part of the same agenda.

As governments convene in Copenhagen on Dec 7–18 (the COP15 conference) to reach an agreement on how to respond to climate change, there are three clear messages from the health community. First, climate change is a fundamental threat to health. Second, strengthening control of diseases of poverty is essential

to protect the most vulnerable populations, and is a safe investment for adaptation resources for climate change. Third, as this Series shows, cutting greenhouse-gas emissions can represent a mutually reinforcing opportunity to reduce climate change and to improve public health. Health protection should therefore be one of the criteria by which mitigation measures are judged.

Addressing climate change is not just an issue of international agreements, or economic costs; it is a choice of what kind of world we want to live in. Climate change is a price that we are paying for short-sighted policies. The pursuit of economic wealth took precedence over protection of the planet's ecological health, and over the most vulnerable in society. Fundamentally we are all facing a choice about values: improving lives, protecting the weakest, and fairness. These are the same values that motivate public health, and the health community is a willing partner in addressing this challenge.

Margaret Chan

WHO, Geneva, Switzerland
MediaEnquiries@who.int

I am the Director-General of WHO.

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