

Comment

Health co-benefits of policies to tackle climate change

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In 2009, *The Lancet* published a Series of groundbreaking papers presenting evidence for certain actions to tackle climate change that might improve health.^{1–6} These health co-benefits—which are additional to the global-health benefits that come from mitigation—could partly offset the costs of tackling climate change. This positive news contrasts with the widespread belief that policies to tackle climate change will be socially and economically demanding. The public health benefits of mitigation need to be more prominent in international negotiations and domestic policy making. The Series coincided with the last set of UN climate-change talks in Copenhagen, Denmark; however, despite the best efforts of the environmental and health communities to emphasise the urgency of action, many see the Copenhagen meeting as having been a disappointment. No internationally binding treaty to address climate change was signed to replace the Kyoto Protocol, which expires in 2012, and health remained too low on the agenda. What can we hope for the next set of talks that will take place in Cancun, Mexico, on Nov 29? Can new allies and evidence be brought to bear on this substantial public health threat?

The InterAcademy Medical Panel (IAMP), the global network of academies of medicine, and medical sectors within science academies have built on work started by the UK Academy of Medical Sciences by publishing a statement re-emphasising the importance of the health co-benefits of policies to mitigate climate change, and stressing the major threat of climate change to health.^{7,8} This alliance shows the potentially important contribution of national academies to international affairs, alongside nation states, charitable foundations, companies, and non-governmental organisations. Endorsement of the statement by academies from so many different countries is particularly important in view of the international nature of climate change, and the shift in world power towards the eastern and southern regions of the world. The IAMP statement reviews some of the main examples of how actions to mitigate climate change can also provide cobenefits for health, while acknowledging that there are complex connections between policies to mitigate climate change and human health, and there are substantial gaps in knowledge. For example, increasing the efficiency of household cooking stoves in India could result in reductions in childhood respiratory infections and in adult heart and lung disease, and might reduce the emission of black carbon and other greenhouse pollutants.

A 10-year programme to introduce 150 million low-emission stoves in India could prevent about 2 million premature deaths. Reduced use of private cars in urban areas and an increased proportion of more active alternatives in urban transport, such as cycling or walking, in New Delhi and London could reduce the burden of heart disease, diabetes, some cancers, and depression. These and other co-benefits greatly support arguments for emissions reduction, therefore providing added incentives for countries to adopt such policies early, and helping to offset the economic and societal costs of tackling climate change.

The IAMP statement urges that goals for health improvement should be one of the main criteria in deciding on mitigating measures for climate change. The statement advises that the often overlooked co-benefits must be given greater prominence in international negotiations and that health ministries should become more involved in decisions on climate change. For this change to happen, the health, scientific, transport, agriculture, energy, and industry sectors should collaborate to study and implement climate-change mitigation and adaptation measures that benefit health.

Furthermore, in view of our increased understanding that health systems are major sources of greenhouse-gas emissions,⁹ professional communities in health should provide leadership to reduce these emissions.

The 2006 Stern Review¹⁰ emphasised the economic consequences of climate change. The medical science community should now do the same for health, and the IAMP statement can contribute to this endeavour. The growing evidence about the relation between climate change and health presents another lens through which climate change can be perceived.¹¹ This evidence also offers a new political space in which climate change negotiations and national policy formulation can occur. Although the effects of mitigation policies on the climate take time to manifest and are often widely dispersed worldwide, the health co-benefits can be realised more directly and quickly, thus making them more tangible and attractive to policy makers and the public. The IAMP statement provides new impetus to revive international negotiations and domestic action. Notably, academies and their international networks, such as IAMP, recognise an increasing responsibility to provide independent, expert, evidence-based advice to inform and influence policy development and, thereby, to catalyse change. With extensive expertise in a wide range of disciplines, national academies, and the networks in which they participate, offer a rich resource for national governments and international institutions when faced with global challenges such as climate change.

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