



# **World Health Editor's Network: Climate change briefing and workshop**

**Wednesday 23 January & Thursday 24 January 2008  
WHO HQ, Geneva, Switzerland**

## **REPORT**

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## Introduction

More than 30 journalists, campaigners, scientists and academics gathered at the HQ of the World Health Organization, Geneva,<sup>1</sup> for this briefing, whose theme had been chosen in preparation for World Health Day, 7 April 2008, on “Protecting health from climate change.”

Franklin Apfel, World Health Communication Associates, opened the meeting by reminding participants that the meeting would be held under UK Chatham House rules, which state that information presented to the workshop was public but nothing should be attributed without permission.

The meeting aimed to brief the Network on issues around climate change protection and health and to seek advice on how to make this issue more relevant for audiences in the various sectors and groups targeted by World Health Day 2008, particularly the health care professionals.

These briefing notes provide a summary of the key points, messages and recommendations from speakers and participants.

## Climate Change and Health overview

*Roberto Bertollini*

*Senior Adviser, Public Health and Environment, WHO, Geneva*

The image of climate change must change from the polar bear to the faces of people—putting health at the centre of the debate.

WHO is taking its role seriously in helping to reframe this debate. It aims to increase awareness about the health impacts of climate change and how the health sector can adapt. WHO has therefore selected “Protecting health from climate change” as the theme of World Health Day. The WHO Executive Board, meeting at the same time as this WHEN meeting, approved a resolution on climate change and health (see annex 1).

Climate change is one of the UN’s top four priorities. The WHO Director General, Margaret Chan, sees the challenges ahead as fighting to put health at the centre of the climate change debate, and the additional challenge which climate change poses to reaching the Millennium Development Goals (MDGs), especially in Africa.

<p>“Climate change will be the defining issue for public health in the 21<sup>st</sup> century,” WHO DG Margaret Chan<sup>2</sup></p>
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The Intergovernmental Panel of Climate Change (IPCC) Fourth Assessment Report provides evidence of the links between climate change and human health. “The evidence that warming is taking place is unequivocal.”<sup>3</sup>

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<sup>1</sup> In an effort to keep the carbon count down, Ashok Sinha from Stop Climate Chaos gave his presentation from the UK via a video link and several participants took trains to Geneva.

<sup>2</sup> The 2007 David E Barmes Global Health Lecture, Bethesda, Maryland, USA, 10 December 2007. Climate change and health: preparing for unprecedented challenges. Dr Margaret Chan, Director-General of the World Health Organization.

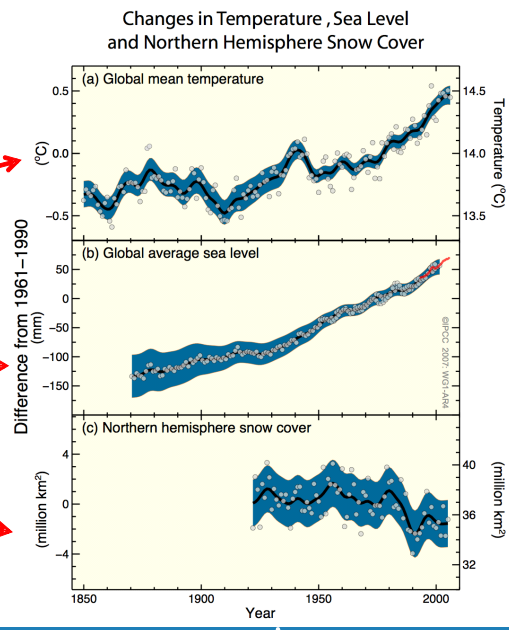
<sup>3</sup> Intergovernmental Panel on Climate Change, Fourth Assessment Report. Climate change 2007: synthesis report. Summary for policymakers. Geneva, International Panel on Climate Change, November 2007 (un-edited copy).

**Warming is Unequivocal**

Rising atmospheric temperature

Rising sea level

Reductions in North Hemisphere snow cover



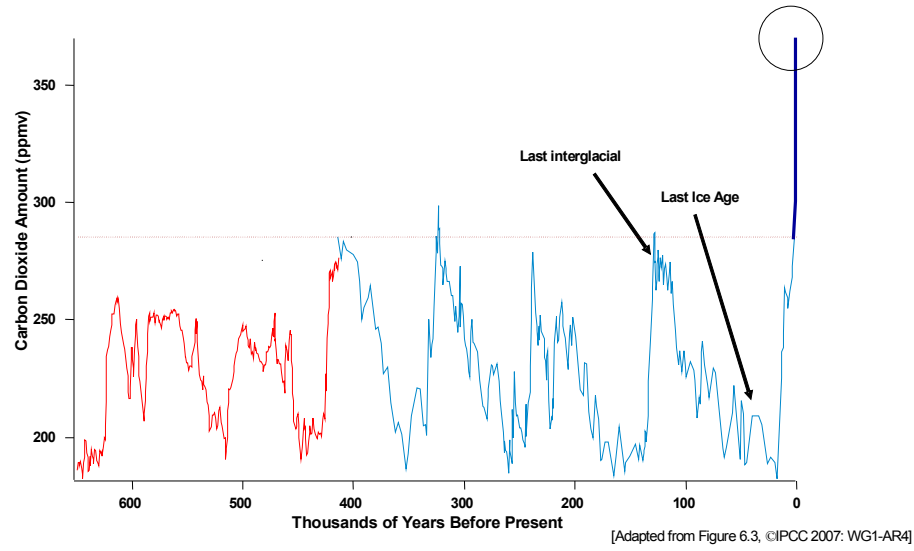
Global public health and climate change

World Health Organization

The global carbon dioxide (CO<sub>2</sub>) level has not been as high as it is now in more than half a million years.

"There is no doubt about climate change and future trends, but only about the extent and magnitude of the health impacts."

**CO<sub>2</sub> has not been this high in more than half a million years.**

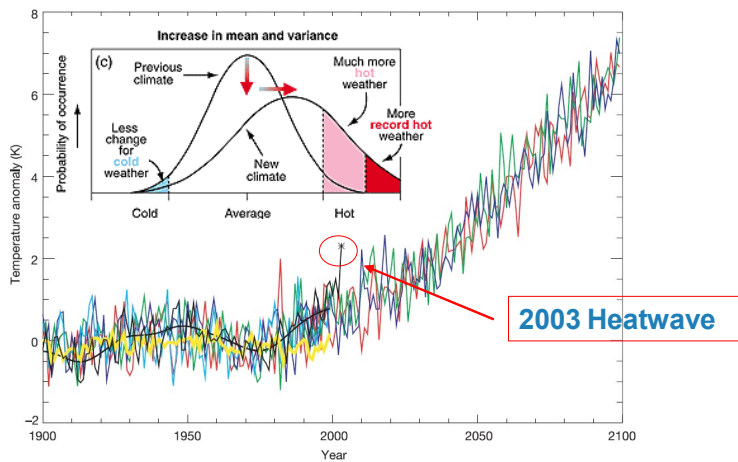


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World Health Organization

"The 2003 heat wave in Europe will become normal fare by 2050."

## Climate change made the European heatwave of 2003 more likely...

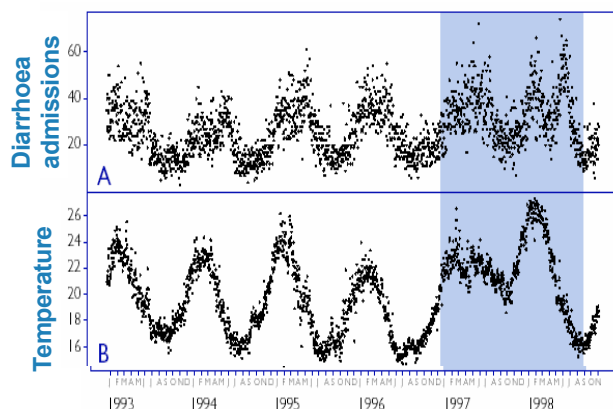


Stott et al, nature, 2004

Some of the anticipated impacts of climate change will be beneficial but most will be adverse. The expectations are mainly for changes in frequency or severity of familiar health risks. Even if greenhouse gas emissions were to stop increasing today, temperatures will continue to rise as a result of the changes that have already taken place (the so-called climate change commitment). This is not good news, as many diseases are climate sensitive (e.g. under-nutrition, diarrhoeal disease, and malaria).

In Peru, for every 1 degree centigrade increase in temperature, there was an 8% increase in hospital admissions due to diarrhoea.

## How sensitive is health to climate? Diarrhoea



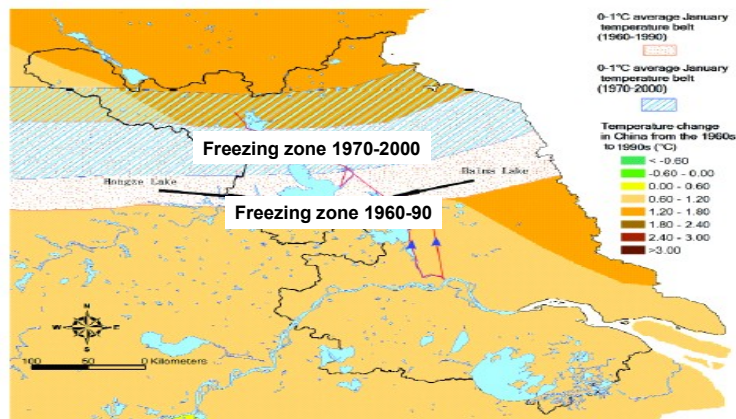
Daily measurements Jan 1993 – Dec 1998

Incidence of diarrhoeal disease is strongly related to climate variables. In Lima, Peru, diarrhoea increased 8% for every 1°C temperature increase.

(Checkley et al, Lancet, 2000)

Climate change is expected to increase the proportion of the global population exposed to dengue, for example, from about 35% (upper figure) to 50-60% (lower figure) by 2085. In China, the belt of land in which average January temperatures are below freezing is shrinking, thus exposing several million more people to *Schistosoma japonicum*, a disease transmitted by a snail that does not survive in a freezing zone.

### ...is exposing additional populations to infection with *Schistosoma japonicum*...



(Yang, Vounatsou, et al. 2005).

In Europe, tropical diseases are now making their debut as a result of increased travel and milder winters in some areas. In Italy, the first case of Chikungunya contracted locally by a resident (as opposed to being contracted abroad) occurred in August 2007. Malaria has recently been transmitted in France, Italy and Holland (Rotterdam). However, neither disease could become endemic unless temperatures rise sufficiently to allow the mosquito vector to survive the winter.

The health response to climate change should focus on six areas: Health security (e.g. the war in Darfur is related to access to water); strengthening health systems (disasters make it even more important for public health systems to effectively apply the benefits of medicine to the diverse political and social contexts, thus ensuring that they reach those who need them the most); health development (e.g. transport sector should promote cycling and walking to help promote the 'co-benefits' of reduced emissions from cars and better health from more physical activity and fewer accidents); evidence and information (research is needed for better tools to control diseases that are rapidly emerging (e.g. dengue) and better measurement of the effectiveness of interventions); delivery (which needs to adapt to new challenges); and partnerships (for a strengthened response).

The challenge for WHO will be to package the evidence on the health impacts and adaptation strategies, and deliver tools which help health professionals promote the solutions in both adaptation and mitigation.

Tony McMichael, the 'father' of global health science, makes clear that prevention means moving beyond the health sector. "We've got to be more imaginative ... making the argument that every ministry is a health ministry."<sup>4</sup>

<sup>4</sup> *British Medical Journal*, 29 September 2007; 335:636

## Six focus areas for WHO, public health, and climate change

	1. Health security	
	2. Strengthening health systems	
	3. Health development	
	4. Evidence and information	
	5. Delivery	
	6. Partnerships	

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World Health Organization

The World Health Day website can be found at [www.who.int/globalchange/climate](http://www.who.int/globalchange/climate).

### Discussion

#### ***Health at the centre of the climate change agenda***

When health impact assessments are done, they need to take into account the costs for all sectors. The health sector has to spend more on emerging problems and care. The key is positive framing and working with other sectors to promote solutions—for example, investment in transport aimed at reducing air pollution. The first few minutes of starting up a car are the most polluting, which is one reason why using it for short distances should be discouraged.

#### ***Health Ministers ultimately accountable***

Too often, health ministers and health professionals do not think that climate change is their problem, but they are often the ones who suffer politically for environmentally induced problems such as climate change. Examples from Europe include the heat wave of 2003, which led to top-level resignations in France, as well as the BSE crisis in the UK, and the dioxin contaminated eggs in Belgium. The message must be, that they have responsibility for prevention as well as the provision of health care. This provides an opportunity for health system development.

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# Reaching different audiences

## 1. HEALTH PROFESSIONALS

### “Contraction and convergence”

*Robin Stott*

*Chair of the British Medical Journal’s Carbon Council and Associate Director, Medact, UK.*

The duties of a health professional are not only to care for individual patients, they are also to ensure that the society we live in is health creating so that all global inhabitants can enjoy good health (UK General Medical Council).

To adequately address climate change, according to the Climate and Health Council, physicians need to:

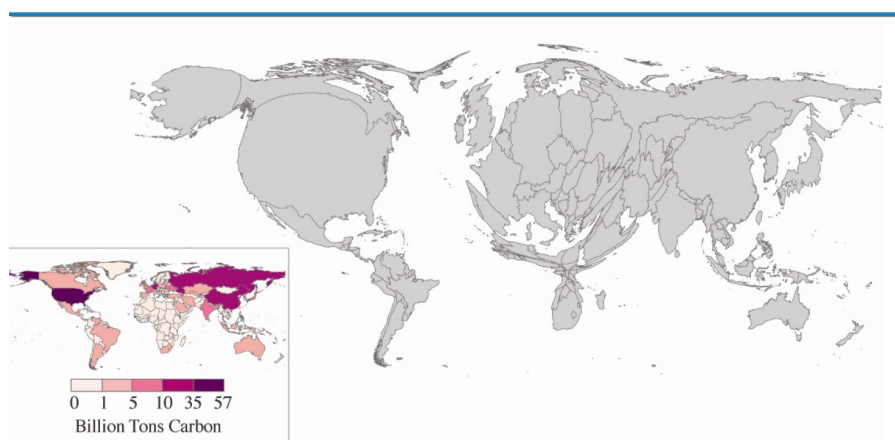
1. Inform: Tell others about the health consequences of climate change and the widening resource gap, including policies for mitigation and adaptation, and their co-benefits.
2. Affirm: Measure and reduce their personal CO<sub>2</sub> emissions, and encourage other organisations to do likewise.
3. Advocate: Putting our own house in order gives us greater moral right to advocate global solutions, such as “Contraction and Convergence”.
4. Innovate: Find new ways of addressing carbon footprint inequities.
5. Disseminate: Engage other sectors and relevant parties.

What is “Contraction and Convergence” (also known as a Fair Share Solution)?

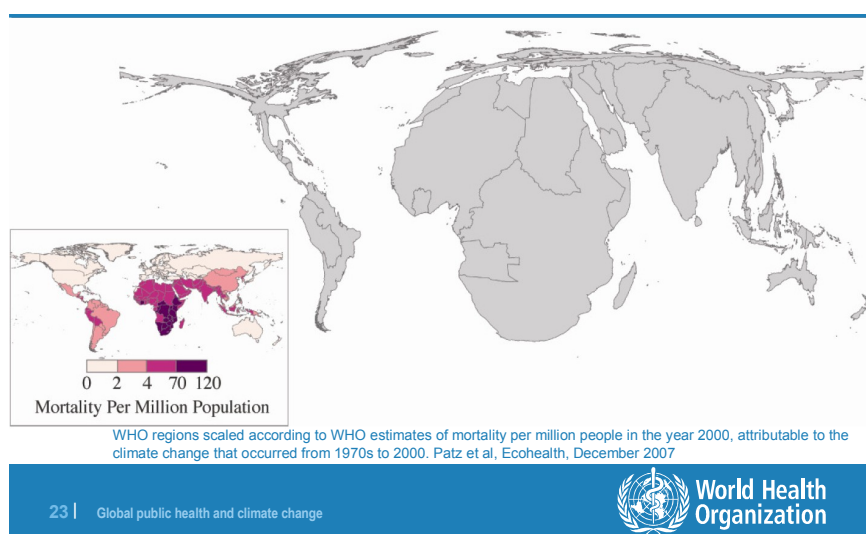
### **Contraction**

Every global citizen will be allocated an equal entitlement of a global carbon budget based on keeping atmospheric levels below 450ppm (to have a 50% chance of ensuring that the temperature rise is below 2 degrees centigrade). This process will stabilise atmospheric CO<sub>2</sub> levels by 'contracting' the amount of carbon emitted to a level that the world can cope with (roughly 8 billion tons if carbon sinks, such as tropical forests, are maintained). The allocation per person will be about 1.4 tonnes per year. Currently, the average person produces 10 tonnes in the EU, 20 tonnes in the US, 1.5 in India, 3 in China, and less than 1 in Africa.

## Cumulative emissions of greenhouse gases



## Health impacts of climate change



### **Convergence**

This is the process of moving to equal shares of the carbon budget for each person. Frugal emitters (usually the poor) will be able to sell their unused entitlements (approximately 50-60 pounds sterling per ton) to the profligate emitters (the rich). For compelling financial reasons, all will invest in low carbon initiatives.

It will be possible for frugal emitters to sell each ton of CO<sub>2</sub> entitlement within a market framework. Over time, the proceeds will more than cover the US\$120 per person that the UN millennium project has estimated will be required to deliver the millennium goals in Africa.

The benefits of Contraction and Convergence are 'Keeping our Cool' (mitigation) and 'Narrowing the gap' (reducing inequality), plus those arising from having created 'virtuous cycles' in policy at all levels that enable economic and social progress within environmental limits.

Dr Stott recommended that participants take the five messages home and encourage organisations and individuals to sign up to the Climate Change and Health Declaration at [www.climateandhealth.org](http://www.climateandhealth.org). He called for Contraction and Convergence to be the framework promoted at Conference of Parties (COP) 15 in Copenhagen 2009.

Dr Stott referred participants to a fictitious report ([www.bmj.com](http://www.bmj.com), 22 December 2007) dated 2057 from a Tanzanian correspondent to the British Medical Journal, which described what health professionals had done to address climate change and health.

### **Discussion/response from professional associations**

#### ***Finding ways to engage health professionals***

For many health professionals this is a new theme, and they have not addressed it formally in their priority activities. The general response from the international networks representing the doctors, nurses, dentists and pharmacists was overwhelmingly positive, and many expressed an interest in writing feature stories or asking their constituents to consider signing the Health and Climate Change Declaration.

### ***Personal commitment means more moral authority***

Looking at climate change first from a personal perspective (How am I contributing to carbon emissions?) and then an organisational one, provides a hook to get more interest and buy-in from the health community.

### ***Getting more information***

How this issue will be seen depends on the quality of websites and references available. Health professionals have limited time but they can be encouraged to sign up to the statement from health professionals. Even some conservative medical groups have done so. They can also calculate their own carbon imprint at Act On ([http://www.direct.gov.uk/en/Environmentandgreenerliving/actonco2/DG\\_067197](http://www.direct.gov.uk/en/Environmentandgreenerliving/actonco2/DG_067197)) (calculates contribution from private, disposable income only). Neither task takes long and would contribute to a moral authority.

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## **2. LOCAL AUTHORITIES**

### **How towns and cities can adapt**

*Maryke van Staden*

*Coordinator, Climate & Air Team, European Cities for Climate Protection Campaign, ICLEI–Local Governments for Sustainability, Freiburg, Germany. ICLEI is an international local government association representing 800 member cities.*

“The local level has to deal with the impacts of climate change.” Towns and cities need to respond also because the urban environment has grown rapidly worldwide, with the urban population doubling in the last 50 years and the trend expected to continue. The presentation addressed the question of how towns and cities can adapt to avoid risk, and which areas need to be looked at—all of which impact on health in some way or another. In response to its members’ needs, ICLEI has added ‘climate change adaptation’ to its priority areas as from 2005.

ICLEI is developing a road-map for local governments—From Bali to Copenhagen—to provide a clear way ahead in the post 2012 era. Already ICLEI uses many different programmes and initiatives that can feed into this process, addressing climate protection (mitigation and adaptation), water and procurement, promotion of Local Agenda 21, an environmental management programme, and capacity development through training activities. This approach was presented at a side-event session organised by ICLEI at COP in Bali at the end of 2007, and met with extensive interest.

Case studies are used to share what local authorities are doing, and more are needed to also reflect the health impact and effective responses. London might represent one example from different perspectives, e.g. heat waves and overheating in the underground, as well as the risk of flooding.

It is important to consider how to inform citizens about vulnerabilities and effective responses, and not cause information overload, fear paralysis or people just switching off. Messages also need to be easy to understand for people with limited literacy skills. Information gaps should be identified and addressed.

Many opportunities exist to use the health argument to raise awareness of the impact of climate change. For example, in Florida in the aftermath of hurricanes, several cases were found where homes with non-opening windows (to improve cooling by air-conditioning)

resulted in heatstroke for people who could not leave their homes (e.g. bed-ridden or elderly people) during power failures. Their homes overheated and because their communications capacities were cut off due to power failures, this led to severe suffering and even death. The extensive health dimensions of anticipated large-scale migration in Africa from areas that become difficult to live in due to a changing climate also need to be looked at. This ranges from basic medical care for large groups of people to water and food provision, and the danger of spreading disease.

A research project has developed an analogue map to show how cities will move into different climate zones. This is a powerful visual message that shows how a whole concept for a city can change. For example, London moves from a temperate zone to a warm climate—around the zone where Barcelona is today. What will the impact of this be on the city, its population, its infrastructure? Changes are needed in policies and regulations, local governments should find partners with whom to exchange and explore, with organisations such as ICLEI assisting with international advocacy.

On the one hand we need to mitigate our impact on climate change—for this we have about 10 years, according to the IPCC, to make a real change and avoid going beyond the 2°C range. On the other hand we need to adapt to inevitable climate change. The less mitigation is done now, the more we will need to adapt later.

For more information on ICLEI see <http://www.iclei.org/>.

## **Discussion**

### ***Adaptation vs. Mitigation***

WHO is focusing on adaptation and the health effects of climate change because the impacts are already being felt. This needs to be addressed before moving onto mitigation. However, the communication strategy and emphasis will evolve over the next two years to December 2009 and WHO is already looking at the issue of mitigation of the effects of climate change internally (video conferencing, staff transport project). This is an important contribution to an overall moral authority.

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### **'Win-win' messages on health gains of climate control policies**

*Christian Farrar-Hockley*

*Policy Officer, Health & Environment Alliance (HEAL), Brussels, Belgium. The Health and Environment Alliance (HEAL) aims to put health at the centre of the European Union's environment policy.*

The climate message needs to change from an environmental message to a health message, and to take advantage of the potential 'win-win' messages (see below) as well as the 'fear' message about how much harm it can do health.

The main message on climate change is currently about saving the planet. HEAL's first aim is therefore to change the overall message and put human health at its core, because "we are not trying to save the planet, we are ensuring our ability to live here."

The second aim is to develop 'win-win' messages so that the information is about the potential for good instead of concentrating on the risk of harm. For example, the 'Contraction and Convergence' model would imply a move towards less car use and more cycling within the EU countries. Reduced use of private cars, plus more cycling and walking, is good for climate change but it is also what is recommended in the EU framework for healthy transport policy, which has benefits in terms of reducing respiratory problems, injuries on the roads, and noise pollution, and for promoting physical activity. Climate change policies therefore have the potential to improve health.

Energy policy to help mitigate climate change will also have benefits for health. This is because greenhouse gases and traditional air pollutants have common sources (e.g. smoke from coal-fired chimneys) so that reducing the first will lead to reductions in the second. Projections for 2020 show that changes to meet EU climate and energy targets will reduce the costs of implementing EU air pollution policy by up to 20 billion Euros. This implies cleaner air and less respiratory disease at no extra cost.

The health sector itself could make a major difference to reducing the effects of climate change. For example, in Germany 20 hospitals have achieved 25% cuts in CO<sub>2</sub> emissions through reductions and optimal use of energy. If all hospitals followed their example, the scaling up of such 'bottom-up' initiatives could produce a significant reduction in CO<sub>2</sub> emissions.

However, climate change is not yet on the agenda of the global health industry, as evidenced by the fact that it will not be addressed at the World Health Care Congress taking place in April 2008.

Effective promotion of the 'opportunistic' or 'win-win' messages on climate change and health requires working with scientists and promoting knowledge of how more 'health' can be achieved through carbon reduction strategies, such as the promotion of active transport, i.e. walking and cycling. This can reduce greenhouse gases and obesity and its consequent effects on cardio-pulmonary diseases.

To help raise awareness about such actions, HEAL is instituting a 'Good Practice' award for health sector activity on climate change, and planning a meeting with EUREGHA (European Regional and Local Health Authorities Platform) on "Climate change and the challenges for public health: engaging the regions" in June 2008.

HEAL provides an open listserv on climate change and health to share science, solutions and policy opportunities on combating climate change. To sign up, send an email to [info@env-health.org](mailto:info@env-health.org).

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### **3. GENERAL PUBLIC**

*Ashok Sinha*

*Director, I Count, Stop Climate Chaos, London, UK. The Stop Climate Change campaign is a coalition of environment and development groups, faith groups, humanitarian organisations, women's groups, and trade unions campaigning to stop climate change.*

Stop Climate Chaos's Ashok Sinha gave his presentation via video link. He shared the strategy and tactics behind the successful Climate Change Chaos campaign, launched in the UK in 2006.

Ashok stated, "By working together in a diverse, broad-based coalition we believe we can deliver results that none of us can achieve alone. Nothing on this scale has been attempted before on climate change, but anything less is unlikely to be successful."

One of the most important elements of the campaign is its ability to tell the climate change story in a way that resonates with the public. One successful approach is to paint two alternative pictures of what life might look like in 2100. The sober projection of what happens if no action is taken produces a gloomy picture: temperatures up by 6-10%, a refugee crisis, people losing their livelihoods, costs of 20% on GDP. However, the image of life if we do take action is much more appealing—no war, fewer resources spent on health infrastructure, fewer deaths and less disease, and an improved quality of life.

Key lessons learned from the public outreach campaign:

1. Communicating about climate change cannot just be a 'green' agenda; it needs a broad front involving different sectors and interests within society.
2. To develop this broad coalition, the policy platform needs to be easy to follow and should provide clear demands that everyone can sign up to (e.g. the need for agreement that renewable energy is the key to fighting climate change, without necessarily agreeing nor detailing how this should be achieved).
3. The campaign needs to provide a clear sense of ownership and a well-defined process.
4. The campaign activities need to take place within a portfolio of diverse actions and resources, adapted to the various target audiences. For example books, concerts, podcasts, one-minute video clips for use in music festivals, and opportunities for direct action (letters, demonstrations, etc.).
5. The campaign will only reach the public if it appeals at a personal level, and if individuals see how lifestyle changes and political actions will provide them with benefits.

To avoid climate change fatigue, Stop Climate Change Chaos campaign focuses on keeping the message fresh and inspirational, and on changing the messengers (spokespeople, type of event, etc.) frequently. For example, they have had a senior and articulate scientist talking to the media, and UK pop stars spreading the message to youth.

The health angle, particularly with new figures from WHO, could contribute to keeping the message not only new and fresh but also help personalise it, a key element for effecting change.

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## 4. TRANSPORT SECTOR


### Lessons from integrating health into transport policies

Carlos Dora

World Health Organization, Geneva

Sixty per cent of the world population does very little physical activity. WHO promotes “What 30 minutes of physical activity a day can do” (see below), which most benefits those who are least fit.

**30 minutes a day of Physical Activity is enough to reduce:**



- ◆ By 50 % the risk of developing coronary heart disease,
- ◆ By 50% the risk of developing non-insulin-dependent diabetes and obesity.
- ◆ By 30 % the risk of developing hypertension.
- ◆ The risk of colon /breast cancer (e.g. Shanghai 50% reduction in colon cancer).
- ◆ Helping to maintain bone mass and protecting against osteoporosis.

More evidence is needed on the health impact of transport changes. Project evaluation tends to focus on reduced congestion and more cycling, though the London congestion charge scheme has shown a reduction in personal injuries. Bogota has given urban space to public transport and pedestrians but the lack of evaluation may be preventing it from being a political success.

**Bogota: urban space to public transport and pedestrians – reduction in traffic injuries and air pollution ? political success ?**



Once communication about co-benefits is achieved, it is possible to change social norms. No-one would say today that “A man who, beyond the age of 26, finds himself on a bus can count himself a failure,” as Margaret Thatcher did 20 years ago.

A European Parliament Resolution adopted in 2002 called for “stronger integration of health considerations into transport policies, including by carrying out health impact assessment of major transport projects.”

WHO has embarked on a transport project for the health and welfare of its staff that could become the basis for a model policy for health ministries. The survey showed infrastructure for cycling and public transport was weak but that over half the staff would like to make use of more sustainable forms of transport for travelling to work. The project provides some free bikes, offers courses on changing tyres, and information on cycle routes and public transport timetables. This provides a basis on which staff members can advocate to others. Neighbouring organisations in Geneva have already shown interest.

## **Discussion/recommendations**

### ***Low cost cars in India?***

What should be our reaction to the launch of the low-cost car in India that will stimulate huge demand? There should be different messages at local and international levels. The local message and policy focus should include the health and road safety advantages of walking and cycling and the associated stimulus to small industry (street food, bike mending shops, etc.), while the global focus should be on reducing emissions in high consumption countries and promoting mechanisms to leapfrog to low carbon technologies everywhere.

### ***What kind of health/transport messages are best?***

Emphasise the win-win solutions. Reducing transport-associated carbon footprints will lead to reduced obesity, heart disease, accidents, etc. Simple messages are needed but they must be honest. Messages based on monitoring and publicising carbon emissions, for example those produced by high-level officials in Italy, helped raise awareness of the need for attention to be paid in this area. Children could use educational toolkits to calculate their family’s carbon footprints and help identify ways to reduce them.

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## **5. HEALTH SECTOR (as a model for any industry or business)**

*Anna Coote*

*Commissioner for Health, UK Sustainable Development Commission. The SDC provides advice to the UK government and acts as a watchdog.*

Climate change is an important concern for the health sector because it poses grave risks to human health. It threatens to widen health inequalities, because poor communities are more vulnerable to these risks.

Sustainable development is about living within environmental limits. It is also about promoting a strong, healthy and just society, a sustainable economy, good governance and using sound science responsibly. We must apply the principles of sustainable development to tackle climate change, promoting social justice and cohesion and safeguarding democracy. All sectors of society will need to share an interest in making the necessary changes.

The positive message for the health community is that many of the same measures can be used to tackle both chronic disease and climate change. There is evidence that promoting active travel, healthy local food and more contact with green spaces can help to reduce the incidence of obesity and depression—two avoidable chronic conditions that are rapidly increasing. The same measures can also help to cut greenhouse gases. So there is a ‘double prize’ to be won.

The alternative is a 'spiralling decline'. Health systems that do not focus on prevention are part of the problem for both health and climate change.

Action taken by the NHS can make a difference. The NHS represents 10% of the GDP of regions in the UK—equivalent to 90 billion pounds. If the NHS were a country, its economy would rank 30<sup>th</sup> in the world. The NHS has a Good Corporate Citizenship policy and is currently setting up a sustainable development unit.

Under the Good Corporate Citizenship approach, the Commission helps the different NHS organisations to assess themselves, manage energy (the recurring theme is the 'virtuous cycle' of mitigation, saving money and reducing health risks), manage food (changing procurement patterns—taking into account the benefits for local jobs and health instead of cost alone), buildings (water, waste and materials used), transport ('green' travel plans reducing the need for use of private cars), and promote natural environments (patients with a view of trees after gall bladder surgery recover faster, leave hospital earlier and need fewer painkillers than those with a view of a wall).

## Good corporate citizenship self-assessment model

Helps NHS organisations assess and improve their contribution to social, economic and environmental well-being. Covers

- ☀ managing energy and other facilities
- ☀ procurement, including food
- ☀ transport
- ☀ buildings and landscaping,
- ☀ employment and skills,
- ☀ community engagement



The business case can be made in terms of:

- Financial savings: less spent on energy, waste disposal and treating avoidable diseases
- Improved staff morale and productivity
- A healthier local population (active, well-fed, employed people are healthier)
- Faster patient recovery rates (good food and a healthy environment can speed patient recovery)

The [www.corporatecitizen.nhs.uk](http://www.corporatecitizen.nhs.uk) website has references to the evidence and case studies under each heading (transport, procurement, facilities management, employment and skills, community engagement, and new buildings). 185 NHS organisations have signed up to take the on-line test.



Key messages:

1. Get the double prize: Save the planet AND prevent chronic disease. Recognise the benefits of measures that will reduce risks of illness and mitigate climate change.
2. Don't just scare people with apocalyptic visions of global warming, but show what action they can take—at work and at home—to make a real difference for the future.
3. Demonstrate the benefits of health systems focusing on prevention.

The model is eminently transferable, although it has not yet been promoted to other EU countries. It works best in a centrally-controlled health system, but an alternative may be to work through health insurers. If it were transferred, programme costs are likely to be moderate.

It is important that health systems do not see adaptation—e.g. emergency planning, or treating illnesses that arise from climate change—as their main role in tackling global warming. Clinical professionals may be more attuned to the idea of heroic rescue in times of crisis than to the less glamorous work involved in preventing crises from occurring in the first place. Addressing the challenges of adaptation should not distract them from the urgent need to mitigate climate change.

The pattern of investment as well as policy and practice should be more strongly focused on prevention. If more surveys asked whether people would prefer to be ill or well, citizens might be more critical of the NHS as an 'illness service'.

Important additions to the 'positive story' include the benefits for reducing obesity and mental illness. WHO currently only covers mental health under the stress associated with climate-related disasters.

The global nature of the challenge is not addressed to any great extent. For example, what would a sustainable social policy look like? For example, if economic growth is no longer a certainty, or if climate change profoundly alters patterns of migration, what benefits and services can people expect to receive? How can entitlements be assured and how can welfare systems be funded? These are big questions that require urgent attention.

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## **6. YOUTH AND EDUCATION SECTOR**

*More than 20 Australian youths led this session on communicating with young people. They were asked to tell workshop participants how they talked to others to convince them to take action on climate change.*

*Selected from UN Youth Association groups throughout the country, the delegation introduced themselves as “the brightest and most engaged minds in Australia”. The UNYA in Australia creates a voice for 16-24 year olds by organising debates, competitions and workshops in schools. It has the capacity to speak to thousands of students.*

*Here are some of the points they made:*

1. The Government should take a lead

“There’s global warming weariness. We know about it and want to see some action in terms of some stronger leadership from government. Otherwise, why bother?”

“When we see government doing something, we respond. We want to see some stronger leadership.”

“Subsidies on water tanks could save millions of gallons of water.”

“We need incentives to make the savings on solar power.”

## 2. The right choices should be cheap and easy to make

“Make the healthy choice, the easy choice.”

“Parents don’t see the need to change. It’s expensive. They need to know how much they will save. It’s got to be easy and at no cost.”

## 3. Focus on the messengers

“Empower younger children. They are more impressionable. 10-11 year olds can get motivated. They have an innate will to enact change. After a water and energy project at school, my younger brother became the ‘water policeman’ in our home.”

“Young people live for their networks, families, peers—and they are big users of mobile phones.”

“Pop culture can’t deliver on climate change because it is a more complicated issue.”

“The Face Book ‘Help climate change’ campaign got 350,000 signatures producing a donation of just US\$17. The MSF scheme on offsetting flights has an impact that will really make a difference—working on vector-borne disease that is happening now.”

“UNYA can make speeches but information fatigue can set in. Different approaches are needed.”

## 4. Avoid the “It’s not me” reaction

“I watched Al Gore’s film ‘An inconvenient truth’ but it didn’t change my habits. It wasn’t tactical in any way. I didn’t change my behaviour afterwards. It didn’t tell me anything that would drastically affect the quality of my life.”

“It’s easy to say – it’s not me – it’s the fault of industry, government, advertising. My world is not in jeopardy. It’s only when my health, my body is in danger that ‘It is me’.”

“The questions to address are: Am I going to get sick? How can I affect the human development of the world?”

“We want to know what is happening now rather than estimations for the future.”

“Personalise the message.”

## 5. Get the message right

“Avoid preaching as much as possible.”

“Climate change is not cool. Green is the new black. We are into ‘I want to do what I want to do’. We need to change this by finding ways to attract youth to it.”

“Messages should be from and by young people.”

“Background noise is no good. It needs to be good solid evidence from a reliable source.”

“Singapore’s Professor Tommy Koh has produced 10 suggestions to help the environment. It starts with ‘don’t order water if you don’t need it, don’t pour it into your glass if you are not going to drink it ...’ Each item is backed up with facts, which could make it useful for health and development information, including on malaria and diarrhoea.”

## **Participants’ Closing Comments**

### **Go beyond the day**

World Health Day—the communication effort should run beyond this year.

### **Need for more hard data**

A suggestion was made for greater sharing of statistical evidence and for a more global orientation.

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### **Disclaimer**

The views offered by the presenters at the meeting do not necessarily reflect the views of any of the sponsoring organisations.