

International Federation of Medical Students' Associations (IFMSA) Submission on Article 6 and the New Delhi Work Programme

In its conclusion on Article 6, the Subsidiary Body on Implementation invited Parties and relevant intergovernmental and non-governmental organisations, as well as relevant stakeholders to submit to the secretariat, by 14th February 2012, information and views that may be relevant to the completion of the review of the amended New Delhi Work Programme. Additionally, it invited the aforementioned stakeholders to also submit their views on possible elements of a successor work programme on Article 6 of the Convention.¹

The IFMSA is a federation of medical students from 98 countries, on six continents, representing more than 1.3 million medical students worldwide. The IFMSA is recognized by the United Nations and its specialized agencies as the official voice of medical students worldwide.

IFMSA has been actively addressing and engaging with issues surrounding climate change for over 5 years. As a Federation we recognize that climate change is the greatest threat to global health in the 21st Century², that it is directly attributable to human activity, and that the worst impacts of climate change must be prevented through mitigation.

Furthermore, we acknowledge the significant health co-benefits of mitigation strategies. A healthy low carbon lifestyle should always be the easiest choice, and in order to achieve this we believe in the implementation of Health in All Policies (HiAP), from transport and agriculture, to housing and energy.

Education is a central part of our work, in particular educating the public and informing policy-makers on specific health concerns. We believe that it is necessary and essential to educate and engage with our communities on the health impacts of climate change, as well as the co-benefits to their personal health arising from a low carbon lifestyle.

IFMSA has undertaken multiple activities in recent years, from awareness raising through national, regional and international workshops, to training advocates to campaign on climate change through local actions, such as calling for sustainable healthcare and engagement with national and international policy makers.

Recognizing the links between climate change and human health, and that the worst effects of climate change are on the most vulnerable people with the least adaptive capacity.²

Recalling that Parties, Non-Governmental Organizations and other United Nations Agencies rank health as highly important in the UNFCCC negotiations and furthermore recognizing the minimal attention it currently receives.³

Recalling the "Report on essential needs for, potential gaps in, barriers to, and progress in the implementation of the amended New Delhi work programme"⁴ where the need for campaigns to raise awareness is emphasised, specifically the role of medical students as key actors in raising

¹ FCCC/SBI/2011/7

² Costello A. et Al. Managing the effect from Climate Change, *Lancet* 2009, **273**; 1693-1733

³ Sudhvir S. et Al. The importance of Climate Change to Health, *Lancet* 2011, **278**; 29-30

⁴ FCCC/SBI/2010/23



awareness through existing networks.

Calling for a strengthening of the New Delhi Work Programme.

The current programme and its amended form has many strengths, and potential, and we wish to build on the existing programme, while taking into consideration the gaps and challenges of the implementation of the programme. Furthermore we wish for the programme to be permanent, with an implementation review process to be undertaken every three years.

1. Strengthening of the collaboration between Member States, Civil Society and Secretariat

As acknowledged in the intermediate review and decision7/CP.16, non-governmental organizations, and private- as well as public-sector actors have undertaken a great deal of Article 6 related activities. We therefore ask for a strengthening of the collaboration between member states, secretariat and civil society.

1. Firstly, through a better collaboration, and formal organization, between civil society and the Secretariat when conducting national, regional and subregional workshops. We wish for a mobilization of human resources in the form of trainers, with a special emphasis on medical students and other health care professionals. We believe that health should be a central element of trainings and recognise the power of medical professionals to shape and inform community attitudes.
2. Secondly, we ask for a strengthening of collaboration through designating a formal Article 6 national focal point, responsible for facilitating the involvement of civil society, including medical students and other health care professionals, when developing training programmes as well as in the development of national curricula. We believe in the importance of teaching children about climate change, and its ability to affect all parts of their well-being including their health, but we strongly emphasize that education of children should be framed positively and that the health benefits of low carbon living are taught from a young age. Furthermore, we believe that the shift in the global burden of diseases from communicable to non-communicable diseases is one of the great challenges of the 21st century, and that education as preventive medicine is a key element in addressing these new challenges. We recognise the links between the current obesity epidemic and unsustainable living practices. By teaching a healthy and sustainable lifestyle and promoting active transport, we believe that we can help tackle both climate change and further more help tackle obesity, diabetes, cardiac diseases among others.

2. Public Awareness of Potential Health Care risk caused by climate change

Informed choice is a crucial part of decision-making for our patients, and as future doctors we believe it's crucial to provide all necessary information to the public on the health impacts of climate change, and how a changing environment potentially could increase the risk to some diseases.

Climate change is already affecting health in a variety of ways, changing temperatures and precipitation are causing vectors to move to areas they previously did not exist in spreading vector borne diseases to previously unexposed populations. Heat waves are causing increased mortality in urban areas in both developed and developing countries. Flooding and other extreme weather events are aiding the spread of diarrhoeal disease. Educating the public about the health risks from climate change enables

them to be better



prepared to respond, through use of bed nets, taking action to stay cool in a heat wave, boiling water during flooding and other actions to help reduce the morbidity and mortality from climatic related disease.

In addition to this we believe that a much stronger emphasis of health promotion and environmental campaigns should be on the co-benefits for health, when living a low carbon lifestyle. In particular, we believe that new and innovative methods of communicating this message should be explored, such as through social media, and that funding be provided to facilitate this.

3. Recognizing the ongoing work of health care professionals and medical students, and provision of funding for activities undertaken

An increasing number of health care professionals are recognizing the impacts climate change will have on health, and devastating effects an even 2 degree increase would potentially cause. Furthermore they are acknowledging their responsibility, as respected professionals, to show leadership in tackling climate change, doing so through various networks that have formed in recent years on the local, national and international levels.

An example of best practice comes from the UK, where several bodies are trying to highlight the impacts of climate change on health. The Sustainable Development Unit of the National Health Service (NHS) is working to improve awareness amongst the medical community and contribute to mitigation by reducing the NHS' carbon footprint. Whilst this work is mainly at a senior management level, other bodies and individuals are working to improve sustainability at the grass roots level. Central to the success of both approaches is the support of colleagues and patients. This support is gained through which is being achieved through articles, interactive workshops, poster campaigns have helped in making the first stages of this change possible. This kind of work is being undertaken by medical students and healthcare professions in an increasing number of countries around the world.

Medical students have achieved a great deal with limited support and finance for basic expenses such as travel costs or venue hire. Were we provided with adequate support, we would be able to significantly scale-up our operations, leading to positive, measurable societal change. This need not be purely financial; initial training and access to educational resources are equally as valuable. Currently, formal training structures and resources allocated to climate and sustainability education are scarce. This is something governments must address, by making funding and educational resources freely available.

The IFMSA recalls the decisions of 7/CP.16, which urges the Global Environmental Facility to increase the access to funds, for activities related to Article 6, and calls for improvements in the program, so that it can support the work done by civil society and health care professionals.

Conclusion

IFMSA is thankful for the support Member States have shown the Federation and civil society in general, with regards to the work programme and is supportive of it as a whole. Through proper evaluation and sharing of best



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practice, as well as increasing available funds the IFMSA believe that there is great potential for a permanent programme of work which keeps human health in the center. Also through the strengthening of collaborations, believes that there is potential for more coordinated activities, which recognize the unique contributions each member of civil society brings to the table.



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