UNFCCC SBSTA56 agenda item 6: Matters relating to the work programme for urgently scaling up mitigation ambition and implementation referred to in para 27 of 1/CMA.3

Submitted to the Co-Chairs Mr Carlos Fuller (Belize) and Ms Kay Harrison (New Zealand), in relation to session for Saturday 11th June (during which insufficient time was available for observer comments).

This statement is on behalf of the World Health Organization (WHO), the Global Climate and Health Alliance (GCHA), YOUNGO Health Working Group, International Federation of Medical Students Associations (IFMSA), the Lancet Countdown on Health and Climate Change, Health Care Without Harm, the Consortium of Universities for Global Health (CUGH), and the wider public health stakeholder community.

Climate change is recognised as the greatest health threat of the 21st century[1], while action on climate change could offer the greatest health opportunity[2]. Increased mitigation ambition reduces the health impacts of climate change, while direct emissions reductions are associated with health co-benefits, such as clean air, improved nutrition, and increased physical activity[3]. The same health co-benefits, however, will not be yielded by net zero emissions reliant on bioenergy use with carbon capture and storage - nor the associated returns on investment.

We have six key recommendations to Parties:

1. **First, raise mitigation ambition to bring emissions reductions in line with Paris Agreement-compatible pathways, and prioritise interventions which will maximise health co-benefits of action and synergies with the sustainable development goals.**

   The IPCC AR6 Working Group III report describes the co-benefits of climate action for physical and mental health. Global GHG emission reductions aligned with the Paris Agreement would result in 3.3 million *fewer* deaths from PM2.5 and 9.6 million *fewer* deaths from unhealthy, carbon intensive diets occurring annually[4]. In addition, the IPCC recognises that blue and green infrastructure in cities both mitigate climate change through carbon sinks, and also improve the mental and physical health of urban dwellers[5].

2. **Second, and supporting point 1, phase out all fossil fuels (all coal, oil and fossil gas; not only unabated coal), and all fossil fuel subsidies, by specified end dates compatible with a 1.5 degree pathway[6], as a *public health imperative*.**

   Phase out of fossil fuels will both improve air quality and mitigate climate change. This should be managed with attention to a just transition and common but differentiated responsibilities. These improvements would be especially rapid by including a focus on Short Lived Climate Pollutants (SLCPs).

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[1] World Health Organization. COP24 Special Report on Health and Climate Change. Online (accessed 29 May 2022), available here.

[2] Watts et al, 2015. Health and climate change: policy responses to protect public health. Lancet, 386(10006): 1861-1914,

[3] Hamilton et al, 2021. The public health implications of the Paris Agreement. Lancet 5(2): E74-E83 doi: 10.1016/S2542-5196(20)30249-7.

[4] Romanello et al, 2021. The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. Lancet 398(10311: 1619-1662 doi: 10.1016/S0140-6736(21)01787-6

[5] Intergovernmental Panel on Climate Change, 2022. Sixth Assessment Report: Mitigation of Climate Change, the Working Group III contribution - sections 8.2, 8.4.4.

[6] International Energy Agency, 2021. Net Zero by 2050: A Roadmap for the Global Energy Sector. Online (accessed 2 June 2022), available here.

The health community emphasizes that the health co-benefits of improved air quality could compensate for the costs of reducing greenhouse gas emissions in some countries.

3. **Third, strengthen the focus on reduction of SLCPs in order to protect both the climate and public health[7]. This can be achieved through developing SLCP action plans and/or including specific SLCP targets in NCDs.**

   Progress in terms of SLCP reductions and health co-benefits should be monitored under the GST, in turn building the evidence base for further action. We encourage parties to reach out to WHO, the Climate and Clean Air Coalition, and the Lancet Countdown for technical support.

4. **Fourth, redirect funds to actions that promote access to clean energies, reduce energy poverty and inequities, and improve health and wellbeing.**

   In 2019, according to the The Lancet Countdown, of 84 countries responsible for 90% of global GHG emissions, 69 provided net subsidies totaling 400 billion USD[4].

   We note that in G20 countries, health costs associated to use of fossil fuels is approximately six times greater than the level of subsidies allocated, or nearly 3 trillion USD[8]. Moreover, in several countries public funding allocated to subsidies exceeds total public health spending.

5. **Fifth, we call on parties who seek to address the greenhouse gas emissions and overall sustainability of their national health systems to reach out to WHO for technical support.**

   In Glasgow, the UK government, the World Health Organization (WHO), Health Care Without Harm (HCWH) and the UNFCCC Climate Champions, launched the COP26 Health Programme to enable the health sector to initiate responsibility for its contribution to 4.9% of global greenhouse gas emissions[4,7]. To date, 54 countries have pledged to sustainable, low-carbon health systems, of which 19 committed to net zero health systems. [9]

   We encourage parties to join the COP26 Health Initiatives on Climate Resilient and Low Carbon, Sustainable Health Systems and share good practice across the health sector and other sectors to implement comparable transformations, supported by international financing and with respect to common but differentiated responsibilities and respective capacities.

6. **Lastly, we call on UNFCCC parties to, in COP 27 decision text(s), formally request inter-agency collaboration with UN health agencies and other relevant experts to inform decisions on indicators for implementation, including under the Global Stocktake.**

   Several countries are currently undertaking health co-benefit assessments for emissions reductions in their NDCs and/or sectoral mitigation targets.

   The CaRBonH and HEAT tools by WHO, Low Emissions Analysis Platform (LEAP) by the Stockholm Environment Institute and the GAINS model by the International Institute for Applied Systems Analysis (IIASA) are useful tools for quantifying and monitoring health and economic co-benefits from mitigation

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[7] Intergovernmental Panel on Climate Change Special Report on 1.5. Online (accessed 13 June 2022), available here.

[8] Gordeljevic & Jensen, 2017. Hidden Price Tags: how ending fossil fuel subsidies would benefit our health. Health and Environment Alliance. Online (accessed 30 May 2022), available here.

[9] World Health Organization, 2022. COP26 Health Commitments. Online (accessed 4 June 2022), available here.

actions at national and global scale[10,11,12,13]. Relevant data on health impacts and health opportunities of climate action is also produced by the Lancet Countdown[4].

[10] World Health Organization Regional Office for Europe, 2018. Achieving health benefits from carbon reductions: Manual for CaRBonH calculation tool. Online (accessed 20 May 2022), available here.

[11] World Health Organization Regional Office for Europe, 2017. Health economic assessment tool (HEAT) for cycling and walking. Online (Accessed 20 May 2022), available here.

[12] Stockholm Environment Institute, 2022. Low Emissions Analysis Platform. Online (accessed 2 June 2022), available here.

[13] International Institute for Applied Systems Analysis, 2021. The GAINS Model. Online (accessed 2 June 2022), available here.