

## **Tackling climate change: Putting health at the heart of the action**

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With only a few months before Durban hosts the next UN summit on tackling climate change, the wrangling over a post-Kyoto agreement shows no signs of abating. Unfortunately all the talk of trade barriers, development budgets and Gross Domestic Product, crucial though these issues are, is likely to overshadow the much more fundamental concerns around health and basic human rights. There is an urgent need for those of us in health and healthcare to use whatever position, expertise, status and influence we have to redress this imbalance and help put health at centre stage of policy and practice – locally, nationally and internationally.

The health impacts of climate change are well documented (as highlighted by Jane Olwoch in an article published in February 2011 at the PHASA website <http://www.phasa.org.za/articles/healthy-people-health-environments.html>). The same is true of the impacts on basic human rights – food, water, shelter, safety, freedom and justice. It is nearly always the most disadvantaged people who are most vulnerable to climate-induced threats. If carbon reduction can be managed in an equitable way across the globe, with fair support for emerging economies, sustainable progress can be made whilst helping poorer countries achieve their Millennium Goals. All these key issues have been pulled together recently in an excellent series in *The Lancet* (1).

### *Role of the health sector in carbon reduction*

As well as the pressing need to adapt health systems to cope with the various impacts of climate change, including resilience to cataclysmic climate-induced events, the health sector must also recognise the considerable part it can play in mitigating climate change by lowering its own carbon footprint. In most developed countries the health sector is a significant source of greenhouse gas emissions. In the UK for example the National Health Service (NHS) accounts for one quarter of the total public sector carbon footprint (2).

But perhaps the most compelling argument for action by the healthcare sector is a financial one. Healthcare chief executives and directors of finance are not renowned for their altruism or public health vision – their prime concern is usually the bottom line on the balance sheet. What speaks to them is whether or not there is a sound business case for carbon reduction. Fortunately, there are very worthwhile savings to be made by switching to more energy-efficient power systems, lower-carbon alternatives for heating and lighting, greener transport, more sustainable thermo-efficient buildings, and more environmentally friendly alternatives in consumables like pharmaceuticals and equipment.

Furthermore, the healthcare sector has huge purchasing power and can exert considerable leverage in terms of managing the wider market. This means it is well placed to act as an important catalyst for change, particularly in ‘buying green’ and helping to encourage and support innovation in lower carbon technologies and the provision of more environmentally

friendly goods and services. In the UK, 60% of the NHS's massive carbon footprint is derived from its consumption of goods and services. By reducing this burden the NHS is helping to shape the low carbon market in a multitude of ways, from energy-efficient heating to electric vehicles, and from low-energy lighting to locally produced food and materials.

In a recent discussion document (3), the WHO has outlined seven elements of a 'climate-friendly hospital' (or other health facility):

- **Energy efficiency:** Reduce hospital energy consumption and costs through efficiency and conservation measures.
- **Green building design:** Build hospitals that are responsive to local climate conditions and optimised for reduced energy and resource demands.
- **Alternative energy generation:** Produce and/or consume clean, renewable energy onsite to ensure reliable and resilient operation.
- **Transportation:** Use alternative fuels for hospital vehicle fleets; encourage walking and cycling to the facility; promote staff, patient and community use of public transport; site healthcare buildings to minimise the need for staff and patient transportation.
- **Food:** Provide sustainably grown local food for staff and patients.
- **Waste:** Reduce, re-use, recycle, compost; employ alternatives to waste incineration.
- **Water:** Conserve water; avoid bottled water when safe alternatives exist.

The NHS in England set up its Sustainable Development Unit three years ago to formulate practical guidance, provide tools and share examples of good practice. The unit has published an excellent series of freely downloadable documents including the NHS carbon reduction strategy and its latest Route Map for Sustainable Health which outlines actions and milestones for changing behaviours, raising standards and introducing innovation ([www.sdu.nhs.uk](http://www.sdu.nhs.uk)). The UK Faculty of Public Health has produced a concise downloadable guide to reducing carbon for local decision-makers ([www.fph.org.uk](http://www.fph.org.uk)).

#### *Our role as advocates for greener healthcare and lifestyles*

This triple impact of the health sector's huge carbon footprint – on global warming, on pollution, on financial costs – adds up to a powerful case for action. Many of us in health and healthcare feel we have a professional (and some would argue moral) obligation to do whatever we can to show leadership, to set an example and to help put our own house in order starting with our own policies and practices. We should be advocates and activists for change.

We can start with very simple steps in our own practice or local sphere of influence. As doctors, nurses, pharmacists, allied professions, technicians, healthcare managers and other health workers we can make a difference in many different small but significant ways (4).

But increasingly health professionals are acknowledging their potential role as catalysts of a wider collective effort – nationally and globally. For example, England's ambitious plan to reduce its NHS climate footprint won 95% support from staff. At a global level, the International Council of Nurses ([www.icn.ch](http://www.icn.ch)), a federation of national nurses' associations across nearly 130 countries, has identified climate change "as an important issue for the nursing profession,

particularly in light of the impact on people's health and nursing's shared responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction" (5).

There is still much advocacy to be done. Not only can health professionals lobby and influence their own healthcare managements and decision-makers, but also regional and national governments. There have been frequent calls to the medical profession in particular to use their trusted and respected status and influence to put pressure on policymakers. Both The Lancet and the British Medical Journal have published frequent articles urging collective action by medics to persuade their governments to put health at the heart of the climate debate.

In response, doctors and other health professionals in the UK have linked up with those of other nations to build an international movement, the Climate & Health Council ([www.climateandhealth.org](http://www.climateandhealth.org)), whose aim is to mobilise health professionals across the world to take action to limit climate change in five main ways:

- **Inform** about issues related to climate change and health
- **Affirm** commitment on a personal and professional basis
- **Advocate** for action at local, national and international level
- **Innovate** by developing and supporting new solutions
- **Disseminate** key information to those in a position to help

Now, with the Durban summit almost upon us, what better moment could there be for colleagues in South Africa to join the movement, link with each other and set up a vibrant force to put health and healthcare at the heart of this whole debate?

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