

# Blue sky thinking to accelerate health care climate action

## A roundtable conversation

Organized by



In collaboration with



Sponsored by



## SUMMARY REPORT

Dubai, December 5, 2023



# Blue sky thinking to accelerate health care climate action

A roundtable conversation – Summary report



In the midst of COP28, which hosted the first ever Health Day and Health Interministerial at a UNFCCC Conference of Parties (COP), Health Care Without Harm convened a Roundtable conversation in collaboration with the UNFCCC High Level Champions Race to Zero.

The Roundtable was sponsored by two Race to Zero health care leaders, Bupa and CommonSpirit Health and attended by key thinkers and leaders in the health care mitigation and resilience space from the Global South and Global North. Forty-one people, representing five international governmental organizations, six governments, five private, non-profit or subnational health systems, and twelve civil society organizations participated under Chatham House rules (see attached participants' list). The discussion focused on the pivotal current moment and future prospects to accelerate health care climate action.

The following is a high level overview of the discussion.

## The current moment

*From side event to main event We now are in a bigger tent*

*And have to hold ourselves to account To see to what we might amount.*

*-- John Balbus (with permission)*

Current climate and health trends are concerning. There is a high likelihood of surpassing the IPCC's 1.5 degree threshold this decade. We also continue to see an erosion in biodiversity and the accelerating impacts of pollution on human and planetary health. A central component of addressing these issues is the need for a rapid phase out of fossil fuels. This imperative is made all the more urgent by the fact that many national health systems are highly vulnerable and could be overwhelmed by climate impacts as well as by future pandemics, compounding problems they currently face including increasing debt burden in developing countries, losses in workforce, and growing inequality in access to care.

On the positive side, we are at an historic moment in our journey as there is a growing momentum in the health sector to take action on climate, while it also addresses challenges in health system strengthening, disease prevention, and the deployment of technology to reach the last mile. We are seeing increasing commitment from countries with different capacities, challenges, and vulnerabilities to climate change to prioritize health care climate action. These commitments are growing, as demonstrated by the more than 80 countries who have joined the Alliance for Transformative Action on Climate and Health (ATACH); the 2023 G20 health ministerial and heads of state declarations calling for climate-resilient, low carbon health care; and the first ever Health Day and interministerial at COP28, whose declaration was endorsed by more than 140 governments.

Participants pointed out that this growing commitment at the highest levels is in response to various factors, including: the accelerating nature of the crisis; the growing demand for climate action from the health community—health facilities and systems, health professionals, national governments; and the severity of the COVID 19 pandemic which raised awareness around the vulnerability of health systems and the need for system strengthening vis-a-vis climate.

Participants also expressed concern that commitments risk becoming empty promises or being seen as “health washing” if they are not implemented. Yet it was recognized that a number of countries and institutions are moving toward implementation, developing national strategies, system wide plans and advocacy agendas. Many are also finding ways in which their work on decarbonization and resilience can be part of their organization or government’s bigger vision for health, and part of re-imagining what health care means. Examples include:

- Preventive health as a climate mitigation strategy
- Adopting health in all policies approaches
- Integrating universal access and climate agendas
- Educating the health care workforce and deepening capacity at the local level
- Addressing the relationship between vaccines and climate
- Innovating to transform the supply chain
- Innovating to decarbonize humanitarian aid
- Identifying the “best buys” or most effective investments for climate and health and building a road map for those investments.
- Developing a stronger evidence base at the country level, particularly in low-income settings.
- Including sustainability in hospital accreditation.
- Establishing organizational frameworks that support data collection and metrics to establish KPIs, track progress and assure accountability.

As the climate and health movement continues to evolve, new organizations and institutions are joining the effort, broadening the engagement of the health sector in climate action. We have an opportunity to leverage each other's strengths. This is particularly important in an ever changing context, where unanticipated events that deeply affect health and health care occur continuously. The existential impact we face requires us to move beyond reactivity, to work proactively, and to think radically.

### What’s next? Blue sky thinking

Health has become an increasingly important argument for climate action. ATACH has become an important space where countries and institutions can share practices, guidance, and progress. Expertise, however, is still skewed, and the involvement of the health sector with other sectors, as well as its engagement on climate within its own sphere of influence, is still often limited. Participants emphasized that we need to think beyond our current imagination and not to be “scared of heights.”

A key set of questions and themes that resonated with the group, given broad and rapid expansion of the healthcare climate action space, included:

**Prevention as a mitigation strategy:** Such an approach, which can address and link disease prevention and addressing determinants of health with emissions prevention in health care and beyond (eg. reducing the burden of disease can reduce healthcare emissions) can be scaled. It’s a message that can be communicated in all contexts, and where learnings could be shared to drive action. Technology can be deployed to democratize prevention. This work needs a foundation of data, quality metrics, and definitions.

**Prioritization is key as the movement grows:** “what do we want to hold on to and what do we want to let go of?” There will be a growing quantity and diversity of activity in the climate-health space. It is important to determine in

what areas those engaged on climate and health want to be proactively coherent and collaborative. It is also important to maintain a balance between enthusiasm and expertise.

**North-South Complexity must be addressed and embraced:** The complexity of the issue, particularly vast differences between low-, middle- and high-income health systems, makes prioritization challenging. Mitigation is a major focus in the Global North, while adaptation and resilience is the primary focus in the Global South, which finds it difficult to approach mitigation in contexts where there are competing priorities and where countries' contribution to the problem is relatively small. At the same time, Global South countries are committing to low carbon and net zero targets, stressing the importance of reducing the carbon footprint of their health sectors and the need for standards and structure to do so.

**The time is now to transform commitments into action for implementation:** While awareness and high-level commitments have been rapidly increasing within the health sector, there is a need to double down on and accelerate action and implementation. This is difficult without the funding to support the work. Different approaches will be needed in high, middle, and low income countries in the mitigation space as their responsibility for emissions and capacities to reach net zero vary, as do the types of health systems; while vulnerabilities and adaptive capacities change with each context. Coherence within ministries of health is needed for implementation - with all the areas of a ministry working towards the same goal as it relates to climate.

**Building an evidence base, tools and technical capacity is essential:** Evidence leading to the understanding of the size and complexity of the problem, key points of intervention and best solutions for each context is needed and will allow for a more rapid scale up. Frameworks, such as those developed by the World Health Organization and global guidance developed by different partners are useful, as is the technical assistance to accompany a country's process. Evidence is also needed on the health costs of inaction, cost-effective interventions, adaptation and mitigation benefits, and an understanding of the threat burden in future scenarios. Overall, health care climate action stakeholders will need to prioritize work to ensure implementation and practical solutions can truly be accelerated as this health care decarbonization and resilience scales. Expertise is growing, but we still need to respond to the needs for new skill sets and evidence - all throughout a continuous learning journey.

**Defining net zero health care is imperative:** No one knows exactly what a net zero health system looks like yet; defining how it is achieved in multiple contexts will be crucial. Innovations from hospitals and health systems should be cross-pollinated. Solutions from Global South should be lifted up. Civil society organizations can also be key partners, contributing their agility and capacity for innovation.

**Mobilization of non-state actor health systems must grow:** Race to Zero was discussed as an important vehicle and community for non-state actors in the health sector (both subnational and private health systems), to move toward net zero collectively and in an accountable way. We need to expand this cohort of non-state actor health systems, aligning commitments and actions while mobilizing together to advocate for policy change.

**Future health care leaders and providers still need to be educated on climate and health:** Only a small proportion of medical schools teach on the subject worldwide, when it is health care's role and responsibility to be leaders in this crisis. The creation of roles in sustainability within health care, beyond medical voices, will also be crucial to ensure it is ingrained in the sector's DNA, its own accountability, and in keeping other sectors accountable.

**Transforming health care and addressing the climate crisis will require advocacy:** Non-state actors and the private sector are taking voluntary actions, but can also take a stronger advocacy role, including to address Scope 3 and the health care supply chain, which is beyond the immediate reach of health systems. We also need to engage with other sectors to advocate for policy change beyond the health sector such as fossil fuel phase out which is essential for a healthy climate, and, as part of that, fundamental to achieving health care decarbonization.

Different approaches to communications and advocacy that truly aim at behavior change in leaders are needed, as is participation at key gatherings, including upcoming moments such as the World Health Assembly, the UNGA Summit of the Future, COP29 and COP30.

Finally, it is important to understand that the health sector is entering the climate debate later than many other sectors, and needs to be aware it is behind in relation to others. At the same time, the sector can make an important contribution to the broader climate conversation by doing the hard implementation work of addressing its own significant climate footprint, by building climate resilient health systems, by advocating for broader policy and economic change, and by communicating on climate from a deeply human perspective, messaging that “health is the new wealth, and health is the reason for climate action.”

<b>PARTICIPANTS LIST</b>			
<b>Blue Sky Thinking to Accelerate Health Care Climate Action: A Roundtable Conversation</b>			
<b>#</b>	<b>Name</b>	<b>Last name</b>	<b>Organization</b>
<b>International organizations</b>			
1	Lisa	Larsen	Race to Zero and Race to Resilience
2	Tessa	Vincent	Race to Zero
3	Diarmid	Campbell Lendrum	World Health Organization
4	Elena	Villalobos	World Health Organization
5	Geoffrey	So	WHO Foundation
6	Vincent	Bretin	UNITAID
7	Julien	Pouille	UNITAID
8	Tamer	Rabie	World Bank
9	Ana Maria	Bejar	GAVI
10	Mehr	Shah	GAVI
<b>Government</b>			
11	Carolyn	Tateishi	Canada
12	Nermeen	Ashour	Egypt Health Care Authority
13	Snong	Thongsna	Lao PDR
14	Phonepaseuth	Ounaphom	Lao PDR
15	Soulighothai	Thammalangsy	Lao PDR
16	Nick	Watts	National University of Singapore
17	Chris	Gormley	United Kingdom
19	John	Balbus	United States
19	Aaron	Bernstein	United States
<b>Private / non-profit/subnational health systems</b>			
20	Glyn	Richards	BUPA
21	Ian	Culligan	BUPA
22	Shelly	Schlenkler	Common Spirit Health
23	Teresa	Quinn	M42

24	Nadir	Nayyar	Pure Health (UAE)
25	Sapna	Thottathil	University of California Health
<b>Civil society</b>			
26	Alexander	Doxiadis	Clinton Health Access Initiative
27	Philippine	Menager	Ecodes
28	Sylvia	Basterrechea	International Hospital Federation
29	Maria	Guevara	Médecins Sans Frontières (MSF)
30	Jemilah	Mahmood	Sunway Centre for Planetary Health
31	Bruce	Lowry	Skoll Foundation
32	Diana	Picón Manyari	Health Care Without Harm (Global Climate Team)
33	Josh	Karliner	Health Care Without Harm (Global Climate Team)
34	Tom	Clark	Health Care Without Harm (Global Climate Team)
35	Jit	Sohal	Health Care Without Harm (South East Asia)
36	Andrea	Hurtado	Health Care Without Harm (Latin America)
37	Upasona	Gosh	Public Health Foundation of India - HCWH Global Network
38	Azeeza	Rangunwala	groundWork, South Africa - HCWH Global Network
39	Vital	Ribeiro	Projeto Hospitais Saudeveis, Brazil - HCWH Global Network
40	Chelsea	Hunisett	Climate and Health Alliance, Australia - HCWH Global Network
41	Naomi	Beyeler	HCWH Consultant