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Climate, health and inequity: Overcoming silo approaches creates opportunities in challenging times

Interdisciplinary Analysis of Climate Change and Health Policy

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BOKU 150 YEARS FEATURING FUTURE 1872 - 2022
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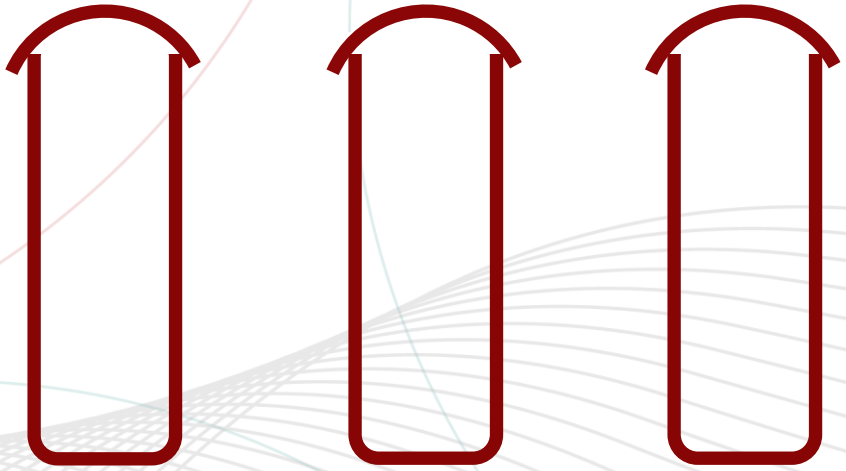
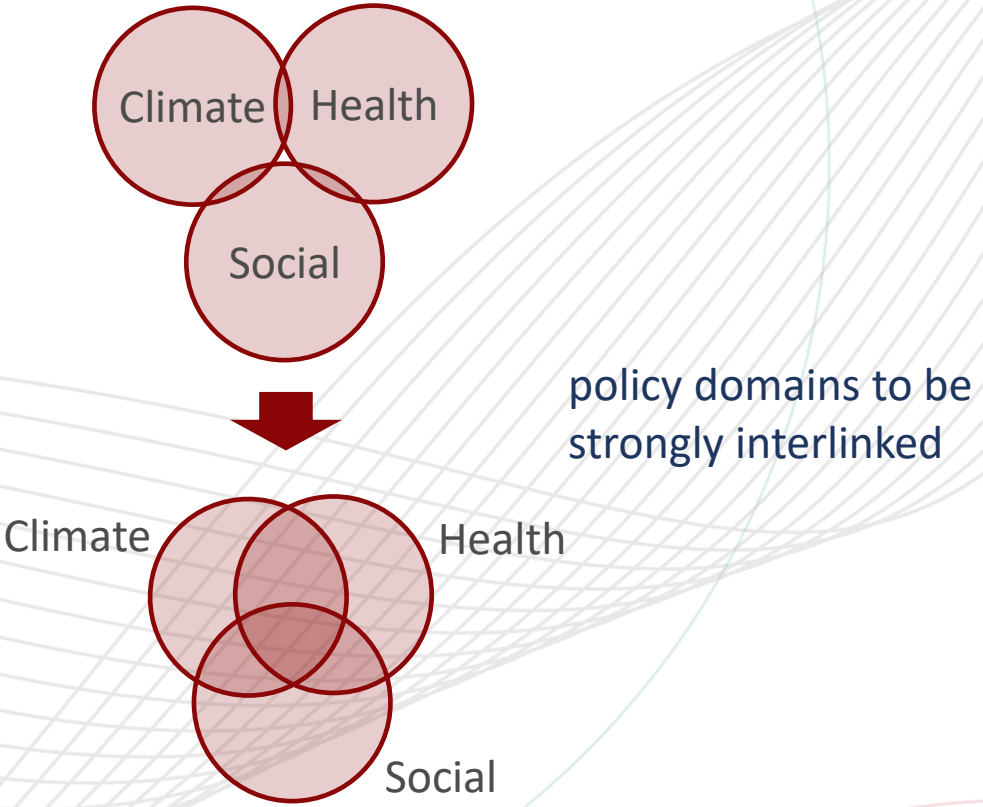
The past

Thinking and acting in different silos contributed to today's great challenges.



Continued silo-thinking will not adequately address complex societal problems in a far-reaching transformation.

The future needs …



policy domains to be strongly interlinked

Concerted action across boundaries is an underestimated challenge in itself.
It requires understanding complex and interacting systems.

Significant potential for both • ***health policy to mitigate climate change***
• ***climate policy to reduce the disease burden***

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CC affects health

But outcome depends on inequity

CC affects economic sectors

- Directly via CC impacts
- Indirectly via health care demand & labour supply

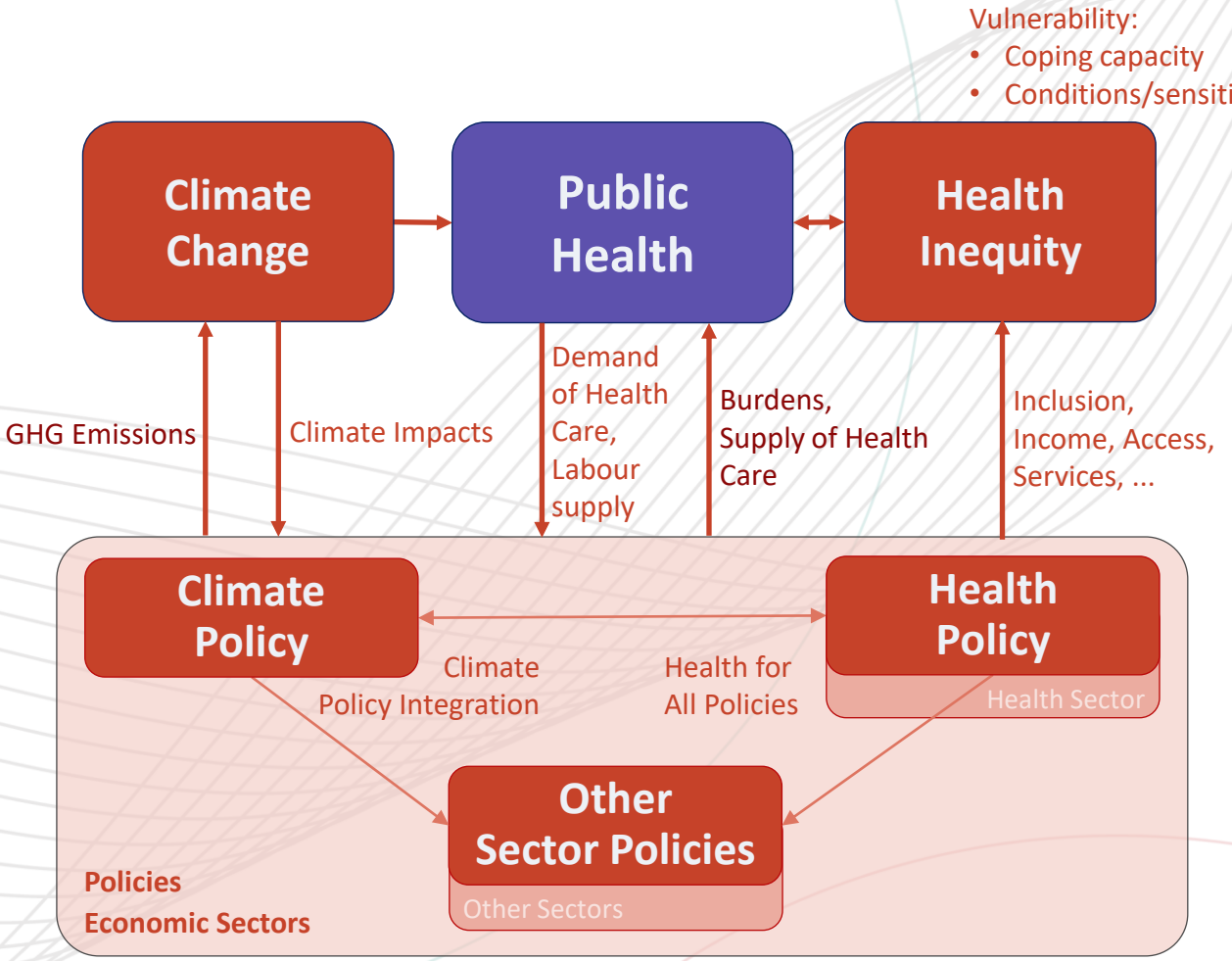
Economic sectors affect inequity

Economic sectors affect health

- Directly due to burden/care
- Indirectly via contributing to CC health

Policies play a key role to avoid risks and to grasp opportunities

- Adaptation
- Mitigation
- Health promotion
- Greening hospitals
- And their integration



A guiding scheme for trade-offs and co-benefits

No action is likely to have high costs too, not only on the environment, but also on society and economy

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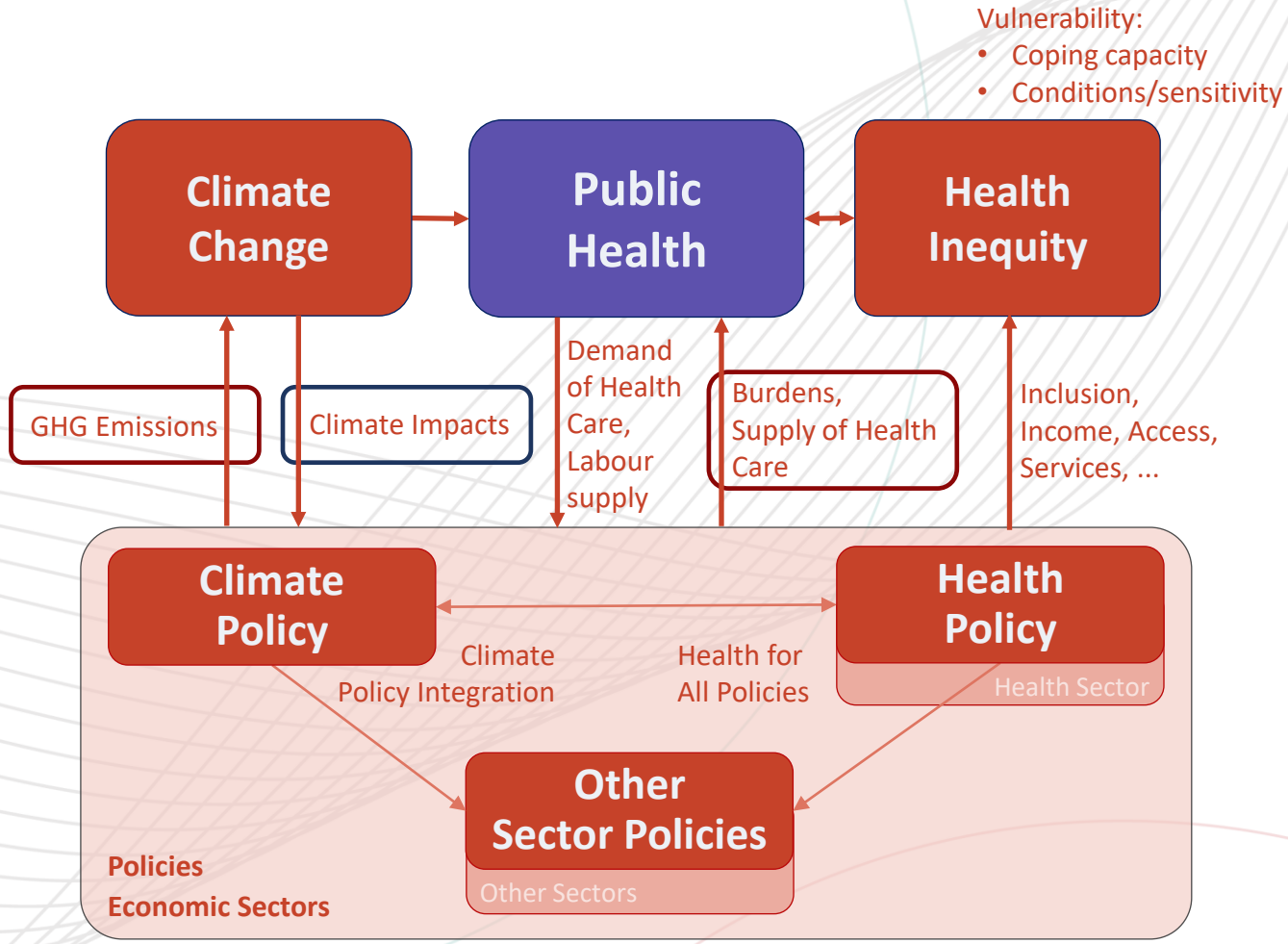
- In 2018, monetized value of European **heat-related mortality** was equal to **1-2%** of regional national income
- Climate change-related **labour productivity losses** due to heat stress might be up to **670 million Euros per year** by 2080
- **PM 2.5 exposure** (fossil fuel combustion) led to years of life lost with an **economic value of 129 billion Euro per year** – bad for health and due to GHG co-pollutants bad for climate



See references 2, 3, 4

Not addressing the interlinkages between climate and health will likely result in unjust, unhealthy and climate-unfriendly outcomes

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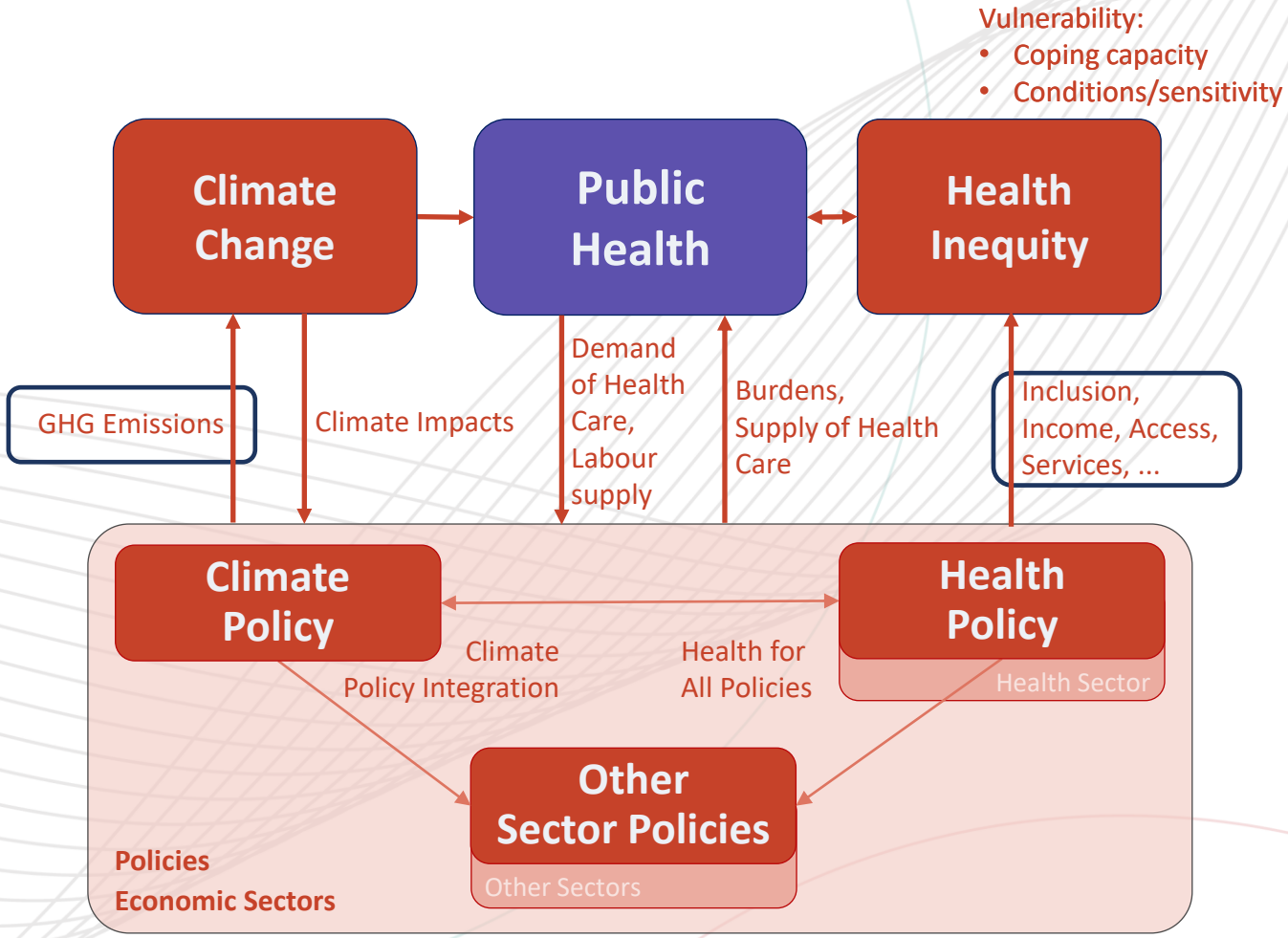
Poorly planed mitigation policies

- existing health problems remain, e.g. lack of exercise or health inequity (life expectancy)
- equitable access to health services may decrease particularly for vulnerable groups (equity conflict)
  - due to increased costs for transport to reach a medical treatment



See references 5, 6, 7

Multiple barriers to interlinking policy domains are manifold

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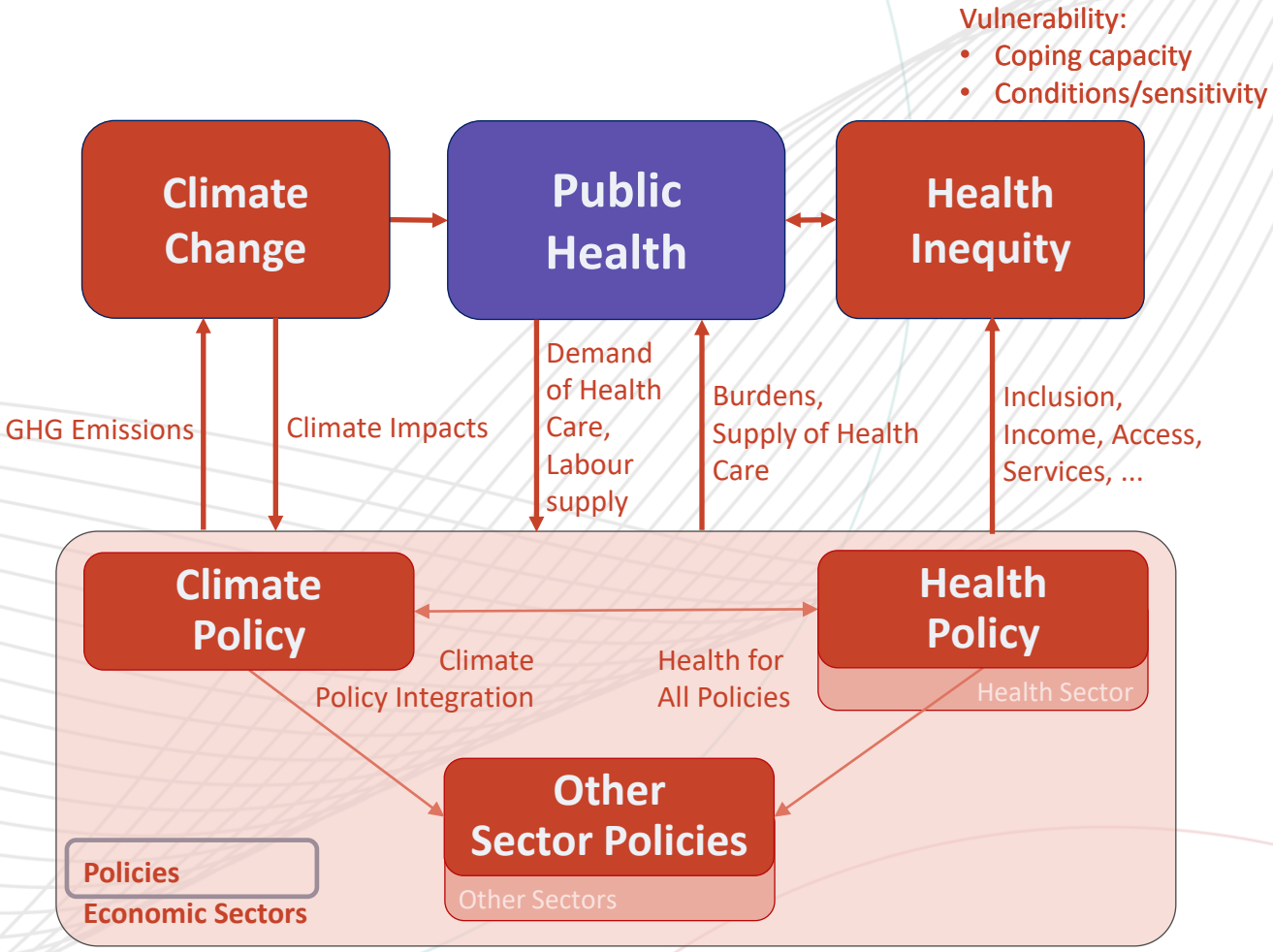
- **Separation of responsibilities** e.g. of GHG and non-GHG emissions or of economic sectors (as polluters) and protected domains (climate and health) in different Directorate-Generals
- The **world has complex problems** and universities have departments/disciplines supported by existing disciplinary credit systems and research funding
- Lack of interdisciplinarity leads to **language silos** and lack of understanding of each other's concepts
- **Vested interests** by economic sectors prioritize particular interests and economic growth over well-being for all
- **Bureaucracy** is led by a specific "culture", accomplishing everyday tasks in terms of **own priorities and ambitions**



See references 11, 12, 13

Co-benefits occur when measure aimed at benefits for one policy domain achieve benefits in other domains, thereby increasing the total gains for society and/or the environment

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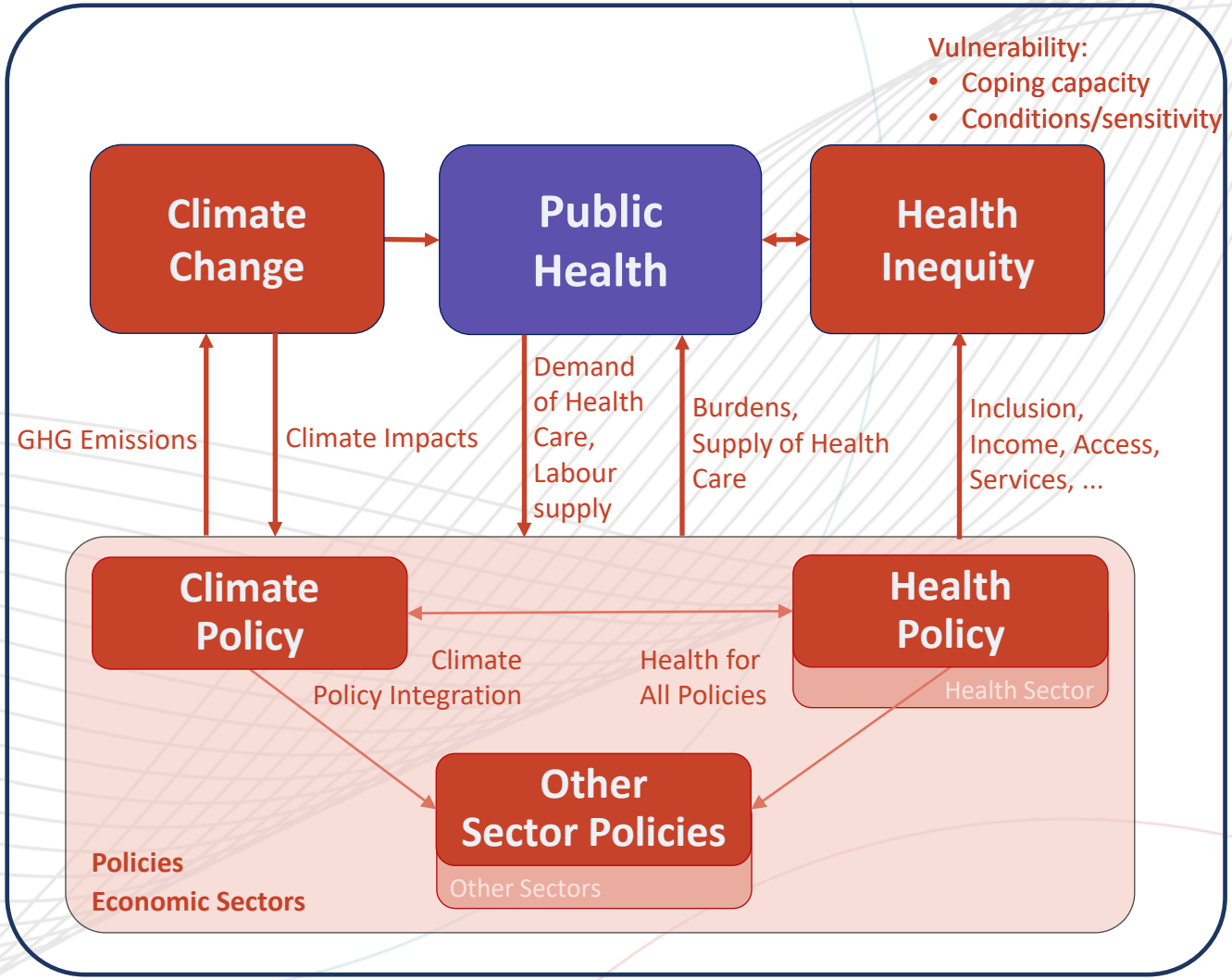
Concept of Multisolving

Superblocks in Barcelona

- Development of conceptual framework and the assessment of the policy's combined health and environmental effects
- Improves air quality and reduces harmful emissions by 25%
- 50% of women and men interviewed recognised reduced noise and air pollution
- Positive effects on well-being, quality of sleep and other health-related outcomes

Other studies show that promotion of **active mobility** in cities can reduce GHG emissions by 40% and premature mortality by 60 deaths per 100,000 inhabitants



See references 8, 9, 10

Governance principles to make change real in complex systems during transformation

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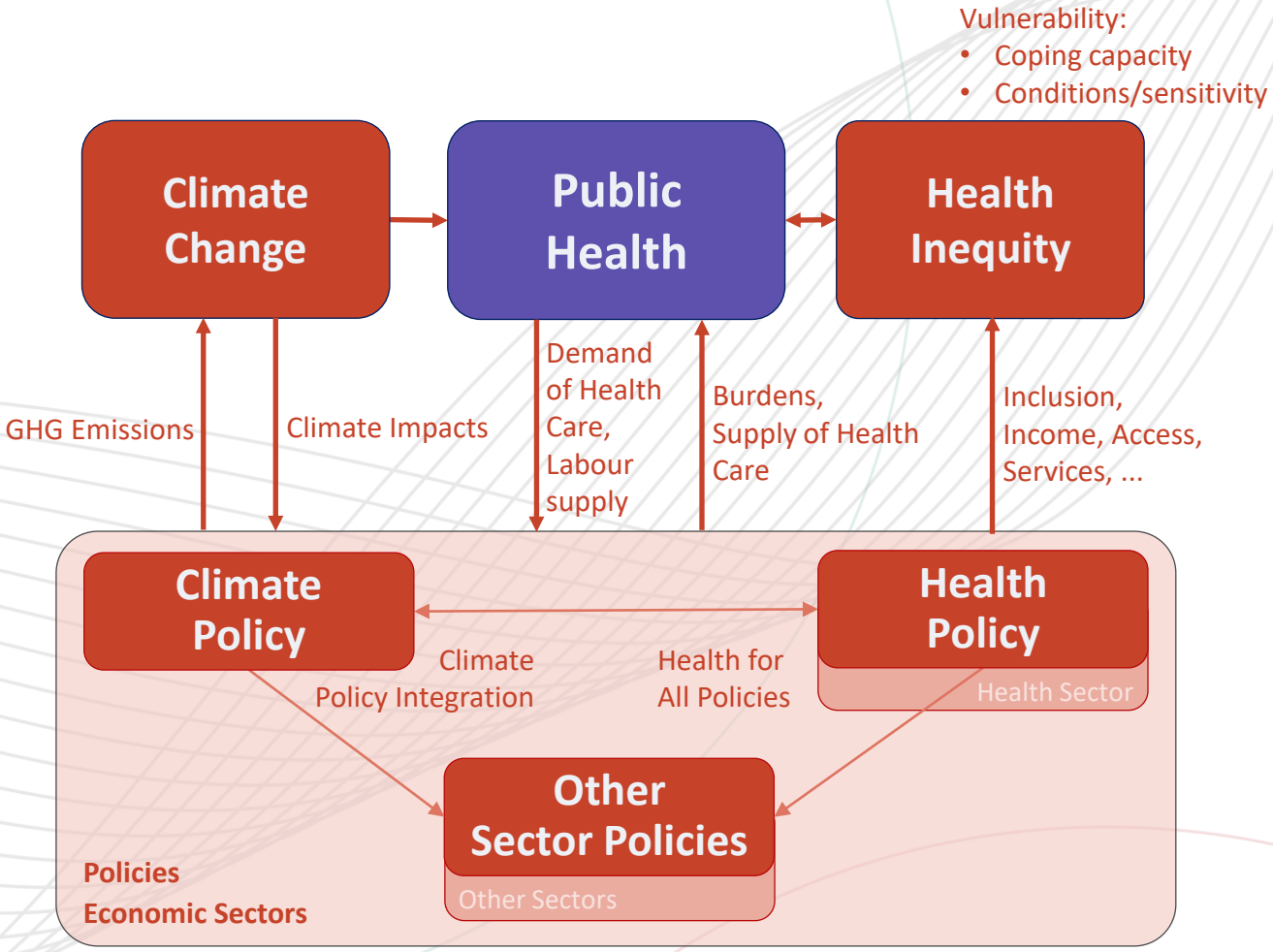
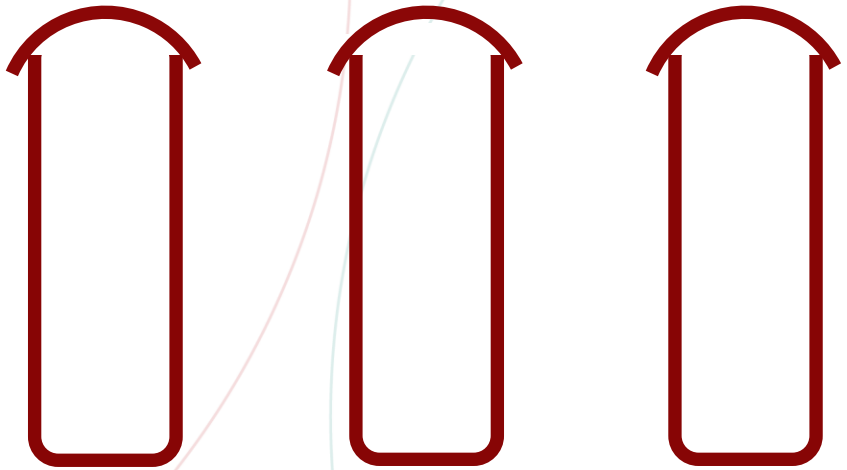
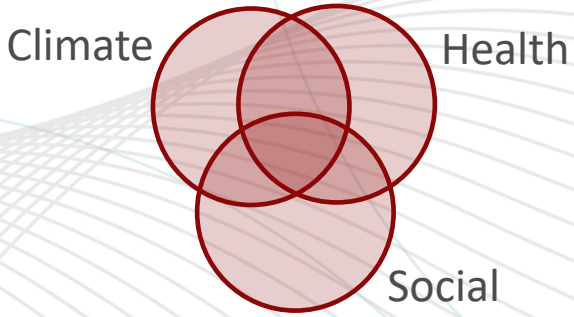
- Clear **goals** for climate, health and inequity for the transformation
- Naming concrete challenges without concealing the underlying **conflicts** with transparency principles for dealing with them
- **High-level commission** from different Directorate-Generals with academics from different disciplines for steering
- Developing an **interdisciplinary evidence base** for climate, health and inequity
- Integrated assessments focusing on interrelations, specifically for **synergies and trade-offs**
- **Setting-based or place-shaping approach** for change; reporting back to the high-level commission for removing obstacles and roll-out





Leaving silos = leaving the comfort zone



However, extraordinary complex societal problems demand new concerted responses across boundaries

Thank you

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