“Directly or indirectly, climate change has a significant impact on public health and on healthcare systems. It also hits the most vulnerable harder and increases the burden on our social protection systems. We need to redesign our health and social protection systems in order to respond, mitigate and adapt to these new realities and needs.”

Loek Caubo, AIM President

Main take-aways:

- Climate change has a significant impact on public health and on healthcare systems. It also hits the most vulnerable harder and increases the burden on our social protection systems. We need to redesign our health and social protection systems in order to respond, mitigate and adapt to these new realities and needs.
- Healthcare systems also have their share of responsibility in climate change, causing carbon emissions that reach up to 10% of a country’s national emissions.
- As a contributor to climate change, the sector is also a key player in climate mitigation. It will also need to quickly start its adaptation to changing needs and operating conditions, and so do social protection systems if they are to ensure that societies become more resilient to the effects of climate change.

THEMATIC SESSION 1:

The evidence: Climate and Health – Health and climate

The impact of climate change on health

“Climate change is the biggest health threat of the 21st century, and people in the European region are particularly vulnerable. It is high time for policy-makers to recognise the urgency to act, and step up, so that health protection is at the heart of EU climate mitigation and adaptation policies.”

Anne Stauffer, Deputy Director, Strategic Lead, HEAL

Main take-aways:

- Climate change is the biggest health threat of the 21st century but well-chosen action to mitigate climate change will bring many health co-benefits.
- There is a growing body of evidence on the health effects of climate change, which can be direct and indirect. Climate change has an impact on a range of diseases and some of the key chronic diseases, which are a key concern for health systems.
- Zoom in on selected health impacts:
  - Heat: The European region is heating up fast. From a global perspective, Europe is the region most vulnerable to the health impact of heat due to an ageing population and older people living in cities. The region experiences record-breaking deaths every summer, last summer over 61,000 people died in the summer heatwaves.
  - Allergies: 1 in 3 Europeans suffers from an allergy. Climate change aggravates allergies, leading for example to the spread of plants such as ragweed and a prolonging of the allergy season. The estimated costs of the health impacts associated with ragweed in health expenses and production losses amount to hundreds of millions.
  - Air Pollution: Climate change leads to higher air pollution which in turn leads to greater health impacts of climate change.
  - Vector-borne diseases: they are also on the rise (tick-borne diseases, tiger mosquitoes, etc.)
- EU action to prevent the health impacts of climate-change is not sufficient nor urgent enough. Health needs to be a the centre of EU climate mitigation and adaptation policies, including as a priority in the EU Adaptation Strategy and health impact assessment mandatory for national climate and energy plans.
**Study: greens zones, air pollution and health care**

"The scientific evidence in this domain must quickly result in policy implementation. The European Parliament’s position is an important step forward. The Presidency of the Council of the European Union in the first half of next year is an excellent opportunity for Belgium to take the lead in this matter and do everything possible to reach an ambitious political agreement between the European Parliament and the Member States”

Luk Bruyneel, Lead Scientific and Economic Matters, Independent Health Insurance Funds

**Main take-aways:**

- Mutuals have a responsibility to inform the debate on air pollution and health carrying studies such as the one by Mutualités Libres, which has influenced the vote on the AAQD at the European Parliament.
- Air pollution has a huge impact on public health and presents an enormous cost for the Belgian compulsory healthcare insurance.
- Main study findings:
  - In neighbourhoods with higher levels of Particulate Matter 2.5 (PM 2.5), both adults and young people have more GP visits.
  - More tree cover in cities is associated with less demand for GP visits. More than 30% tree cover leads to health benefits.
  - Reducing air pollution to the least polluted 25% of places in Belgium would have saved €43 million direct costs of GP visits in 2019, including €37 million born by health insurance and €6 million out-of-pocket payments. Those places do not meet WHO guidelines. It is therefore assumed that greater gains could be achieved by meeting those guidelines.

**Study: greens zones, air pollution and health care**

"Investing in the environmental sustainability of the healthcare system is an ethical obligation but also a potential opportunity. Healthcare systems contribute to global warming while directly affected by its consequences. It is necessary and possible to improve care provision and reduce carbon footprint of the healthcare system.”

Zeynep Or, Research Director, Institut de Recherche et Documentation en Économie de la Santé, IRDES

**Main take-aways:**

- Healthcare systems have a major impact on climate, being responsible for up to 10% of national greenhouse gas (GHG) emissions. The contribution of healthcare to climate change is expected to increase with increasing demand (expenditure) for care worldwide, further exacerbating its negative impact, unless actions are rapidly put in place.
- The most polluting sectors within the healthcare system are acute care and hospitalizations (especially surgery), which have the highest footprint regardless of pathology; pharmaceuticals & medical products; transportation-related emissions from transporting patients, visitors, staff and freight. Primary care and public health services have a much smaller carbon footprint.
- It is possible to reduce the impact of healthcare on the environment. It can strengthen the resilience and sustainability of the healthcare systems.
- Many effective interventions exist. Those include: improving energy use; interventions targeting fossil fuel electricity and gas use: energy monitoring, upgrading buildings; changing consumption routines (switching unused machines ...); reducing material and medical waste; recycling, reducing generation of hazardous waste & single use plastics; reducing food waste in healthcare facilities; replacing polluting gases and greening medical practice; reducing transport related emissions; incentives for active transport; telemedicine; improving medical supply chains.
- More evidence is needed for a better understanding of the links between the performance of the healthcare system and their carbon footprint and co-benefits of interventions in health sector.
- Systematic and structural changes are needed to make the health sector more sustainable.
Health systems need to be equipped to meet the profound challenges posed by climate variability and change to human health and well-being. The WHO Operational framework for building climate resilient and low carbon health systems provides a practical tool to allow health systems to address the risks posed by climate change, while promoting quality of care and low carbon sustainability.

Elena Villalobos Prats, Lead on capacity building and country support for climate change and health, WHO

Main take-aways:

• WHO has been working on the topic for over 30 years. First, building the evidence on links between climate-change and health and more recently supporting countries to implement measures.
• WHO works on 3 key focus areas to advance climate-resilient health: address the health impacts of climate change, strengthen the climate resilience and environmental sustainability of health systems and facilities, and promote the health co-benefits of climate change mitigation in other sectors.
• The WHO Alliance for Transformative Action on Climate and Health (ATACH) is the platform to realize the ambition set at COP26 to build climate resilient and sustainable health systems by leveraging the collective power of countries and partners. Its working groups work on climate resilience, decarbonization, supply-chains, finance, and nutrition and climate action.
• The operational framework for building climate resilient health systems (2015) was created to support countries in their resilience efforts. The updated framework covering both resilience and low carbon sustainability will be launched on November 9.
• The degree of resilience that a system possesses depends on the strength of the hazard, the current vulnerabilities in the system and the extent of exposures. To build resilience, systems need to focus both on reducing climate-related health risks (including hazards, exposures, and vulnerabilities; and developing specific health system capacities, integrating climate perspectives to health policy and operations.
• The updated framework brings together the concepts of health systems performance, emissions, and climate change capacity. It is structured around building blocks of health systems and proposes interventions around 10 components and indicators to assess progress.

Dr. Paulo Ribeiro, Montepio Rainha D. Leonor, Portugal

Main take-aways:

• The digital transformation of the mutual and of healthcare has the potential to improve care efficiency, make it more integrated and person-centred, but also more sustainable and climate-resilient, helping reducing emissions and demand for care with a higher environmental footprint.
• Through “Environment, Social, and Governance” (ESG) indicators, it is possible to assess if the organization is financially healthy and profitable while being socially and environmentally conscious.
• Sustainability can be integrated in a mutual’s activities through certification (proving that the organisation is sustainable); communication and transparency (showing how operations work behind the scenes, and the activities of the organization; and customer-oriented services.
• Montepio RDL has put together an Energy and Water Savings Plan, which aims to achieve a reduction in annual energy consumption of 7.5% and a reduction in water consumption of 10%.
• Other initiatives are also developed aiming at environmental preservation and more precisely at reducing paper consumption, recycling of X-rays, the replacement of fossil fuel-powered vehicles with a 100% electric vehicle (entire fleet to be fully electric by 2024), e-bike sharing project to provide electric bicycles for employees’ commutes from home to work and for short trips, etc.
The European Climate and Health Observatory - supporting preparedness to safeguard health and well-being

"The European Climate and Health Observatory is a necessity given that, more than ever, the health impacts of climate change are evident and they are worsening. European populations need to be protected against those."

Eline Vanuytrecht, Climate Change Impacts & Adaptation Expert, European Environment Agency

Main take-aways:

- The European Climate and Health Observatory is a partnership between the European Commission, the European Environment Agency (EEA) and several other organisations (EFSA, Copernicus, ECDC, WHO Europe, ASPHER, IANPHI and the Lancet Countdown Europe). It contributes to build resilience against the health impacts of climate change by providing access to a wide range of resources.
- The Observatory, created in 2021, was announced in the EU Adaptation Strategy and the EU Climate Law.
- It aims to enable the monitoring of health risks, impacts and responses, the integration of adaptation in national and sub-national health policies/systems, the enhanced capacity to anticipate risks and prevent negative impacts, to improve the climate literacy of the health community involved in decision-making, and promote widely known solutions and interventions.
- The Observatory aims to reach those objectives by improving the knowledge base, bringing together relevant stakeholders, and facilitating learning.
- Resources available include evidence of current and emerging risks for physical and mental health for the overall population and specifically for vulnerable groups (in the form of reviews, indicators, tools, and map viewers).
- The Observatory provides insight in climate-health related content of national Climate Adaptation Plans and Strategies and Health Policies via a European-wide assessment and country factsheets. It also showcases case studies of implemented solutions to reduce the health impacts of climate change.

CONCLUSIONS

"We strongly encourage the European Commission to continue implementing its Climate Strategy and to include all stakeholders of the health sector in doing so. From our side, we will continue working with our members to ensure that they all contribute as much as they can. We encourage all actors to be involved in the discussions at national level in order to improve the sector’s resilience. Now is the time to act."

Sibylle Reichert, AIM Executive Director

Main take-aways:

- AIM recommendations are notably based on the evidence which was presented at the event. They call for the systematic inclusion of measures aimed at the healthcare sector in National Adaptation Strategies and Plans and for the greater mobilisation of EU funding to close the financial gap and strengthen mitigation and adaptation efforts in the sector.
- The recommendations also include the need to strengthen prevention and primary care, to make facilities climate-neutral, to reduce pharmaceutical pollution and implement sustainable waste management.
- Building on the works of the EU observatory, AIM believed the harmonised collection of climate and health data is a necessity and call for the creation of National Climate-Health Knowledge centres in all Member States.
- The recommendations also look at how social protection systems also need to adapt to ensure that we prevent the exacerbation of inequities, achieve equity, as a basis for better preparedness, and guarantee the fair transition to climate-resilient societies.