

The health and well-being of humans, animals and ecosystems are closely interconnected. Cross-sectoral work is, thus, often necessary to obtain both healthy and sustainable solutions. This Dialogue Support serves as a practical tool that aims to engage, inspire, and identify entry points for professionals in the area of environment and climate change to improve programming and create conditions for cross-sectoral collaboration with the health sector. For a general understanding of environment, climate change and health linkages and Sida's overall point of view, please see Sida's brief "Health and Linkages to Climate Change and Environment".

### A HOLISTIC APPROACH TO ENVIRONMENT, CLIMATE CHANGE AND HEALTH PROVIDES GREAT SOCIETAL GAINS AND BENEFITS

All human beings have the right to live in a clean and healthy environment. Achieving the Sustainable Development Goals (SDGs) and universal health coverage requires a holistic approach. Climate change, pollution, environmental degradation, and socioeconomic conditions are all closely linked to human health. Climate change is the defining global public health threat of the 21st century and has profound implications for nearly every aspect of health.<sup>1</sup> Pollution is the world's largest environmental cause of disease and premature death and nearly 92% of pollution-related deaths occur in low-income and middle-income countries.<sup>2</sup> Children, men, and women living in poverty are more likely to live and work in polluted areas and have fewer means to protect themselves. Air pollution is assessed to generate annual welfare losses equivalent to 7.5% of GDP in East Asia and the Pacific and 3.8% of GDP in Sub-Saharan Africa. Costs of poor sanitation are estimated to be more than 2% of GDP in East Asia and the Pacific and Sub-Saharan Africa, 4% in South Asia, and 2.4% in Latin America and the Caribbean.<sup>3</sup>



Photo: Hermes Riviera.

Biodiversity and healthy ecosystems provide ecosystem services that are fundamental for human health and well-being. Environmental degradation, biodiversity loss and climate change do not only affect human health and result in large economic losses; they also threaten the capacity of health systems to provide health services. Flooding, for example, may reduce access to healthcare services, disrupt the supply chain of medicines and other essential items, and cause spreading of water pollution and water-borne diseases. Climate change increases the risk of havoc in disaster-prone areas, threatens food security, water access and livelihood opportunities, and can cause migration. Furthermore, climate change contributes to heat-related deaths and disorders that are aggravated by air pollution, outbreaks of vector-borne diseases, and may cause mental distress. Investing in health adaptation to climate change and climate-resilient health systems is, in addition to climate mitigation measures, necessary for achieving better health for all. This is increasingly recognized in the Nationally Determined Contributions under the Paris Agreement on climate change, where countries present their climate adaptation and mitigation priorities.<sup>4</sup>

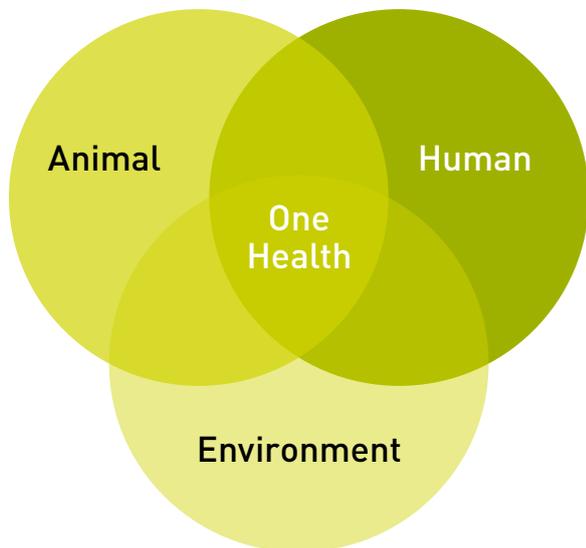
1 The Lancet, 2018. The Lancet Countdown on health and climate change: shaping the health of nations for centuries to come.

2 The Lancet, 2017. The Lancet commission on pollution and health.

3 World Bank, 2016. The Cost of Air Pollution: Strengthening the economic case for action.

4 WHO, 2018. COP24 Special report: Health & Climate Change.

[The One Health Approach](#), promoted by WHO, OIE and FAO,<sup>5</sup> recognizes that health and well-being of humans, animals and ecosystems are closely interconnected; see Figure 1.



One Health is a coordinated, multidisciplinary, and cross-sectoral approach to manage and reduce risks and impact originating at the animal-human-ecosystems interface. WHO identifies areas of particular concern as food safety, zoonotic diseases, and antibiotic resistance. One Health approaches are also inextricably linked to climate change.

### WORKING ACROSS SECTORS

It is important to integrate environment and climate change in health programmes and to include health in environment and climate programmes. This will create synergies and co-benefits as well as possibilities to avoid goal conflicts. Collaborations with other sectors such as energy, agriculture, urban planning, and infrastructure are important to consider as well. The UN has estimated that the global population growth during this century will mostly occur in cities.<sup>6</sup> Creating climate-resilient, sustainable and healthy cities will require considerable cross-sectoral collaboration. Choosing solutions that have multiple benefits, such as nature-based solutions and/or combined climate mitigation-adaptation measures, will both reduce costs across sectors and have positive effects on health.<sup>7</sup>

Health professionals are a credible voice in raising awareness of the importance of addressing the environmental determinants of poor health, e.g. air and water pollution, and of highlighting the overall health benefits of climate action.<sup>8</sup> The health sector is in turn in need of good environmental data and cross-sectoral collaboration to assess risks and develop sustainable public health measures. Environmental ministries often have a relatively strong coordination role in the multisectoral climate change related political processes, e.g. development of Nationally Determined Contributions. Ensuring that the health perspective is considered in such inter-ministerial processes is vital. Fora for inter-ministerial coordination between sectors are important entry points for improving health and environmental outcomes simultaneously. However, the capacity for multi-sectoral action tends to be limited and requires strengthening.

The possible natural origin of the COVID-19 pandemic has illustrated the importance of the One Health approach for the mitigation of future emergence of new diseases. The COVID-19 pandemic also painfully highlighted the importance of functional health systems and access to water, sanitation, and energy. Response measures, for instance Building Back Better programmes<sup>9</sup> to cope with a post-pandemic world, are examples of inter-ministerial policy- and investment processes. Engaging in these processes is in line with, for example, WHO's call for responses that promote a healthier, fairer, and greener world.<sup>10</sup>

Figure 2 below provides an overview of environment-health linkages. The figure is explained in greater depth in Sida's brief on [Health and Linkages to Climate Change and Environment](#).

5 World Health Organization, Food and Agriculture Organization and World Organisation for Animal Health.

6 United Nations, Department of Economic and Social Affairs, Population Division (2019). World Urbanization Prospects 2018: Highlights (ST/ESA/SER.A/421).

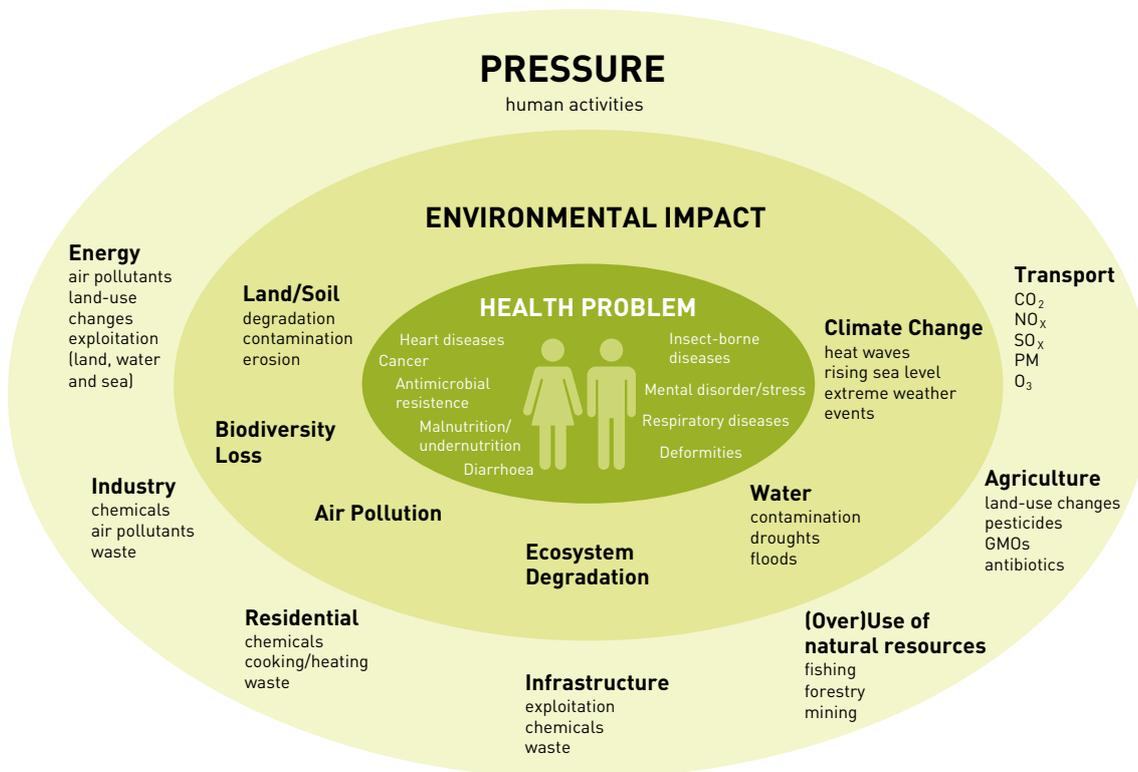
7 Directorate-General for Research and Innovation (European Commission). Evaluating the impact of nature-based solutions. A handbook for practitioners. Publications Office of the EU. May 4, 2021.

8 Watts, et al, 2019. The 2019 report of the Lancet countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate.

9 Building back better: A sustainable, resilient recovery after COVID-19 (oecd.org).

10 WHO (2021) Manifesto for a health recovery from COVID-19 Directorate-General for Research and Innovation (European Commission). Evaluating the impact of nature-based solutions. A handbook for practitioners. Publications Office of the EU. May 4, 2021.

Figure 2: Illustration of the interlinkages between environment impacts, caused by different pressures, and health problems (not exhaustive). Source: Sida's Helpdesk on Environment and Climate Change.



The first part of this section provides guidance on how to acknowledge co-benefits and synergies between programmes/actions, and how to include cross-sectoral collaborations. The second part relates to identification of health risks in environment and climate change programmes and of avoiding goal conflicts between programmes/actions.

### CROSS SECTORAL COLLABORATION AND SYNERGIES: GUIDING QUESTIONS

Collaboration with the health sector can bring benefits, such as increased access to data, e.g. on respiratory diseases/air pollution and residues of hazardous chemicals in the blood (environmental-health nexus), access to additional important policy debates/decision-making fora, and more voices articulating the importance of preventive measures to address the environmental determinants of health.

Issues of common concern include air and water pollution, building resilience to avoid climate-related disasters, adaptation to heatwaves, sustainable healthy cities, access to improved water and sanitation, vector-borne diseases, indiscriminate use of antibiotics in livestock and

aquaculture, chemical and biohazardous waste, promoting improved stoves, and promotion of healthy diets with a low environmental footprint.

Examples of actors include Ministries of Health, Agriculture, Energy, and Urban Development, civil society organisations (CSOs) working on water, sanitation and hygiene (WASH), and consumer groups demanding healthy, sustainably produced food.

Examples of processes/frameworks for collaboration include One Health programmes, national SDG programmes, national climate change strategies and governmental post COVID-19 recovery efforts (Build Back Better).

### Questions to be considered

*National/regional level:*

- Is there awareness and knowledge of the linkages between climate change and environment and the health sector at the level of national decision-makers?
- What are the key processes/political frameworks where meaningful cross-sectoral cooperation can happen?
- Are health sector specialists invited to contribute to developing environment and climate policies and plans? If not, could the partner facilitate access to these processes?

For example, preparations of Nationally Determined Contributions (NDC) under the climate convention, including National Adaptation Plans, climate vulnerability assessments and project proposals for climate financing or Green Economy/Circular Economy strategies. This could include requesting health data collection (malaria incidence, malnutrition, and resilience of health system following extreme weather events). The benefits of such collaborations include better quality of climate policies and programmes, and potentially greater political acceptance.

Programme/local level:

- To what extent does the partner/the programme interact with the health sector? If relevant, what are areas of common concern and have benefits of collaboration been explored?
- Could the partners' dialogue with local communities be more effective if carried out in collaboration with health professionals?

Joint activities could include the development of information materials and the involvement of local health professionals in awareness-raising campaigns. Benefits include leveraging on networks and trust in health professionals.

- Could mandatory or voluntary procedures such as [Environmental Impact Assessments](#) or Strategic Environmental Assessments be strengthened with greater involvement of the health sector (better quality, greater transparency etc)?
- Have the health benefits of partners' programmes been assessed and documented in sufficient detail, and do they refer to national health priorities?

Examples include how the intervention improves water quality and access through the protection of wetlands, secures access to medicinal plants through the protection of biodiversity, reduces excess heat and improves health through increased vegetation in cities, and enhances storm protection through the plantation of mangroves etc. Lists of health priorities can, for example, be found in national strategies such as One Health programmes or at [WHO](#).

## HEALTH RISKS AND GOAL CONFLICTS: GUIDING QUESTIONS

Programmes that contribute to reduced levels of air pollution or restrict the use of hazardous chemicals have direct health benefits. While the net health benefits tend to be positive, environmental and climate change programmes may have negative direct or indirect impacts on people's health.

### Health risk assessments questions:

- What could be the negative health risks and impacts associated with the programme? How are the risks assessed and managed?

For example, malnutrition can increase as a result of reduced access to natural resources and food following the expansion of marine or terrestrial protected areas. To avoid goal conflicts, compensatory measures such as cash transfers, skills development, and acceptance of collection of non-timber forest products can reduce the risks of malnutrition and increase social acceptance.

Reducing fossil fuel dependency has many health benefits, both in the short and long term. However, solar energy programmes, for example, can generate hazardous waste, e.g. lead-acid batteries and solar panels.

- Are there short and/or long-term negative impacts on health associated with short and long-term gains of the programme?

For example, the use of pesticides and antibiotics may have short-term benefits in production volumes but can create large problems for farmers, downstream communities, consumers, and public health. Prohibition of hazardous pesticides or restricted use of antibiotics in agricultural value chain programmes improve human and ecosystem health, but could have short-term negative impact on productivity, contributing to food insecurity and malnutrition in the long term. Compensatory measures such as agricultural extension services, promotion of sustainable agriculture, and improved access to credit can facilitate the transition to more sustainable and healthy practices.

### Example 1: Empowering communities and influencing policies at the global level have reduced pesticide use and created co-benefits for environment and health sectors.

Pesticide Action Network Asia-Pacific (PANAP), is a CSO working at the intersection of health and environment at local, national, regional and global levels. Through participatory action research using mobile applications, communities have monitored the health and environmental impacts of the use of pesticides. This has led to the identification of data gaps in official statistics on pesticide use and poisoning, including data on the health impacts on children. The action research component also includes awareness-raising and promotion of agroecology to identify alternative means to improve food production. PANAP's advocacy work builds on community data compiled at national and regional levels, which is supplemented with global WHO data and scientific studies. PANAP often engages and shares information with Ministries of Health and Ministries of Environment at national levels. The interest from Ministries of Agriculture, a key actor, tends to be lower. PANAP sees untapped potential for the health sector to engage further in working on environmental conventions as a mean to improve public health. Ref PANAP<sup>11</sup>

11 About Us – Pesticide Action Network Asia Pacific (panap.net).

Understanding how the natural environment, societies, and human health are closely interlinked is the key to developing sustainable and healthy programmes and actions based on the local context. The programme should include capacity building and information to local partners and stakeholders on the need for a holistic approach to capitalize on co-benefits, reduce costs and avoid goal conflicts.

### **ADDITIONAL READING**

Planetary Health Alliance, 2019, [Planetary Health Case studies](#).

UNEP, 2019, [Global Environment Outlook 6: Healthy Planet, Healthy People](#) and related [regional reports](#).

UNEP, 2020. [Reducing pollution and health impacts through fiscal policies – a selection of good practices](#).

[Climate change. National Adaptation Plans | UNEP – UN Environment Programme](#).