**[The health-climate nexus](https://www.dawn.com/news/1794420/the-health-climate-nexus)**

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The clamour by scientists to look at climate change through the health lens is growing louder and more urgent. The numbers are there to justify it, they say. More people are dying annually from extreme weather events, including heatwaves, floods, zoonoses and water and vector-borne illnesses, than the usual infectious diseases. According to WHO, between 2030 and 2050, climate change is expected to cause approximately 250,000 additional deaths per year from undernutrition, malaria, diarrhoea and heat stress alone.

More than 3.8 billion people, that is half the global population, were exposed to extreme heat from June through August this year. Women, particularly pregnant women living in extreme poverty, bear the brunt of climate change. Studies carried out globally prove that exposure to extreme heat can lead to maternal and infant mortality and morbidity, including pre-eclampsia, pre-term births, stillbirths, etc.

Dr Ana Bonell, an academic clinician at the London School of Hygiene and Tropical Medicine, is studying the nexus between climate change and maternal and child health. Sharing her findings at a pre-COP28 event in Karachi, organised by the Aga Khan University in collaboration with the Aga Khan Development Network and the Sustainable Development Solutions Network-Pakistan, she said: “When women’s health improves, it’s not just the baby’s health that improves, but the entire community benefits. Women are not only agents of change but [also] custodians of indigenous knowledge.”

Healthcare practitioners are also concerned about extreme heat leading to increased gender-based violence. A study conducted in India, Pakistan and Nepal between 2010 and 2018 found that a one-degree Celsius rise in average annual temperature also led to a 6.3 per cent increase in incidents of physical and sexual domestic violence against 194,871 women aged 15 to 49.

The kind of health emergencies the world is facing requires working together.

Along with extreme heat, air pollution has had serious health consequences. A decade since the death of nine-year-old Ella Kissi-Debrah in London from an asthma attack (in 2020, her death was recognised by law as the first one due to air pollution), an overwhelming number of studies have shown that air pollution impacts human life at every stage — from foetal development to teenagers’ cognitive abilities, to the mental health of adults. In fact, the nearly 60,000 studies, half of them published in the last 10 years, have led WHO to label air pollution as a global health emergency.

According to the University of Chicago’s Air Quality Life Index, in Bangladesh, India, Nepal and Pakistan, people can expect to lose about five years of their lives, on average, if the air remains polluted. While COPs (annual climate change summits) have always focused more on energy, medical professionals are steering global leaders’ attention towards health, and demanding that it be put at the heart of climate policy. “It is the greatest threat of the century, after all,” pointed out Dr Zulfiqar Bhutta, founding director of the Institute for Global Health and Development and the Centre of Excellence in Women and Child Health at Aga Khan University. He added: “People need solutions for building resilience and adaptation to ward off the adverse climate effects in addition to mitigation, and at least cost.”

And so, for the very first time, health has not been elbowed out from climate conversations. In fact, a Health Day dedicated to Health, Relief, Recovery and Peace will be observed tomorrow (Dec 3) at COP28, being hosted by the UAE in Dubai, along with the much-trumpeted first-ever health ministerial meeting.

At the end of it, there will be a declaration on climate and health that will address adaptation within the health sector itself, which accounts for 4.4pc of global emissions. “Health systems will need a transformational shift in order to become climate-resilient, low-carbon-sustainable and equitable,” Maha Barakat, the UAE’s assistant minister for health and life sciences in the foreign affairs ministry, had said at the World Health Summit held in Berlin last October.

COPs are generally known to be too energy-focused. But COP28 comes with its own baggage. Take, for example, the controversial venue. Dubai, the world’s seventh biggest oil producer with the fifth largest gas reserves, has risen on the wealth of fossil fuel. The COP28 president heads the UAE’s giant state oil company and the state renewables business. There have been whispers that the event would be used to make oil deals.

Nevertheless, having emerged from their silos onto a global platform, health practitioners, especially in the South, need to do their homework. This requires overcoming data challenges and being able to come up with quality analyses to quantify the costs to society and the economy to demand access to funds. This COP, said Dr Bhutta, will also be a good time to demand the rebuilding and resilience of health systems in the Green Climate Financing and Loss and Damage funds. “The power of indigenous knowledge and community-based approaches should be made part of universal health coverage packages, and the Sou­th supported technically and financially,” he said.

However, the kind of health emergencies the world is facing and likely to face in the future requires working together. Deputy Secretary General of the UN Amina Mohammed has asserted: “No one will ever be truly safe until everyone is safe.” Truer words have never been spoken. They should become our mantra. We are already grappling with transboundary air pollution among South Asian countries, as particulate matter does not respect boundaries. Last year, nine of the 10 cities with the highest annual average of fine particulate matter were in Asia.

And thus, for this region, the need of the hour is to shed distrust and a confrontational posture in favour of rallying together and sharing knowledge and data with each other. “There can be no progress without peace; no gains in climate without peace and by now, it’s clear that as neighbours we would have to choose between two MAD futures — one that is mutually assured destruction or a mutually agreed development,” said Dr Bhutta.

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