

Communicating climate change through health: a perspective from the UN climate negotiations.

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Hosted by the World Health Organization and the Global Climate and Health Alliance



Please note: these summary notes have been prepared as a guide only, and have not been reviewed by the speakers or hosting organisations.

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 - Jeff Nesbit – Executive Director, Climate Nexus
 - Diarmid Campbell-Lendrum – Head of Climate Change and Health Team, World Health Organization
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Ed Maibach:

Disclaimer: most of Ed's research is done in American populations, but the findings may be transferable.

We have an opportunity to shape how the public and decision-makers think about climate change

- This is based on evidence from the last 5 decades of public health campaigns
- The lesson learned is the power of simple, clear messages that we can repeat often, and through a variety of trusted voices

Public tends to see climate change as a distant problem – distant in space, time, and species.

- People aren't yet readily connecting climate change to human health (not 1 of [20,000 Americans surveyed over 8 years](#) recall unprompted that climate change is bad for their health)
- Next survey of thoracic physicians from around the world (yet to be released) demonstrates that a large majority are already seeing the health effects of climate change among their patient population.

Three specific, simple, clear messages can be used (these are tested, known to be effective in revealing a new side to the problem of climate change that people care deeply about):

1. 97% of the world's climate scientists are convinced that human-caused CC is happening. As a health professional, my task is to determine what we can do about it so that people's health is not needlessly harmed.
 - a. *A bridging message, designed to get you into the conversation and bridge directly to your area of expertise.*
 - b. *Invoking the scientific consensus is very helpful to avoid getting drawn into long, technical conversations on climate science that you may or may not feel comfortable having.*
2. Yet, people's health is already being needlessly harmed. Polluted air and CC are hurting our health, badly, worldwide, and it's going to get much worse unless the leaders of the world take definitive action to protect our health by limiting change. I urge the leaders of the world who are assembled in Paris to take the necessary actions – because our health depends on it.
 - a. *Lays out the harm, very briefly, and humanises it*

b. Points toward a real, collective action solution]

3. I also encourage every citizen of the developed world, and every business, and every governor and mayor to take action as well. All of us can take steps to protect our health, the health of our loved ones, and the health of everyone on the planet from the senseless harms of CC by *reducing energy waste, and by moving away from fossil fuel use and replacing it with clean energy – like wind and solar energy*. This is something we can all do today, and if we do, we will all immediately benefit from cleaner air, cleaner water, and healthier places to live.
 - a. *The answer to the question “What can I do to help?”*

Jeff Nesbit

Experience from the campaign to have the FDA regulate tobacco (“the tobacco wars”) are directly relevant to work now in “the climate wars”.

1. Necessary to unmask the confusion about the science:
 - a. This took quite a long time through the media, but eventually, science tends to win
 - b. Once the public was convinced that smoking causes harm and nicotine is addictive, with targeted messages around children, action was considerably more likely
 - c. The parallels with climate change are obvious → it is clear from the energy here in Paris that the science debate is over
2. Distant threats simply do not work:
 - a. Regardless of scare tactics, a teenager will never care that they might die at age 50.
 - b. The same is true for climate – personal and political decisions will only be made based on climate impacts that are here and now
 - c. If climate is perceived as simply an environmental threat, we’re not going to achieve what we need to achieve
 - d. The connection between climate change and health threats is perhaps the most important connection that we have in our arsenal.

Diarmid Campbell-Lendrum

For too long, climate change has been considered an environmental issue, perhaps an economic issue and perhaps a development issue. However, in the original formulation of the UN Framework Convention on Climate Change, Article 1 talks about the adverse events of climate change we’re trying to avoid, and damage to health is one of the three points mentioned.

For some time, WHO has been pushing the evidence that climate change poses fundamental threats to human health. It is critical for WHO to have the backing of the health community in engaging on climate change.

- At a national level, all of the world’s governments, through the World Health Assembly, have signed a strong [resolution on climate change and health](#).
- In order to really drive political opinion, it needs to be backed by a groundswell of public and professional opinion.
- Interactions with the wider health community have suggested that people do recognise that climate change is important, they do broadly support action on climate change, but need the mechanism or convening power to get their voice heard.
- This was our reasoning behind launching the [WHO Call to Action on climate change](#), and for working with organizations such as the GCHA to increase reach to the broader public health community and be able to amplify each other’s voices

There is no more trusted voice than that of the health community. The health sector has some of the best arguments to support action in this area. When presented with the evidence, people do make the connection between health and climate change. WHO would like to be more systematic in how we tailor our messages to be most effective.

- The health risks and threats are important and need to be communicated.
- It is important to get across that we can do something about this. Those working in health know that it is bordering on unethical to inform people that they have a problem without also informing them that there is a solution. So we also point out that through the strengthening of public health systems,

or the social and environmental determinants of health, we can avoid many of the short-to-medium effects of climate change (across the next 10-30 years).

- We cannot let climate change continue unmitigated into the future because we will see erosion of the environmental determinants of health – the ecosystem services, freshwater supply, air quality etc.
- There are very strong health benefits to be gained from putting mitigation measures into place. Our latest evidence is that [air pollution kills about 7 million people every year](#). This is the largest existing environmental risk to health, triple in size to that of tobacco smoking. Preventing greenhouse gas emissions in a way that also promotes health and cuts air pollution will see immediate and local health benefits.
- One of the big objections to acting on climate change is that it's too expensive, or that cutting greenhouse gas emissions will impact the economy. It will cost money upfront to make that transition, however the [health payoffs of cleaner energy decisions](#) are in many cases larger than the costs of mitigation.

The overall atmosphere in the first few days of negotiations is generally positive. WHO is interested in promoting a strong and ambitious global agreement because this will have benefits for human health.

- We are seeing health references in the negotiations, which were not there a few years ago – drafts at the moment have [5 references to health](#) (in previous negotiations there were none at all).
- Over the next week, WHO will continue to present delegates with the evidence and arguments toward a strong agreement for health, and to suggest health references as a way to strengthen the agreement (allowing the health community to engage in the future).

Question 1: Can you give any examples of where a health perspective has changed a local action (either adaptation or mitigation)?

- [DCL] In China, much of the motivation to push cleaner energy systems is not coming from an international obligation to drive down greenhouse gas emissions. Much of it comes from the fact that the air pollution levels are so high and so socially disruptive, that the government feels under pressure to respond to the high disease burden and level of complaint from the population.
- [EM] In 2010, the citizens of California put a [ballot proposition](#) in place, which would have suspended California's climate law until such a time that their unemployment rate dropped back beneath 5%. The campaign to defeat the ballot proposition really only had 2 fundamental messages – 1) this proposition is being bankrolled by out-of-state Texas oil companies and 2) the real price of suspending our climate law would be the price of our health, our children's health, and that of everybody in California, as it will slow down our progress in cleaning up our air and our water. The ballot proposition went down in flames – the most decisive defeat of any ballot proposition in the US.
- [JN] There's a phenomenal effort underway in the Saharan region of Africa; it was announced here in Paris that a considerable amount of money will be spent on continuing to build the ['green wall'](#) – a line of trees across the African continent to prevent desertification in an area that's being impacted now by climate change. The health and national security concerns of millions of refugees being driven up from the region around the world has led to this serious local action.

Question 2, follow-up: How can we communicate those impacts of climate change largely felt outside the Global North, in such a way that people can relate to them?

- [JN] This is one of the major problems that we have with this issue – people tend to stay in their lanes (environmentalists are comfortable talking about environmental implications, and profoundly uncomfortable talking about national security or health implications). Climate Nexus spends a lot of time introducing sectors to each other. Spending time listening to and empathising with the concerns and narratives of other communities that you're not familiar with goes along way.

Question 3: How do we insulate ourselves from a potential disappointing outcome at COP21, and maintain optimistic messaging moving forward?

COP15 in Copenhagen was a big disappointment, but important lessons were learnt.

- [DCL] The rhetoric leading up to Copenhagen was all about 'we need to do this deal now, otherwise the planet is doomed'. The rhetoric before Paris has been much more incremental and positive.
- [DCL] In Copenhagen, negotiations occurred in the early part of the two weeks, with world leaders flying in toward the end to supposedly sign the new agreement. This put negotiators under tremendous pressure, as their bosses were going to show up at the end of the 2 weeks, and they had to have something the bosses would agree with. There has been a very deliberate decision by

the French government to learn from the experience in Copenhagen, by changing the formulation of this conference. This time, the leaders were here at the beginning. They made their big statements, boldly declared the importance of the agreement, then cleared out, leaving the negotiating teams with a mandate to get on with it. Hopefully this time round it works a bit differently.

- [JN] Three years ago, climate change was perceived as such a big issue, and it was really difficult for people and even countries to know what to do. What we're seeing in this COP is that nations and sub-national groups and businesses and mayors have finally figured this out finally – "We're going to do what we need to do in our corner of the world, and that's going to add up to making a difference." - that's a big change here in Paris.

Communicating incremental and realistic progress is important.

- [EM] Psychologists have shown us pretty definitively that when change is too big, or goals are too distant, it's very difficult for people to find the motivation to begin the journey. [Shrinking the change](#), demonstrating that we're already part way to the goal, tends to renew a sense of motivation, hope and engagement in working toward solutions. The agreement that's currently being fashioned is ultimately a 'shrink the change' kind of message. By getting us part of the way there, even if we debate how far we got, it is a wonderful opportunity to renew people's sense of the journey that can be achieved, with the negotiations a big step in that direction.
- [DCL] It will be interesting to hear from our communications colleagues how we transition the messaging after Paris; if it were all to fall through, we risk disappointment and the perception that 'it's not working out'; the other risk is that we reach a deal and find that people have the perception that climate change is fixed. It will be important to communicate that the agreement itself doesn't change anything, it just makes it easier for people to carry out fixing it. The agreement is the encapsulation and the reinforcement of the collective effort that's been made to combat climate change.

Question 4: What are the important considerations for developing countries in communicating the impacts of climate change on health?

Developing countries are already making meaningful progress in the area of climate and health

- [DCL] Developing countries have been some of the fastest and most pragmatic to move on this. Up until a few years ago, most African countries had done very little to act on climate and health – most of the research and development work had been done elsewhere. Just a few years ago, The WHO African Regional Officer got all of the health and environment officers together to acknowledge the importance of climate action for health, and to write the [plan to increase health resilience to climate change](#). Without the time to do all the research, these countries needed to be more practical, and just told the world what they were going to do about it.
- [DCL] Over half of the INDCs that have been submitted specifically mentioned health. A lot of the best-developed ones are from the African countries. They are mobilising around health resilience.

Developing countries have an opportunity to leapfrog energy technologies

- [DCL] These countries have the opportunity to bypass some of the less-than-optimal development decisions that other countries have made e.g. mobile phones leapfrogging landlines.
- [JN] A [leapfrogging of technology](#) will be seen all across Africa. We're not going to see people making the mistakes that some of the developed world countries have made; that is to bring power to countries and communities by coal-fired power plants. They're going to leapfrog straight to 21st century energy technologies; large-scale solar and other interesting efforts, with direct benefits for the health of people across the continent.
- [JN] We're seeing an explosion of interest from both the private and public sector who would like to finance that leapfrog effort.

Health professionals have a huge role to play in pushing clean energy for development

- [DCL] Ministers for development in some developing countries of Africa have said that growth is needed, and they don't care what kind of growth it is. Some of our African health colleagues are arguing that the type of growth does matter, for health. There is an opportunity to take cleaner energy decisions which will both avoid some of the health risks experienced in other countries and hopefully bypass some of the high energy consuming and high polluting development pathways that are driving climate change.
- [EM] The trusted voice of health professionals are making the point that, although we need to bring electrification to all peoples and we need to do everything we can to help people out of poverty, doing it in a way that sacrifices their health is not the solution. That simple message from health voices is going to be much more powerful than from many other possible voices.

Question 5: How can we simplify climate and health messaging down to a “Drill, baby, drill!”-type slogan?

- 97% of the world’s climate scientists are convinced that humans cause climate change. As health professionals, it’s our job to figure out how to prevent people’s health being harmed.
- We know that people’s health is being harmed, and will be harmed much more so going forward.
- Getting a strong agreement to limit climate change is the most important thing. However, there are many things that all of us can do, to waste less energy and pivot decisively away from fossil fuels.
- A healthier community leads to a healthier life
- Climate change is the greatest health threat of the 21st century
- Responding to climate change is the greatest health opportunity of the 21st century
- A strong agreement in Paris would probably be the most important public health victory of the 21st century
- Include a focus on children. e.g. when Obama launched the climate change action plan in the US, most of the messaging was coming from the children’s ward rather than the White House – all about cleaner air for our children than about saving polar bears by the end of the century.
- “Clean energy is healthy energy”

Question 6: After COP, and moving forward to 2020 and beyond, how can the health sector exert influence to ensure a healthy climate and healthy people?

- [JN] After Paris, there will be many opportunities for individuals to engage with this issue – the choice to drive an electric vehicle, the choice to move into much more energy efficient home, the chance to put solar panels on their homes to save money.
- [JN] What’s going to be important after Paris is that we recognise the opportunities that we have to make progress, at the individual, community and national level. We’ve been encouraging health professionals to get in the fight, to lead rather than follow, because they are such a powerful voice.
- [JN] One of the key components of the climate issue is communication about the threat. That’s as valid a contribution to the issue as what you actually do about it. It’s something that the health community can do probably better than anyone else on the planet. We’ve been missing that. We really hope that health professionals around the world get mobilised on this issue, that the national security leadership does and that the business community does, because those voices combined with what we’re seeing here in Paris are going to make a difference.
- [DCL] There is a wealth of information available – we’re not lacking key messages or consensus on this; what we need to do is to build up our mechanisms for mobilising the joint voice on climate change.

Question 7: What can the average health professional do to carry climate and health messages forward?

- Speak up individually in your community; health professionals are not part of the usual suspects on climate change, so messages are often better received.
- Weigh in by going on record, writing op-eds or blog posts.
- Vertically – contact your professional society; let them know that you’re ready to start preparing yourself to be a spokesperson for the issue. Let them know that you’re willing to talk about climate and health issues; they will find opportunities to steer the media to you, to find opportunities for you to testify at a town hall meeting in your home or state capital, for example.
- Horizontally with collective organization – we now have a [Global Climate and Health Alliance](#), and many health NGOs are starting to engage on climate change. It is now easier to link up internationally and inter-sectorally.
- Lots of organisations including Climate Nexus are looking to create opportunities for health professionals to weigh in, but are waiting for health professionals to raise their hand and say they’re ready, willing and able. Ed’s group are now systematically organizing opportunities to use professional societies at the grass tops level to make sure the health voices are heard and identify their members who are willing to get involved.