Why doctors travelled to COP27

A delegation of more than 100 clinicians and health policymakers travelled to COP27, the 27th United Nations climate change conference, in Egypt. What did they gain from being there?

Florence Wedmore

The annual UN climate change conference gathers politicians and experts from hundreds of countries in an attempt to reach agreement in tackling the climate emergency. But despite an increasing focus on health at the event—the World Health Organization had its own large presence this year—health does not have a dedicated topic area in the official negotiations, in the way areas such as agriculture and adaptation do.

Melissa Jiménez Gómez-Tagle, a planetary health scientist who travelled to Egypt this year with the Mexican delegation, says her aim was to make sure “that health was present, was at the core of the negotiations.”

The UK Youth Climate Coalition had a health representative who analysed the text to be agreed at COP to see if specific health related wording could be added to each of the policy areas. George Carrow-Jones, a medical student who was part of the coalition, says that where possible representatives from the healthcare community opened conversations with negotiators to ensure that health was considered as a rationale for ambitious climate action.

Jess Beagley, a policy officer with the Global Climate and Health Alliance, attended the main COP27 negotiations. She says the direction of discussion depended on the country of origin of the negotiator—low and middle income countries don’t need to be told that climate is a health problem. “They know that climate change equals health because they see those interlinkages first hand.”

The power of the health perspective

Bhargavi Chekuri, a family doctor and co-director of the diploma in climate medicine at the University of Colorado School of Medicine, says the health perspective can bring a different element to the conversation, as those from other sectors such as finance or transport may not have included the value of health.

For example, the India pavilion at COP27 hosted a discussion on a new national electric bus scheme, but Chekuri says she was the only one to ask a question about health (she asked if the scheme was accounting for the health costs of emissions). She suggested health institutions and public health research organisations for the scheme to partner with. “This is where there is a missing link to really move this agenda,” she says, “The sort of thing you won’t get at a climate and health conference.”

The health community has become inventive in ways to get this message across. The WHO health pavilion, for instance, featured a large silver sculpture of lungs. The research collective Race and Health’s Environmental Equity developed films, podcasts, and comics to illustrate that climate injustice is linked to, and compounded by, racial and colonial injustices. Heizal Nagginda, a lawyer, environmentalist, and founder of Climate Operation Uganda, who worked on the project, said, “We are centring the stories of the most affected people and areas with an intersection of climate and health, and using artistic methods to relay that these are the impacts happening in the Global South—as well as the solutions.”

Demonstrating climate as a health matter

While headlines were monopolised by agreement for a groundbreaking loss and damage fund, the final text signed at COP27 also included the “right to a clean, healthy, and sustainable environment.” On Twitter María Neira, director of WHO’s department on health at the event, called this a “great achievement for health. Congratulations big thanks to the health community for strong campaigning.”

Kate Litcher, an oncology resident at the University of California, San Francisco, who attended COP27, says, “Often you get into a cab at the end of the day and they say, ‘Oh, you’re a doctor, why are you there?’ But if I said that if I worked for insurance, or I’m an investor, they’d absolutely understand.”

For Chekuri, just taking the time to represent health at COP27 demonstrates that climate is a health matter and one that healthcare professionals take seriously. “I work with a lot of national family medicine organisations and medical societies and I have found that there is value in going and demonstrating to those colleagues why they need to be paying attention to the climate emergency and why COP is, in my view, really a health conference.”

Carrow-Jones is looking forward to seeing growth in the influence of the health community in climate discussions. “What would be ideal would be a specifically health related programme, for which states are looking towards, or at least agreed targets on, health system resiliency and best practice sharing on decarbonisation of the health sector.”

Litcher is already thinking about COP28, to be held in Dubai next year, “People are excited and looking forward to next year already. We’re thinking about...
how we can have health be a more prominent voice and how we can get stronger commitments from the US and other countries on how to drive down emissions in healthcare.”

1 Hussain Z, Mahase E. COP27: What can we expect from this year’s climate change conference? BMJ 2022;379:. doi: 10.1136/bmj.o2391 pmid: 36229061
3 Welcome to the EEE project. www.raceandhealth.org/eee
4 Mahase E. COP27: Countries agree “loss and damage” fund to help poorer countries hit by climate disasters. BMJ 2022;379:. doi: 10.1136/bmj.o2814 pmid: 36410758
5 Maria Neira. 20 November 2022. https://twitter.com/DrMariaNeira/status/15942447312222970369