



Loss and damage responses to climate change

Loss of health and life should be a key consideration

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This year has seen wildfires, flash flooding, and the warmest month on record,¹ a likely “new normal” as the consequences of climate change—primarily driven by burning fossil fuels for energy—unfold. Both extreme weather events—such as heatwaves and cyclones, and slowly unfolding crises—such as desertification and food insecurity, pose well described threats to our health and wellbeing.² As such, this year’s UN annual climate conference (COP28, running from 30 November to 12 December 2023), will have an unprecedented focus on health in recognition that ill health is a key downstream consequence of inadequate climate policy, and that putting health at the centre of decision making can help drive decisive climate action.³

Loss and damage caused by climate change will also be a central topic at COP28, after countries agreed in 2022 to create a fund that aims to respond to the worst climate impacts disproportionately affecting vulnerable developing countries.⁴ Loss and damage are the negative effects of climate change that cannot be prevented through mitigation—the reduction of greenhouse gas emissions or adaptation—building sufficient resilience. They broadly fall into two categories: economic loss and damage—that which can be assigned a monetary value, such as destruction of buildings or loss of crops—and non-economic, which encompasses both tangible and intangible values that are harder to quantify monetarily such as life and health, heritage, cultural identity, and biodiversity.⁵

The fires that laid waste to communities in Hawaii, submerged islands in the Pacific, and the loss of biodiversity threatening food and economic security in the Maldives, illustrate the consequences of failing to mitigate and adapt. The financial, emotional, and health losses of climate change mostly affect communities that have contributed least to unfolding climatic destruction. Preparing for loss and damage is therefore a matter of justice, and one that many countries—primarily led by small island developing states, which arguably have the most at stake—have been calling for action through the UN process since 1991.⁶ The 2023 UN climate conference will have to resolve many outstanding questions on the Loss and Damage Fund: where it sits among the mosaic of existing climate finance institutions, who pays, who is eligible to receive funding, and how financing can be accessed.⁷ How and where health and life sit in the loss and damage response remain largely unmapped. Inevitably, the stakes—and expectations—are high.

Crucial action

Climate agreements can be argued to be fundamentally public health agreements. Mitigation

and adaptation remain the most effective strategies to protect and promote health under a changing climate. However, as the window of opportunity for primary prevention rapidly closes and societies deal with the negative effects of climate change, action becomes necessary to safeguard health.⁸ What does this mean in practice for the health community as we move through COP28 and beyond?

First, health must be considered within loss and damage responses, particularly with regard to expanding the understanding of non-economic loss and damage and how health and (loss of) life are recognised, reconciled, and financed. The health community can contribute to the understanding of attribution, causality, and means of measuring the effects of climate change on health outcomes through metrics such as disability and quality adjusted life years (DALY and QALY).

Second, the health system response to shocks and stresses caused by climate change requires adequate health system preparedness, strengthening, and financing. This should include early warning systems, responsiveness to disasters and emergent diseases, resilient infrastructure, and safeguards to manage the health needs of displaced populations.

Third, where a window of opportunity remains to mitigate, adapt, and lessen loss and damage from climate change for the most vulnerable communities, decisive action to substantially reduce the extraction and combustion of fossil fuels remains imperative. Research shows that nurses and doctors are regarded as highly trusted messengers,⁹ and health workers can have an important role in documenting and publicising the impacts of loss and damage on frontline communities. Applying a health lens to make climate change conversations more tangible creates public discourse to help drive climate policy.¹⁰ A well coordinated health voice can support the top-down transition required to steward a greener society.

Readers trained in spotting the deteriorating patient will recognise that the planet is slipping into a critical state. Compensatory mechanisms will hold only for so long; 2023, with its extreme, unpredictable, and novel weather events, indicates as much. Healthcare professionals would be deemed negligent if they failed to act when caring for a critical patient, and society should similarly expect decisive intergovernmental leadership at this time. For the UK and other wealthy industrialised nations, this means a commitment to keep our global climate financing commitments, ensuring that finance and resources for loss and damage are mobilised and easy to access for communities most at risk, and leading

by example with a green transition that starts at home.

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