

# Connecting climate with health requires global solidarity... and local leadership



## Manisha Bhinge

Vice President for Health, The Rockefeller Foundation

Manisha Bhinge serves as Vice President for Health The Rockefeller Foundation where she leads program strategy and manages the portfolio of implementation partners for The Rockefeller Foundation's Precision Public Health Initiative. She has over a decade and a half of experience in social innovation and implementation science in global health and has worked extensively across Africa and South Asia on community-based service delivery and women's health and empowerment.

One of the most resounding messages of this year's Global Solidarity Report is: it's all connected. We cannot face any global challenge in isolation. Viewed independently, each collective action problem faces the 'tragedy of the commons,' where collective action is not delivered, to the detriment of us all. But when issues are connected, interesting opportunities emerge for making progress on many of them at the same time.

Nowhere is this truer than in the issues of climate change and health. If we ignore one, we will fail on the other. But there is an opportunity to make progress on both, based on a solidaristic partnership of global actors, empowering local leadership at the city level.

Climate change is no longer a future risk. It is here, and it is having devastating consequences throughout the world. While climate change has many effects, the hard edge of its impact is in the severe repercussions on people's health. Climate change is making people sicker and resulting in more deaths. Heatwaves and droughts in 2021 were associated with 127 million more people experiencing moderate or severe food insecurity compared with 1981 to 2010. Heat-related deaths of people older than 65 years have increased by 85% from 1990 to 2000. That is why it is often said that "the climate crisis is a health crisis".

The inextricable link between climate change and ill health is now widely recognised, and it was elevated politically with the Declaration on Climate and Health, launched during the inaugural COP Health Day at COP28 in Dubai. Still, we remain far from developing effective systems that can combat the health risks that climate change creates and amplifies.

This needs to change fast if we are to hold onto the incredible health gains the world has made in recent decades. In every country, at every income level, people are living longer and fewer children are dying than in previous decades. This progress is under threat, however, because health systems are not equipped to adapt to a complex, compounding set of risk factors that are likely to grow exponentially as the planet warms.

Climate change is a global problem but its health implications are highly local, and cities are often at the front lines. By 2050, nearly 70% of the world's population is expected to live in cities, each with a unique climate risk profile. Some cities, like Delhi or Ouagadougou, already experience unprecedented

heatwaves. Others, like Dhaka, Miami and Dubai have seen a rise in the frequency and severity of extreme flooding incidents. Elsewhere, cities like Rio de Janeiro and Ho Chi Minh City, have seen significant growth in cases of dengue fever driven by a changing climate.

In all of these instances, a dense concentration of people over a small area of land amplifies existing, often extreme, vulnerability. These are often hyper-local as a result of variations in demographic makeup and urban infrastructure across cities. For example, different parts of the same city can experience huge differences in temperature depending on the presence of cooling factors like vegetation and water or heat traps created by building materials like corrugated iron.

Today, most cities are 'flying blind' to the climate-health connection. Too often, climate implications are not taken into account in public health priorities, climate and health professionals are in limited dialogue, and local governments are poorly equipped to use insights about the rapidly changing climate to improve decision making. To illustrate the scale of the challenge, a recent survey supported by The Rockefeller Foundation found that while nearly 70% of cities recognise the health threats posed by climate change, less than a third have any plans that integrate climate and health, only 28% have specific resources such as early warning systems, and the majority of cities say there is insufficient cross-departmental coordination in tackling climate-health issues.

To close these gaps, and overcome the hyper-local vulnerabilities created by climate change, local leadership is needed to drive collaboration between health, climate and other sectors of the government and society. That local leadership needs the support of enhanced national, sub-national and international support systems.

Over the last two years the Rockefeller Foundation has been consulting, funding and convening partners working at the intersection of climate, health and local resilience. This year, the UN General Assembly High-Level Week, has provided a key moment for launching its perspective on how a coalition of global partners can accelerate progress in addressing these multifaceted challenges.

Achieving people-centred impact at scale requires a local delivery system led by a leader, such as a

mayor, who is prepared to prioritise addressing the health impacts of climate change. Lessons from around the world provide a clear, resounding message: little can be achieved without local political will and prioritisation.

But for these and other successes to be amplified, and replicated, local leadership requires national and global solidarity. At the national level, government agencies must work together across departments. Health surveillance and climate monitoring services need to be effective, and their data should similarly be linked and shared through national digital infrastructure. These sound like easy things to do, but they require a level of trust and cooperation between ministries that is often elusive.

And these country-level supports will only be realised equitably if they are backed by international efforts. These may include providing financing, creating peer-learning networks that disseminate best practices and standards, developing digital public infrastructure and tools that can be customised to each country's context, and conducting globally applicable research and science.

Effective linkage of climate and health to save lives requires innovation and collaboration between areas of government that do not always work together, or even speak the same language. And it requires funders, multilateral agencies and academia from across the world to come together in solidarity.

To this end, The Rockefeller Foundation is calling for a global coalition of actors from across government, academia, civil society, philanthropy and multilateral agencies, to rapidly scale up the ambition, and the impacts, of climate and health action. On the first ever Health Day at COP28 in November 2023, the Foundation committed US\$100 million to this area of work over the next five years. If that were leveraged by various forms of international capital – philanthropies, bilateral donor and development banks – this could in turn unlock sufficient domestic financing to protect millions of people globally.

The World Economic Forum predicts that business as usual will lead to 14.5 million excess deaths due to climate change by 2050. Alongside mitigation efforts to reduce global temperature rises, investing in climate-informed health action is essential to minimise the toll. There has never been a more urgent time to invest.