

WMA DECLARATION OF DELHI ON HEALTH AND CLIMATE CHANGE

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PREAMBLE

The purpose of this document is to provide a response by the WMA on behalf of its members to the challenges imposed on health and healthcare systems by climate change.

Although governments and international organizations have the main responsibility for creating regulations and legislation to mitigate the effects of climate change and to help their populations adapt to it, the World Medical Association, on behalf of its national medical association members and their physician members, feels an obligation to highlight the health consequences of climate change and to suggest solutions. The 4th Assessment Report of the International Panel on Climate Change (IPCC) contains a full chapter on human health impacts (AR4 Chapter 8 Human Health¹), including a range of possibilities regarding the potential effects of climate change. The following introduction includes the most likely effects of climate change from the IPCC report.

INTRODUCTION

The response of world leaders to the impact that humans are having on climate and the environment will permanently alter the livability of this planet.

1. The UN International Panel on Climate Change (IPCC) states “Even the minimum predicted shifts in climate for the 21st century are likely to be significant and disruptive”².
 - 1.1. The minimum warming forecast for the next 100 years is more than twice the 0.6° C increase that has occurred since 1900.
 - 1.2. Extra-tropical storm tracks are projected to move toward the poles, with consequent changes in wind, precipitation, and temperature patterns.
 - 1.3. Sea levels have already risen by 10 to 20 cm over pre-industrial averages, and will continue to rise due to the time scales associated with climate processes and feedbacks.
 - 1.4. Projections point to continued snow cover contraction, and widespread increases in thaw depth over most permafrost regions, now including Antarctica.

- 1.5. A future of more severe storms and floods along the world's increasingly crowded coastlines is likely.
- 1.6. Increases in the amounts of precipitation in high latitudes and precipitation decreases in most sub-tropical land regions are predicted.
- 1.7. Regional / local effects may differ but a reduction in potential crop yields is expected in most tropical / sub-tropical regions – causing further disruptions in global food supply.
- 1.8. Salt-water intrusion from rising sea levels will reduce the quality and quantity of freshwater supplies, and seawater will become more acidic from dissolved CO₂.
- 1.9. As many as 25% of mammals and 12% of birds may become extinct within the next few decades. Warmer conditions are altering the ecosystem and human development is blocking threatened species from migrating.
- 1.10. Higher temperatures will expand the range of some vector-borne diseases, such as malaria, which already kills 1 million people annually, mostly children².
2. The IPCC authors begin with a review of the evidence and provide the following information (confidence levels as determined by IPCC in brackets):
 - 2.1. Climate change currently contributes to the global burden of disease and premature deaths (very high confidence). At this early stage the effects are small but are projected to progressively increase in all countries and regions.
 - 2.2. Emerging evidence of climate change effects on human health shows that climate change has (confidence levels in brackets):
 - 2.2.1. Altered the distribution of some infectious disease vectors (medium);
 - 2.2.2. Altered the seasonal distribution of some allergenic pollen species (high);
 - 2.2.3. Increased heat wave related deaths (medium).
3. In their thorough review, the IPCC authors' project climate change related human health impacts as follows (confidence levels in brackets):
 - 3.1. Increased malnutrition and consequent disorders, including those relating to child growth and development (high).
 - 3.2. Increased numbers of people suffering from death, disease and injury from heat waves, floods, storms, fires and droughts (high).
 - 3.3. Continued change in the range of some infectious disease vectors (high).
 - 3.4. Mixed effects on malaria; in some places the geographical range will contract, elsewhere the geographical range will expand and the transmission season may be changed (very high).
 - 3.5. Increased burden of diarrheal diseases (medium).

- 3.6. Increased cardio-respiratory morbidity and mortality associated with ground-level ozone (high).
 - 3.7. Increased numbers of people at risk of dengue (low).
 - 3.8. Social and health inequalities due to possible desertification, natural disasters, changes in agriculture, feeding and water policy which will have consequences on both human health and human resources in health.
4. The authors note that climate change could bring some benefits to health, including fewer deaths from cold, although these will be outweighed by the negative effects of rising temperatures worldwide, especially in developing countries (high confidence).
 5. The WMA notes that climate change is likely to amplify inequalities in health and other existing problems within and between countries.
 6. Early research suggests that mitigation of the effects of climate change may have a link with prevention such that mitigation might have significant health benefits for both individuals and populations³.

STATEMENT

Given the consequences of global climate change on the health of people throughout the world, the World Medical Association, on behalf of its national medical association members and their physician members supports and commits to the following actions:

1. ADVOCACY to Combat Global Warming

- 1.1. The World Medical Association and National Medical Associations urge national governments to recognize the serious consequences for health as a result of climate change and therefore to strive for an intergovernmental agreement in Copenhagen in December 2009 with the following components:
 - 1.1.1. specific goals for reductions of climate altering emissions (mitigation)
 - 1.1.2. a mechanism to minimize the harms and health inequalities that are globally associated with climate change (adaptation).
 - 1.1.3. because climate change will exaggerate health disparities, WMA recommends that resources transferred to developing countries for climate change must include designated funds to support the strengthening of health systems.
- 1.2. As a profession, physicians & their medical associations will encourage advocacy for environmental protection, reduction of green house gas production, sustainable development and green adaptation practices within their communities, countries/regions, especially for the right of safe water & sewage disposal for all.
- 1.3. As professionals, physicians are encouraged to act within their professional settings (clinics, hospitals, laboratories etc.) to reduce the environmental impact

of medical activities, & to develop environmentally sustainable professional settings.

- 1.4. As individuals, physicians will be encouraged to act to minimize their impact on the environment, reduce their carbon footprint and encourage those around them to do so.

2. LEADERSHIP: Help people to mitigate climate damage & adapt to climate change

- 1.1. Support the Millennium Development Goals and commit to work to attain them.
- 1.2. Support and implement the principles outlined in the WHO Commission on the Social Determinants of Health report, Closing the Gap in a Generation and in the World Health Assembly Resolution on climate change and health and work with WHO and others to ensure implementation of the recommendations.
- 1.3. Work to create resilience within health systems to ensure that all health care providers are able to adapt and can fully utilize their capacity to provide care to those in need.
- 1.4. Urge local, national and international organizations focused on adaptation, mitigation, and development to involve physicians and the healthcare community to ensure that unanticipated health impacts of development are minimized, while opportunities for health promotion are maximized.
- 1.5. Work to improve the ability of patients to adapt to climate change and catastrophic weather events by:
 - 1.5.1. encouraging health behaviors that improve overall health;
 - 1.5.2. creating targeted programs designed to address specific exposures;
 - 1.5.3. providing health promotion information and education on self-management of the symptoms of climate-associated illness.

3. EDUCATION & CAPACITY BUILDING

- 3.1. Build professional awareness of the importance of the environment and global climate change to personal, community and societal health, and recognize that universal equitable education improves health capacity for all.
- 3.2. Physicians have obligations for the health and health care of individual patients. Collectively, through their national medical associations, and through WMA they also have obligations and responsibilities for the health of all people.
- 3.3. Work with others to educate the general public about the important effects of climate change on health and the need to both mitigate climate change and adapt to its effects.
- 3.4. Add or strengthen routine health training on environmental health/medicine and public health for all students in health related disciplines.

- 3.5. The WMA and NMAs should develop concrete actionable plans/practical steps as tools for physicians to adopt in their practices; health authorities and governments should do the same for hospitals and other health facilities.
- 3.6. Incorporate tools such as a patient environmental impact assessment and encourage physicians to evaluate their patients and their families for risk from the environment and global climate change.
- 3.7. Advocate that governments undertake community climate change health impact assessments, widely disseminate the results, and incorporate the results into planning for mitigation and adaptation.
- 3.8. Encourage recruitment of physicians for work in public health and all roles in emergency planning & response to extreme climate change, including the training of other physicians.
- 3.9. Urge colleges and universities to develop locally appropriate continuing medical and public health education on the clinical signs, diagnosis and treatment of new diseases that are introduced into communities as a result of climate change, and on the management of long-term anxiety and depression that often accompany experiences of disasters.
- 3.10. Urge governments to provide training for climate-change-related emergency response to physicians, particularly those living in relatively isolated regions.
- 3.11. Work with policy makers on the development of concrete actions to be taken to prevent or reduce the health impact of climate-related emissions, in particular those initiatives, which will also improve the general health of the population. This would include initiatives to stop the privatization of water

4. SURVEILLANCE AND RESEARCH

- 4.1. Work with others, including governments, to address the gaps in research regarding climate change and health by undertaking studies to:
 - 4.1.1. describe the patterns of disease that are attributed to climate change, including the impacts of climate change on communities and households;
 - 4.1.2. quantify and model the burden of disease that will be caused by global climate change;
 - 4.1.3. describe the effects of poorly treated wastewater used for irrigation and
 - 4.1.4. describe the most vulnerable populations, the particular health impacts of climate change on vulnerable populations, & possible new protections for such populations.
- 4.2. Advocate for the collection of vital statistics and the removal of barriers to the registration of births & deaths, in recognition of the special vulnerability of some populations.

- 4.3. Report diseases that emerge in conjunction with global climate change, and participate in field investigations, as with outbreaks of infectious diseases.
- 4.4. Support and participate in the development or expansion of surveillance systems to include diseases caused by global climate change.
- 4.5. WMA will and encourages all NMAs to collaborate in the collection and sharing of local or regional health information within and between countries in order to encourage the adoption of best practices and proven strategies

5. COLLABORATION: Prepare for climate emergencies

- 5.1. Collaborate with governments, NGOs and other health professionals to develop knowledge about the best ways to mitigate climate change, including those adaptive and mitigation strategies that will result in improved health.
- 5.2. Encourage governments to incorporate national medical associations & physicians into country & community emergency planning & response.
- 5.3. Work to ensure integration of physicians into the plans of civil society, governments, public health authorities, international NGOs and WHO.
- 5.4. Encourage WHO and countries of the World Medical Assembly to review the International Health Regulations and Planning for Pandemic Influenza and obtain the perspective of clinicians in community practice to ensure that there are appropriate responses by practicing physicians to emergency alerts, and to make recommendations regarding the most appropriate education, and tools for physicians and other healthcare workers.
- 5.5. Call upon governments to strengthen public health systems in order to improve the capacity of communities to adapt to climate change.
- 5.6. Prepare physicians, physicians' offices, clinics, hospitals and other health care facilities for the infrastructure disruptions that accompany major emergencies, in particular by planning in advance the delivery of services during times of such disruptions.
- 5.7. Urge physicians, medical associations and governments to work collaboratively to develop systems for event alerts in order to ensure that health care systems and physicians are aware of climate-related events as they unfold, and receive timely accurate information regarding the management of emerging health events.
- 5.8. Call upon governments to plan for environmental refugees within their countries.

- 5.9. In collaboration with WHO, produce locally adapted fact sheets on climate change for national medical associations, physicians, and other health professionals.

- 5.10. WMA will work with others to identify funding for specific research programs on mitigation and adaptation related to health, and the sharing of information/research within and between countries and jurisdictions.

¹ Confalonieri, U., B. Menne, R. Akhtar, K.L. Ebi, M. Hauengue, R.S. Kovats, B. Revich and A. Woodward, 2007: Human health. Climate Change 2007: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change, M.L. Parry, O.F. Canziani, J.P. Palutikof, P.J. van der Linden and C.E. Hanson, Eds., Cambridge University Press, Cambridge, UK, 391-431.

² United Nations Framework Convention on Climate Change. <http://unfccc.int/2860.php> downloaded 1 September 2008

³ In the context of this paper, Mitigation describes the actions to reduce human effects on the climate system: principally strategies to reduce greenhouse gas emissions (analogous to primary prevention) while Adaptation is understood to refer to the adjustment in natural or human systems taken in response to actual or expected climate stimuli or their effects, and that moderate harm or exploit beneficial opportunities (analogous to secondary prevention). (See WHO EB122/4, Jan 08)