

Feedback to draft COP26 Special Report on Climate Change and Health

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1. Commit to a healthy recovery.

The current section provides for four action points but puts too much stress on pandemic alone. It does not highlight that the climate crisis, irrespective of the pandemic, has a lot of health effects. To develop a proper balance, the text might be modified as below:

- Action point 3: [suggested rewording of sub-section including sub-heading] Climate crisis preparedness: The COVID-19 pandemic has provided rich learnings about health inequities and vulnerabilities within and between countries due to a crisis. It has provided a lens so as to how climate crisis would make things worse, if health continues to be neglected. Governments should prioritise healthcare investments over others, particularly for those most at risk and building resilient health systems [referenced in existing report]. There is a need for developing global, regional and national agendas for climate crisis preparedness, similar to what has been done for the pandemic, like the recommendations of the Independent Panel for Pandemic Preparedness [referenced in existing report] and the Stronger Together agenda [Bandara S et al. Stronger together: a new pandemic agenda for South Asia. BMJ Global Health 2021;6: e006776] is required.
- Action point 4: Health-in-All-Policies [suggested addition of text] Governance changes and development of templates/frameworks for system-oriented transdisciplinary collaboration is essential to implement Health-In-All Policies. 2. Our health is not negotiable.

2. Make COP26 the 'Health COP'.

Agree with draft, no suggestions offered

3. Harness the health benefits of climate action.

- Action Point 3: Strengthen the science on health and climate change [suggested addition]. The impact of climate change on non-communicable diseases and injuries, particularly chronic kidney disease, snakebite, cardiovascular diseases needs priority attention. Relatively little attention has been given to these disease conditions.

4. Build health resilience.

[Rationale]. Health systems and its resilience is not inert, and people are key to it. Current draft focusses only on physical infrastructure resilience. A new action point might be added to this section:

- **Action point 6: Develop a climate crisis resilient health workforce with recognition of rights and dignity:** People (human resources for health) are key to any resilience plans and the pandemic has demonstrated the physical and mental health impacts on health workers. To mitigate and create resilient health workforce, which can be retained over the decades, governments should move away from short-term or voluntary engagements and engage health workers on a permanent basis with payment of appropriate wages (commensurate with skills and workload) and recognition of rights including life and health insurance and mental health support.

5. Create energy systems that protect climate and health.

Agree with draft, no suggestions offered

6. Reimagine transport and mobility.

Agree with the text, with some additions suggested:

- **Action Point 2: Promote walking, cycling and public transport** [addition of text]
Promote active transport as the major modality of micro-transport including provision of financial incentives for the same.
- **Action point 3: Create people-centred cities** [addition of text] Structural changes in human habitat and city-centric economic growth needs to be addressed by moving economic policies towards more decentralised and environment friendly and sustainable development. Higher taxation of app-based food delivery business which create a larger carbon footprint through fuel usage over large distances, and plastic use.

7. Restore nature as the foundation of our health.

Agree with draft, no suggestions offered

8. Promote healthy, sustainable, and resilient food systems.

Agree with some modifications suggested as below:

- **Action point 1: Create a healthy diet future [suggested modifications]**
 - ✓ **Suggested deletion** of phrases “eating less meat” & “largely plant-based diet”.
Rationale: The promotion of vegetarian diets amounts to cultural imperialism by suppression of food practices of minorities, tribal, Adivasi and Indigenous populations. Many cultures eat locally produced meat and fish and have lesser carbon footprint than plant-based food being transported through the global food system. Traditional food habits are part of culture and needs to be recognised, instead of being dismantled to enable larger support for climate action. There has already been reports of vulnerable communities being attacked for their traditional meat-based food. Traditional dietary practices are well attuned to local climactic conditions and are not part of polluting global food production. Cultures need to be respected to build larger consensus on climate action involving communities.
 - ✓ **[suggested addition]** Food security of vulnerable people needs to be recognised and guaranteed against price fluctuations through development of appropriate investment and legal mechanisms.

9. Finance a healthier greener future to save lives.

Agree with draft, no suggestions offered

10. Listen to the health community and prescribe climate action.

Agree with draft, no suggestions offered