



**WHO Conference on Health and Climate  
Geneva, 27 August 2014**

**Statement by  
Christiana Figueres, Executive Secretary  
United Nations Framework Convention on Climate Change**

Honorable Ministers,  
Friends and Colleagues,  
Ladies and Gentlemen,

I'd like to start by thanking the World Health Organization for organizing the Health and Climate Conference and for inviting me to join you today. And I would like to thank Dr. Margaret Chan, whose service and vision in public health has touched the lives of so many over so many years.

I applaud Margaret for once again pointing the WHO towards recognizing the critical link between public health and climate change. Even if as public health officials you must deal with current emergencies such as Ebola, you must at the same time turn your attention to realities that over time are quickly increasing their negative effects on public health.

From the health perspective, climate change is precisely that accelerating phenomenon that is already affecting, in particular, the most vulnerable populations due to impacts that are no longer preventable. At the same time, climate change is a global reality that threatens to impose much more severe and widespread health impacts, which could be avoided with timely measures.

Let us take a quick look at both of these aspects.

It does not take much scientific research to show the current effects of climate change on public health. Using fossil fuels to meet growing energy demand is increasing respiratory disease and cancer from carbon pollution. Changes to rainfall patterns is causing a scarcity of clean, safe water to some places and floods to other places, with the respective host of health problems and food insecurity to each. And global temperature increase is expanding the range of vector and water-borne diseases.

As the world becomes hotter and more densely populated, and as the demand for food, water and energy grows, these health impacts will exponentially spread and accelerate, potentially overpowering the response capacity of health and disaster reconstruction sectors.

Ladies and gentlemen, when looking at the immense challenge of climate change, it is easy to think that climate change is the equivalent of a disease.

However, climate change is not a disease. Climate change is actually the symptom. The disease is something we rarely admit. The disease is humanity's unhealthy dependence on fossil fuels, deforestation and land use that depletes natural resources.

At the heart of an effective response to climate change is the challenge of taking responsibility for our actions and above all, making tough decisions to change the patterns that have been at the base of our development over the past 100 years, if we are to prevent severe worsening of health and quality of life conditions over the next 100 years.

In the health sector, treatment and prevention, the two integral parts of health management, are usually different, requiring separate funding and differentiated measures and approaches.

In addressing climate change, treatment and prevention are fortunately nested in each other. For climate change, the treatment is the best combination of policy and financial instruments that lead to a transformation of energy and land use.

That means policy in communities, cities, regions and countries and at the international level, and financial instruments that are appropriate and effective for each of the various sectors that need transformation. This is the treatment that starts to shift from wasteful, high-carbon products and lifestyles toward low-carbon, resources efficient ones.

The prevention of worst case scenario for health is the expansion and acceleration of these same measures. To get to prevention we must take the policies and financing that constitute treatment to scale and to speed.

Allow me to briefly recount the progress we already have in the treatment, and then let you know what you can do to accelerate this progress and ensure the prevention.

If policy is the treatment, then right now governments at all levels are writing prescriptions.

GLOBE International reports almost 500 climate change laws in more than 60 countries covering more than 80% of emissions. Most of these laws promote clean, efficient energy that provides price stability and eliminates carbon pollution.

At regional and local levels, we find that more and more cities – a major source of emissions – are adopting climate friendly policies because they benefit revenue and cost, citizen satisfaction and water, food and energy security. These policy prescriptions bode well for public health and welfare.

At the individual level, people increasingly find that electric cars, bike sharing, public transport and energy efficient homes powered by renewables all make sense.

Investors analyzing the risk from stranded assets find opportunity in the growing green bond and clean energy markets. And there is increasing understanding that looking past the next quarter is sound strategy in a carbon-constrained world.

Institutions such as universities, faith groups and even the British Medical Association are looking at their pension funds, procurement and practices. They are discovering that divesting from fossil assets guarantees better retirements and efficient operations save money.

Corporations are reporting carbon footprints and seeing significant bottom line improvements by reducing their footprints and greening supply chains. And they realize reputation gains from offsetting the carbon they cannot eliminate.

All of this is good news, it is good treatment, but it is not enough to prevent the major impacts of climate change. In order to prevent the worst, governments of the world must build the international regulatory structure that provides irrefutable evidence of their commitment to tackle climate change.

Here there is also good news. At the international level under the UNFCCC, governments are progressing towards a new, universal climate change agreement in Paris in 2015.

This agreement will be universal and applicable to all countries. It will address current and future emissions. If strong enough, it will prevent the worst and chart a course toward a world with clean air and water, abundant natural resources and happy, healthy populations, all the requirements for positive growth.

Seen in this light, the climate agreement is actually a public health agreement. And this is where you as leaders of the health sector come in.

Ladies and gentlemen, above all other sectors, the health sector understands that prevention makes fundamental social and economic sense. This is nowhere truer than in our effort to tackle climate change.

If you have not already, I ask that you be in direct contact with your peers in the environment sector, as they are leading your countries' efforts to address climate change. They need to know that this is important to you also.

Furthermore, in early 2015, the draft agreement that governments are currently authoring will be brought by environment ministers to the cabinets of each of your countries. You will discuss the strengths and shortcomings of the draft agreement.

Honorable ministers, I ask you to support your colleagues, Ministers of Environment and Foreign Affairs, by endorsing a meaningful agreement; an agreement so strong that it improves the quality of life for citizens now and for generations to come.

Dear Margaret, as much as would like you to, I am fully aware of the fact that you have not convened the international health regulations emergency committee to consider climate change as a public health emergency of international concern. However, we are not very far from this.

Climate change carries implications for public health beyond national borders and requires a coordinated international response. Knowing that health officials must use every available avenue to secure our global public health future, I invite you all to look to work towards a new climate change agreement as a way to strengthen and sustain international response.

We must do this together and we must do this now.

Thank you.

-----