

Treat Climate Change like the Public Health Emergency it is

A statement from the Irish Society of Specialists in Public Health Medicine

Climate change has been recognised as a threat to global health since the mid-20th century and the first United Nations Framework Convention on Climate Change which agreed to prevent dangerous human-induced climate change, was signed 30 years ago. Despite this, the world has now warmed 1.1°C above pre-industrial temperatures, and projections based on current international climate action commitments indicate that global warming is likely to exceed a disastrous 2.7°C by the end of the century. (1–3)

There are numerous parallels between the climate crisis and the COVID-19 pandemic. Years before COVID-19, there were ample warnings about the potential for a global pandemic. Despite this, insufficient preparations were made with profound consequences for global health, society and the economy.

Climate change is a rapidly growing health crisis that will be far more devastating and enduring than COVID-19. In 2022, it is already negatively impacting health on every continent. (1,4) Recent examples include the deadly floods in Pakistan that have displaced over 30 million people, increases in wildfires in Australia and North America, heatwaves across Europe and increased food and water insecurity in Africa, Asia, Central and South America. (5–7) It is also widely accepted that climate change, along with environmental destruction, increases the risk of future global pandemics.

In 2019, the Irish Government declared a “climate emergency”. (8) The response to an emergency must be urgent and proportionate. Within European Union (EU) member states, Ireland had the second highest greenhouse-gas emissions (GHGe) per capita in 2020 (9). Provisional estimates indicate that Ireland will exceed its 2021 annual GHGe limit (without the use of flexibilities such as the EU Emissions Trading Scheme allowances) and in the first quarter of 2022, Ireland had the third highest increase in GHGe within the EU. (10,11) Furthermore, despite the release of a legally-binding national Climate Action Plan in 2021, the approach to climate change in Ireland has been disjointed thus far, as has been illustrated by the recent Galway City Ring Road debacle. (12,13) Clearly, climate change is not being treated like a public health emergency in Ireland.

Reducing GHGe to mitigate climate change is vital to protect global health from the worst consequences of climate breakdown. Importantly, effective climate action can improve population health in the short-term through cleaner air, more active lifestyles, healthier diets and reductions in fuel poverty. (14)

The following sections will detail examples of how this may be achieved in the areas of (i) transport, (ii) housing and (iii) healthcare:

Facilitating a modal shift away from individual fossil-fuel powered **transport** to sustainable modes, such as active and public transport, will reduce traffic congestion, air and noise pollution and facilitate increased physical activity. Dublin is one of the most congested cities in Europe and 59% of journeys within the Greater Dublin Region are by car. (15,16) The Vienna Declaration sets out a comprehensive plan for a transition to safe, healthy and inclusive mobility and transport, including a key target of doubling cycling in Europe. It is estimated that doubling the current level of cycling in Europe would prevent 30,000 premature deaths and yield indirect economic benefits of €78 billion per year. (17) As

public health physicians we advocate that the Department of Transport align Irish transport strategy with the Vienna Declaration and prioritise active and public transport infrastructure.

Ireland remains dependent on fossil fuels for energy with a renewable energy share of 13.5% in 2020, despite an EU target of 16%. (18) The current energy crisis, exacerbated by the Russia-Ukraine war, illustrates how unsustainable this is for population health, the economy and the environment. In June 2022, over 29% of Irish households were estimated to be in fuel poverty. (19) Retrofitting homes is a key component of the national Climate Action Plan but limited progress has been made towards the target of upgrading 500,000 homes to a B2 energy rating thus far. (20) In the context of the current cost-of-living crisis, many households may be unable to afford the upfront costs of retrofitting even with partial remuneration from grants. Acceleration of retrofitting with expansion of the eligibility criteria for 100% grants and the transition away from use of fossil fuels for energy must be prioritized with thorough consideration of all possible alternative energy sources including solar, wind and tidal.

The healthcare sector is estimated to contribute approximately 5.2% of GHGe globally. (1) Unsurprisingly, healthcare in Ireland is one of the big public sector contributors to GHGe. The HSE has committed to being carbon neutral by 2050 and a new HSE Climate Action Plan is reportedly due to be published in 2022. (21) This plan needs to go further than the Sustainability Strategy for Health 2017-2019. (22) With the development of telemedicine during the COVID-19 pandemic, there is an opportunity to reduce unnecessary travel for appointments for some patients. More needs to be done to optimise medication usage, particularly those that contribute to GHGe such as inhalational anaesthetics and metered-dose inhalers. Lean processes could avoid the use of unnecessary products and resources. The Irish health system also needs to prepare for the impacts of climate change such as extreme weather events and a potential influx of climate migrants from countries worst affected.

The science is clear, we do not have much time left to avert catastrophic climate breakdown which will have devastating consequences. (2) Therefore, ISSPHM advocates that Ireland must:

- 1. Treat climate change like the public health emergency it is with a cohesive whole-of government and whole-of-society response.**
- 2. Maximise population health co-benefits from climate action by including health in national climate commitments, policies and decision making.**
- 3. Do its fair share to limit global warming to below 1.5°C and seriously tackle our rising GHGs. Speeches are not enough – it is a time for action.**

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