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INSIGHT

COP28 and Global Health

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In 1995, delegates from Parties and observer States to the 1992 United Nations Framework Convention on Climate Change met in Berlin, Germany, for the first Conference of the Parties (COP) to identify and assess climate measures under the agreement. Subsequent COP meetings have reassessed progress and priorities annually. At the 28th COP, which opened on December 2, 2023, the COP28 Presidency and the World Health Organization (WHO) announced the COP28 UAE Declaration on Climate and Health (the Declaration). Signed by over 120 countries, including the United States, the Declaration marks the first time governments explicitly acknowledged climate-health issues. COP28 included the first ever Health Day and marked the first time that Health Ministers officially convened at the UN climate conference alongside their peers from Environment Ministries. Congress has expressed significant interest in strengthening global health systems to better detect, prepare for, and respond to epidemics. Several Members of Congress are participating in COP28, and Congress may be interested in what types of commitments, if any, U.S. delegates make toward addressing these concerns.

The relationship between climate change and global health is increasingly evident in research. According to WHO, climate change is directly affecting health (e.g., injury or death from heatwaves and other severe weather events) and indirectly contributing to increases in deaths and illness from noncommunicable diseases (including asthma, heart and lung disease, and malnutrition) and the spread of infectious diseases (including cholera, malaria, and dengue). The Intergovernmental Panel on Climate Change estimates that almost 4 billion people currently live in areas highly susceptible to climate change, increasing their vulnerability to food and water scarcity, as well as the aforementioned health conditions. Recent studies estimate that infants and adults older than 65 years are now exposed to twice as many days of life-threatening heat as they would have experienced in 1986-2005, and heat-related deaths of people older than 65 years have increased by 85% compared with 1990-2000. A study published in 2022 found that air pollution had caused 9 million deaths in 2015, and the World Food Program posited that 1.7 billion people had been affected by extreme weather and climate-related disasters between 2012 and 2022. Further, global land area affected by extreme drought increased from 18% in 1951-60 to 47% in 2013-22, threatening water security, sanitation, and food production. The National Institutes of Health has noted that "although climate change will likely increase positive health outcomes in some regions, the overall balance will be detrimental for health and well-being, especially in low-and lower-middle income countries that experience higher burdens of climate-sensitive health outcomes." **Figure 1**, created by the U.S. Centers for Disease Control (CDC), illustrates direct and indirect impacts of climate change on human health.

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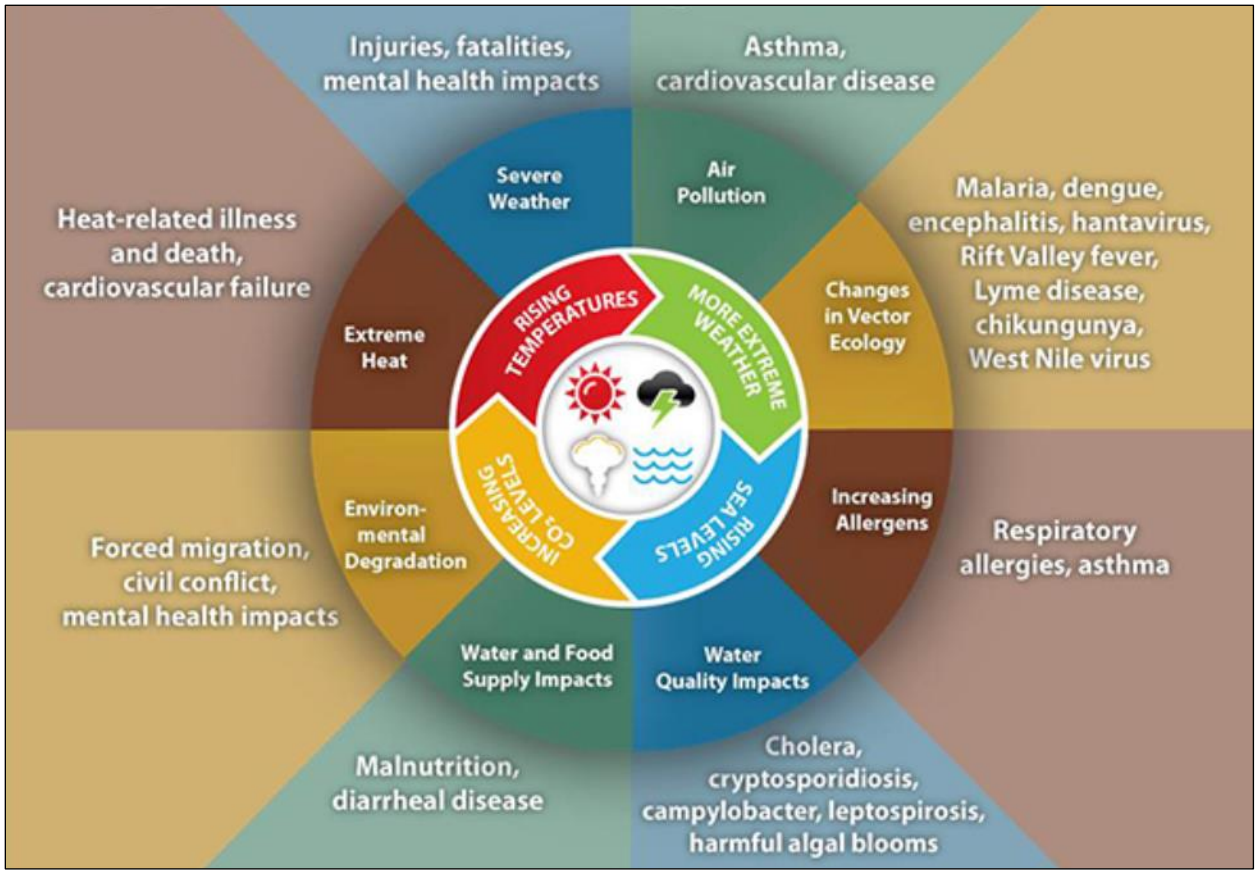
Figure 1. Climate-Health Impacts



Source: CDC, Climate Effects on Health, accessed on December 4, 2023.

Global Funding for Climate-Health

Some countries have identified health as a "high-priority sector vulnerable to climate change" in their National Adaptation Plans. A 2021 WHO survey noted that 70% of surveyed countries identified insufficient financing as a barrier to implementation of climate-health elements of NAPs. The United Nations estimates that by 2050 approximately $26.8–29.4 billion annually will be spent on climate change adaptation activities related to health; the World Bank estimates that sub-Saharan Africa will incur 80% of related global health costs. According to WHO, 0.5% of multilateral climate funding is currently allocated to health specific projects. On December 2, 2023, international and civil society organizations, including multilateral development banks, the Green Climate Fund, the Global Fund to fight AIDS, TB and Malaria, and WHO published nine guiding principles for mobilizing financing for climate and health solutions.

U.S. Funding and Responses for Climate-Health

Congress might be interested in the outcomes of COP28 related to health systems. Since the emergence of COVID-19, Congress has dedicated increased attention and appropriations to strengthening the capacity of health systems in low- and middle-income countries to detect, control, and respond to infectious disease threats through "global health security" (GHS) programs managed by the U.S. Agency for International Development (USAID) and CDC. Key areas of focus of such GHS programs include strengthening national laboratory and surveillance systems and improving risk communication.

U.S. bilateral health programs address several conditions that experts predict may be worsened by climate change, including malaria, neglected tropical diseases, and infectious disease outbreaks. Global health programs in other areas might also be affected by climate change. As examples, populations facing food insecurity following drought and flooding may need nutritional support. Following severe weather events, pregnant women may struggle to find places to safely deliver their babies. Other conditions that are expected to worsen from severe weather events, such as water-borne diseases like diarrhea and cholera, may be ameliorated by USAID-supported programs outside of the global health account, such as water and sanitation programs.

In the Global Health Programs section of the FY2024 State, Foreign Operations Congressional Budget Justification, the Administration identified climate-related catastrophes as threats to global health programs but did not include any discussion on how climate-health issues would be addressed. In December 2023, the Global Health Security and Diplomacy (GHSD) Bureau at the U.S. Department of State released the Climate-Health Leading by Example Action Report outlining the bureau's climate-health response. The report highlighted activities supported, such as improving information sharing for climate-sensitive diseases, but did not specify through which agencies or allocations the activities were funded. Congress might consider whether or not to leverage its oversight authority to gain greater specificity on how U.S. bilateral global health programs are being affected by and used to address climate-health challenges, including seeking an updated National Biodefense Strategy and Implementation Plan from the Administration with greater specificity on climate-health strategies.

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