How to take care of humankind at +2°C?

Audrey Sala • Revue Alternatives Humanitaires

On 15 and 16 April 2019, on the 100th anniversary of the International Federation of Red Cross and Red Crescent Societies, the French Red Cross held a conference entitled “Health and Climate Change: taking care of humankind at +2°C”. This “first humanitarian COP” aimed to take stock of the main challenges posed by climate change in terms of health and on the humanitarian sector. The conference, which brought together participants from the academic and humanitarian fields, was organised into fifteen debates and workshops. Our editorial team was in attendance and provides here a non-exhaustive summary.

In April 1919, as the “Spanish flu” continued to ravage Europe and Asia, causing three times as many deaths as the Great War, sixty specialists in preventive medicine, infantile care, tuberculosis, malaria and nursing met in Cannes for a medical conference. It was these doctors, from five delegations of the Red Cross (American, British, Italian, Japanese and French), who would go on to create the founding act of what would become the International Federation of Red Cross and Red Crescent Societies (IFRC), now the largest humanitarian network in the world.

Health needs have evolved since 1919. “Global health” now extends to social services, sanitation, nutrition, prevention, medical education and mental health, and is currently facing issues linked to climate change, a major challenge for public health. The World Health Organisation (WHO) estimates that the number of additional deaths per year due to climate change will be 250,000 by 2030. The Food and Agriculture Organization of the United Nations (FAO) has warned of the correlation between malnutrition and exposure to climate change. The World Bank estimates that an additional 100 million people will be hit by extreme poverty, meaning the resurgence of disease and population movements leading to conflicts. Other studies show that 2 billion more people will be exposed to risks of dengue virus transmission by 2080... The effects of climate change on health are therefore destructive and far-reaching.

However, international governance has adopted a certain number of universal texts to protect the environment, such as the Paris Climate Agreement, which was the result of negotiations that took place during the Conference of Parties (COP21). In his opening speech at the conference in Cannes, Laurent Fabius, the former French Minister of Foreign Affairs, nevertheless highlighted “sleepwalking leaders”, referring to those who are not acting or not acting enough, thereby risking millions of lives. The Red Cross Movement obviously intends to play a key role in international advocacy in order to wake up such leaders. Francesco Rocca, the president of the IFRC, made a plea for political action and tangible measures to be taken within the Red Cross Movement itself. He called in particular for dialogue within the movement’s statutory meetings, such as the International Conference of the Red Cross1, a unique opportunity for joint action

---

1 “The International Conference is a unique forum bringing together the world's largest humanitarian network and nearly every government. It is a major event on the humanitarian calendar and the premier global forum to enhance and inspire humanitarian
which, as part of the movement’s Strategy 2030\(^2\), includes the issue of climate change. Rocca reiterated the importance of National Societies and their key role in developing national and local policies. An idea on which there seemed to be consensus; although Conference participants agreed to stress the importance of supranational rules, local actions remain essential. The municipal level would be the pivot for the coordination and implementation of rescue and prevention actions.

Adapting to urban heat waves

In the context of increasing urbanisation\(^3\), the question of heat waves in urban settings has become an essential issue for public health. Joy Shumake-Guillemot, a doctor and Co-Chair of the Global Heat and Health Information Network (GHHIN) at the WHO’s Health and Climate Office, specifies that these heat waves are defined on the basis of the region’s climatology. Although there is no exact definition of a heat wave, it is generally agreed that it must last at least three days and take place during the hottest period of the year. Globally, it has been observed that such events are getting hotter and lasting longer; cities are heating up very quickly. Humidity exacerbates the high temperatures (a number of urban centres are located in tropical or subtropical regions and on coastlines), vegetation has been replaced with cement, metal, glass and asphalt, all of which collect heat instead of dispersing it. Additionally, cities are generating their own heat (traffic, cars, engines) which does not dissipate, especially in the event of fog or localised pollution which create and enhance mini-greenhouse effects.

These heat waves have a significant impact on the climate (fires, increased rainfall in humid areas, hurricanes, rising sea levels, etc.), leading to consequences for populations with regard to food, water, economies, infrastructures, security and health. Camilo Mora, a professor at the University of Hawaii, has even listed “Twenty-Seven Ways a Heat Wave Can Kill You”\(^4\). Yet, 55% of the world’s population currently lives in urban environments, and this proportion is set to exceed 70% over the next 30 years. The number of vulnerable people is also on the rise; the population is aging and a fifth of the population live in slums. It therefore seems necessary to engage cities in heat management, work with city leaders to empower communities and take local measures to reduce vulnerabilities.

Resisting, adapting: the case for a global approach

A recent report\(^5\) stated that two out of three African cities are at extreme risk of climate disruptions. In Mozambique, Cyclone Idai in March 2019 destroyed more than 20 hospitals. In this climatic context, exacerbated by rising sea levels or flash floods, the location of health centres has become a major consideration in order to ensure resilience to extreme weather events, as noted by Kirsi Madi, Director of the United Nations Office for Disaster Risk


\(^4\) Camilo Mora, Chelsie W.W. Counsell, Cosal R. Bielecki, Leo V Louis, “Twenty-Seven Ways a Heat Wave Can Kill You: Deadly Heat in the Era of Climate Change”, Circulation Cardiovascular Quality Outcomes, 2010, www.soc.hawaii.edu/Mora/Publications/Mora%202010.pdf. His laboratory also developed an online application which lists the number of days which would be fatal in the event of a heat wave depending on geographical positions: https://apl.esri.com/globalriskofdeadlyheat/

\(^5\) “84 of world’s fastest growing cities face extreme climate change risks”, Verisk Maplecroft, November 2018: https://www.maplecroft.com/<insights/analysis/84-of-worlds-fastest-growing-cities-face-extreme-climate-change-risks/>
Reduction (UNDRR). It is becoming a matter of urgency to rethink the health system as a whole with a more systemic and global approach, as stated by Diarmid Campbell-Lendrum, Doctor and Head of the Health and Climate Change team at the WHO. Essential infrastructures must be built, developed and improved in order to withstand natural disasters.

Questions of financial accessibility and free access policies for the most vulnerable populations, which have been major issues for many years, have been rekindled by climate change. As explained by Christophe Paquet, Doctor and Head of the Health and Social Protection department at the Agence Française de Développement (AFD), the climate and adaptation must be considered as a global issue including the questions of equality and accessibility. Virginie Le Masson, a researcher at the Overseas Development Institute (ODI) called for a holistic, inclusive, and State-led approach: “It is not just a question of access to health but access to all essential elements: rights, transport, education, etc.” She believes that supporting the strengthening of health systems would be in line with this, just as universal healthcare coverage would be a means of reducing vulnerabilities and promoting equality. The United Nations resolution, unanimously adopted in December 2012, also invites governments to accelerate the transition towards this universal access to quality and affordable health services by 2030⁶.

**Funding for climate-health actions and its alternatives**

There is currently an estimated funding gap of 2.5 billion dollars a year to meet the Sustainable Development Goals (SDGs). Elhadj As Sy, the Secretary General of the IFRC and founding member of the Global Commission on Adaptation suggests that, on a more structural level, climate funds must also be increased for adaptation projects related to the health consequences of climate change. The WHO estimates that only 0.5% of multilateral funding for climate change adaptation has been allocated to health projects. According to As Sy, alongside a financial crisis, we are also facing a crisis of confidence. Following the Bamako Initiative in 1988 and the Abuja Declaration (2000), States committed to investing 50% of their national budget in health. This promise has not been kept. In this context, he has called on participants to develop partnerships, and prioritise connections with the younger generation, as a way of ensuring that governments keep their commitments and are held accountable.

Although partnerships were mentioned to cover funding gaps, the Red Cross and Red Crescent Movement’s buzzword was undoubtedly that of financial innovation. Jemilah Mahmood, Doctor and Under Secretary General for Partnerships at the IFRC, presented the “Global Innovation Finance Transformation”⁷, set up by the National Societies of the Red Cross in Kenya, Denmark and the United Kingdom. This aims to develop an innovative IFRC financial portfolio, which is already a strong and contested trend⁸. In the spirit of the Development Impact Bonds, Social Impact Bonds and other Humanitarian Impact Bonds, this initiative calls for the development of diversified products such as Islamic bonds, CAT bonds, or green bonds. Agnès Soucat, Doctor and Director for Health Systems, Governance and Financing at the WHO, raised the issue of governmental obligation in terms of the regulation of the private sector and taxation, specifying that carbon or health taxes could represent resources estimated

---

⁷ International Federation of Red Cross and Red Crescent Societies, http://media.ifrc.org/innovation/gift/
at 50 billion dollars a year. She believes that the weight of consumers, citizens and collective action to change behaviours is essential. Finally, Alexandra Rüth, Head of Task Force Humanitarian Adaptation to Climate Change at the German Red Cross, presented Forecast Base Financing⁹, an innovative programme that enables access to humanitarian funding for early action based on the use of climate and weather data in order to anticipate disasters, prevent their impact and reduce human suffering and losses.

---

**Interview with Jean-François Mattei**

Keeping ethics as a primary concern. A look back over the discussion between Jean-François Mattei, former Minister of Health, former President of the French Red Cross and Co-Founder of the *Humanitarian Alternatives* review, and Virginie Troit, General Director of the French Red Cross Foundation.

**Virginie Troit** – *In the Anthropocene era, can ethics address the connection between human activity and the environment?*

**Jean-François Mattei** – We are living in a changing world. We are acquiring new knowledge and new knowledge brings new situations and new choices. Making choices means asking questions. And ethics is this process. After the Rio Conference in 1992, we became aware of the changing climate and I thought that we needed ecological ethics, or eco-ethics.

Ethics, in its choices, relates to the human values that must be respected: dignity, integrity, the search for fulfilment and good health. Humankind has a right to protect its health. In the current, sometimes threatening environmental situation, we need immediate solutions. In the medium and long term we need precautions and prevention, because the stakes are very high. It could be asked whether we have sacrificed the environment? One thing I am sure of is that we must put humankind back at the centre of our concerns. Ethics is there to allow this. As soon as you give people the autonomy of choice to say what is right for them, for their health, you give them back the driving force of the decision, which must then be taken up by those in charge.

**V. T.** – *How can the ethical principles of beneficence, non-maleficence and justice guide us and guide political decision-makers?*

**J.-F. M.** – In all the decisions taken since 1992, we have not tried to understand what was happening. But we must combine thought and action and bring health concerns back to centre stage. We must think as men of action and act as men of thought. In saying this I am only reiterating the WHO’s definition of health as a state of complete wellbeing: physical, mental and social. Humanitarian workers have a key role to play, not only because they work in health, but because they manage vulnerabilities, precarious situations and because all of this is linked. The Red Cross and Red Crescent Movement must become more involved in this sector. I think it is a good sign that more than fifteen research centres have been created within the movement. If these research centres work together as a network, we will see excellent results.

---

⁹ [https://www.forecast-based-financing.org](https://www.forecast-based-financing.org)
The limits of adaptation: the combined effects of climate change in conflict situations

In spite of increasing mobilisation, the gap between humanitarian needs and the capacity to deal with them is widening. In conflict situations, when populations are already extremely vulnerable, climate change exacerbates their vulnerabilities, according to Dorothea Hilhorst, Professor at the International Institute of Social Studies (ISS) at Erasmus University Rotterdam. Climate change therefore acts as a multiplier of threats and a vector of vulnerabilities. Whilst health needs are growing, health infrastructures are being destroyed, and populations’ access to the most basic services is decreasing. This can sometimes be a genuine political and military strategy, as highlighted by Bruno Jochum, the former Director General and Director of Operations at MSF’s Operations Centre in Geneva\(^\text{10}\).

Although there is no proven causal link between climate change and certain conflicts, Bastien Alex, the Co-Director of the Geopolitical Observatory of climate change impacts in terms of security and defence (the French Institute for International and Strategic Affairs - IRIS) notes a correlative link between security and climate change\(^\text{11}\). Indeed, climate change increases pressure on resources which must be crossed with anthropic parameters, such as demographic growth or population movements. Thus, there is a climate change-security-resources nexus which directly impacts adaptation policies. Jimmy Kilang, Vice President of the Southern Sudan Red Cross, brought up the example of his country, where the repercussions of climate change are already being felt. With rising temperatures and lessening rainfall, the scarcity of resources is reinforcing conflicts between pastoralists and farmers. Populations in rural areas are moving to cities, increasing intra- and inter-State migration. This is an effect presented by Bruno Jochum as a major adaptation mechanism of populations in conflict, in the face of which we are seeing more and more political barriers and a global reception crisis. For Jochum, resilience should not, however, be limited by State borders. In a context of low tolerance for border-crossing, he warns of humanitarian actors’ capacity to meet these ever-increasing needs, and of the collapse of this resilience. He calls on humanitarian actors to examine their own policies, adapt their responses, and to be clear about their abilities to deliver aid. Above all, he tells them to demonstrate their limited prevention and adaptation capacities for victims of conflicts in a context where climate change is exerting increasing pressure on societies and contributing to worsening instability. Scientists and ecologists have already raised the alarm.

Other professional communities, including humanitarian workers, must now support them\(^\text{12}\). This is undoubtedly the temporary conclusion to be drawn from this conference, which will have shown, at the very least, that the largest global humanitarian network is refusing to stay silent about the human and health impacts of climate change.

\(\text{Translated from the French by Juliet Powys}\)

\text{10} Read the article he cowrote in the current issue.
\text{12} For further information, in addition to the previously cited article, see Bruno Jochum \textit{et al.}, “Climate Change and Health: an urgent new frontier for humanitarianism”, \textit{The Lancet Countdown}, November 2018, \url{www.lancetcountdown.org/media/1422/2018-lancet-countdown-policy-brief-msf.pdf}
Biography • Audrey Sala

Having participated in the creation of the Fondation Handicap International and the Fondation Vivre Debout, Audrey Sala has worked alongside the founders of the Humanitarian Alternatives review since its beginnings. She is currently in charge of communications and coordination for the eponymous association. She has a Masters’ in “Theory and Practice of Human Rights” from the Institut des droits de l’Homme in Lyon. Audrey has also worked for Amnesty International France as an external consultant for the creation of their Foundation and at Handicap International for the ethical screening of financial partners. Since May 2017, she has been a member of the operational coordination team for the Forum Espace Humanitaire.

Reproduction prohibited without the agreement of the review Humanitarian Alternatives.

To quote this article: Audrey Sala, “How to take care of humankind at +2°C?”, Humanitarian Alternatives, n°11, July 2019, p.64-75,


ISBN of the article (PDF): 978-2-37704-549-5