

Time to Treat the Climate and Nature Crisis as One Indivisible Global Health Emergency

Kamran Abbasi,¹ Parveen Ali,² Virginia Barbour,³ Thomas Benfield,⁴ Kirsten Bibbins-Domingo,⁵ Stephen Hancocks,⁶ Richard Horton,⁷ Laurie Laybourn-Langton,⁸ Robert Mash,⁹ Peush Sahni,¹⁰ Wadeia Mohammad Sharief,¹¹ Paul Yonga,¹² Chris Zielinski.¹³

Introduction

Over 200 health journals call on the United Nations, political leaders, and health professionals to recognise that climate change and biodiversity loss are one indivisible crisis and must be tackled together to preserve health and avoid catastrophe. This overall environmental crisis is now so severe as to be a global health emergency.

The world is currently responding to the climate crisis and the nature crisis as if they were separate challenges. This is a dangerous mistake. The 28th Conference of the Parties (COP) on climate change is about to be held in Dubai while the 16th COP on biodiversity is due to be held in Turkey in 2024. The research communities that provide the evidence for the two COPs are unfortunately largely separate, but they were brought together for a workshop in 2020 when they concluded that: "Only by considering climate and biodiversity as parts of the same complex problem...can solutions be developed that avoid maladaptation and maximize the beneficial outcomes".¹

As the health world has recognised with the development of the concept of planetary health, the natural world is made up of one overall interdependent system. Damage to one subsystem can create feedbacks that damage another—for example, drought, wildfires, floods and the other effects of rising global temperatures destroy plant life, and lead to soil erosion and so inhibit carbon storage, which means more global warming.² Climate change is set to overtake deforestation and other land-use change as the primary driver of nature loss.³

Nature has a remarkable power to restore. For example, deforested land can revert to forest through natural regeneration, and marine phytoplankton, which act as natural carbon stores, turn over one billion tonnes of photosynthesising biomass every eight days. Indigenous land and sea management has a

particularly important role to play in regeneration and continuing care.⁴

Restoring one subsystem can help another—for example, replenishing soil could help remove greenhouse gases from the atmosphere on a vast scale.⁵ But actions that may benefit one subsystem can harm another—for example, planting forests with one type of tree can remove carbon dioxide from the air but can damage the biodiversity that is fundamental to healthy ecosystems.⁶

The impacts on health

Human health is damaged directly by both the climate crisis, as the journals have described in previous editorials,^{7,8} and by the nature crisis.⁹ This indivisible planetary crisis will have major effects on health as a result of the disruption of social and economic systems—shortages of land, shelter, food, and water, exacerbating poverty, which in turn will lead to mass migration and conflict. Rising temperatures, extreme weather events, air pollution, and the spread of infectious diseases are some of the major health threats exacerbated by climate change.¹⁰ "Without nature, we have nothing," was UN Secretary-General António Guterres's blunt summary at the biodiversity COP in Montreal last year.¹¹ Even if we could keep global warming below an increase of 1.5°C over pre-industrial levels, we could still cause catastrophic harm to health by destroying nature.

Access to clean water is fundamental to human health, and yet pollution has damaged water quality, causing a rise in water-borne diseases.¹² Contamination of water on land can also have far-reaching effects on distant ecosystems when that water runs off into the ocean.¹³ Good nutrition is underpinned by diversity in the variety of foods, but there has been a striking loss of genetic diversity in the food system. Globally, about a fifth of people rely on wild species for food and their livelihoods.¹⁴

¹ Editor-in-Chief, British Medical Journal.

² Editor-in-Chief, International Nursing Review.

³ Editor-in-Chief, Medical Journal of Australia.

⁴ Editor-in-Chief, Danish Medical Journal.

⁵ Editor-in-Chief, JAMA.

⁶ Editor-in-Chief, British Dental Journal.

⁷ Editor-in-Chief, The Lancet.

Correspondence:

Chris Zielinski.

Address: Sparkford Rd, Winchester SO22 4NR, United Kingdom

Email: chris.zielinski@ukhealthalliance.org

⁸ University of Exeter.

⁹ Editor-in-Chief, African Journal of Primary Health Care & Family Medicine.

¹⁰ Editor-in-Chief, National Medical Journal of India.

¹¹ Editor-in-Chief, Dubai Medical Journal.

¹² Editor-in-Chief, East African Medical Journal.

¹³ University of Winchester.

Declines in wildlife are a major challenge for these populations, particularly in low- and middle-income countries. Fish provide more than half of dietary protein in many African, South Asian and small island nations, but ocean acidification has reduced the quality and quantity of seafood.¹⁵

Changes in land use have forced tens of thousands of species into closer contact, increasing the exchange of pathogens and the emergence of new diseases and pandemics.¹⁶ People losing contact with the natural environment and the decline loss in biodiversity have both been linked to increases in noncommunicable, autoimmune, and inflammatory diseases and metabolic, allergic and neuropsychiatric disorders.^{9,17} For Indigenous people, caring for and connection with nature is especially important for their health.¹⁸ Nature has also been an important source of medicines, and thus reduced diversity also constrains the discovery of new medicines.

Communities are healthier if they have access to high-quality green spaces that help filter air pollution, reduce air and ground temperatures, and provide opportunities for physical activity. (19) Connection with nature reduces stress, loneliness and depression, while promoting social interaction.²⁰ These benefits are threatened by the continuing rise in urbanisation.¹⁴

Finally, the health impacts of climate change and biodiversity loss will be experienced unequally between and within countries, with the most vulnerable communities often bearing the highest burden.⁹ Linked to this, inequality is also arguably fuelling these environmental crises. Environmental challenges and social/health inequities are challenges that share drivers and there are potential co-benefits of addressing them.⁹

A global health emergency

In December 2022 the biodiversity COP agreed on the effective conservation and management of at least 30% percent of the world's land, coastal areas, and oceans by 2030.²¹ Industrialised countries agreed to mobilise \$30 billion per year to support developing nations to do so.²¹ These agreements echo promises made at climate COPs.

Yet many commitments made at COPs have not been met. This has allowed ecosystems to be pushed further to the brink, greatly increasing the risk of arriving at 'tipping points', abrupt

breakdowns in the functioning of nature.^{2,22} If these events were to occur, the impacts on health would be globally catastrophic.

This risk, combined with the severe impacts on health already occurring, means that the World Health Organization should declare the indivisible climate and nature crisis as a global health emergency. The three pre-conditions for WHO to declare a situation to be a Public Health Emergency of International Concern²³ are that it: **1)** is serious, sudden, unusual or unexpected; **2)** carries implications for public health beyond the affected State's national border; and **3)** may require immediate international action. Climate change would appear to fulfil all of those conditions. While the accelerating climate change and loss of biodiversity are not sudden or unexpected, they are certainly serious and unusual. Hence we call for WHO to make this declaration before or at the Seventy-seventh World Health Assembly in May 2024.

Tackling this emergency requires the COP processes to be harmonised. As a first step, the respective conventions must push for better integration of national climate plans with biodiversity equivalents.³ As the 2020 workshop that brought climate and nature scientists together concluded, "Critical leverage points include exploring alternative visions of good quality of life, rethinking consumption and waste, shifting values related to the human-nature relationship, reducing inequalities, and promoting education and learning".¹ All of these would benefit health.

Health professionals must be powerful advocates for both restoring biodiversity and tackling climate change for the good of health. Political leaders must recognise both the severe threats to health from the planetary crisis as well as the benefits that can flow to health from tackling the crisis.²⁴ But first, we must recognise this crisis for what it is: a global health emergency.

This Comment is being published simultaneously in multiple journals. For the full list of journals see: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-nature-emergency-editorial-october-2023>.

References

- Otto-Portner H et al. Scientific outcome of the IPBES-IPCC co-sponsored workshop on biodiversity and climate change. 2021.
- Ripple WJ et al. Many risky feedback loops amplify the need for climate action. *One Earth* 6, 86–91 (2023). Accessed June 27, 2023. <https://www.sciencedirect.com/science/article/abs/pii/S2590332223000040>.
- European Academies Science Advisory Council. Key Messages from European Science Academies for UNFCCC COP26 and CBD COP15. (2021). Accessed September 15, 2023. <https://easac.eu/publications/details/key-messages-from-european-science-academies-for-unfccc-cop26-and-cbd-cop15>.
- Dawson NM et al. The role of Indigenous peoples and local communities in effective and equitable conservation. *Ecology and Society* 2021;26(3):19.
- Bossio DA et al. The role of soil carbon in natural climate solutions. *Nature Sustainability*. 2020;3:391–8.
- Levia DF et al. Homogenization of the terrestrial water cycle. *Nat. Geosci.* 202;13:656–8.
- Atwoli L et al. COP27 climate change conference: urgent action needed for Africa and the world. *BMJ*. 2022;379:02459.
- Atwoli L et al. Call for emergency action to limit global temperature increases, restore biodiversity, and protect health. *BMJ*. 2021;374:n1734.
- WHO and the Secretariat of the Convention on Biological Diversity. Connecting global priorities: biodiversity and human health: A state of

- knowledge review. (2015). Accessed September 15, 2023. <https://www.cbd.int/health/SOK-biodiversity-en.pdf>.
10. Magnano San Lio R, Favara G, Maugeri A, Barchitta M, and Agodi A. How antimicrobial resistance is linked to climate change: An overview of two intertwined global challenges. *Int. J. Environ. Res. Public Health* 2023;20:1681.
 11. Jelskov U. 'Without nature, we have nothing': UN chief sounds alarm at key UN biodiversity event. *UN News* (2022). Accessed September 15, 2023. <https://news.un.org/en/story/2022/12/1131422>.
 12. WHO. State of the world's drinking water: an urgent call to action to accelerate progress on ensuring safe drinking water for all (2022). Accessed July 25, 2023. <https://apps.who.int/iris/rest/bitstreams/1474551/retrieve>.
 13. Comeros-Raynal MT et al. Catchment to sea connection: Impacts of terrestrial run-off on benthic ecosystems in American Samoa, *Marine Pollution Bulletin*. 2021;169:112530.
 14. Simkin RD, Seto KC, McDonald RI, and Jetz W. Biodiversity impacts and conservation implications of urban land expansion projected to 2050. *Proc. Natl. Acad. Sci. USA*. 2022;119:e2117297119.
 15. Birchenough SNR, Williamson P and Turley C. Future of the sea: ocean acidification.
 16. Dunne D. Climate change 'already' raising risk of virus spread between mammals. (2022). Accessed September 15, 2023. <https://www.carbonbrief.org/climate-change-already-raising-risk-of-virus-spread-between-mammals/>.
 17. Altveş S, Yildiz HK and Vural HC. Interaction of the microbiota with the human body in health and diseases. *Biosci Microbiota Food Health*. 2020;39:23–32.
 18. Schultz R and Cairney S. Caring for country and the health of Aboriginal and Torres Strait Islander Australians. *Med J Aust*. 2017;207(1):8–10.
 19. MacGuire F, Mulcahy E and Rossington B. The Lancet Countdown on Health and Climate Change - Policy brief for the UK. (2022). Accessed 15 September 2023. https://s41874.pcdn.co/wp-content/uploads/Lancet-Countdown-2022-UK-Policy-Brief_EN.pdf.
 20. Wong FY, Yang L, Yuen JWM, Chang KKP and Wong FKY. Assessing quality of life using WHOQOL-BREF: a cross-sectional study on the association between quality of life and neighborhood environmental satisfaction, and the mediating effect of health-related behaviors. *BMC Public Health*. 2018;18:1113.
 21. Secretariat of the Convention on Biological Diversity . COP15: Nations Adopt Four Goals, 23 Targets for 2030 In Landmark UN Biodiversity Agreement. *Convention on Biological Diversity* (2022). Accessed September 15, 2023 <https://www.cbd.int/article/cop15-cbd-press-release-final-19dec2022>.
 22. Armstrong McKay DI et al. Exceeding 1.5°C global warming could trigger multiple climate tipping points. *Science* 377, eabn7950 (2022).
 23. WHO. Annex 2 of the International Health Regulations (2005). Geneva, WHO (2005)
 24. Consultation on Australia's first National Health and Climate Strategy. Accessed July 25, 2023, <https://www.health.gov.au/news/consultation-on-australias-first-national-health-and-climate-strategy>.

Acknowledgments

None.

Conflict of Interest Statement & Funding

Dr Olde Rikkert reported receiving research grants from the Dutch Research Council and Netherlands Organisation for Health Research. Dr Haines reported grants from the Wellcome Trust and additional funding from the Oak Foundation; royalties from Cambridge University Press for a book on planetary health; consulting fees paid to his institution for serving as a senior advisor on climate change from Wellcome Trust; serving on steering committees or advisory groups for global health for African research organizations (without compensation); and cochairing working groups on climate change (without compensation). Dr Helfand reported receiving honoraria for speaking engagements (all donated to Back from the Brink, IPPNW, or Physicians for Social Responsibility); support for travel and lodging for Nobel Peace Laureates summit, World Federation of Public Health Associations World Congress, and UN Human Rights Commission Youth Summit; and serving on the boards for IPPNW and International Campaign to Abolish Nuclear Weapons (without compensation). Dr Ruff reported receiving consulting fees from the Institute for Energy and Environmental Research for related work; honoraria from the Choisun Ilbo media group and from Hyogo Medical Practitioners Association and Peace Boat for presentations on nuclear weapons; payment for serving as expert witness on radiation and health for Environmental Justice Australia; serving on a rotavirus vaccine development scientific advisory board for Murdoch Children's Research Institute; serving on several committees related to nuclear weapons and prevention of nuclear war; and serving as copresident of IPPNW. Dr Yonga reported serving as a principal investigator for a COVID-19 antiviral for Atea Pharmaceuticals; receiving honoraria for lectures, presentations, and educational events from bioMerieux and Pfizer; serving on an advisory board for Pfizer; and serving on committees or panels for the European Society of Clinical Microbiology and Infectious Diseases. Mr Zielinski reported receiving payment as senior advisor on the IPPNW journals project. No other disclosures were reported.

Cite as

Abbasi K, Ali P, Barbour V, Benfield T, Bibbins-Domingo K, Hancocks S, et al. Time to Treat the Climate and Nature Crisis as One Indivisible Global Health Emergency. *Int J Med Stud*. 2023 Oct-Dec;11(4):259-61.

This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

ISSN 2076-6327

This journal is published by [Pitt Open Library Publishing](https://open.library.pitt.edu/)

