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The health–environment nexus: global negotiations at a crossroads

In the 50 years of work to advance sustainability policy since the 1972 UN Conference on the Human Environment and the establishment of the UN Environment Programme (UNEP), the relationships between humans and the planet’s ecosystems, and between health and environment, have largely remained at the periphery of global health discourse.¹ Governance architectures for global health and global environmental policy are generally siloed but the challenges these domains tackle are increasingly intertwined and require cross-sector collaboration. Economic decisions on the environment have major impacts on human health, and health and wellness depend on a flourishing environment.² The growing evidence and awareness of these interlinkages increasingly drive interest and demand for a joint health–environment global policy agenda. To build a foundation for this agenda, *Health in the Global Environmental Agenda: A Policy Guide*,³ to which we contributed with colleagues, sets out a role for the health community in environmental regimes. Key multilateral environmental agreements (MEAs) are highlighted in the report to showcase the state of engagement of health actors and health issues in these intergovernmental decision-making processes, and opportunities for health stakeholders to drive and achieve strong global environmental agreements. Our analysis shows that health actors are largely absent from intergovernmental negotiations on environmental policies and that, despite affecting global health outcomes, global environmental policies are not designed to align with or maximise global health objectives. Among others, this mismatch is evident in two major MEAs, the United Nations Framework Convention on Climate Change (UNFCCC) and the Convention on Biological Diversity (CBD), which hold Conferences of the Parties (COPs) on climate and biodiversity. Neither convention has meaningful health commitments, despite the multifaceted relationship between climate change, biodiversity, and health.

The 2021 UNFCCC conference (COP 26) reflected this paradox. Despite health sector advocacy and media attention on the need for policy action to curb emissions and address air pollution, health experts, institutes, and agencies remained at the margins of COP 26 debates and were not engaged in the negotiating process. A telling example is that the Glasgow Climate Pact, a key outcome document of the negotiations, did not mention health in the eight sections of the body of its text, including on science

and urgency, adaptation, mitigation, loss and damage, finance, and implementation.⁴ Attendance substantiates this result and of the more than 23 000 participants, including 9700 government delegates, only 38 represented health ministries.⁵ A 2021 global survey showed that most health ministries have not had training on UNFCCC negotiations,⁶ suggesting that even those who attended may not have been in a position to influence the complex and year-long decision-making process.

The CBD agenda for 2022 includes two components that reference health concepts - a 2050 biodiversity framework and targets that link a healthy planet and people, as well as a draft action plan on biodiversity and health.⁷ This agenda represents an advance in cross-sectoral work compared with the UNFCCC, but aligning this work to global health agendas and outcomes is largely done without the awareness of the health sector. For instance, among dozens of environmental organisations, only three health actors attended the CBD COP 15 preparatory process in 2021, one of which represented the pharmaceutical industry.⁸ Furthermore, details of the comprehensive draft action plan still omit elements that would target high priority global disease burden. For example, despite more than 15 years of evidence-building under the CBD on food systems and diet diversity,⁹ negotiations on the action plan did not put forth a provision on food system transformation that links agrobiodiversity to nutrition. Meanwhile, diet-related non-communicable diseases are a leading cause of mortality¹⁰ and over 3 billion people suffer from malnutrition,¹¹ which are outcomes linked to food system design.

Global negotiations at the health–environment nexus are at a crossroads and environmental debates could receive a political boost from a groundswell of new health sector support if health stakeholders are engaged in draft agendas. The world faces a triple planetary crisis of environmental degradation in the form of biodiversity loss, climate change, and pollution,¹² and a triple billion health crisis of inequitable access to health care, increasing health emergencies, and declining health and wellbeing metrics,¹³ all exacerbated by the COVID-19 pandemic and indeed ongoing conflicts.¹⁴ Nonetheless, in 2022 opportunities exist for accelerating health stakeholder engagement in MEAs and for the uptake of provisions that address the environmental determinants of disease burden. Progress towards a healthy planet and healthy people relies on robust integration of the health and environmental sectors, and of the legal institutions and international agencies that represent them.

We contributed to *Health in the Global Environmental Agenda: A Policy Guide* discussed in this Comment and declare no other competing interests.

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1. De Paula N, Willetts E. COVID-19 and planetary health: how a pandemic could pave the way for a green recovery. International Institute for Sustainable Development. 2021.

<https://www.iisd.org/articles/covid-19-and-planetary-health-how-pandemic-could-pave-way-green-recovery> (accessed April 12, 2022).

2. United Nations Environment Programme. Healthy environment, healthy people. Thematic report, Ministerial policy review session, 2nd Session UN Environment Assembly of UNEP, May 23-27, 2016..

<https://wedocs.unep.org/bitstream/handle/20.500.11822/17602/K1602727%20INF%205%20Eng.pdf> (accessed April 12, 2022).

3. Willetts E, Grant L, Bansard J, et al. Health in the global environmental agenda: a policy guide.

International Institute for Sustainable Development. 2022. <https://www.iisd.org/publications/health-global-environment-agenda-policy-guide> (accessed April 12, 2022).

4. United Nations Framework Convention on Climate Change. Decision -/CP.26 Glasgow Climate Pact. (FCCC/CP/2021/L.13). 2021.

https://unfccc.int/sites/default/files/resource/cop26_auv_2f_cover_decision.pdf (accessed April 12, 2022).

5. United Nations Framework Convention on Climate Change. List of Participants, part one. 26th Conference of the Parties, UNFCCC. 2021.

https://unfccc.int/sites/default/files/resource/cp2021_inf03p01_adv.pdf (accessed April 12, 2022).

6. WHO. WHO health and climate change global survey report. 2021. <https://www.who.int/publications/i/item/9789240038509> (accessed April 12, 2022).
7. Convention on Biological Diversity. Draft global action plan on biodiversity and health, Annex to Biodiversity and health (annex, CBD/SBSTTA/24/9). 24th Subsidiary Body on Scientific, Technical, and Technological Advice. 2021. <https://www.cbd.int/doc/c/76f9/1b75/42e360ab3ae6e53d0762c449/sbstta-24-09-en.pdf> (accessed April 12, 2022).
8. Convention on Biological Diversity. Draft report of the 3rd Open-ended Working Group on the post-2020 Global Biodiversity Framework. 2021. <https://www.cbd.int/doc/c/634e/15be/78d817a6d4ef4520408ed501/wg2020-03-l-01-en.pdf> (accessed April 12, 2022).
9. WHO. Guidance on mainstreaming biodiversity for nutrition and health. 2020. https://cdn.who.int/media/docs/default-source/climate-change/mainstreaming-biodiversity-for-nutrition-and-health12d76606-f87e-4857-9264-dd2b2924186a.pdf?sfvrsn=afd00782_1&download=true (accessed April 12, 2022).
10. WHO. The top 10 causes of death. 2020. <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death> (accessed April 12, 2022).
11. 2021 Global Nutrition Report: The state of global nutrition. Bristol, UK: Development Initiatives, 2021. <https://globalnutritionreport.org/reports/2021-global-nutrition-report/>
12. United Nations Environment Programme. For people and the planet: The UNEP strategy for 2022–2025. 2021. <https://www.unep.org/resources/policy-and-strategy/people-and-planet-unep-strategy-2022-2025> (accessed April 12, 2022).
13. WHO. Promote health, keep the world safe, serve the vulnerable. WHO 13th General Programme of Work, 2019–2023. 2019. <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf> (accessed April 12, 2022).

14. Devi S. Humanitarian need in 2022. *The Lancet*. 2022 Jan 8;399(10320):132-3.
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