

Editorial

# Climate Actions, COP 26 and Implications on Public Health for Asia Pacific Region

*Edmond Fernandes<sup>1</sup>, Fatima Rezaei<sup>2</sup>*

<sup>1</sup>Director, Edward and Cynthia Institute of Public Health, Mangaluru, Karnataka, India.

<sup>2</sup>Assistant Professor, Department of Health in Disaster and Emergencies, School of Management and Medical Informatics, Ishafan University of Medical Sciences, Iran.

## I N F O



### Corresponding Author:

Fatima Rezaei, Department of Health in Disaster and Emergencies, School of Management and Medical Informatics, Ishafan University of Medical Sciences, Iran.

### E-mail Id:

f.rezaei.ms@gmail.com

### Orcid Id:

<https://orcid.org/0000-0002-2275-7501>

### How to cite this article:

Fernandes E, Rezaei F. Climate Actions, COP 26 and Implications on Public Health for Asia Pacific Region. *Epidem Int.* 2021;6(4):1-2.

From the Paris agreement on climate change to COP 26, the world is increasingly having conversations that suggest urgent action for change. The nexus between climate change, extreme weather events and public health consequences is indisputable and implications for the Asia Pacific Region is extremely grave with hard-won development gains soon fading away. COP 26 serves as a disappointment to many, but it must be learnt that actions occur on the ground, with national governments, not at a round-table.

The region is among the most vulnerable regions to climate change and natural disasters. Since 1970, the loss of life and livelihood in the region is countless in comparison with other parts of the world. One life every 13 minutes or 41,373 lives per year have been sacrificed between 1970 and 2020 due to natural disasters in the region killing over 2 million people in documented numbers.<sup>1</sup>

In 2019, it was estimated that due to natural disasters and hazards, over 19 million people were displaced in Asia and the Pacific which attributed to about three-quarters of the total around the world. India saw 5.1 million people displaced, 4 million got displaced in China, 4.1 million in the Philippines, 4.1 million in Bangladesh, and about 520,000 in Iran. Fatalities were highest in South and South-West Asia (44%), followed by East and North-East Asia (29%), and South-East Asia (25%).<sup>2</sup>

The entire climate change as a threat multiplier has grave policy implications for public health in the region and this will affect the regional national security as well. This naturally means that the Ministries of Health in national governments will have to revisit all algorithms and frameworks that have been created in the past to bring out a new outlook that factors in risk-informed planning at the heart of sustainable development.

Climate change increases and enhances public health issues by aggravating injuries, displacement and deaths due to extreme weather events, rise in vector-borne diseases like dengue fever, rift valley fever, and malaria, and increase in foodborne and waterborne diseases. It also has growing evidence to suggest that mortality associated with cardiovascular and respiratory diseases is an offshoot of climate change to a large extent.<sup>3-6</sup>

While the focus is often on phasing out coal, reducing carbon emissions, adapting to renewable and green energies, the public health consequence is almost an overlooked aspect that should otherwise be mainstreamed. Never before in our lifetime has public health become so critical and integral to human existence, yet policymakers conveniently forget the missing cord that binds us together as children of this world. COVID-19 has exposed the fault-lines of not investing in public health and how international health regulations have been compromised.

It is imperative to now have, a public health in all policies approach, built on a singular agenda to strengthen risk reduction initiatives in public health, reduce the disease burden not just for infectious diseases, but also for non-communicable diseases, and also equip health systems to handle surge capacities. This implies revising national action plans for specific diseases, capacity building of public health professionals aligned to understand the spill-over risk of climate challenges on disease burdens, designing deeper epidemiological processes and outcomes aimed at mitigating extreme weather events to evolve action plans at the primary, secondary and tertiary level of care, and to enable health systems to handle surge capacities during catastrophic disasters which are now inevitable.

The seriousness and speed at which we float new algorithms will determine how sustainability and commitment to climate change will be realised.

Notwithstanding, we will have to prepare leaders of tomorrow in the public health space who will work strongly on climate change and address cascading risks that affect the region, and high-income countries will be under obligation due to their historical baggage of having emitted greenhouse gases and now contribute to repair the same by supporting technology transfer, developmental finance and thus enable low and middle-income countries to tackle the effect of climate change.

## References

1. (CRED) Cfroteod. The International Disaster Database. EM-DAT. Brussels; 2021.
2. IDMC. Global Report on Internal Displacement 2020. In: Center IDM, editor. Switzerland: Norwegian Refugee Council (NRC); 2020.
3. Jonkman SN, Kelman I. An analysis of the causes and circumstances of flood disaster deaths. *Disasters*. 2005;29(1):75-97. [PubMed] [Google Scholar]
4. Ahern M, Kovats RS, Wilkinson P, Few R, Matthies F. Global health impacts of floods: epidemiologic evidence. *Epidemiol Rev*. 2005;27(1):36-46. [PubMed] [Google Scholar]
5. Kovats RS, Edwards SJ, Hajat S, Armstrong BG, Ebi KL, Menne B. The effect of temperature on food poisoning: a time-series analysis of salmonellosis in ten European countries. *Epidemiol Infect*. 2004;132(3):443-53. [PubMed] [Google Scholar]
6. Rose JB, Epstein PR, Lipp EK, Sherman BH, Bernard SM, Patz JA. Climate variability and change in the United States: potential impacts on water-and foodborne diseases caused by microbiologic agents. *Environ Health Perspect*. 2001;109(Suppl 2):211-21. [PubMed] [Google Scholar]