

Greenhouse Gas Reduction: Health Benefits and Co- Benefits

Presentation to the MEDACT Conference

Healthy Planet, Better World

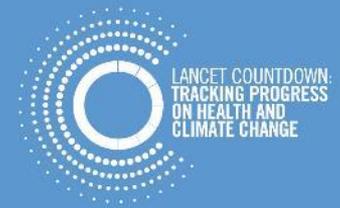
Professor Paul Ekins OBE

Director, UCL Institute for Sustainable Resources

Professor of Resources and Environmental Policy

London, December 9th 2016

2015 Lancet Commission



LANCET **commission**
ON **health** & **climate** '15

THE LANCET

June 2015

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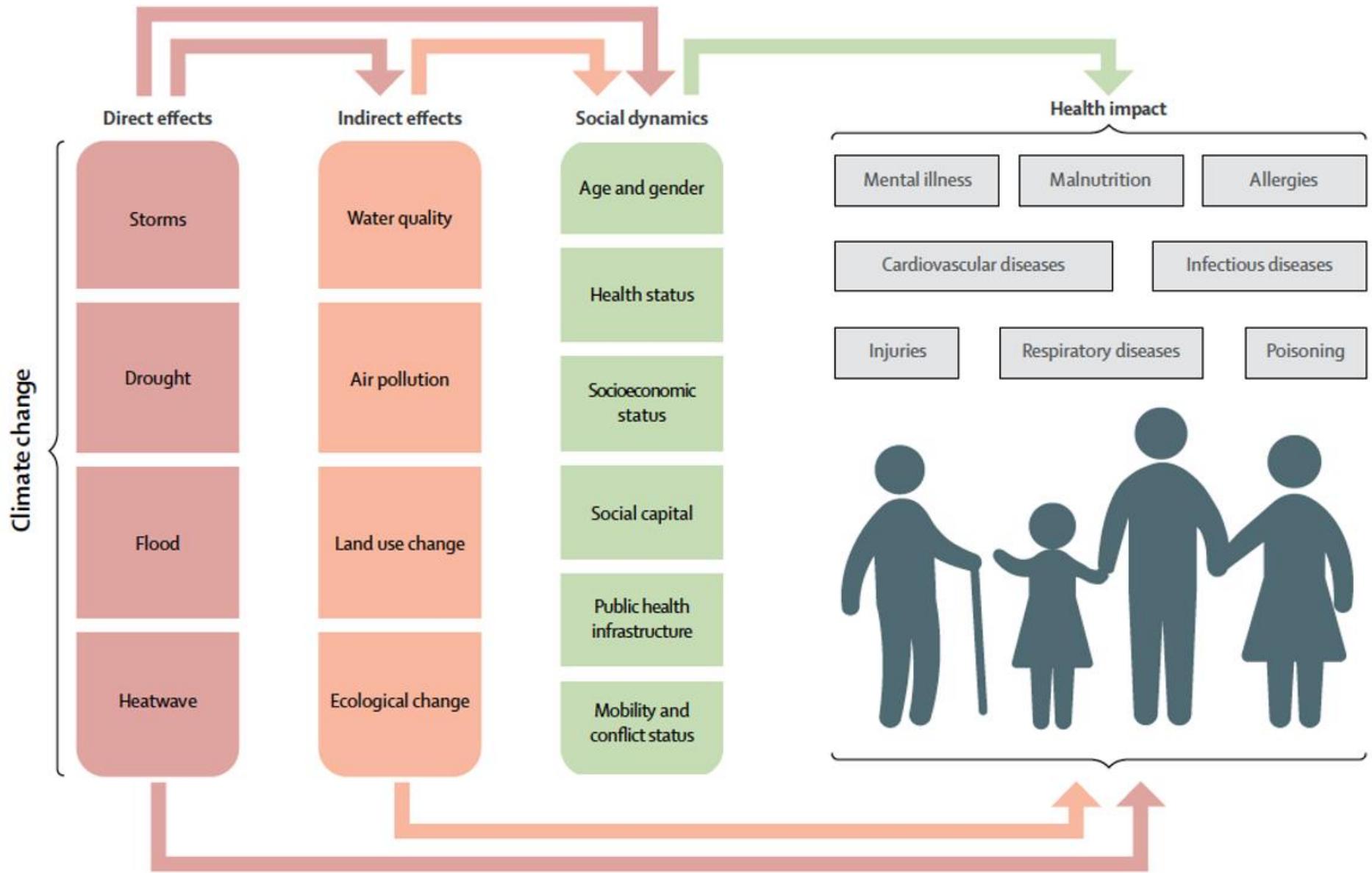
Health and climate change



"Tackling climate change could be the greatest global health opportunity of the 21st century."

A Commission by *The Lancet*

Map out the impacts of climate change, and the necessary policy responses, in order to ensure the **highest attainable standards of health** for populations worldwide



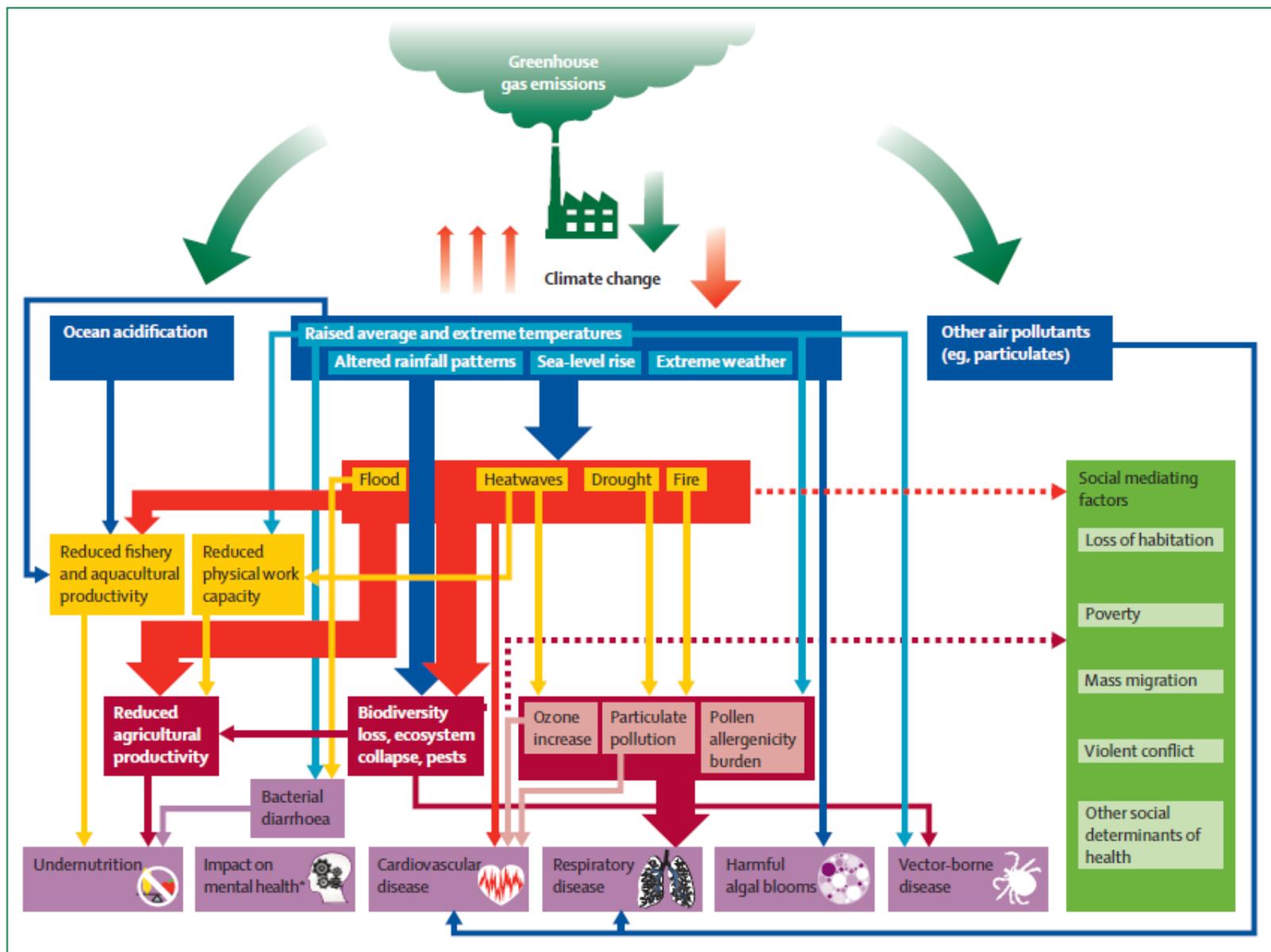
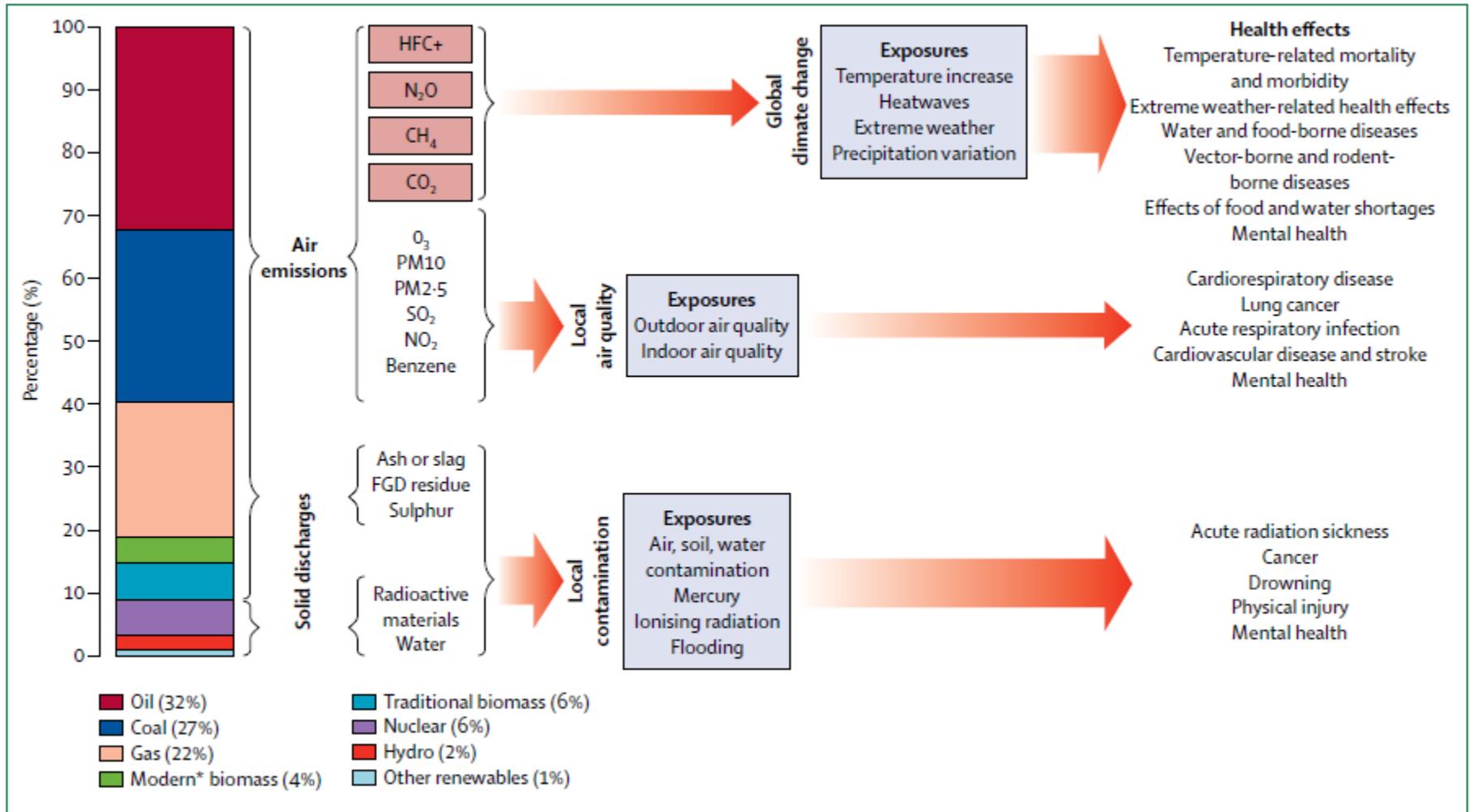


Figure 1: The health impacts of climate change

Global energy system and health impacts

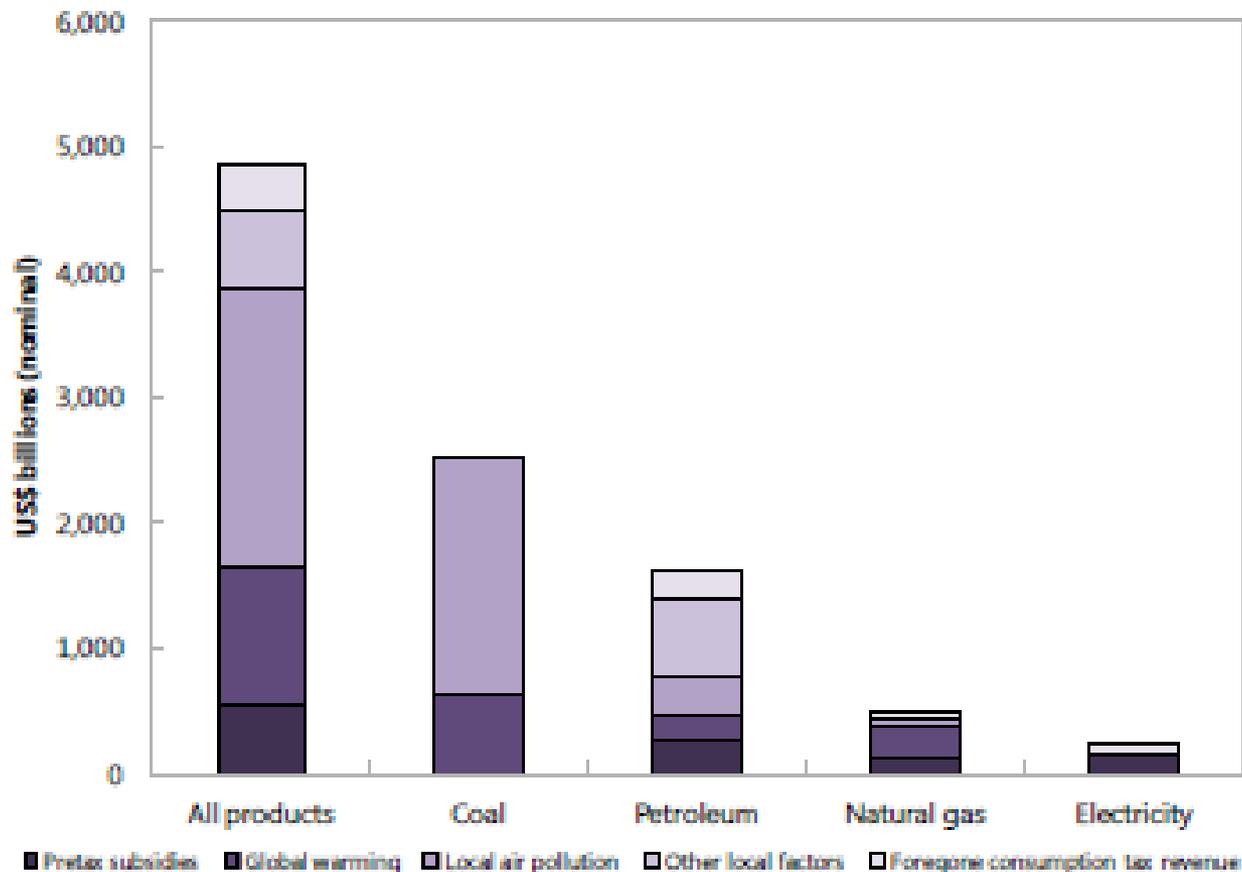
Source: Lancet Commission, 2015



Fossil fuels heavily subsidised both by money and costs to human health



Source: Coady, D., Parry, I., Sears, L. and Shang, B. 2015 'How Large Are Global Energy Subsidies?' IMF Working Paper WP15/105, International Monetary Fund, Washington DC [Figure 6: **Global Post-Tax Subsidies by Product and Subsidy Component, 2013**]



Source: Authors' calculations, based on sources in Appendix Table 2.

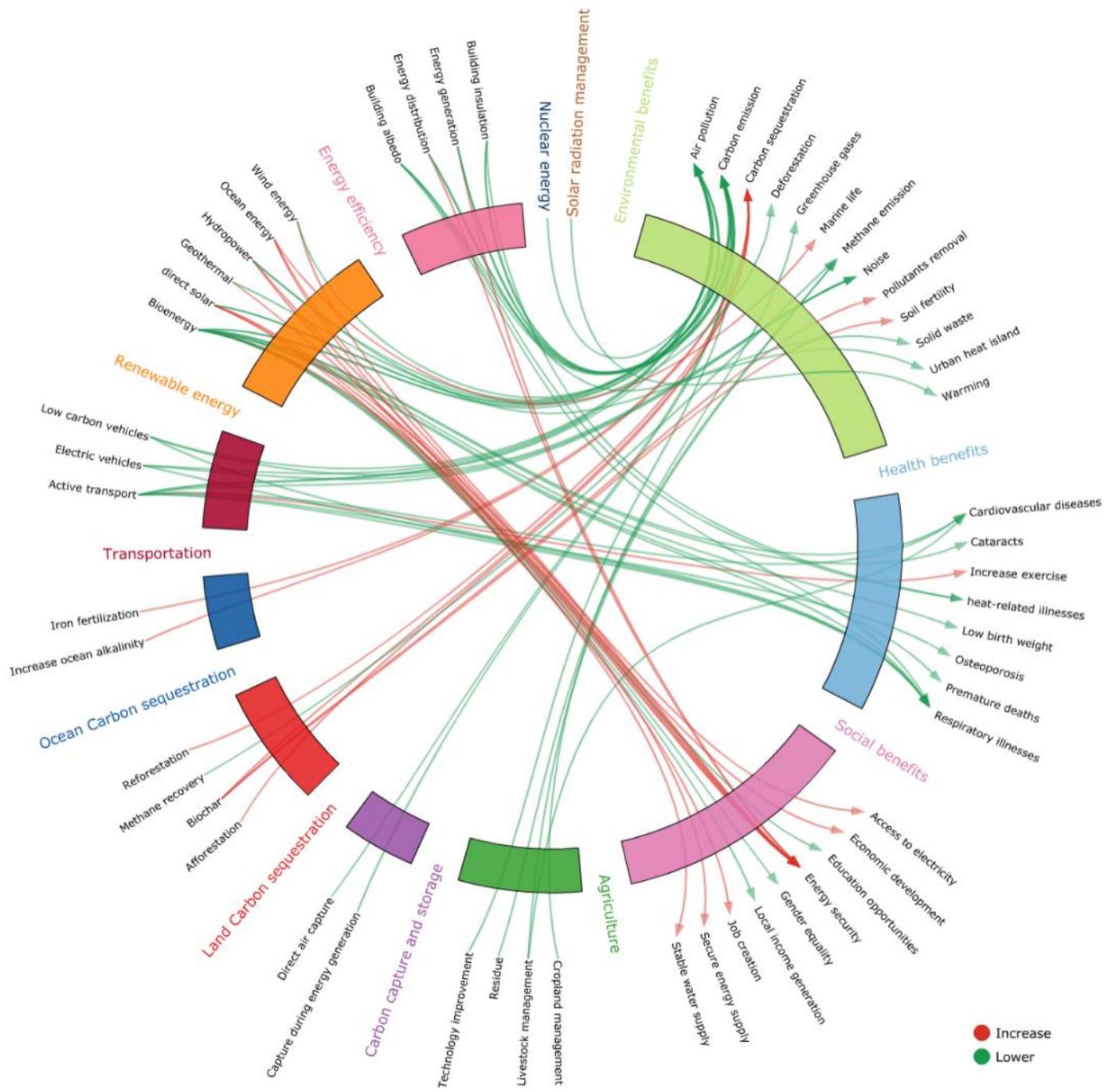
Note: Other local factors apply only to petroleum products and refer to non-internalized externalities from congestion, accidents, and road fuels.

By the end of the century under RCP8.5 (high emissions):

3 billion additional exposure events for elderly people experiencing heat-wave

1.4 billion additional person drought exposure events per year

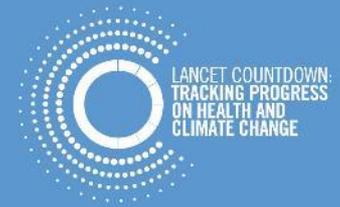
2 billion additional extreme rainfall exposure events annually



“Responding to climate change could be the **greatest global health opportunity** of the 21st century”

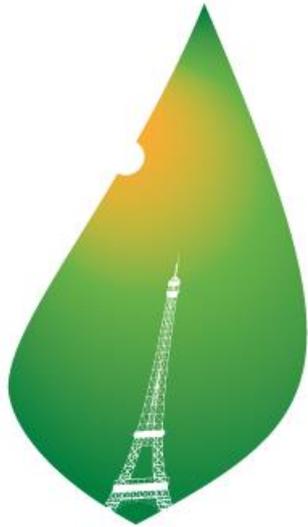
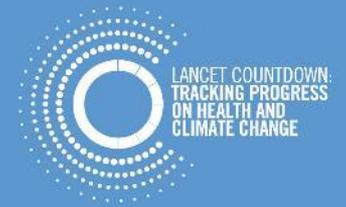


Key Messages



1. Climate change risks reversing the last 50 years of gains in public health by threatening to undermine their social and environmental determinants.
2. The response to climate change could potentially be the biggest global health opportunity of the 21st century
3. There is a crucial role for the health profession and health policymakers to play in driving and delivering this transition, which is what the Lancet Countdown and the WHO Country Profiles are designed to facilitate.
4. This is true for both developing countries and the UK

The Lancet Countdown

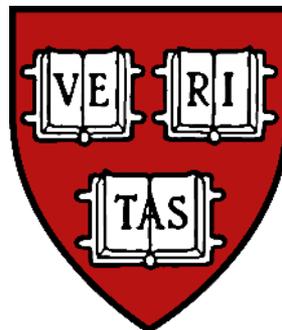
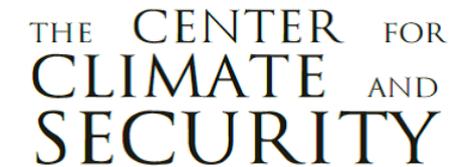
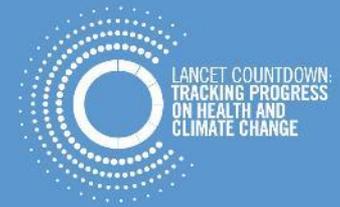


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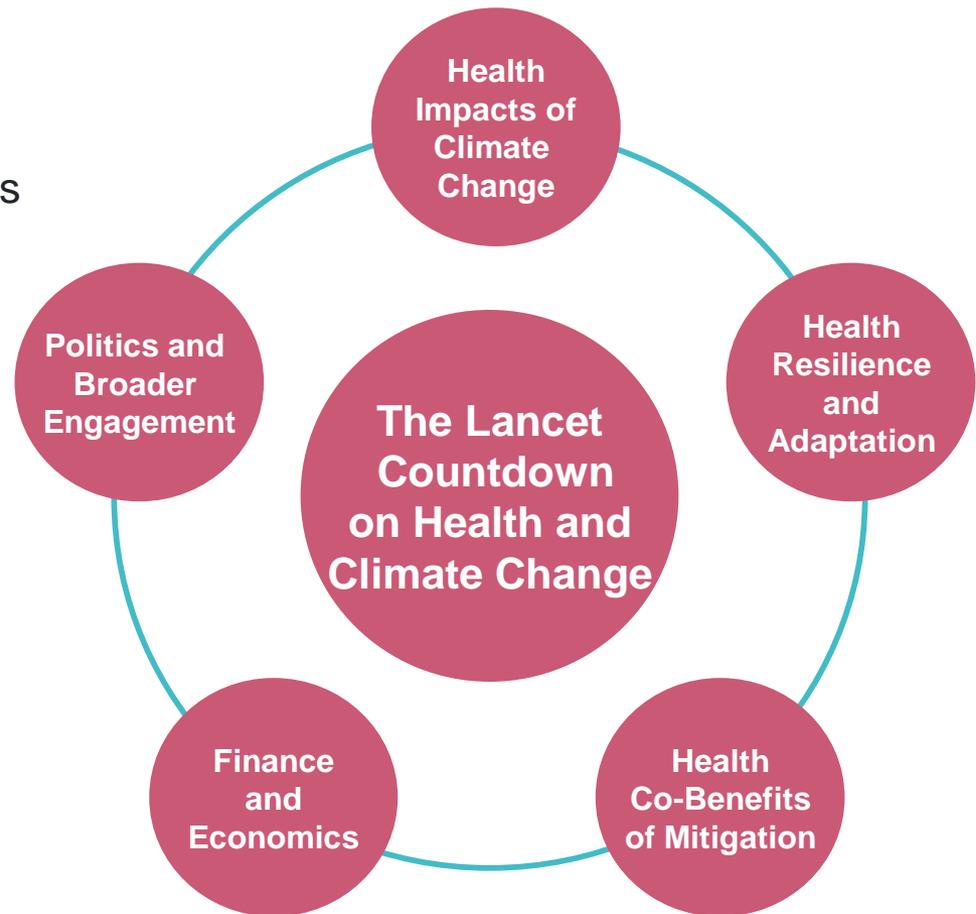
LANCET COUNTDOWN:
TRACKING PROGRESS
ON HEALTH AND
CLIMATE CHANGE

Academic Collaboration



Structure and Outputs

- Annual Indicator Report
- National and City-Level Case Studies
- National Policy Briefs
- Communications and Engagement



3: Health co-benefits of climate change mitigation

3.1 Coal phase-out

3.2 Growth in renewable energy

3.3 Access to clean energy

3.4 Energy access for health facilities

3.5 Exposure to ambient air pollution

3.6 Deployment of low-emission vehicles and access to public transport

3.7 Active travel infrastructure and uptake

3.8 Greenhouse gas emissions from the food system and healthy diets

3.9 Greenhouse gas emissions of health-care systems

4: Economics and finance

4.1 Change in annual investment in renewable energy

4.2 Change in annual investment in energy efficiency

4.3 Low-carbon technology patent generation and innovation

4.4 Valuing the health co-benefits of climate change mitigation

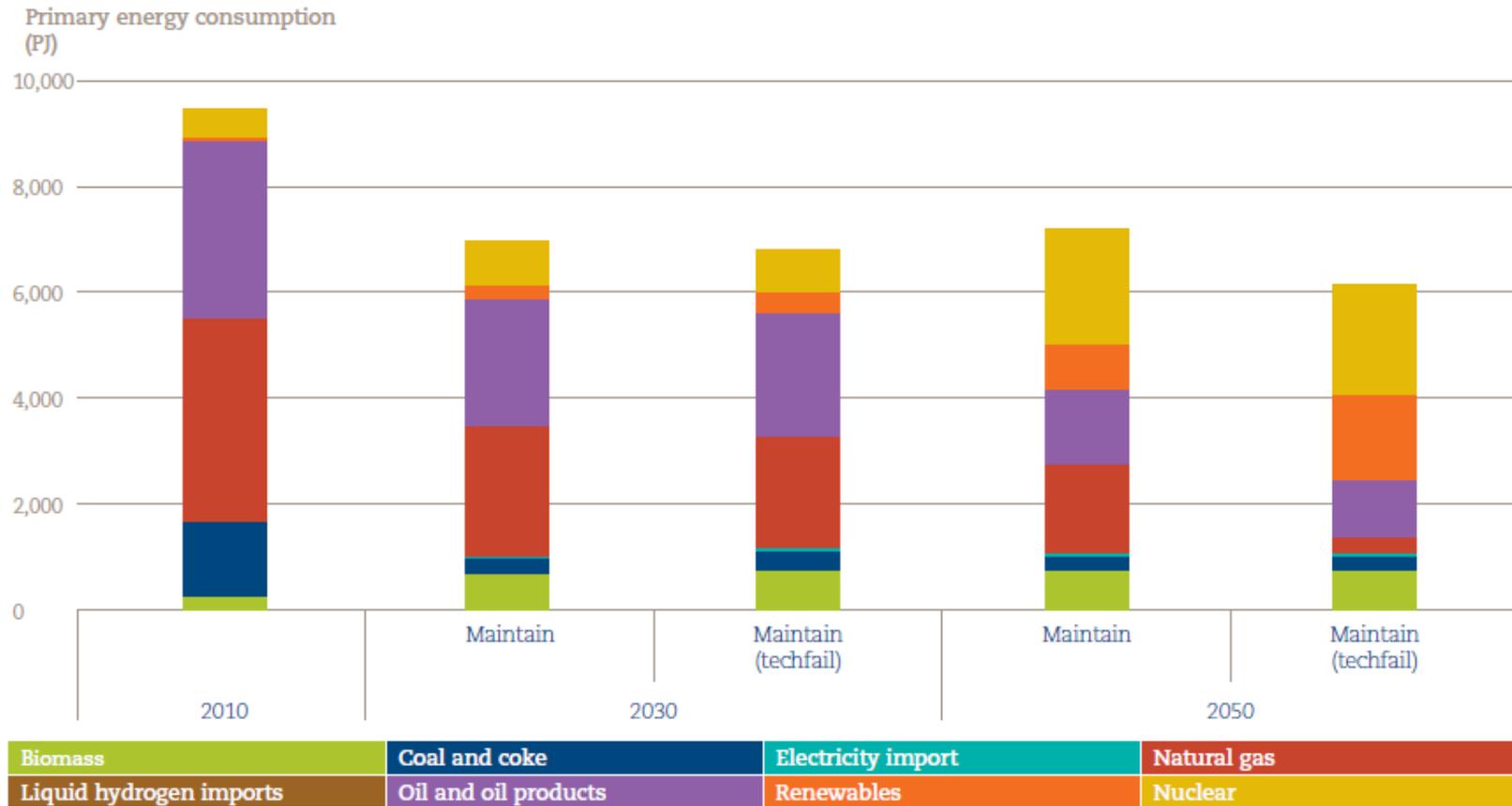
4.5 Direct and indirect fossil fuel subsidies

4.6 Coverage and strength of carbon pricing

4.7 Equity of the low-carbon transition

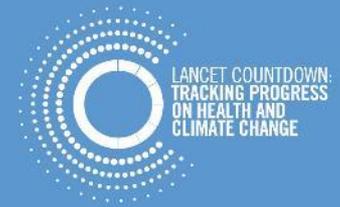
A Low-Carbon Scenario for the UK

Figure 14: Primary energy consumption in UKTM scenarios that meet the UK's 2050 carbon targets



Source: McGlade, C., Pye, S., Watson, J., Bradshaw, M. and Ekins, P. 2016 *The Future Role of Natural Gas in the UK*, UKERC RR/RV/2016.01, UKERC, London

The key role of energy efficiency in buildings: challenges and policy implications



Energy-efficient buildings have an important role to play in maintaining good health, but:

- Buildings that are retrofitted with insulation badly can cause health problems of their own (damp, condensation, moisture, lack of ventilation)
- Achieving high levels of thermal efficiency is difficult (in new or retrofitted buildings) – the UK construction industry does not currently have the skills to deliver this at scale
- Achieving high levels of retrofitted thermal efficiency is expensive – it is therefore essential to take advantage of those times when buildings are being upgraded for other reasons (e.g. at times of sale, new kitchens etc.)
- Policy needs to be oriented towards these key periods of intervention and use both regulations and financial incentives to stimulate action on energy efficiency (e.g. EPCs, stamp duty)
- Regulations applying to both retrofitted and new buildings need to be enforced