

Asia Regional Workshop on Climate and Health Co-benefits

5-6 February 2024

Meeting Report

Table of contents

Introduction	3
Overview of global evidence base on climate and health	5
Participants perspectives on Climate and Health	6
Institute for Global Environmental Strategies integrated policy approach.....	6
UN HABITAT and health cities initiative	6
UNDP's efforts towards an integrated approach to energy transition	7
Malaysia's multisectoral mitigation and adaptation plan.....	7
Vietnam's efforts to confront the impact of climate change on health.....	8
Philippines plans for disaster risk reduction.....	8
Indian initiative on addressing malnutrition through sustainable agriculture.....	9
Indonesia's approach to environmental conservation efforts.....	9
Vaping regulation case study - Australia.....	10
ASEAN cross-sectoral approach on climate change	10
WHO Western Pacific Regional Initiative on Building Health Systems Resilience.....	11
Enhancing Capacity for Healthy Societies and reflections on the day	12
Conclusion	13
Annex 1: List of participants	14
Annex 2: Workshop agenda	18

Introduction

Today, people around the world are living longer, but not necessarily healthier lives. Changes in societies, from economic growth to urbanisation and globalisation, have contributed to improved life expectancy, but have also caused challenges and risks to people's health and well-being, while pushing the planet to the edge of ecological breakdown.

Energy systems continue to be dominated by fossil fuels.[1] Food systems are contributing a third of all greenhouse gas emissions, accelerating environmental breakdown[2] and promoting unhealthy diets.[3] Urban systems—home to more than 55% of the world population[4] – are unsustainable and fail to promote and enable healthy lives. These failings pose significant risks for the health of people and the planet, today and for generations to come.

While there is consensus that health and wellbeing is largely created outside of the health sector, and that the path to achieving healthier societies requires transformational change across non-health sectors and systems, how such transformation can be realised, from the local to the global level, remains unclear.

Around 80-90% of health outcomes are determined by factors outside of health systems. Environmental factors are impacting health directly and indirectly. Climate issues such as: extreme heat, severe weather and air pollution can lead to the rise of NCDs, threaten food security, and cause population displacement. Often those most vulnerable to the impacts of climate change are already facing health threats due to systemic inequality. If we are going to effectively face the challenge health inequality, "we need to start measuring healthy years not just survival years".

From February 2020 to June 2022, Wilton Park and partners held a series of dialogues to explore the social, economic, and environmental determinants of health, with the goal to promote and catalyse cross-sectoral approaches for better health outcomes, looking at societies beyond the health sector. The Asia Regional Workshop builds on this work to support maximising the health impact of system reform efforts, mainly focusing on non-health sector opportunities.

The transformation towards healthy societies requires a radical shift in how we, all act together in society. No single sector, discipline, stakeholder, community, or country has the solution. Collaboration from a diverse range of actors from all sectors and levels will aid in achieving healthy societies. To achieve healthy societies, multi-sector governance is required. Governance platforms for building multi-sectoral dialogues and alliances are needed. Collaboration between researchers and policy makers can ensure alignment for the healthy societies agenda. Inclusive and co-produced multi-disciplinary and multi-sectoral research agendas are needed to identify the most impactful approaches, how these can be delivered and the co-benefits of investments in healthy societies.[5]

[1] IEA. Greenhouse Gas Emissions from Energy Data Explorer. 2023. <https://www.iea.org/data-and-statistics/data-tools/greenhouse-gas-emissions-from-energy-data-explorer>

[2] UN. Food and Climate Change: Healthy diets for a healthier planet. 2022. <https://www.un.org/en/climatechange/science/climate-issues/food>

[3] IHME. Data Visualisations. 2023. <https://vizhub.healthdata.org/gbd-compare/>

[4] UNDESA. 68% of the world population projected to live in urban areas by 2050. 2018. <https://www.un.org/development/desa/en/news>

[5] Wilton Park, Healthy Societies Dialogue. <https://www.wiltonpark.org.uk/series/healthy-societies-and-healthy-populations/>

From the Wilton Park dialogues the key sectors of focus for health impacts of social policy were food, energy, and health systems. As these are sectors see the greatest impact between climate and health.

Understanding of the links between climate change, environmental issues, and health outcomes has expanded greatly in the past two decades. Between 2012 and 2022 alone the number of papers covering the links between climate and health impacts tripled. Yet efforts have largely focused on the adaptations needed to protect public health in changing climates, and on health system decarbonisation. Much less attention has been given to the enormous potential that transformations within energy, food, and urban systems can have for the health of people and the planet. Today, health co-benefits, defined as being “additional to the benefits gained from reducing the impacts of climate change on health”[i], are largely overlooked and linked or shared solutions are not fully recognised.

From 5 to 6 February 2024, the United National University – International Institute for Global Health (UNU-IIGH) and Sunway Centre for Planetary Health convened an Asia Regional Workshop on Climate and Health Co-benefits. The workshop provided a space for regional experts and practitioners to develop a shared understanding climate and health co-benefits, to exchange information on national and regional initiatives, and to explore the challenges and opportunities for delivering the transformative change needed to deliver climate - health co-benefits at scale. Specific objectives included:

- To hear country and regional examples, insights, and perspectives on climate and health initiatives and co-benefit approaches.
- To inform ongoing work to develop policy briefs on climate and health co-benefits.
- To guide and inform efforts to enhance capacity around health co-benefits regionally and globally.



Group photo of participants and organizers of the "Asia Regional Workshop on Climate and Health Co-benefits"

Overview of global evidence base on climate and health

There is still a major data gap in terms of identifying and measuring the health co-benefits from climate mitigation actions. We currently lack a cohesive system of data measurement that spans across various disciplines, hindering collaboration between climate and health experts. Despite the desire to incorporate inputs from other sectors, there is a reluctance to share space and information.

The Alliance for Health Policy and Systems Research, hosted by WHO, primarily funds health policy and systems research but has recently begun to explore the intersection of health and climate. Research areas include universal health coverage, digital health, primary prevention, climate, and emergencies. Exploring climate policy change and interventions through a health system lens is a relatively new endeavour. While the number of papers addressing the links between climate and health impacts has increased significantly from 2012 to 2022, meaningful action seems lacking.

Opportunities for health and climate co-benefits abound, yet they are often overlooked. While there are examples of adaptation and resilience development, a deeper examination of co-benefits across various sectors is needed to understand their significant health implications.

Co-benefits policy solutions can e.g. tackle interconnected challenges like obesity and food insecurity. But concrete guidance is needed to translate cross-disciplinary visions into collaborative initiatives between health and climate.

Speakers highlighted that health is impacted by non-health policy decisions across areas like economy, transport, food systems etc. There are major climate and health co-benefits opportunities through integrated policymaking.

There is more attention to and knowledge about the health consequences associated with climate changes of today. Rising temperatures lead to extreme heat, which in turn increases the risk of heat-related illnesses and fatalities, including cardiovascular failure. Moreover, severe weather events result in injuries, fatalities, and mental health impacts among affected populations. The prevalence of more extreme weather conditions exacerbates air pollution, contributing to higher rates of asthma and cardiovascular disease. Changes in vector ecology, influenced by climate shifts, elevate the risks of vector-borne diseases such as malaria, dengue fever, encephalitis, hantavirus, Rift Valley fever, Lyme disease, Chikungunya, and West Nile fever.

Rising sea levels further compound health issues by increasing allergens and triggering respiratory allergies and asthma. Water quality is also affected, leading to the spread of diseases like cholera, cryptosporidiosis, campylobacter, leptospirosis, and harmful algal blooms. Additionally, increasing CO₂ levels impact water and food supplies, contributing to malnutrition and diarrheal diseases while causing environmental degradation. These factors can also induce forced migration, civil conflict, and mental health issues, illustrating the interconnectedness of climate change and public health.

Key statistics demonstrate the scale of climate change's health impacts currently and projected, from mortality to economics. Yet WHO's annual death estimates related to climate fall far short. Effective communication conveying health stakes is vital for policymaker action.

Therefore, reframing is required to show climate-health links. Focus must shift from treatment to preventing underlying risks and achieving functional health/wellbeing. Metrics beyond survival years matter.

Participants perspectives on Climate and Health

Institute for Global Environmental Strategies integrated policy approach.

From a policy standpoint, adopting a "co-benefits" based approach offers an opportunity to engage stakeholders at various levels. In the realm of air pollution, there has been a shift towards prioritising health impacts, reflecting the assumption that policymakers prioritise health issues over air pollution concerns. The Sustainable Development Goal 3 (SDG3), focusing on good health and well-being, intersects with numerous other SDGs when viewed from a comprehensive perspective. SDG3 is influenced by SDGs 1 (poverty), 4 (education), 8 (safe employment), and 17 (financial support), while also influencing SDGs 1, 4, 8, and 17 in return. The SDGs form a complex network of interconnected goals, presenting opportunities to utilise health as a strategic policy framework or leverage other SDGs to improve health outcomes.

Employing a "political logic of co-benefits" involves linking your issue to policymakers' existing priorities to garner attention and support. Strategies include aligning with leaders' visions rather than focusing solely on policy details, bridging gaps between affected officials and decision-makers, and understanding the motivations of different political actors. However, effective engagement in policy processes faces challenges such as ministerial silos, gaps in citizen science and policy comprehension, and misinformation propagated by industries. There is a need for more specific guidance on operationalising integrated health and environment approaches through concrete mechanisms and processes, transitioning from conceptualisation to implementation.

An integrated policy approach of "healthy people, healthy planet," recognising the interconnectedness of the SDGs and the potential for co-benefits, holds significant promise. Yet, policymakers lack practical guidance on overcoming barriers to translating high-level visions into tangible intersectoral action.

UN HABITAT and health cities initiative

A majority of the world's population now resides in cities which contribute significantly to climate change via energy use and emissions. Urban populations, particularly marginalised groups, also face major health risks from pollution, inadequate services, and intensifying climate impacts - leading to intra-city health inequities.

UN-Habitat has formulated a strategy that recognises public spaces as an effective framework for implementing integrated interventions to tackle urban climate and health issues. This approach operates across various levels, encompassing entire cities, neighbourhoods, and specific sites, aiming to maximise the overall quality of life for communities. By fostering diverse partnerships among governmental bodies, civil society organisations, academic institutions, grassroots entities, and local communities, UN-Habitat endeavours to address pressing concerns such as youth, gender, health, climate change, and disabilities. Ultimately, the organisation aims to disseminate the knowledge gathered from these collaborations to promote widespread public space enhancements across different cities.

UN-Habitat conducted a case study focused on engaging marginalised youth in informal settlements of Jatni in Odisha to participate in redesigning public spaces and governance in their communities. The goal is to advance youth health, wellbeing and digital skills while creating inclusive, safe public areas that can enable localised climate and health interventions.



Credits: Presentation on UN Habitat "Young Gamechangers Initiative" by Pushkal Shivam.

The Young Gamechangers Initiative employs hands-on learning studios for youth to reimagine public services, leverage digital tools to drive change, use sensors to monitor health, and lead hyperlocal solutions - ultimately strengthening their capacity to participate in civic processes addressing urban climate and health priorities.

This framework offers a practical model for participatory planning, impact evaluation and scaling successes. It adopts a spatial lens by using public areas as conduits for blended stakeholder coordination on resilient innovations. Crucially, it centres youth engagement, especially from vulnerable communities bearing the greatest climate-health risks, while having minimal decision-making power over the built environments influencing their welfare.

In summary, the spatial approach of re-visioning public spaces facilitates targeted climate and health actions via participatory community development. By focusing on inclusive youth leadership and localised solutions design, previously disenfranchised populations can apply digital tools and data-driven insights to policy changes addressing priority environmental health challenges.

UNDP's efforts towards an integrated approach to energy transition

Many Asian countries such as Malaysia, China, Indonesia, and India are economically reliant on emissions-intensive activities such as oil sales and deforestation, facilitated by policies that subsidise fossil fuels and unsustainable practices. Access to public transportation remains limited, especially in rural areas. The lack of coordination and siloed approach among different sectors and ministries hinders the development of a comprehensive strategy to address the harmful effects of climate change. Compounding this issue is the concerning lack of data and research on the health impacts of climate change, leaving the country ill-prepared to address these issues. Limited fiscal space often results in the prioritisation of economic interests over environmental concerns, with sectors like health being sidelined. The allocation of funds towards subsidising fossil fuels for public consumption perpetuates the reliance on emissions-based economies. To ensure the survivability of the population and transition towards a more sustainable future, it is crucial to reprioritise funds towards sectors such as food and urban development, as well as take significant steps to shift away from a reliance on emissions.

Malaysia's multisectoral mitigation and adaptation plan

Malaysia is bracing for heightened impacts of climate change, including more frequent and intense rainfall, flooding, storms, hot weather spells, and droughts. These changes are expected to exacerbate various climate-sensitive health risks, such as the spread of vector-borne diseases like dengue and malaria, heat-related illnesses, increased air pollution exacerbated by haze, water contamination leading to waterborne diseases following floods, and concerns regarding food insecurity and malnutrition. Recognising climate change as a significant public health issue, Malaysia has initiated a comprehensive multisectoral mitigation and adaptation plan.



*Aerial view of flooding in Penampang Town, Sabah, Malaysia.
Credits: Yusnizam from Getty Image (via Canva Pro).*

With a primary focus on the Ministry of Health, efforts have been directed towards bolstering preparedness and response mechanisms to enhance the resilience of the health system. This involves the development of guidelines for disaster management within the Ministry of Health, along with protocols for flood management.

Furthermore, new guidelines have been established to aid clinicians in diagnosing and treating heat-related illnesses, among other initiatives. In alignment with COP26/28 objectives, Malaysia has set a target date to achieve net zero emissions in the healthcare system and aims to facilitate access to climate change funding for health-related initiatives. Additionally, the country is conducting vulnerability assessments and adaptation strategies to address climate change's impact on public health.

Vietnam's efforts to confront the impact of climate change on health.

Vietnam confronts increasing climate challenges, including heatwaves, droughts, storms, and annual flooding that affects approximately 70% of its population. These phenomena result in fatalities, economic losses, damage to health facilities, disrupted healthcare access, and heightened risks of disease outbreaks, encompassing diarrhoea, flu, dengue, and malaria. Particularly vulnerable are women and children who face malnutrition risks during extreme weather events. Moreover, Vietnam has recognised various non-communicable disease concerns arising from climate change, such as heightened hospitalisation risks due to heatwaves and air pollution.

The country has conducted comprehensive studies on the health effects of climate change, exploring both direct and indirect impacts on population health and health systems. Policy measures have been implemented to address health effects and promote multisectoral communication to mitigate climate impacts, including initiatives like constructing green hospitals, reducing plastics in healthcare facilities, and enhancing water sanitation and hygiene in health facilities nationwide. Community engagement strategies involving the distribution of educational materials during floods and storms, as well as healthcare professional re-education to promote climate awareness and integration of intersecting health issues, have also been undertaken. Additionally, an integrated database has been established to facilitate access to climate-related information across various ministries.

Despite these efforts, Vietnam faces challenges due to limited funding for health adaptation initiatives. Resistance among staff to incorporate climate considerations into health planning and service delivery persists. Furthermore, the absence of an early warning system hampers the prediction of climate-sensitive outbreaks and preparation of health system responses.

Philippines plans for disaster risk reduction.

Due to its geographical location, the Philippines faces heightened exposure to increasingly severe typhoons, with approximately 20 category five storms striking annually, resulting in widespread flooding, infrastructure damage, and disease outbreaks. With a population of over 100 million relying on climate-sensitive livelihoods such as fishing and agriculture, environmental factors significantly influence public health outcomes. For instance, Typhoon Rai, occurring during the pandemic, inundated 90% of an island lacking tertiary care facilities, leading to indirect fatalities due to water contamination. Moreover, the prevalence of vector-borne diseases like dengue further strains already overstretched healthcare systems.

Recognising the mounting climate-related health risks, the Philippines has endorsed a national climate and health strategy, conducted vulnerability assessments to inform adaptation measures, and launched targeted initiatives. Additional initiatives include the development of planning guidelines, establishment of a Department of Climate and Health, adoption of WHO resilience standards for facilities, bolstering emergency response capabilities, implementation of sustainability reporting, and efforts to enhance air quality standards. However, limitations in funding hinder dedicated research aimed at quantifying the impacts of climate change on health to inform policymaking. Discrepancies between high-level policies and on-the-ground implementation persist, with existing disaster management plans lacking clear strategies for operationalising response measures.

Overall, there is a pressing need for more cohesive, localised actions to translate overarching policy objectives into effective interventions that enhance community resilience. Collaborations with organisations like the Alliance for Climate and Clean Air, advocating for strengthened environmental health protections, serve to raise awareness and promote accountability in addressing climate-related health challenges.

Indian initiative on addressing malnutrition through sustainable agriculture.

Across India, 75 percent of districts are identified as extreme event hotspots, with the country experiencing extreme weather occurrences on 235 out of 273 days, equivalent to over 86 percent of the period from January 1 to September 30, 2023. These events resulted in the loss of 2,923 human lives, affected 1.84 million hectares of crop area, damaged 80,563 houses, and caused the deaths of over 92,519 animals.

Climate change exacerbates malnutrition in India by adversely affecting food systems and diet diversity. Extreme weather events and environmental changes diminish the yield and availability of nutrient-rich foods, while increased prices further limit access to nutrition, disproportionately impacting vulnerable populations such as women.

It is essential to implement strategies that promote diversified food production using locally suitable, climate-resilient nutritional varieties to enhance dietary diversity. Food systems need to be sensitised to nutrition and climate considerations across all stages, from production to consumption, employing location-specific approaches.

Integrating biodiversity conservation into mainstream practices supports the goal of nutritional diversification. Gender-equitable food systems have demonstrated greater resilience while promoting sustainability and inclusivity. Therefore, adopting a localised One Health approach that links health, environment, and food systems is crucial, facilitating integrated solutions that bolster climate adaptation, food security, diet diversity, and gender equality, resulting in mutual health and ecosystem benefits.

The priority is to transition Indian food systems to be climate-resilient, rich in local crop varieties, nutrition-sensitive throughout value chains, and gender-inclusive from production to consumption. This transition aims to enhance health and environmental sustainability by offering diversified, accessible diets for vulnerable communities.

Indonesia's approach to environmental conservation efforts

The approach described integrates healthcare services with environmental conservation efforts in rural rainforest communities in Indonesia. A clinic in West Kalimantan allows patients to barter for treatment using tree seeds, handicrafts, and compost servings. The seeds are then used to reforest destroyed rainforests, with locals growing plants at home to provide the seeds. This model has successfully reforested 400 hectares in the Gunung Palung National Park. The clinic offers healthcare discounts based on the level of deforestation in the area, incentivising better environmental practices.



Credits: Presentation on "ASRI: Planetary Health in Action Indonesia" by Ms. Evita Izza Dwiyant.

If there is no logging, patients receive a 70% discount, while poorer environmental treatment results in a 30% discount. The approach also includes environmental education and health programs encouraging reforestation and discouraging deforestation.

The results of this approach have been promising, with a 90% drop in logging households, \$65.3 million in averted above-ground carbon loss, a 67% decrease in infant mortality, and significant declines in cases of malaria, tuberculosis, neglected tropical diseases, and diabetes over the past 10 years. The Ministry has agreed to support this model and bring the West Kalimantan approach to similar rural communities in Indonesia, with the hope of developing policies to support the existence of clinics in local rural communities.

This model is being scaled up with support from global partners and implemented in other rainforests across Indonesia, with the goal of using Indonesia as a global model for planetary health. Potential sites include Gunung Leuser, Nantu, Bogani Nani Wartabone, and Tambrauw. The approach recognises that communities are experts in understanding their problems and solutions but may lack access to those solutions. By providing access to healthcare, education, and sustainable economic opportunities, the cycle of reliance on unsustainable practices like logging can be broken.

Vaping regulation case study - Australia

Originally intended to aid smoking cessation, vaping has rapidly gained usage including among youth worldwide. However, major public health, economic and environmental concerns are prompting regulatory reforms. On the health front, vaping risks nicotine addiction and exposes users to toxins that can cause cardiovascular and respiratory disease and cancer. Brain development in young users also faces irreversible impacts. Meanwhile poisoning and burn injuries from device explosions or ingestion of nicotine liquids present other safety hazards.

Economically, healthcare costs linked to vaping are projected to be huge, estimated at \$15 billion annually just in the United States. Environmentally, the single-use plastic cartridges and e-waste from used batteries and circuit boards contribute substantially to plastic and toxic pollution while nicotine liquids contain multiple chemicals. Expanding nicotine plant cultivation for vaping products also drives deforestation.

Given these multi-faceted concerns, India has banned manufacturing, sales, advertising, and distribution of e-cigarettes to protect youth. Australia is similarly updating regulations through sales restrictions for youth, banning kid-friendly flavours, limiting nicotine concentrations allowed and requiring plain packaging devoid of branding or promotions. Such comprehensive reforms across the product life cycle from manufacturing to packaging and advertising are vital to check the vaping epidemic threatening health, economies and the environment while safeguarding vulnerable young populations.

ASEAN cross-sectoral approach on climate change

ASEAN adopts a comprehensive, cross-sectoral approach to climate change, aligning with strategic environmental priorities such as biodiversity conservation, sustainable cities, and climate resilience, as well as sustainable production and consumption practices. A crucial aspect involves addressing transboundary air pollution through research and cross-sectoral impact assessment, with a primary emphasis on renewable energy, sustainable transportation, agriculture, waste management, and fire prevention strategies. This necessitates coordinated efforts and multisectoral collaboration across urban planning, transportation, logging, and energy industries to mitigate air pollution and improve air quality.

While ASEAN has articulated its commitment to addressing climate change and achieving a haze-free region in the ASEAN Leaders' Statements, efforts to optimise climate and air pollution co-benefits are still nascent, largely limited to studies and environmental education aimed at identifying management strategies for mutual health and environmental gains. Despite recent recognition of the crucial role of non-state actors and multisectoral engagement in mainstreaming environmental health, active participation remains limited. Therefore, facilitating partnerships with diverse stakeholders to advance climate and health co-benefits through collaborative action emerges as an urgent priority that the ASEAN Secretariat aims to fulfil.

In collaboration with the World Health Organisation (WHO), ASEAN has initiated the development of a One Health integrated strategy to address the health impacts of climate change. The ASEAN One Health Joint Plan of Action (OH JPA) outlines six key tracks, including strengthening health systems capacities, mitigating emerging epidemic/pandemic threats, controlling endemic zoonotic and vector-borne diseases, enhancing food safety risk assessment and communication, combating antimicrobial resistance, and integrating environmental considerations into the One Health approach. Operationalisation of these initiatives is facilitated through the ASEAN One Health Network, which connects national-level coordination mechanisms to foster blended sectoral collaboration among food, agriculture, environment, and health agencies across ASEAN countries.

WHO Western Pacific Regional Initiative on Building Health Systems Resilience

Environmental risks contribute to 23% of global deaths, highlighting the extensive health impacts of climate change across various factors such as radiation, pollution, and sanitation. Understanding the comprehensive health effects of climate change requires adopting cross-cutting, systemic approaches that recognise how environmental risks intersect with different sectors.

The health sector's reliance on specific, isolated data collection methods and vulnerability framing results in incomplete assessments of climate change's health impacts. Addressing the urgent concern of health impacts from climate change necessitates moving away from isolated approaches to data generation and embracing a broader perspective. This shift involves reevaluating metrics, such as distinguishing between vulnerable populations and populations with vulnerabilities, to gain deeper insights.



A WHO staff member in front of flooded and poisoned coconut palms near Tabunginako village on Kiribati's outer Abaiang island. Credits: WHO/Will Sea.

To enhance resilience, efforts must transition from isolated initiatives aimed at reducing sectoral environmental health risks to comprehensive strategies that promote community health co-benefits. Resilience-building strategies should extend beyond the health sector to encompass broader social and ecological measures, such as ensuring access to safe water and implementing green energy infrastructure. Effective promotion of health requires seamless communication across various government sectors, as health considerations permeate every aspect of society.

Fragmented, issue-based perspectives hinder the understanding of climate change's multifaceted health impacts. Overcoming these knowledge silos necessitates integrated data collection, vulnerability analysis, strengthened intersectoral collaboration, and system-based approaches to mitigate environmental health risks. This comprehensive approach is essential for accelerating resilience and addressing the complex challenges posed by climate change on human health.

Enhancing Capacity for Healthy Societies and reflections on the day

Despite progress in many areas, billions of people globally still cannot lead healthy lives and face worsening climate and environmental breakdowns. Transformative action is urgently required across energy, food, and urban systems to realise mutually beneficial outcomes for both human health and planetary sustainability. However, momentum remains insufficient and existing siloes constrain impact.

The potential co-benefits from driving such integrated systems change are immense: clean energy systems could save over five million lives annually just through reduced air pollution, sustainable food systems/diets could prevent over 10 million premature non-communicable disease deaths per year by 2040 while curbing emissions, and sustainable transportation/urban planning could significantly decrease greenhouse gas outputs and mortality relating to physical inactivity which currently claims 5 million lives each year.

With the right approaches and leadership, these mutually beneficial actions and outcomes can be catalysed and the potential unlocked, delivering transformative change for healthy people on a healthy planet. A potential collaborative Healthy Societies Hub could proactively bridge sectoral divides and elevate integrated solutions. Central activities would entail collating data quantifying cross-domain impacts, tracking successful intervention models delivering co-benefits, facilitating focused city-partnerships to test implementations, strengthening technical capacities of decision-makers, and hosting multi-stakeholder convenings to spotlight opportunities, wins and future priorities based on an annual progress evaluation. The overarching vision is to leverage such a platform to unlock health and environmental co-benefits across interrelated systems - accelerating progress towards “healthy societies where everybody can live a healthy life on a healthy planet.”

Key feedback questions posed relate to the greatest opportunities foreseen to collectively advance co-benefits thinking into outcomes, types of support different players need to amplify their work here, and whether such a collaborative Hub, or a network of regional Hubs could in fact meet these needs to maximise mutual benefits through improved cross-system understanding and planning.



Conclusion

The Asia regional workshop shined a light on the challenges the health impacts of climate change poses. Climate change is a multisectoral issue that has a variety of impacts. Population displacement, food security, rising temperatures. These all have massive health implications, but their solutions aren't always found in the health sector. Climate change is exacerbating various health risks, including the spread of diseases, food and water insecurity, air pollution impacts, strain on healthcare infrastructure, and loss of lives and livelihoods, often disproportionately affecting vulnerable populations. Climate change exacerbates malnutrition by adversely affecting food systems and reducing diet diversity, disproportionately impacting vulnerable populations. damage to health facilities, disrupted healthcare access and heightened risks of diarrheal diseases, influenza, dengue and malaria outbreaks. Women and children face malnutrition risks during extreme weather events. Disease outbreaks that further strain the healthcare systems. Vector-borne diseases like dengue compound the burden.

Co-benefits based approaches offer a variety of creative and inspired solutions to address the challenges faced. During the workshop, we saw presentations that addressed health and environmental concerns in various ways. UN-HABITAT case that was not designed with health concerns but still had positive health outcomes. ASRI in Indonesia designed an environmental intervention strategy where they had the community trade seedlings for health services, which were then planted for reforestation. In both these examples, the health impacts of climate change were not being directly addressed by either intervention. However, both sectors saw the benefits. Co-benefits are about identifying and highlighting these mutually beneficial outcomes for the purpose of furthering a health agenda.

Co-benefits provide a narrative framework to engage with policymakers on their specific interests. The 'five-year vision' of policymakers, the desire to implement a policy that provides short-term benefits, was a reoccurring concern and challenge that the health sector faces with regard to securing fiscal support and engaging with experts in the climate sector. A co-benefits-based approach can engage policymakers with a convincing narrative. Additionally, co-benefits can provide common ground to connect with climate experts when engaging with policymakers. IGES presented how co-benefits can interest climate experts by introducing mutually beneficial policies that engage with the priorities of the policymakers whilst providing mutually beneficial outcomes.

We have made great strides towards understanding the multisectoral impact of climate change and how it can impact health. however, as the Planetary Health Summit fast approaches Broader systemic shifts are required to make meaningful changes to climate issues. Health professionals are seen as having little to offer to the climate conversation. the health industry's environmental efforts are seen as small and low priority. As an example, health systems only account for 5% of global greenhouse gas (GHG) emissions.

Continuing to challenge our own knowledge siloes is important if we hope to open dialogues across disciplines. As one attendee noted "We [the health sector] want the inputs of other sectors, but we're proprietary about sharing our space". Co-benefits-based approaches aren't a new idea; And that is not lost on other sectors. It's important to approach the issue of climate change with humility and treat other disciplines with respect. Otherwise, we will have fallen into the pernicious habit of creating terminology that touts inclusivity and multisectoral approaches, only for it to turn into sectoral chest-thumping.

As a next step the findings of this report will be shared at the upcoming Planetary Health Summit and 6th Annual Meeting (PHAM 2024) and other regional and global meetings.

Annex 1. List of participants

Name	Job	Email
Assoc. Prof. Dr. Salma Abdalla	Scientist, AHPSR, Geneva	Abdalla@bu.edu
Prof. Dr. Victor Hoe Chee Wai Bin Abdullah	Professor, Department of Social and Preventive Medicine, Faculty of Medicine, Universiti Malaya, Malaysia	victorhoe@um.edu.my
Dr. Rabindra Romauld Abeyasinghe	WHO Representative and Head of the WHO Country Office of Malaysia, Brunei Darussalam and Singapore, Malaysia	abeyasingher@who.int
Mr. Kiva Diamond Allotey-Reidpath	Intern UNU-IIGH, Malaysia	Kiva.ar@gmail.com
Dr. Muhammad Fikri bin Asmi	Ketua Penolong Pengarah Kanan Bahagian Kawalan Penyakit, KKM, Malaysia	dr.mfikri@moh.gov.my
Mr. Niloy Banerjee	Resident Representative UNDP, Malaysia	niloy.banerjee@undp.org
Dr. Kwan Soo Chen	Postdoctoral Fellow, UNU-IIGH, Malaysia	sc.kwan@unu.edu
Mr. Nguyen Huy Cuong	Deputy Head of Environmental Health Department Health Environmental Management Agency, Ministry of Health, Vietnam	cuong1vietnam@gmail.com
Dr. Sandro Demaio	Chief Executive Officer Victorian Health Promotion Foundation (VicHealth), Melbourne	sandro.demaio@gmail.com

Ms. Evita Izza Dwiyanti	Grant and Partnership Manager Alam Sehat Lestari (ASRI)	evita@alamsehatlestari.org
Dr. Sally Edwards	Coordinator, Health and the Environment, WHO WPRO, Philippines	edwardss@who.int
Dr. Mark Elder	Director of Research and Publications Institute for Global Environmental Strategies (IGES), Japan	elder@iges.or.jp
Ms. Karima El-Korri	UN Resident Coordinator Malaysia, Singapore, Brunei Darussalam	elkorri@un.org
Mr. William Gognan	NUS, Singapore	gagnon.will@gmail.com
Dr. Anita Rentauli Gultom	SKM. MPH. Directorate Environmental Health Indonesia, Indonesia	Gultomanita@gmail.com
Dr. Yasushi Katsuma	Academic Programme Advisor, UNU-IAS, Japan	katsuma@unu.edu
Ms. Katri Kemppainen-Bertram	Senior Global Health Consultant, Berlin	katri.bertram@gmail.com
Mr. Rajat Khosla	Director, United Nations University-International, Institute of Global Health (UNU-IIGH), Malaysia	rajat.khosla@unu.edu
Ms. Tss Kwan Li (Stella)	UN Volunteer in Events and Communications, UN-Habitat Multi-Country Programme Office, Bangkok	tss.li@un.org

Ms. To Thi Lien	Deputy Director, Center for Health Environment Research and Development (CHERAD), Vietnam	tolien.hsph@gmail.com
Tan Sri Dr. Jemilah Mahmood	Executive Director, Sunway Centre for Planetary Health, Sunway University Malaysia	jemilah@sunway.edu.my
Mr. Henry E. Mark	Consultant, England	henryemark@gmail.com
Prof. David Mccoy	Research Lead, UNU-IIGH, Malaysia	mccoy@unu.edu
Dr. Mohd Tariq bin Mhd Noor	Ketua Penolong Pengarah Kanan Bahagian Kawalan Penyakit, KKM, Malaysia	drtariq@moh.gov.my
Assoc. Prof. Dr. Helena binti Muhammed Varkkey	Associate Professor Department of International Strategic Studies Faculty of Arts and Social Sciences Universiti Malaya, Malaysia	Helenav@um.edu.my
Dr. Anders Nordstrom	Principal Fellow Karolinska/UNU-IIGH, Stockholm	aenordstrom@gmail.com
Dr. Rengalakshmi Raj	Director, Ecotechnology M S Swaminathan Research Foundation, India	rengalakshmi@mssrf.res.in
Dr. Kumanan Rasanathan	Executive Director, Alliance for Health Policy and Systems Research (AHPSR), Geneva	rasanathank@who.int
Prof. Elil Renganathan	Professor of Public Health and Policy, Department of Medical Sciences, Malaysia	elil@sunway.edu.my

Dr. Thahirahtul Asma' binti Sakaria	Ketua Penolong Pengarah Kanan Bahagian Kawalan Penyakit, KKM, Malaysia	asma@moh.gov.my
Prof. Shreelata Rao Seshadri	Professor and Director, Public Health Foundation of India, India	seshadri.rao@phfi.org
Mr. Pushkal Shivam	Lead - Young Gamechangers Initiative UN Habitat, India	pushkal.shivam@un.org
Ms. Jit Sohal	Regional Climate Manager Health Care Without Harm Southeast Asia, Philippines	msohal@hcwh.org
Prof. Tin Tin Su	Director, Southeast Asia Community Observatory (SEACO), Monash University, Malaysia	TinTin.Su@monash.edu

Annex 2. Workshop agenda

Day 1: 5 February 2024

Time	Topic	Chair/Presenter(s)
Session 1: Opening Ceremony Chair: Prof. Tan Sri Dr Jemilah Mahmood (Sunway Centre for Planetary Health)		
09:00-09:10	Opening and welcome	Sunway Centre for Planetary Health UNU-IIGH
09:10-09:15	Welcome Remarks	Ms Karima El Korri, UN Resident Coordinator Malaysia, Singapore, Brunei Darussalam
09:15-09:25	Keynote	Datuk Dr Muhammad Radzi Abu Hassan, Director General, Ministry of Health, Malaysia
09:25-09:40	Introductions	All
09:40-09:45	Objectives and agenda for meeting (Overview of agenda and objectives for two days; expectations and tentative next steps)	UNU-IIGH
09:45-10:30	Break	
Session 2: Overview of Global Initiatives on Health Co-Benefits Chair: Dr Sandro Demaio (Vic Health)		
10:30-10:40	Wilton Park meetings	Dr Anders Nordstrom, Karolinska Institute (Provide reflections on the key outcomes from the Wilton Park meetings and origins of this work)
10:40-10:50	Overview of global evidence base on climate and health	Prof Salma Abdalla, AHPSR) (Provide reflections on global evidence base on climate and health)
10:50-11:00	2024 Planetary Health Summit and 6th Annual Meeting (www.pham2024.com)	Prof. Tan Sri Dr Jemilah Mahmood
11:00-12:00	Moderated discussion	
12:00-13:00	Lunch	

Session 3: Regional/National Initiatives on Climate and Health
Chair: Prof Elil Renganathan (Sunway Centre for Planetary Health)
(Reflections on regional and national initiatives addressing climate and health intersections.
Part 1 focusing on national initiatives)

13:00-13:10	Malaysia	Dr Thahirahtul Asma' binti Zakaria (MoH)
13:10-13:20	Vietnam	Dr Nguyen Huy Cuong (Health Environmental Agency)
13:20-13:30	Philippines	Ms Jit Sohal (Health Care Without Harm)
13:30-13:40	India	Dr Rengalakshmi (MSSRF)
13:40-13:50	Indonesia	Evita Izza Dwiyantri (Alam Sehat Lestari (ASRI))
13:50-14:30	Moderated discussion	
14:30-15:00	Break	

Session 4: Regional/National Initiatives (Contd.)
Chair: Rajat Khosla (UNU-IIGH)
(Part 2 focusing on regional and multilateral bodies)

15:00-15:10	ASEAN	Natalia Derodofa
15:10-15:20	IGES	Mark Elder (IGES)
15:20-15:30	WHO WPRO	Dr Sally Edwards (WHO/WPRO)
15:30-15:40	UNDP	Mr Niloy Banerjee (UNDP)
15:40-15:50	UN-Habitat	Mr Pushkal Shivam (UN-Habitat)
15:50-16:30	Moderated discussion	

Session 5: Enhancing Capacity for Healthy Societies and reflections on the day.
Chair: Ms Katri Bertram (Partners for Impact)

16:30-16:40	Suggestion for enhanced capacity for Healthy Societies	Mr Henry Mark (UNU-IIGH), (Presentation on the draft proposal for a Hub)
16:40-17:10	Moderated Discussion	
17:10-17:30	Wrap up and recap of day 2 agenda	
18:00-20:00	Reception for meeting participants	

Day 2: 6 February 2024

Time	Topic	Chair/Presenter(s)
Session 6: Policy brief (s) on Climate and Health Co-benefits Chair: Dr Anders Nordstrom (Karolinska Institutet) (Presentation on objectives for policy briefs; what they are trying to do and what they are not)		
09:00-09:10	Overview of the policy briefs and approach	Dr Kumanan Rasanathan (AHSPR)
09:10-09:20	Presentation on policybriefs	Prof Salma Abdalla (AHSPR)
09:20-09:30	Presentation on Case studies	Dr Sandro Demaio (Vic Health)
09:30-10:30	Working Groups (3 working groups to discuss the evidence presented; its utility; how it can be applied and opportunities)	
10:30-11:00	Break	
Session 7: Discussion on Policy Briefs(Contd.) Chair: Rajat Khosla (UNU-IIGH)		
11:00-11:30	Working Groups (Contd.)	
11:30-12:00	Plenary Feedback and discussion	
12:00-13:00	Lunch	
Session 8: What next? Chair: Ms Katri Bertram(Partners for Impact) (Final session on how we continue the discussion and what the next steps for this work are)		
13:00-13:10	What next global	Dr Anders Nordstrom (Karolinska Institutet)
13:10-13:20	What next regional	Prof. Tan Sri Dr Jemilah Mahmood
13:20-13:35	Any other proposals and reflections	
13:35-14:30	How to continue the work? Expanding the network in the region and staying in touch? Facilitating more discussions and conversations Key outputs? Opportunities to advance the discussion	
14:30-15:00	Break	
15:00-15:30	Wrap up and End of meeting	Prof. Tan Sri Dr Jemilah Mahmood Mr Rajat Khosla

Copyright © 2024 United Nations University International Institute for Global Health,
Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO (CC BY-NC-SA 3.0 IGO).

DOI: <https://doi.org/10.37941/MR/2024/1>

ABOUT UNU-IIGH

The UNU International Institute for Global Health (UNU-IIGH) in Kuala Lumpur, Malaysia, operates as the designated UN think tank specializing in global health. With a mandate to facilitate the translation of research evidence into policies and tangible actions, UNU-IIGH serves as a hub connecting UN member states, academia, agencies, and programs. Established through a statute adopted by the United Nations University Council in December 2005, the institute plays a pivotal role in addressing inequalities in global health. UNU-IIGH contributes to the formulation, implementation, and assessment of health programs.

iigh-info@unu.edu

UNU-IIGH Building,
Hospital Canselor Tuanku Muhriz UKM (HCTM),
Jalan Yaacob Latif, Bandar Tun Razak, Cheras,
56000 Kuala Lumpur, Malaysia
Tel: +60 3-9171 5394
Email: iigh-info@unu.edu

