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A failure of ambition on climate action will amplify humanitarian needs

Humanitarian actors are struggling to keep up with the demands of increasingly frequent, erratic, and overlapping crises at current levels of warming

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“Can there be peace and prosperity if one third of the world literally prospers and the other two thirds of the world live under siege and face calamitous threats to their wellbeing?” (Mia Mottley, prime minister of Barbados and envoy at COP26, 2021)

Given the stakes, MSF is paying more attention to the COP process and is motivated to contribute to the discourse from the perspective of an emergency medical humanitarian organisation. MSF works in the world’s most climate vulnerable settings, where people are disproportionately exposed and least able to adapt to global heating. MSF teams have half a century of experience in tackling climate sensitive health risks and have seen firsthand how the situation is deteriorating, posing additional risks to population health worldwide.¹

When COP26 ended last month, the final Glasgow agreement confirmed that emissions must fall by 45% by 2030 to limit global warming to 1.5°C above pre-industrial levels so that we can maintain a safe operating space for humanity.² Yet more realistic interpretations of current climate policy have the Earth on track to heat well above 2 degrees—which would take our environment and societies beyond several dangerous tipping points.³

Put simply, keeping below 1.5°C will avert the worst impacts of climate change. However—as various climate envoys put forward at COP26—even at current levels of warming, millions of people today are displaced and struggling to recover from cascading, connected, and compounding emergencies linked to climate change.⁴ The negative consequences of every fraction of a degree lost (of warming not averted) will be unequally felt.

The climate crisis contributes to humanitarian crises today

In 2020, 30 million people were displaced by weather related disasters, which is about three times the number of people displaced by conflict and violence.⁵ Both rapid and slow onset climate hazards contribute to the fast and steady erosion of gains made in human health and development, placing additional pressure on humanitarian actors. Humanitarian crises are multidimensional with complex causes, not all of which are related to climate change. Yet it is clear that MSF already has and will continue to have an important role in managing the unavoidable fallout of the climate crisis—or, perhaps more accurately, dealing with the impacts of climate change that the global community fails to avoid.

While world leaders deliberate over pledges and actions to minimise global heating, humanitarian actors are struggling to keep up with the demands of

increasingly frequent, erratic, and overlapping crises at current levels of warming. MSF and many others in attendance at Glasgow know that the consequences of climate change are already deeply affecting people’s lives, livelihoods, rights, health, and wellbeing.

The goals for COP26—to keep global warming to 1.5°C, adapt to protect communities and natural habitats, mobilise finance, and work together to deliver these ambitions—are admirable and necessary. However, have negotiations made meaningful progress towards achieving them? We reflect on the key outcomes of COP26 from a humanitarian perspective.

Three goals and three gaps

Mitigation

The more we reduce greenhouse gas emissions (mitigation), the less we have to adapt (adjust to the negative consequences of climate change). As health professionals, we know that prevention is better than treatment. The same principle applies to the health of our planet. Indeed, every fraction of a degree of warming averted is critical because there are significant differences in crop yields, exposure to vector-borne disease, and risk of malnutrition between 1.5 degrees and 2.0 degrees.⁶

The mitigation window is closing and there are limits to human adaptation. Given that >1.5°C of warming is considered dangerous, >3°C catastrophic, and >5°C unknown,⁷ the precautionary principle of governance must apply. When faced with serious or irreversible threats to health and wellbeing,⁸ and when risk is to an extent unquantifiable and projections uncertain, we cannot justify inaction. In the context of uncertainty, we need to steer our systems and societies towards prevention, anticipatory governance, and longer term thinking.

Climate finance

The parties agreed at COP21 in 2015 that if governments in lower income countries took steps to limit carbon emissions, they would receive technical and financial assistance from high income countries that are primarily responsible for climate change. The modest sum of US\$100bn annually towards this goal was unmet at Glasgow, yet the world continues to spend US\$423bn on fossil fuel subsidies.⁹ We urgently need to recognise the negative externalities of public and private spending and reallocate harmful investments.

Furthermore, climate finance must transparently reflect new and additional resources, and not be redirected from declining humanitarian and development assistance, which must be protected

and reinforced. Humanitarian needs are already underserved and set to rise as underdevelopment amplifies the negative impact of climate shocks. The failure to properly fund both climate finance and humanitarian assistance exposes millions of people living at the intersection between humanitarian and climate vulnerability.

Adaptation

We are living in the adaptation era, yet efforts to adapt have been lagging. Vulnerable countries with limited coping mechanisms are currently struggling to manage the impacts of climate change. COP26 brought increased attention and resourcing for adaptation by 2025 but concrete support is needed urgently if countries are to scale up adaptation in time.

Furthermore, adaptation responses must urgently focus on contingency planning, including stronger, flexible, and more agile health systems in developing countries. One lesson learnt from both Ebola and the covid-19 pandemic is that the world is only as strong as its weakest health system. MSF also learnt that health systems that are community centred, responsive to health needs, capable of mobilising local supply chains, and which have a focus on preventative strategies withstood covid-19 better—offering hints to help tackle the climate crisis.

Part of the solution

It was clear in Glasgow that only radical commitments followed by honest, monitored, and transparent action will be sufficient to address the scale of change needed. The health and humanitarian community are becoming more prominent in climate discourse, which should continue. MSF intends to be part of the solution by transparently measuring and mitigating our own climate impact, and simultaneously anticipating, preparing for, and managing climate related health risks.

It is important to recognise that the “race to zero”—to create decarbonised and sustainable economies, societies, and health systems—runs alongside a race to achieve universal healthcare. People who face the health risks of climate change without access to basic healthcare and social protection have the most to lose and must therefore be the focus of our efforts.

Note: Patricia Nayna Schwerdtle attended COP26 as a PhD candidate with the Heidelberg Center for the Environment (HCE) and Heidelberg University, Germany. Caroline Voute and Maria Guevara attended COP26 as official observers for MSF.

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