## Be-cause health conference on Climate Justice and Health Equity

Online edition, 23 & 24 November 2021 Summary of the report



While the world is still struggling with the COVID-19 pandemic, the accelerating health crisis, induced by the climate emergency, requires even more urgent attention. People around the world are facing increasing extremes of heat, food and water insecurity, and changing patterns of infectious and chronic diseases. This is a global challenge, and the impact is being felt transnationally.

The link between climate change and health shows that it is mainly marginalised, poorer, population groups, both in the

global South and in the European countries, that are most affected. This makes the climate and health crisis a major issue of justice as well.

How can we approach this complex problem in a just manner? This was the key question of the annual international conference of Be-cause health, the Belgian platform for global health. Speakers from different continents, and from different perspectives and backgrounds discussed this on November 23 and 24, 2021.

Participant contributions from their different fields of experience and disciplines took advantage of recent advances in climate sciences, technologies and services as well as lessons learnt from communities affected by extreme weather events and climate variations.

An explicit choice was made to give the floor to those groups (indigenous populations, youngsters, women, etc.) that are often not really heard at high-level international conferences. The urgency of the issue, and the need for an interdisciplinary, intersectoral, intergenerational and international approach, emerged in the interventions and debates.

It has now been nearly 50 years since the Club of Rome questioned the sustainability of continued economic growth within the ecological and planetary footprint. Over the last decade, Earth System researchers have shown that we are crossing ecological planetary boundaries, including biodiversity decline, climate change and nitrogen deposition.

This creates all kinds of 'systemic risks', such as the acidification of the oceans, melting of permafrost and ice sheets, desertification and rising sea levels and with it effects such as crop failures, natural disasters, conflict and migration, extreme heat periods, but also a much greater chance of pathogen jumps from animal to human because natural habitats have much less ecological variation.

The ecological 'thresholds' that prevent epidemics have decreased considerably, also due to the enormous deforestation. This is one of the reasons why there have been more Ebola epidemics in West and Central Africa in recent

years. Most originated in places where palm oil plantations have replaced tropical rainforests. This makes it much easier for virus carriers (bats) to come into contact with people. There is a hypothesis that (indirect) transmission by bats may also be the origin of the SARS CoV-2 virus.

Climate change also makes it easier for mosquitoes to transmit diseases, in Europe as well. Think not only of Malaria, but also of viral infections such as Dengue, Yellow fever and Zika.

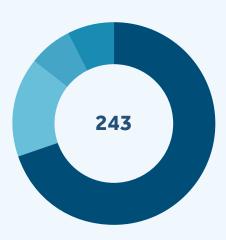
Closer to home, the seminar also presented a study that provides an overview of the impact of climate change on health outcomes in the Netherlands.

A key message of the seminar is that these complex health issues should be tackled in international cooperation, solidarity and policy, and that attention should be paid to regions and groups that are already experiencing a lot of stress.

Climate risks are carried out unjustly. Importantly, we not only look at biomedical, narrowly formulated, solutions and treatments, but also consider how traditional, indigenous and community initiatives are working together to tackle the climate crisis.

There is a lot of knowledge, practice and prevention there, much more than in the industrialised and capitalist economies in the West, about how humans can have their place in ecological systems in a sustainable, balanced way. That is ultimately the best outcome in terms of public health and the health of the planet.

## **Conference in numbers**



## 172 participants

39 speakers

17 moderators

18 other collaborators

Presentations presented during the conference: www.be-causehealth.be/en/presentations-23-24-november/

A digital report with the recordings of the conference: bchmatters15.be-causehealth.be

The conference was not an end, but a beginning.

A Be-cause health working group on Planetary Health emerged from the lessons learnt during the conference.

The working group will take forward the key outcomes of the conference and develop a range of activities that will focus on climate emergency, transformation and how global health stakeholders could contribute to this. The working group's ultimate goal is contributing to climate justice and health equity.

The working group wishes to be positioned as the central Belgian climate and health network, promoting meaningful participation of a diverse range of stakeholders from Low and Middle Income Countries (LMICs) and underrepresented and marginalised voices.

The supporting partners of this conference were the Institute of Tropical Medicine (ITM), that hosts the platform and facilitated the organisation of this online conference, and the Belgian Ministry of Foreign Affairs / DG Development Cooperation.

**Be-cause health** (www.be-causehealth.be) is an informal and pluralistic platform that connects different stakeholders, active and interested in Belgian development cooperation in the field of global health (such as academics, NGOs, students, diaspora organisations, governmental bodies, partner organisations in LMICs, etc.).

The platform facilitates the sharing of experience, knowledge and expertise through working groups and seminars to find innovative ways of looking towards complex global health challenges.

Every year, Be-cause health brings all these stakeholders together at a conference to dive deeper into one of these challenges.



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