



REGIONAL WEBINAR

Title: Resolving South Asia's Clean Air and Health Crisis – Phasing out Fossil Fuels for Clean Air – Evidence from Medical Professionals

Organised by:

Doctors for Clean Air (DFCA), Climate Action Network South Asia (CANSA), Health Care Without Harm (HCWH) & Fossil Fuel Non-Proliferation Treaty (FFNPTT) and Climate Trends

Media Partners: Climate Trends/ GSCC

Date: 25-28 May 2022

Duration: 90 mins

Tentative Time: 14.00 - 15.30 PM IST
OR 16.00 – 17.30 PM IST

Speakers:

Civil Society: 20 mins

1. HCWH – Josh/Gary/Shweta
2. FFT – Tzeporah/Rebecca/Harjeet
3. CAN– Tasneem/Sanjay
4. DFCA- Dr. Arvind Kumar (Convenor/Chairperson)

Health professionals (TBD): 40 mins

5. India:
6. Bangladesh:
7. Nepal:
8. Pakistan:

Lawmakers/Parliamentarians (TBD): 40 Mins

9. India:
10. Bangladesh:
11. Nepal:
12. Pakistan:

Moderator: Aarti Khosla – Climate Trends

Introduction:

Resolving South Asia's Clean Air and Health Crisis – Phasing out Fossil Fuels for Clean Air – Evidence from Medical Professionals – webinar is part of ongoing efforts by DFCA, HCWH, CANSA and FFNPT to inform lawmakers and government representatives on ways to address the climate change and health crisis that is fuelled by air pollution caused by burning of fossil fuels.

September 7, 2021, marked the beginning of a regional collaboration of the public health and medical experts on air pollution, climate, and health. Recognizing that air pollution is a public health emergency and is affecting the quality of life of the people in the region and that fossil fuels are the root cause of air pollution and climate crisis, the members of the health community from South Asia aim to work nationally and regionally to solve the air pollution crisis and face the climate crisis together. - Dr. Arvind Kumar, Founder Trustee of Lung Care Foundation

Doctors and medical practitioners representing some of the largest associations and networks of public health professionals called upon South Asian Governments to phase out fossil fuels – oil, gas and coal – to avert the twin crisis of air pollution and climate change. They also endorsed the Fossil Fuel Treaty and called for a just and fair transition that puts people's health first.

The call was made on the occasion of International Day of Clean Air for Blue Skies, during the launch webinar of the first-ever regional collaboration of health professionals for resolving South Asia's twin crisis of air pollution and climate crisis, an initiative of Climate Action Network South Asia (CANSA), Health Care Without Harm (HCWH) Doctors For Clean Air & Climate Action, Lung Care Foundation, Air Quality Life Index & Fossil Fuel Treaty.

The organisations endorsing the call include Cardiological Society of India, Indian Academy of Paediatrics, Indian Chest Society, Association of Surgeons of India, Medical Students Association of India, Doctors For Clean Air & Climate Action, Bangladesh Lung Association, Nepalese Respiratory Society and Cancer Research & Treatment Foundation, Pakistan. Collectively they represent the interests of more than 100,000 doctors in the region.

Background:

Burning fossil fuels (coal, oil and gas) delivers a double whammy – it's a major source of greenhouse gas emissions that drives climate change, and is also the world's largest contributor to air pollution, which is a major global public health concern, leading to early death, heart attacks, respiratory disorders, stroke, exacerbation of asthma and impaired productivity.

Air pollution caused by fossil fuels is responsible for 1 in 5 deaths worldwide says a research from Harvard University, in collaboration with the University of Birmingham, the University of Leicester and University College London. More than 8 million people died in 2018 from fossil fuel pollution, significantly higher than previous research suggested—meaning that air pollution from burning fossil fuels like coal and diesel was responsible for about 1 in 5 deaths worldwide. The study was based on a groundbreaking analysis that enabled the researchers to directly attribute premature deaths from fine particulate pollution (PM 2.5) to fossil fuel combustion.

The World Health Organization (WHO) has estimated that more than 40% of the burden of environmentally related disease and more than 88% of the burden of climate change is borne by children under 5, although that age group constitutes only 10% of the global population. The most serious impacts of climate change are occurring in developing countries; however, the entire global population is affected.

Despite some positive steps toward reducing carbon emissions, air pollution is still a serious issue around the world, especially in Asia, as the continent hosts the top 10 most polluted cities worldwide. The top 10 list

consisted of all South Asian cities — three each from China and India, two from Pakistan and one each from Afghanistan and Vietnam, according to Swiss-based AirVisual, an organization that ranks the world's cities according to an Air Quality Index

Regional Collaboration in Solving the Air Pollution Crisis

"In South Asia, the core to successful air quality management is political will and coordinated efforts at city, national and regional levels." Cecile Fruman, Director, Regional Integration and Engagement, South Asian Region, World Bank

"South Asia needs a regional mechanism for knowledge exchange and working together on shared benefits of clean air transition." Bjarne Pedersen, Executive Director, Clean Air Asia

South Asia is at the epicenter of ambient air pollution—pollution people are exposed to outside their households. According to the latest World Air Quality Report, 2020, of the top 40 most polluted cities in the world, 37 are in South Asia. **Air pollution in the region is a health hazard and represents the third-highest risk for premature death**, as compared to the ninth highest cause in Western Europe. Overall, it contributes to around 11 percent of all deaths, and approximately 40 million disability-adjusted life years in South Asia. Air pollution, however, is **not a localized phenomenon**. It is transported across borders, and its effects spread to places far away from the source. This requires a country-wide, inter-state, and a regional response.

Evidence has shown that efforts to control air pollution within a geographic limit often end up failing. Management of air pollution sources, particularly those which affect territories over thousands of kilometers, require high levels of co-ordination and co-operation among several institutions across states and countries.

Institutions such as industry, energy, vehicular and residential sources, in different jurisdictions would need to coordinate reductions in air emissions from all sources. Formal coordination mechanisms through working groups and advisory committees between local, regional, state, and central authorities can provide pathways to effective regulatory and scientific cooperation across jurisdictions and sectors. The key is also to build trust and dialogue to achieve compliance with regulations and respond to political demands.

This apart, regional cooperation especially for the vulnerable and poorer nations of the South Asian region is imperative to help negotiate with wealthy countries at global climate meetings for climate finance, and subsidies from fossil fuels to renewable energy, and share the burdens of transition with poorer nations, workers, and fossil-fuel dependent communities, many of whom are particularly vulnerable to the impacts of climate change, to ensure climate justice and equity.

Role of health leadership in resolving the air pollution crisis:

Healthcare professionals are on the front lines taking care of patients experiencing the direct impacts of air pollution and climate change. From higher ozone and particle pollution levels due to increased heat and wildfires—to threats from severe storms and the spread of vector-borne diseases—the science is clear; climate change poses one of the greatest threats to lung health.

Medical societies play an important role in carrying health messages to the public. They are credible sources of health information because they see the adverse health outcomes in their clinics and hospitals. The COVID-19 pandemic especially presented itself as an opportunity for health voices to be heard and amplified through various media; and its reception has reflected that public health professionals are regarded as key advocates for health protection.

The pandemic reminded us of the fragility of our environment and our inherent dependence on it, and we cannot afford to make the same mistakes of the past. The climate crisis presents an urgent opportunity for healthcare professionals to heighten public awareness, stimulate dialogue and change public policy on issues critical to the health of the South Asian people and the planet. Policy makers must give priority to the environment and public health in their development plans and growth.

Momentum around the Fossil Fuel Non-Proliferation Treaty Initiative is growing globally. The Fossil Fuel Non-Proliferation Treaty Initiative is spurring international cooperation to end new development of fossil fuels, phase out existing production within the agreed climate limit of 1.5°C, and develop plans to support workers, communities and countries dependent on fossil fuels to create secure and healthy livelihoods.

The proposed Treaty draws on lessons from global efforts to stop the spread of nuclear weapons and ban ozone-depleting chemicals, landmines and other threats to humanity. Recently, the Dalai Lama and 100 other Nobel Laureates called on world leaders to end fossil fuel expansion. This was followed by 1,300+ scientists and academics who have explicitly called for a Fossil Fuel Non-Proliferation Treaty.

In September 2021, medical professionals and healthcare institutions came together to endorse the Fossil Fuel Non Proliferation Treaty and pledge to spread awareness among general public about the serious health impacts of air-pollution and climate change.