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## **Global Climate Change**

Passed by the WFPHA General Assembly - 2001

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### **The World Federation of Public Health Associations,**

Noting the conclusions of the United Nations' Intergovernmental Panel on Climate Change (IPCC) and other climatologists that anthropogenic greenhouse gases, which contribute to global climate change, have substantially increased in atmospheric concentration beyond natural processes and have increased by 28 percent since the industrial revolution;(1-4) and

Recognizing that without major energy or land use policy shifts, pre-industrial carbon dioxide levels are expected to double within four to six decades, yielding an approximate 1.5 to 6°C rise in average global temperature by the end of the next century, (2) a rate five times faster than any time in recorded history;(5-84-7) and

Realizing that subsequent health effects from such perturbations in the climate system would likely include an increase in:

- 1) heat-related mortality and morbidity;(8-10, 3)
- 2) vector-borne infectious diseases, because temperature strongly determines pathogen replication, as well as vector maturation, range, and infectivity period;(11-13; 4)
- 3) water-borne diseases due to increases in heavy precipitation (22; 4)
- 4) malnutrition from threatened agriculture, (14,15) especially in developing countries where up to an estimated 300 million additional people may be at risk from hunger due to climate change;(16,6) and 5) general public health infrastructure damage from weather disasters and sea-level rise, aggravated by subsequent climate-related human migration;(18-20) and

Recognizing further that many of these human health sequelae of accelerated climate change will be mediated through the disruption of ecological systems on which human health depends, such as marine ecosystems that support fisheries and terrestrial ecosystems that determine disease-related insect or mammalian reservoir habitats;(21,23,24)) and

Realizing that the broad-reaching public health consequences of accelerated climate change may not be immediately evident until future generations due to the complexity and time frame in which climate and ecosystem dynamics will likely influence disease spread and/or



emergence; (2428) and

Understanding that carbon user charges establish the "polluter pays" principle. This principle is one which implies that users should pay for the externalities of energy use- including greenhouse gases emission (e.g. carbon dioxide)

Remembering that Carbon user charges have lowered carbon dioxide emissions in Norway (1) and user charges on cars have lead to reductions in car use into central business district in Singapore. A number of other countries have oil and or gas excise taxes e.g. Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Netherlands, Portugal, Spain, Sweden, Switzerland, and the UK(2).

Similar user charges have reduced sulphur oxide emissions (Sweden) and ozone-depleting gases (United States) (3). Also, user charges shown to be effective include those on leaded petrol (e.g. Denmark) (4), toxic waste (Germany), and water pollution (Netherlands)(5).

Concluding that the public health community needs to act by increasing research, education, prevention, monitoring, and assessment pertaining to long-term, intergenerational public health issues that may likely arise from climate and ecological change; therefore the World Federation of Public Health Associations

1. Recommends multidisciplinary research endeavors to address this complex environmental and public health challenge and integration of research methodologies such as geographic information systems, mathematical modeling, and environmental epidemiology, and urges the U.S. Congress and funding institutions to provide incentives for this type of crosscutting research as early as 1996;
2. Recommends precautionary primary preventive measures to avert climate change, including reduction of greenhouse gas emissions and preservation of greenhouse gas sinks through appropriate energy and land use policies, in view of the scale of potential health impacts and the time frame in which confirming information may emerge;
3. Supports the development of ecologically based human health assessment and monitoring to elucidate the linkage between long-term environmental processes and human health, providing earlier indicators of emerging public health problems and affording optimization of preventive measures;
4. Supports the education of key public health and policy institutions by



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disseminating this resolution to the World Health Organization, the United Nations Environment Programme, and the United Nations Development Programme;

5. Supports the "polluter pays" principle as fundamental and energy users should pay for externalities of energy use such as greenhouse gases emissions and air pollutants both within countries and between countries.

6. Supports the adoption of legislative strategies that would minimize human impact on climate change; and

7. Recommends the development of educational opportunities for the public health workforce to learn more about the effects of global climate change through content in curricula in schools of public health and continuing education.



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