# Planetary Health: Safeguarding human health in the Anthropocene epoch

Presented by

Professor Tony Capon

Director, Planetary Health Platform





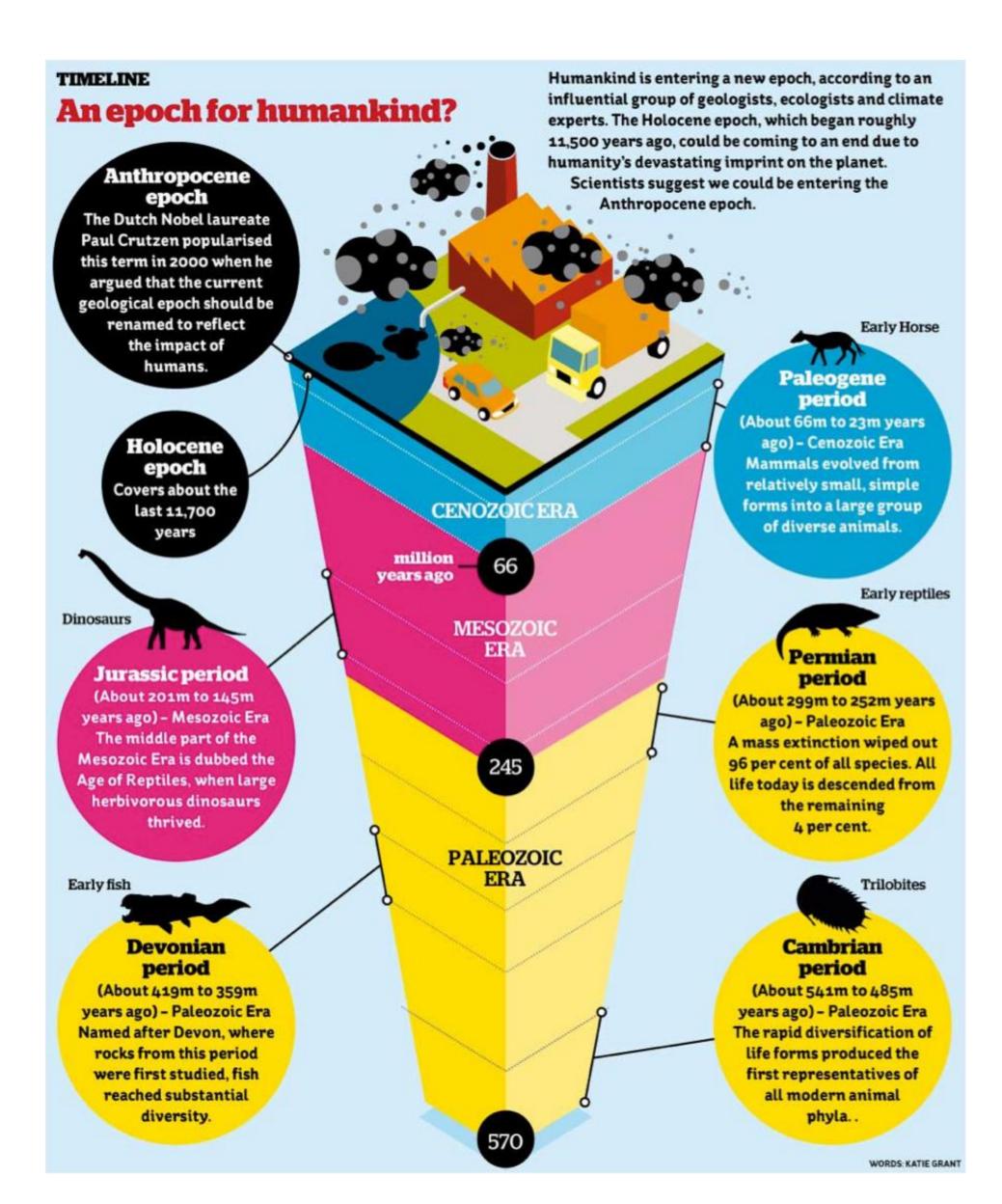
# This talk

1. The Anthropocene epoch

2. The Rockefeller Foundation—*Lancet* Commission on Planetary Health

3. What does this mean for environmental health and the work of environmental health officers?

# The Anthropocene epoch



https://vimeo.com/39048998

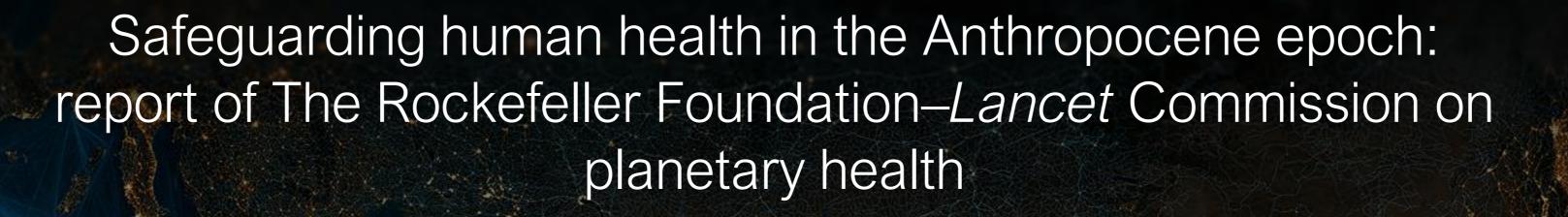
# THE LANCET

Commission on Planetary Health









Commissioners:

Prof Chris Beyrer

Dr Fred Boltz

Prof Anthony Capon

Dr Alex Ezeh

Prof Gong Peng

Prof Sir Andy Haines (Chair)

Dr Richard Horton

Dr Sam Myers

Dr Sania Nishtar

Dr Steve Osofsky

Prof Subhrendu Pattanayak

Dr Montira Pongsiri

Dr Agnes Soucat

Dr Jeanette Vega

Dr Derek Yach

Dr Sarah Whitmee (Commission Researcher)

Building on previous work including the IPCC, MA and the Brundtland Commission

# COM FUTURE

THE WORLD COMMISSION

ON ENVIRONMENT

AND DEVELOPMENT

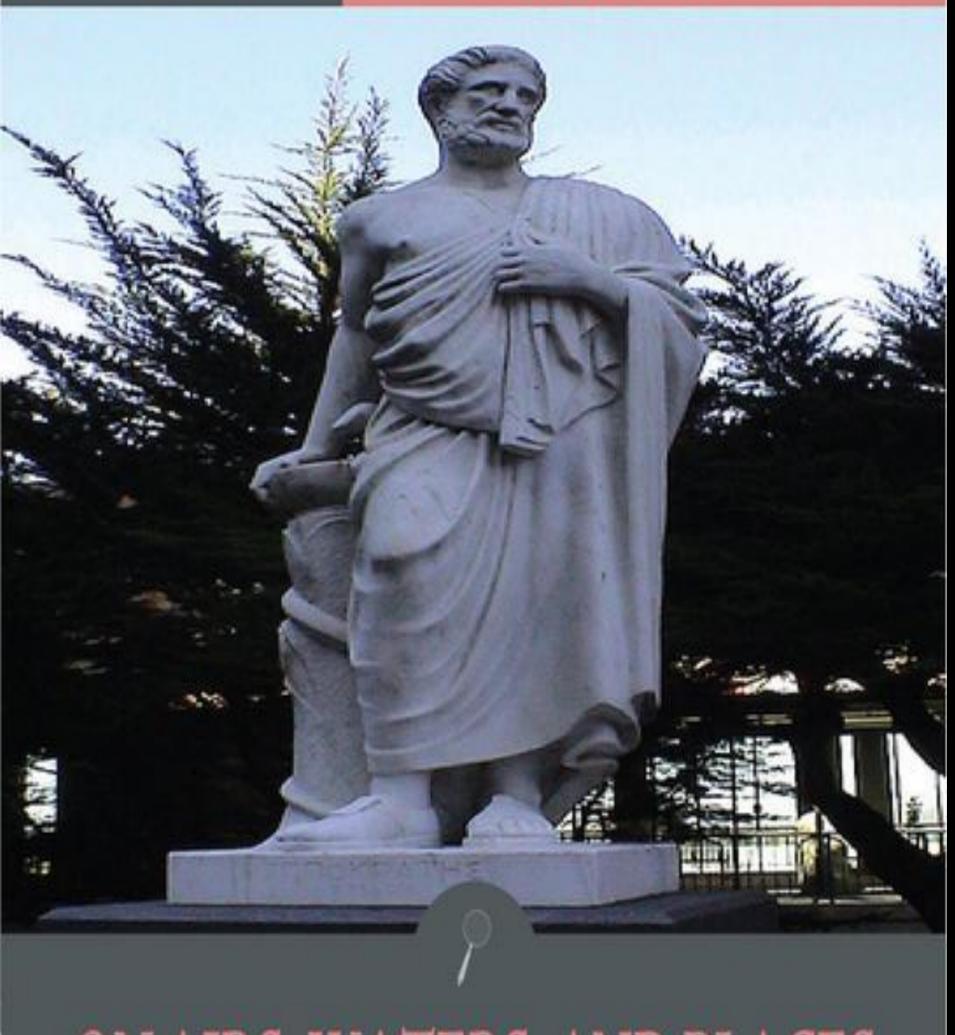


# Hippocrates

circa 400 BC

Charles River Editors

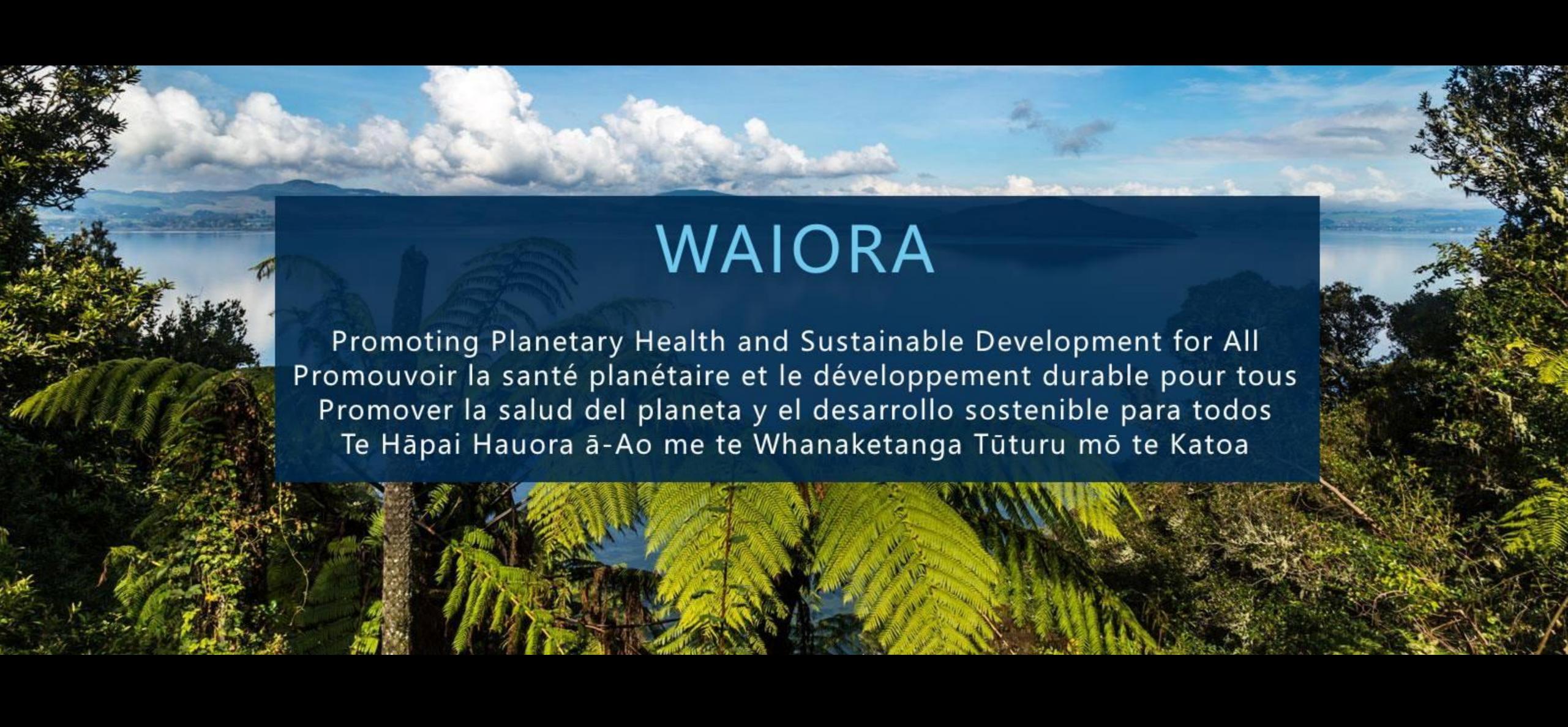
Ancient Classics



# ON AIRS, WATERS, AND PLACES

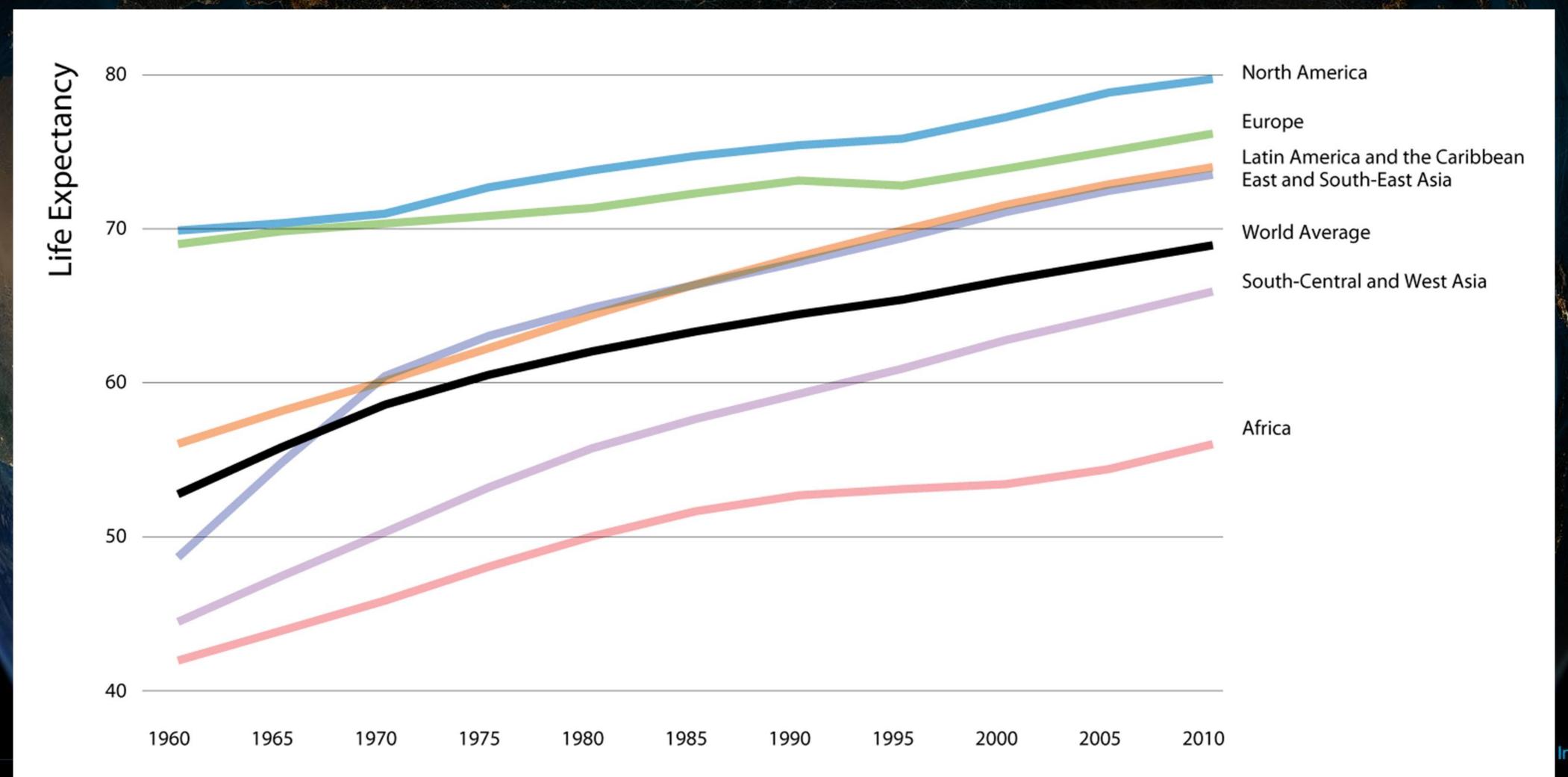
Manda-

HIPPOCRATES



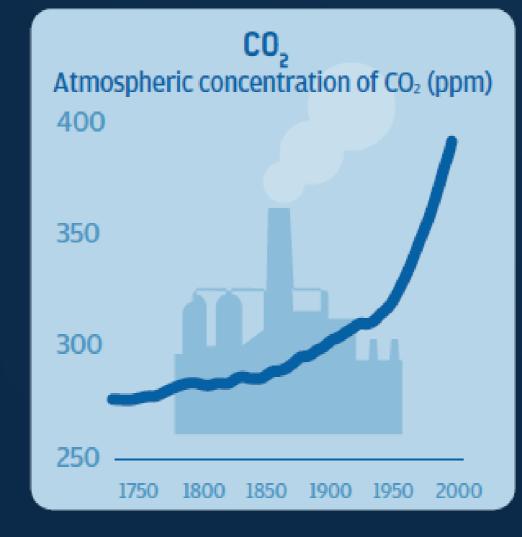


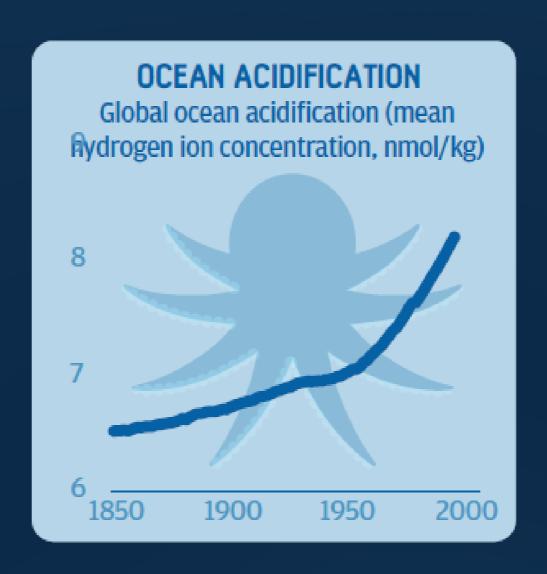


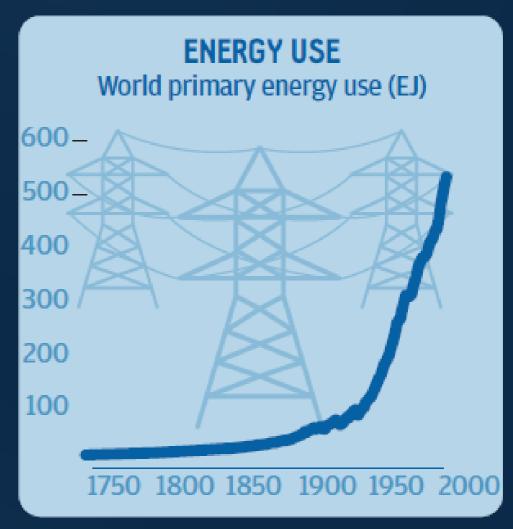


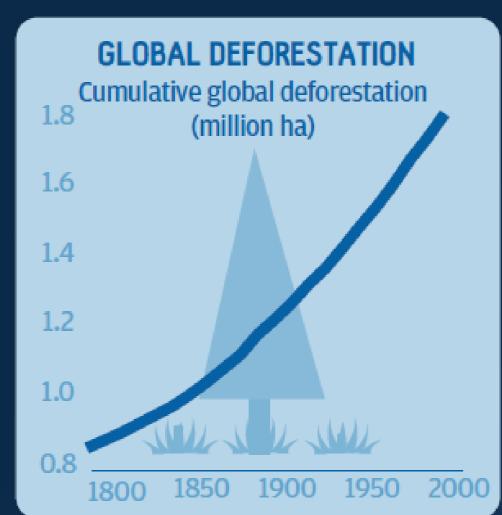


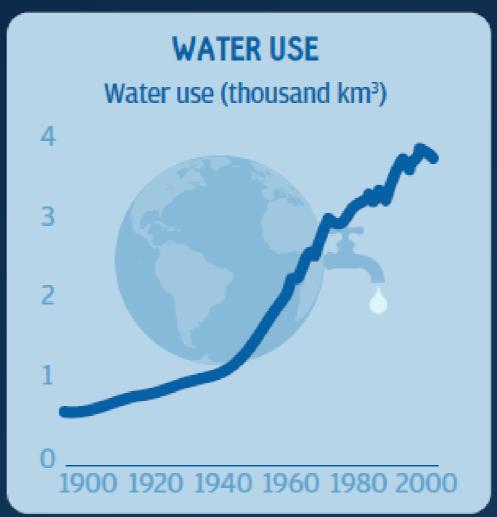


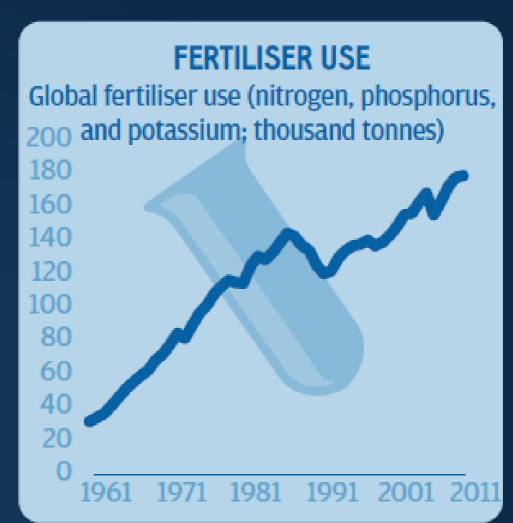


















# What is Planetary Health?

"Put simply, planetary health is the health of human civilisation and the state of the natural systems on which it depends."

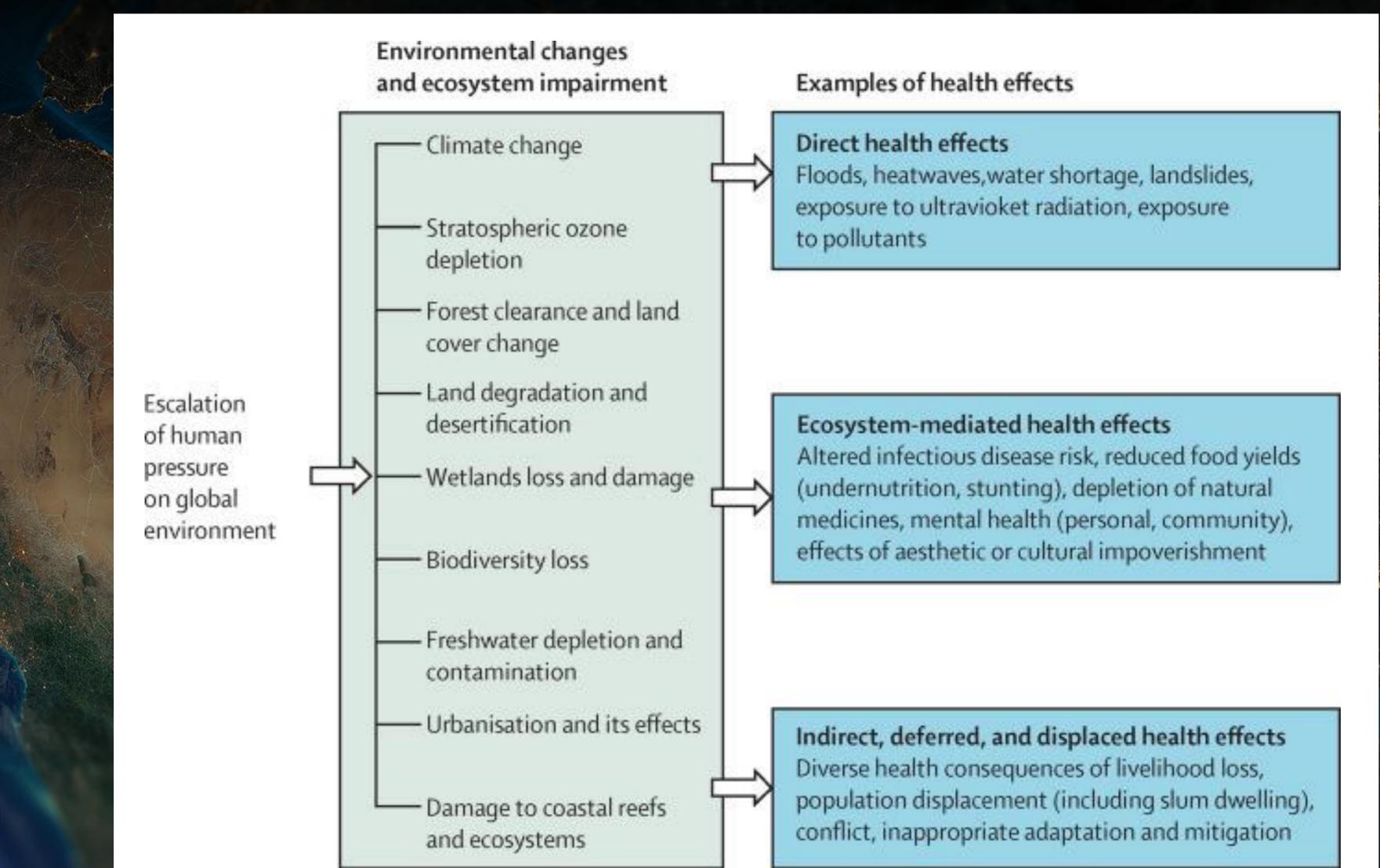




Image: Globaïa

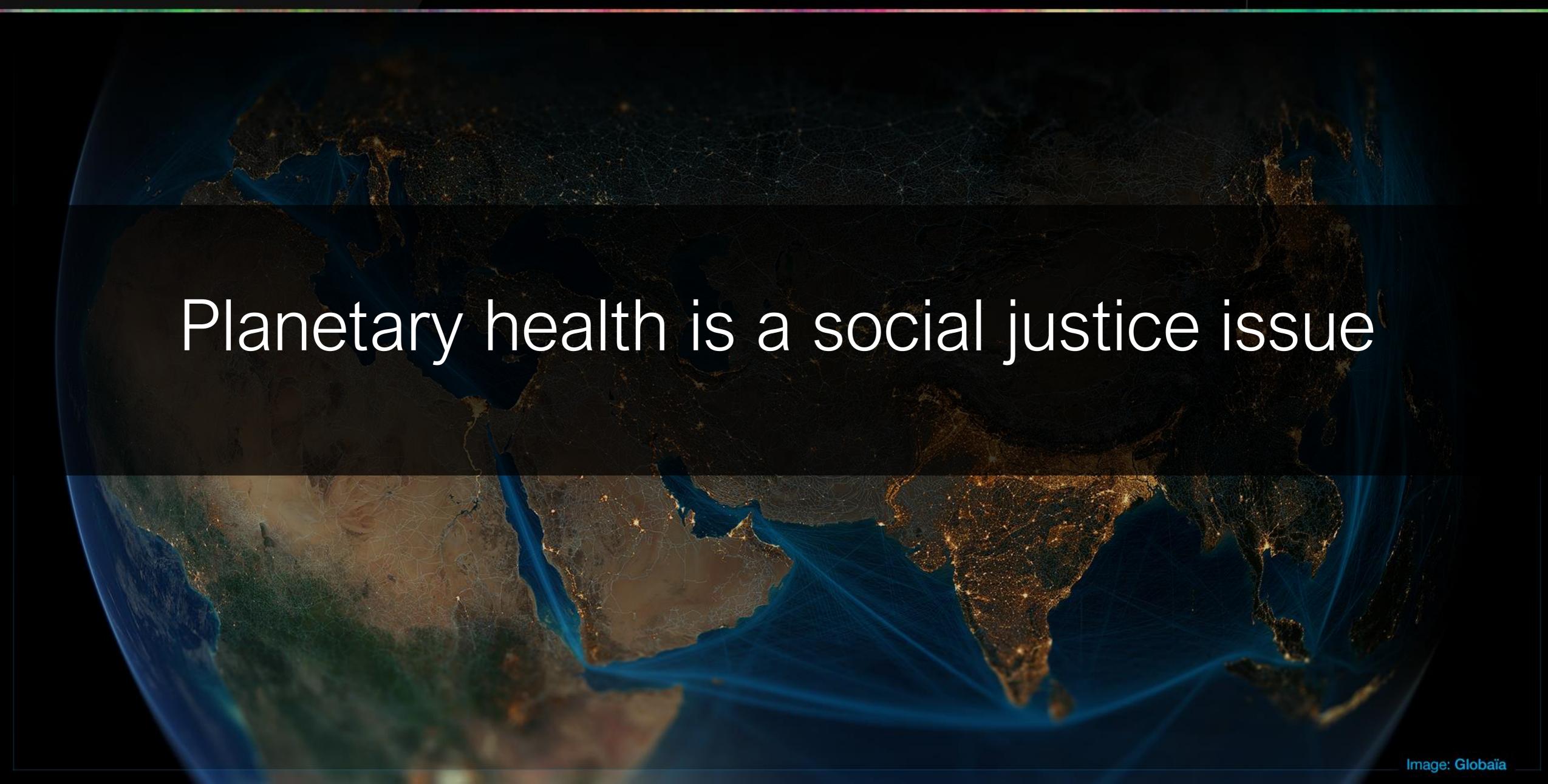
## Links between environmental change and health

(Millennium Ecosystem Assessment, 2005)



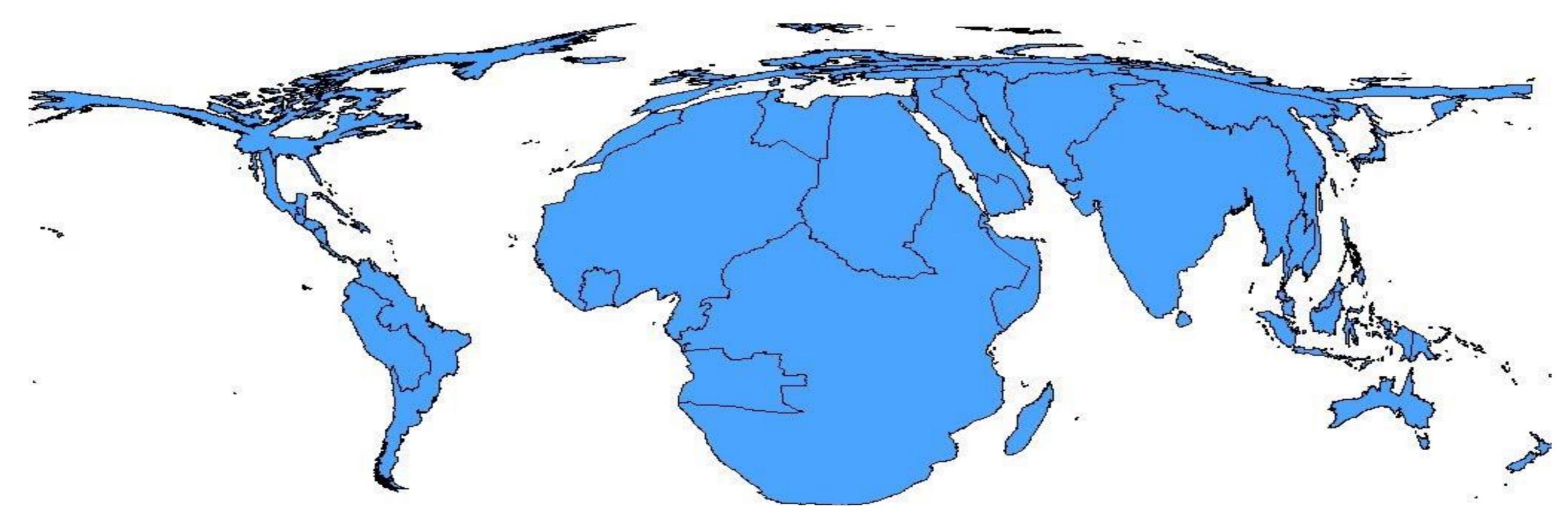






## Mortality Impacts of Climate Change: Year 2000

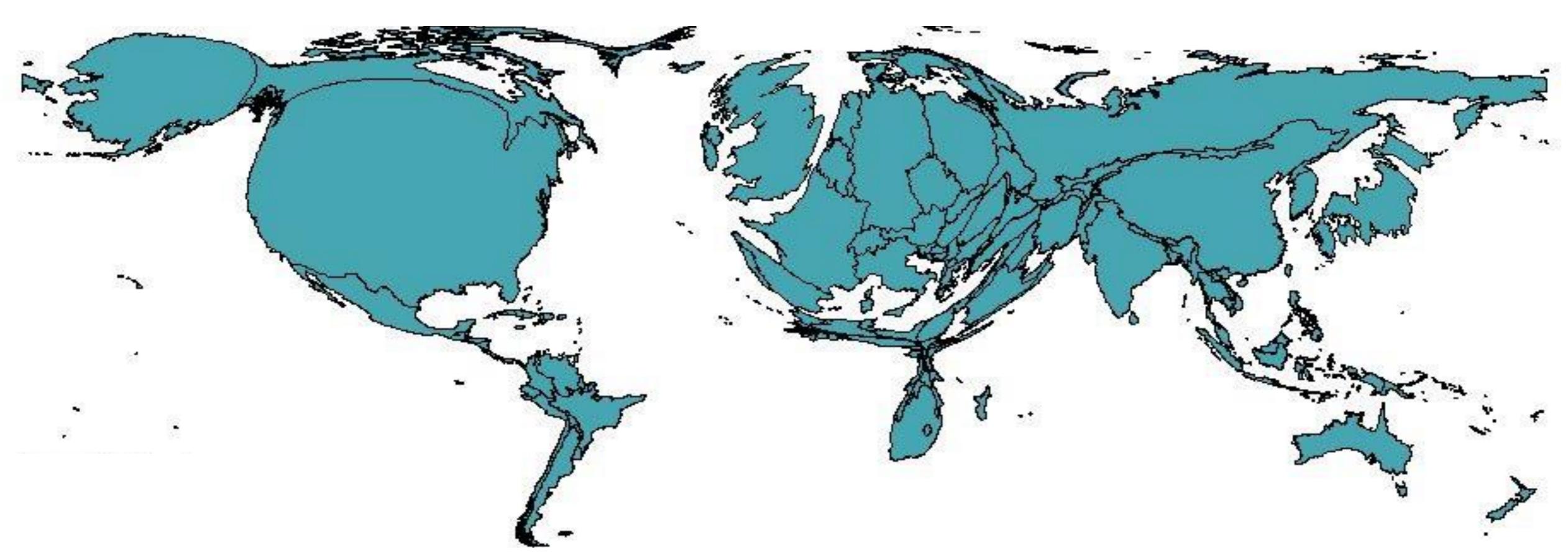
Estimated annual deaths due to climate change: malnutrition (~80K), diarrhoea (~50K), malaria (~20K), flooding (~3K)



14 WHO regions scaled according to estimated annual death rates due to the change in climate since c.1970

(Patz, Gibbs et al, 2007: based on McMichael, Campbell-Lendrum, et al, 2004)

## **Cumulative Emissions of Greenhouse Gases**



Countries scaled according to <u>cumulative emissions</u> (billions of tonnes CO<sub>2</sub>-equivalent) up to 2002.

(Patz, Gibbs, et al, 2007)

# Equity and climate change

Those least responsible are the worst affected

 Risk of worsening disadvantage (policies to reduce greenhouse gas emissions could worsen inequity)





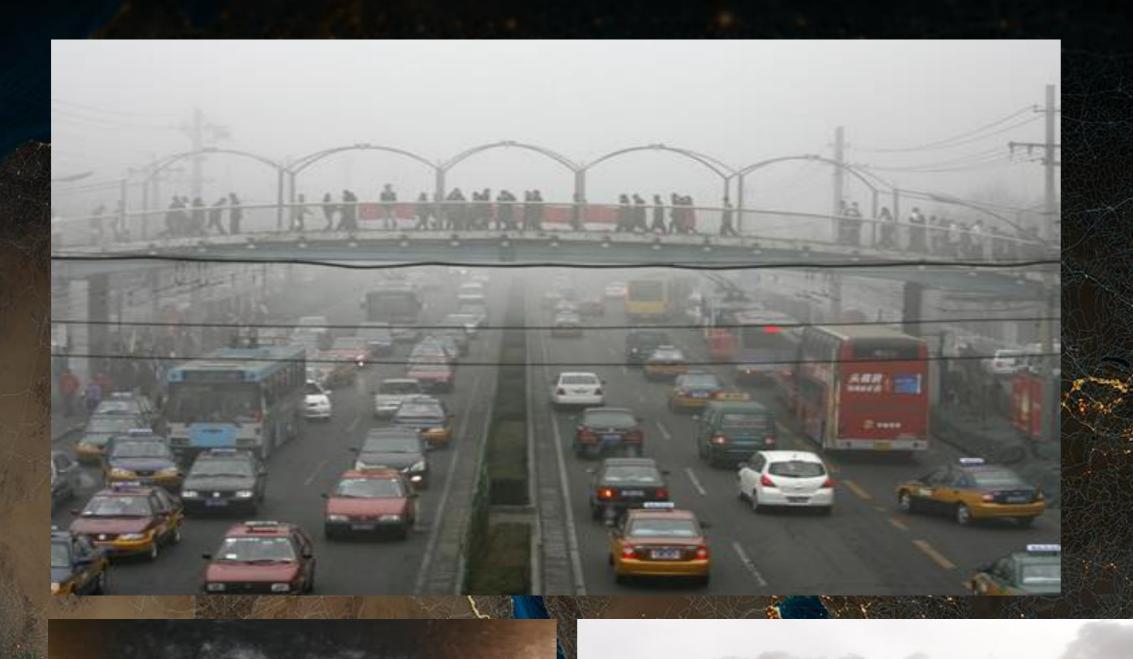


- Climate change
  - Temperature/extreme events
  - CO<sub>2</sub> fertilization
  - Pests, mold and fungi
- Land degradation and soil erosion
- Water scarcity (from overconsumption, diversion to non-food crops, climate change and changes to ecosystem function)
- Loss of pollinators
- Overfishing/Ocean acidification

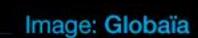


## Estimates of air pollution deaths

(WHO 2014; Lim et al, Lancet 2012)



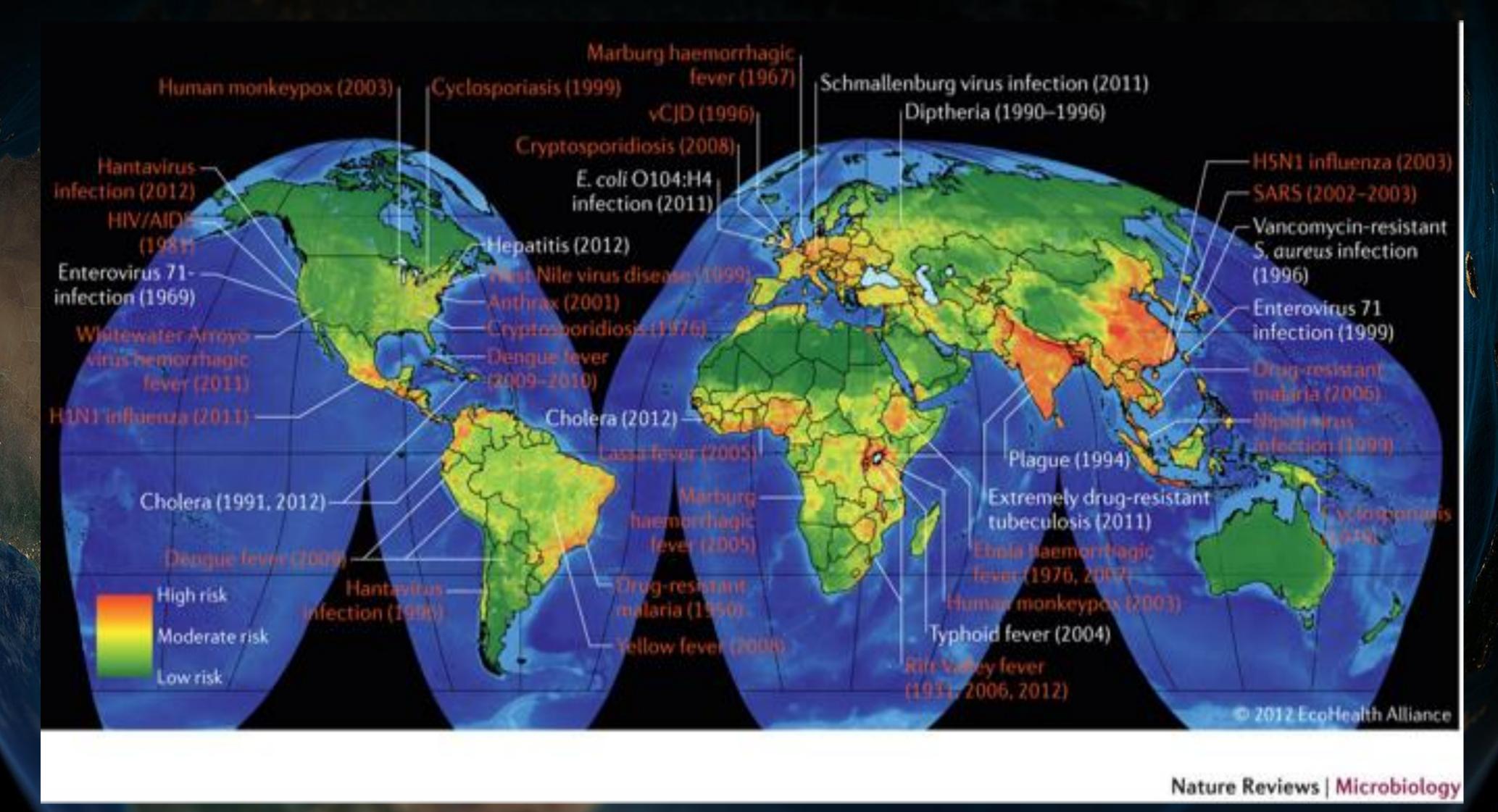
- Ambient particulates
   >3 m deaths p.a.
- Household from solid fuels >4 m deaths p.a.
- >7 million in total



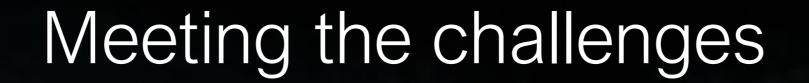


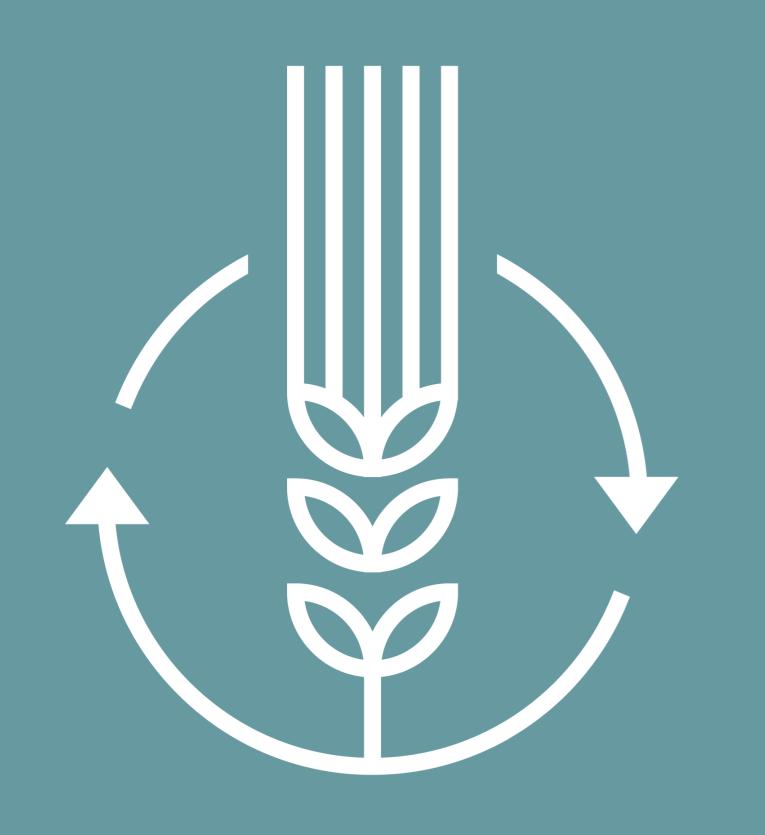


## Emerging diseases















## Developing sustainable and healthy cities

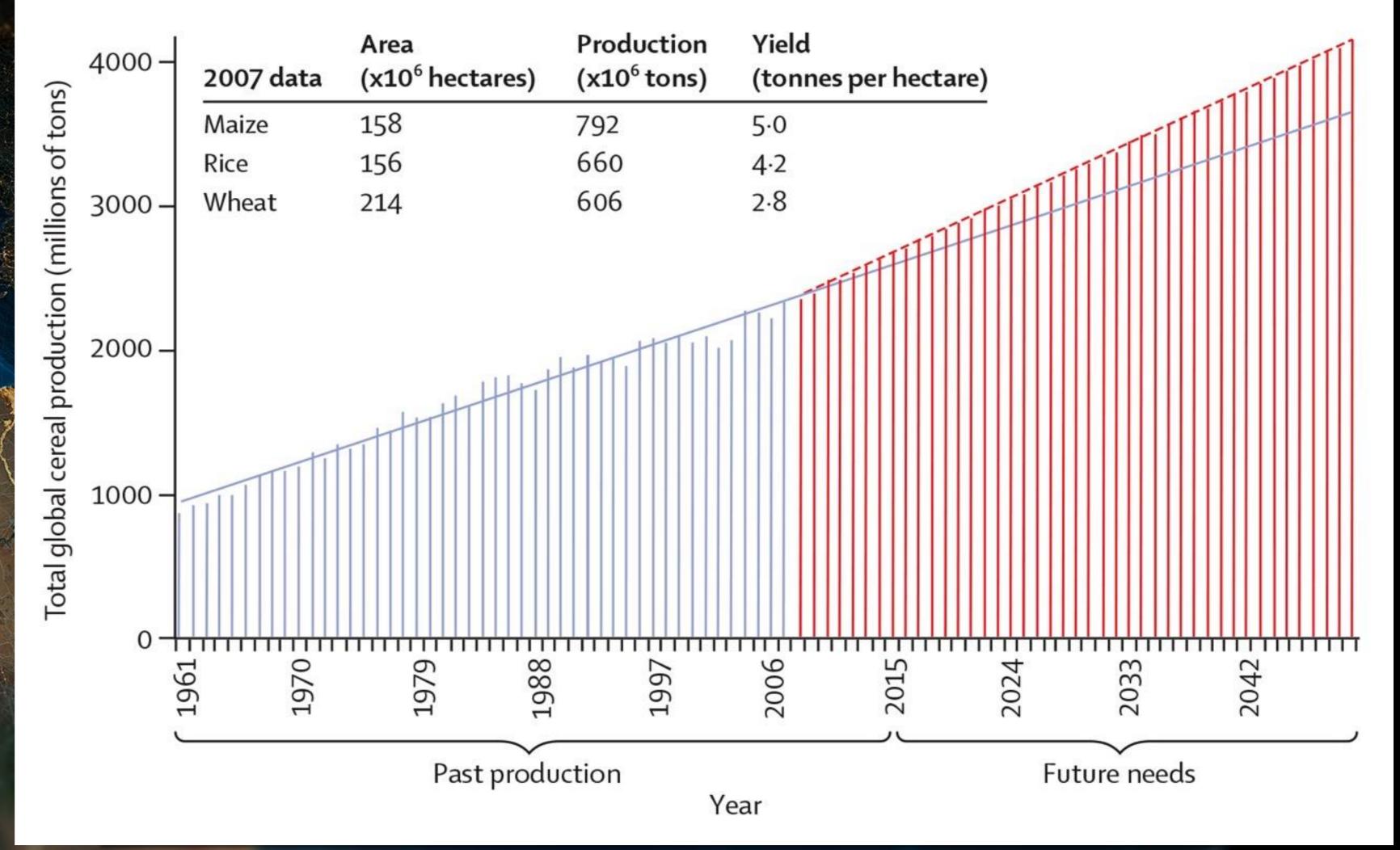


- Active travel /public transport
- Reduced fine particulate air pollution
- Green spaces biodiversity, reduced heat island and mental health benefits
- Watershed conservation
- Access to healthy food
- Increased resilience to floods, storms and droughts



## Multiple approaches for meeting increased food requirements

- Sustainable intensification
- Efficient use of water and fertiliser
- Sustainable aquaculture
- Support for subsistence farmers
- New sources of nutrition + diversification
- Biofortification
- Change of diets and redirect landuse back to food
- Reduced food waste









Nearly 30% of the world's total agricultural land is used to produce food that is never eaten.

Various strategies needed e.g. ---



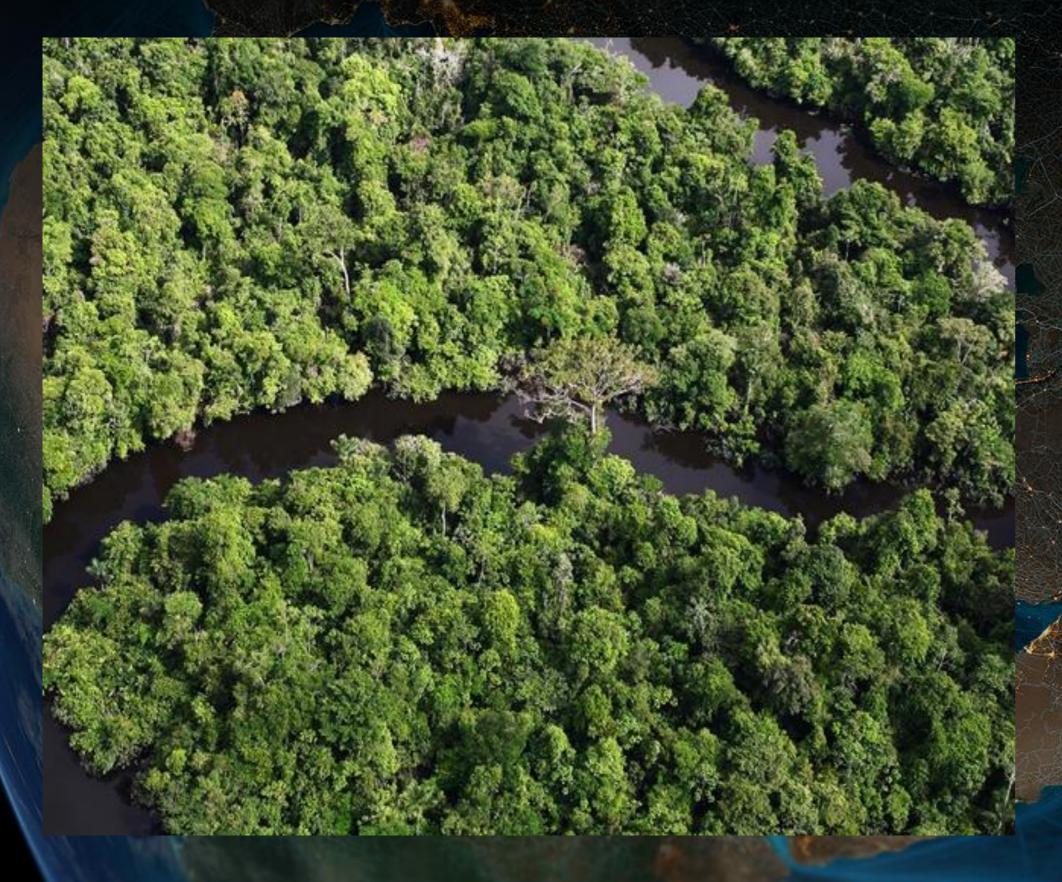
Reducing aflatoxin through aflasafe

http://www.iita.org/2009-press-releases/-/asset\_publisher/hB8z/content/maize-farmers-enjoy-better-grains-with-aflasafe;

UN World Food Programme's 'Training Manual for Improving Grain Postharvest Handling and Storage'



# Forest Conservation Reduces Disease risks: examples from the Brazilian Amazon



#### Malaria transmission

- (-) fewer vector breeding sites.
- (-) larger vector predator populations and greater diversity of mammalian species (promoting dilution effects)
- (-) microclimate inhibits anopheline mosquitoes.

#### Acute Respiratory Infections (ARI)

- (-) forests may filter air particulates.
- (-) fewer fires and lower smoke emission
- (-) reduced collection and burning of biomass fuel

#### Diarrhoea

(-) forest may reduce flooding and filter pathogens from surface water.

Bauch, Birkenbach, Pattanayak and Sills PNAS 2014





More than 200 million women who want to avoid pregnancy are not using effective contraception

Access to family planning could cut maternal deaths by around 30%

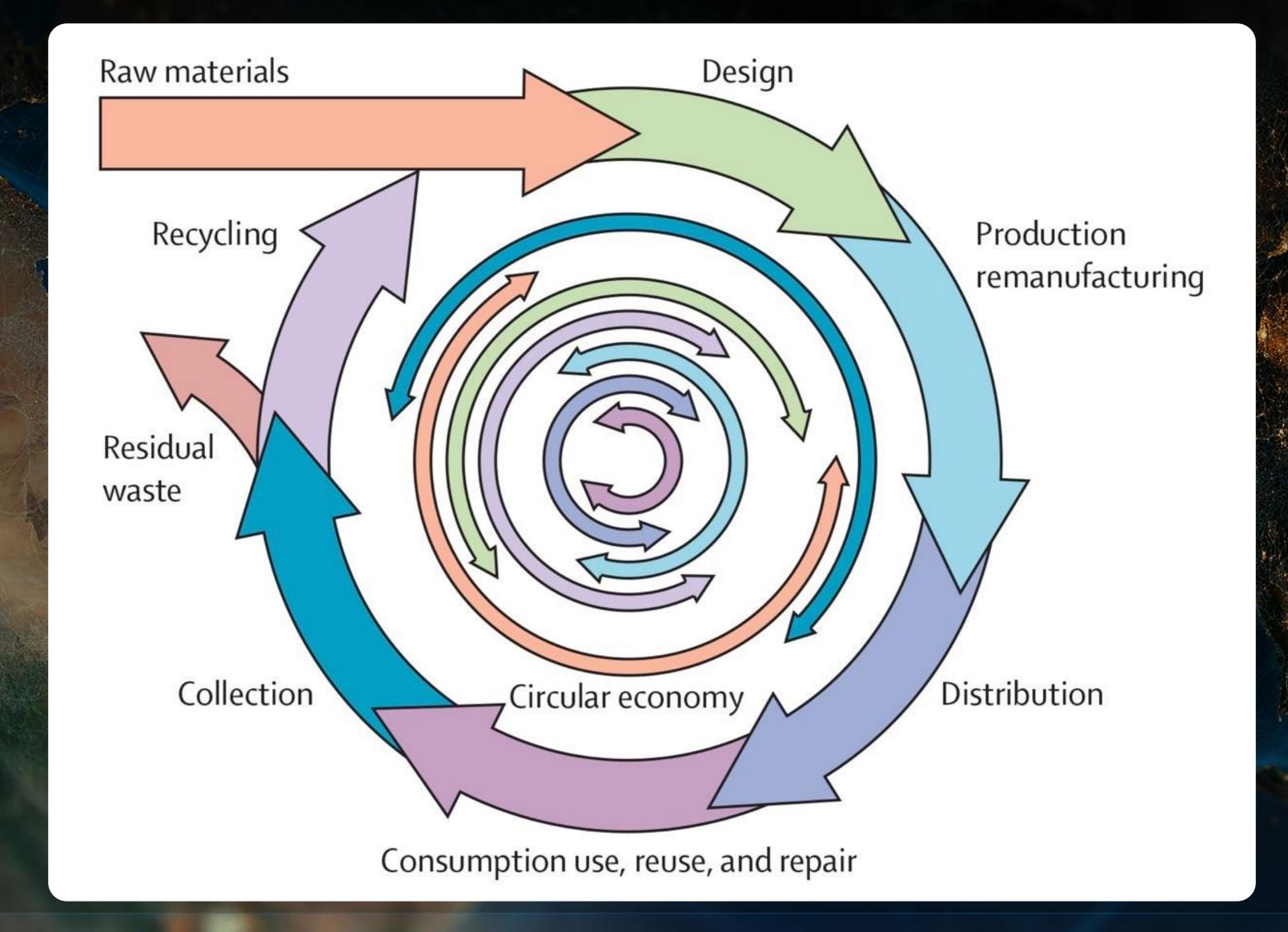


Meeting the needs for modern contraception in low-income countries would cost only an additional \$5.3 billion per year





## Circular economy





Solutions lie within reach and require a redefinition of prosperity to focus on quality of life and improved health for all, together with respect for the integrity of natural systems

- Conceptual challenges (e.g. genuine progress measures)
- Research and information challenges (e.g. transdisciplinary)
- Governance challenges

   (e.g. wellbeing of future generations)















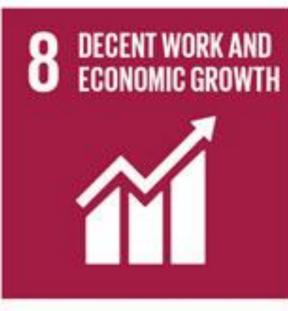
















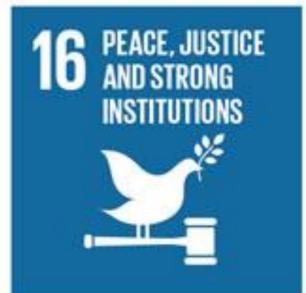
























**United Nations Development Programme** 

#### PLANETARY HEALTH

Achieving the Sustainable Development Goals (SDGs) and meeting UNDP's vision to eradicate poverty and reduce inequalities and exclusion, requires new ways of working: identifying co-benefits across targets, encouraging effective cross-sector action, and ensuring policy coherence.

**Planetary Health**, a new trans-disciplinary field, calls for simultaneously safeguarding human health and the natural systems that underpin it. Its focus is more expansive and holistic than traditional environmental health, bringing to the forefront inter- and intra- generational equity dimensions and calling for integrated approaches to address social, environmental and economic impacts of increasing pressures on our planet.

#### **Key Facts**

- Climate change could push 100 million people into poverty by 2030. Between 2030 and 2050, it is expected to kill an additional 250,000 people annually, from malnutrition, malaria, diarrhoea and heat stress.
- In 2012, almost <u>one quarter of global deaths were attributed</u> to unhealthy environments. Of the 12.6 million deaths, children and the elderly were disproportionately impacted.
- The increased frequency of natural disasters is a clear threat to health particularly for <u>women</u> who accounted for 70–80% of fatalities in the 2004 Indian Ocean tsunami, and 91% in the 1991 cyclone in Bangladesh.



An international research platform that aims to provide knowledge and support to accelerate transformations to a sustainable world

10-year initiative, launched in 2015

Builds on decades of international research on global environmental change carried out by projects sponsored by IGBP, DIVERSITAS and IHDP

Within Future Earth, 9 Knowledge Action Networks (KANs) on priority themes

More information from <a href="http://www.futureearth.org/">http://www.futureearth.org/</a>

# Our planet, our health

We're committed to understanding and tackling the threat to our health posed by a dramatically changing world. We also want to ensure that any solutions protect, nurture and sustain our planet.

Our planet, our health has been a strategic priority for us since late 2015.

Why it's a priority for us

What we're doing

What we want to achieve

Our advisory panel and funding committee

#### Why it's a priority for us

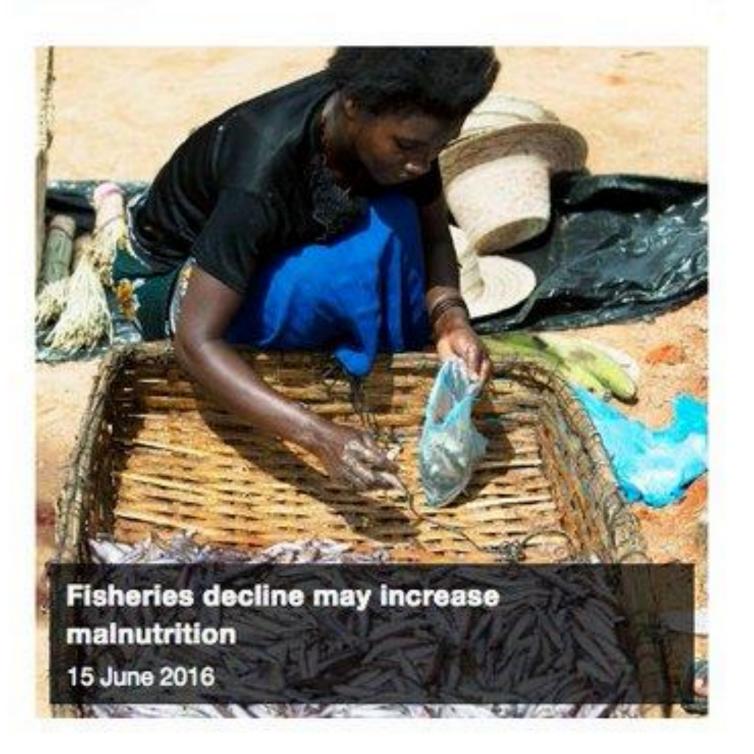
Our health is closely linked to the environment we live in. But we're placing too many demands on our planet. Natural systems that we rely on – from clean air to fresh water, biodiversity to a stable climate – are under threat.

As researchers discover more links between our health and the environment, we become better equipped to come up with ways to reduce these threats. There are already opportunities for change, but more research and action is needed.

We're well placed to act, because:

· we're an established and respected funder of population and other health research

**NEWS** 



More population health news

CONTACT US \_\_\_\_\_

If you have any questions, contact the team:

OurPlanetOurHealth@wellcome.ac.uk

#### Corporate Plan 2018-2019

National Health and Medical Research Council





# THE LANCET Planetary Health



#### Comment

Climate change, global stability, and planetary health

Sempage ettl.

#### Articles

Drought and hospital admission and mortality in USA

See page e37

#### Articles

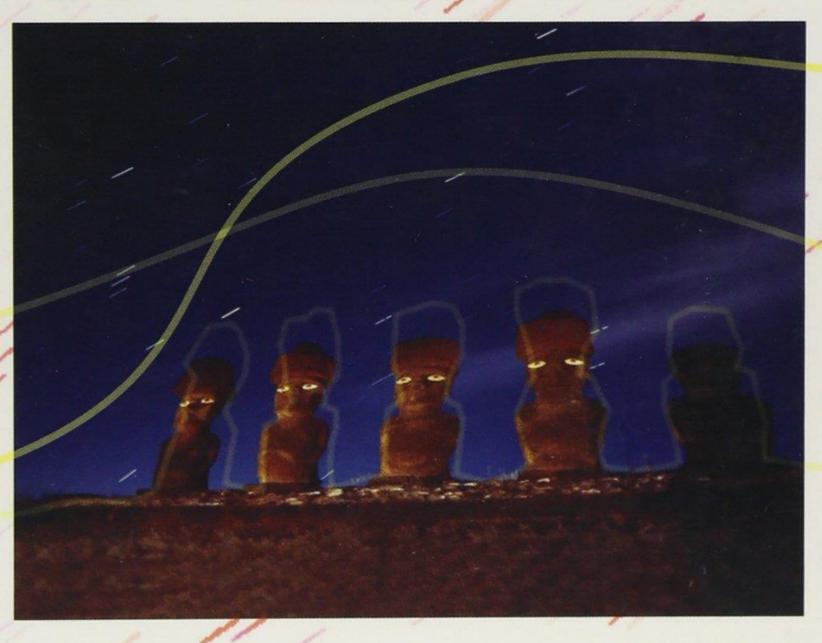
Water scarcity and effect of healthy diets in India

Seepage e25

'Human ecology' as a way of understanding patterns of human health; alongside 'epidemiology' as a core method in environmental health



# THE BIOLOGY OF CIVILISATION



understanding

human culture as

a force in nature

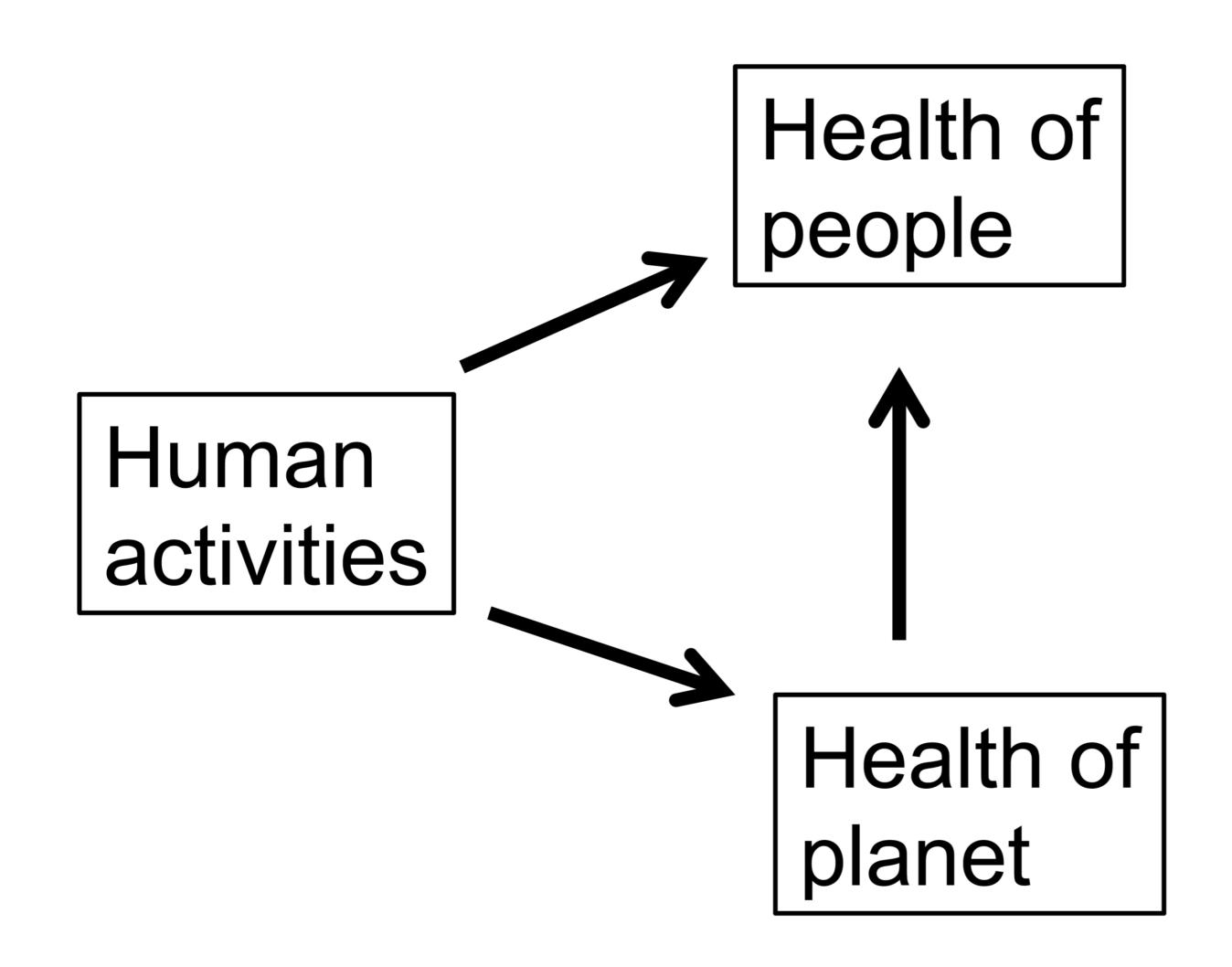
Health of people

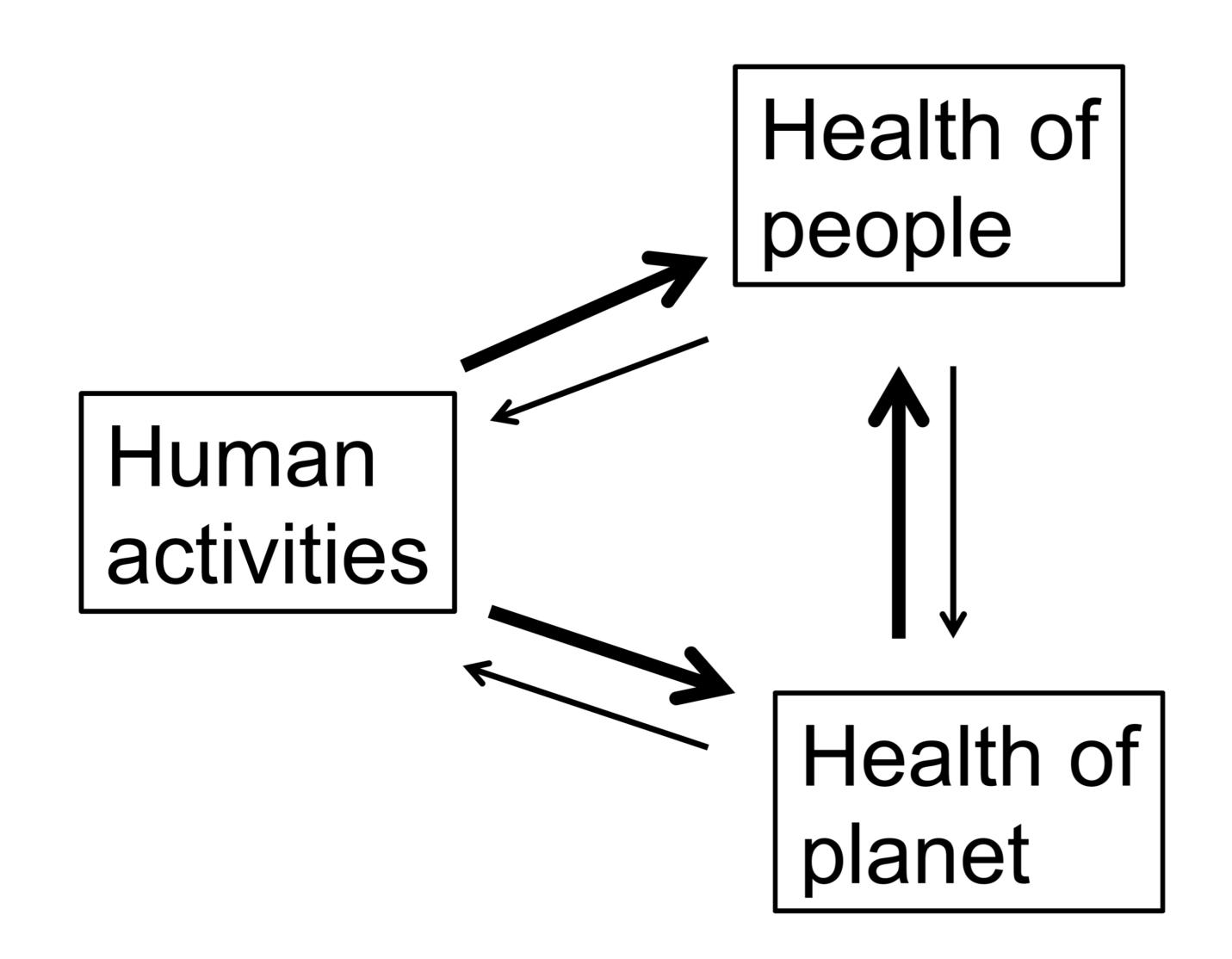
Human activities



Human activities

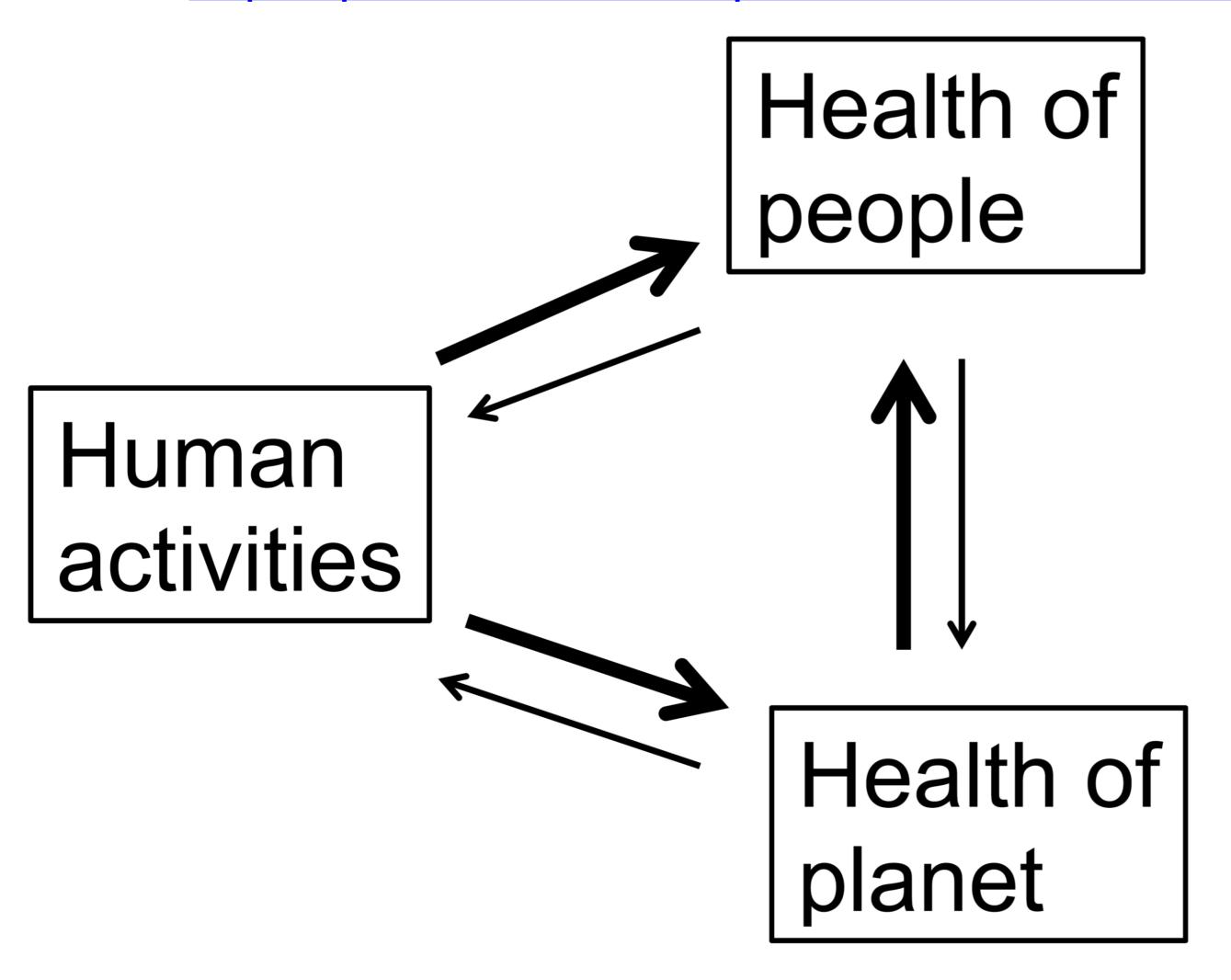
Health of planet

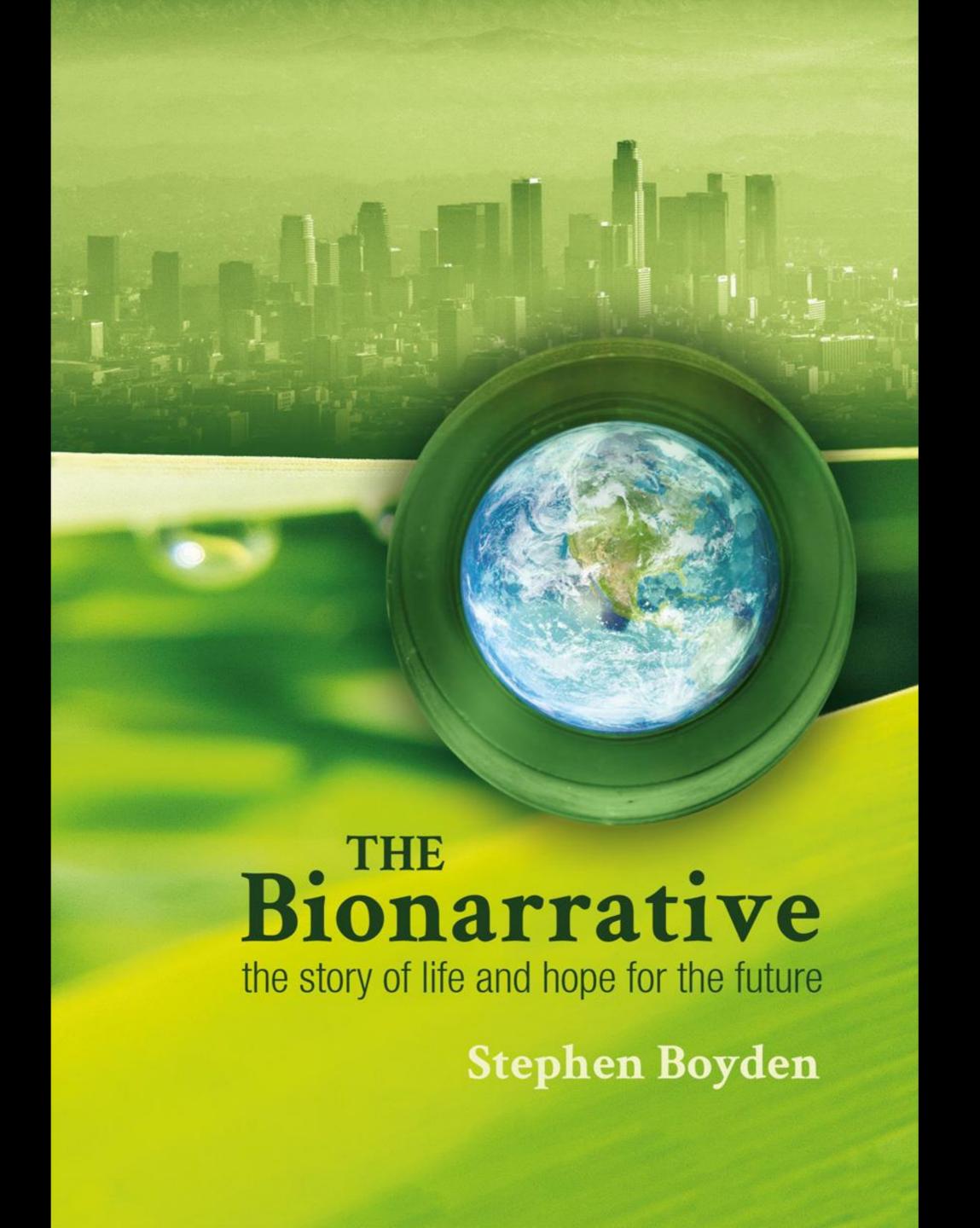




# Boyden's Biosensitivity Triangle

https://press.anu.edu.au/publications/bionarrative





https://press.anu.edu.au/publications/bionarrative

# Environmental health in the Anthropocene What needs to change?

- 1. Intergenerational health equity ('Leaving no one behind')
- 2. An eco-social approach: an approach that recognises the ecological, economic and social foundations of health
- 3. Indigenous and local knowledge (ILK)
- 4. Systems thinking
- 5. In sum, we need to bring a 'planetary consciousness' to environmental health education, research, policy and practice

#### Sanitarian becomes ecologist: the new environmental health

Sensitivity to the environment demands new skills and attitudes

Once again public health is on the move. After 40 years in which medical thinking has been dominated by the "magic bullet," therapeutic, model of health the pendulum has swung strongly in the direction of health promotion and preventive medicine.

The reasons for this shift are complex. They include the prevailing political philosophies, which are antipathetic to publicly funded services and emphasise personal responsibility. But they also include various strands of academic support. These range from Ivan Illich's indictment of the iatrogenic effects of much of medical practice to the abundant evidence that, despite enormous investment in medical care, the health of large sections of the population has failed to show commensurate improvement. Not least is McKeown's demonstration that most of the improvement in mortality in England and Wales between 1840 and 1970 had occurred before the availability of effective treatments. McKeown's claim that the main contributions to improved health came

were so central to the old public health, with its emphasis on hygiene, pollution, and the prevention of infectious disease.

The Victorian public health movement was constructed around a powerful motivating concept that came to be known as the "sanitary idea": the idea that overcrowding in insanitary conditions was at the root of the epidemics that afflicted the great towns and cities. 10 In the 1840s, 30 years before the germ theory of disease, it was this idea that led to the 1848 Public Health Act and the establishment of municipal departments of public health, with city medical officers and sanitary inspectors working as a team. The sanitary idea, coupled with the enlightened self interest of the middle classes in recognising their vulnerability to cholera spreading from poor neighbourhoods, also generated the momentum for adequate housing, safe water, and sewage disposal. In retrospect, the sanitary idea may be seen to have been flawed and incomplete and a product of Victorian thinking that technical solutions could be imposed on natural systems. A constant stream