

# COP27 Climate Change Conference: Urgent action needed for Africa and the world



## Authors:

Lukoye Atwoli<sup>1,2</sup>   
 Gregory E. Erhabor<sup>3,4</sup>   
 Aiah A. Gbakima<sup>5</sup>   
 Abraham Haileamlak<sup>6</sup>   
 Jean-Marie Kayembe  
 Ntumba<sup>7</sup>   
 James Kigera<sup>8</sup>   
 Laurie Laybourn-Langton<sup>9</sup>   
 Robert Mash<sup>10</sup>   
 Joy Muhia<sup>11</sup>   
 Fhumulani M. Mulaudzi<sup>12</sup>   
 David Ofori-Adjei<sup>13</sup>   
 Friday Okonofua<sup>14</sup>   
 Arash Rashidian<sup>15</sup>   
 Maha El-Adawy<sup>16</sup>   
 Siaka Sidibé<sup>17</sup>   
 Abdelmajid Snouber<sup>18</sup>   
 James Tumwine<sup>19</sup>   
 Sahar Yassien Mohammad<sup>20</sup>   
 Paul Yonga<sup>21,22</sup>   
 Lilia Zakhama<sup>23,24</sup>   
 Chris Zielinski<sup>25</sup> 

## Affiliations:

<sup>1</sup>Department of Internal Medicine, Medical College East Africa, The Aga Khan University, Nairobi, Kenya

<sup>2</sup>Brain and Mind Institute, The Aga Khan University, Nairobi, Kenya

<sup>3</sup>Department of Medicine, College of Health Sciences, Obafemi Awolowo University, Ile-Ife, Nigeria

<sup>4</sup>Chest Unit, Obafemi Awolowo University Teaching Hospital, Ile-Ife, Nigeria

<sup>5</sup>Department of Technical and Higher Education, Government of Sierra Leone, Freetown, Sierra Leone

<sup>6</sup>College of Public Health and Medical Sciences, Jimma University, Jimma, Ethiopia

*Wealthy nations must step up support for Africa and vulnerable countries in addressing past, present and future impacts of climate change*

The 2022 report of the Intergovernmental Panel on Climate Change (IPCC) paints a dark picture of the future of life on earth, characterised by ecosystem collapse, species extinction, and climate hazards such as heatwaves and floods.<sup>1</sup> These are all linked to physical and mental health problems, with direct and indirect consequences of increased morbidity and mortality. To avoid these catastrophic health effects across all regions of the globe, there is broad agreement – as 231 health journals argued together in 2021 – that the rise in global temperature must be limited to less than 1.5 °C compared with pre-industrial levels.

While the Paris Agreement of 2015 outlines a global action framework that incorporates providing climate finance to developing countries, this support has yet to materialise.<sup>2</sup> COP27 is the fifth Conference of the Parties (COP) to be organised in Africa since its inception in 1995. Ahead of this meeting, we – as health journal editors from across the continent – call for urgent action to ensure it is the COP that finally delivers climate justice for Africa and vulnerable countries. This is essential not just for the health of those countries, but for the health of the whole world.

## Africa has suffered disproportionately although it has done little to cause the crisis

The climate crisis has had an impact on the environmental and social determinants of health across Africa, leading to devastating health effects.<sup>3</sup> Impacts on health can result directly from environmental shocks and indirectly through socially mediated effects.<sup>4</sup> Climate change-related risks in Africa include flooding, drought, heatwaves, reduced food production, and reduced labour productivity.<sup>5</sup>

Droughts in sub-Saharan Africa have tripled between 1970–1979 and 2010–2019.<sup>6</sup> In 2018, devastating cyclones impacted 2.2 million people in Malawi, Mozambique and Zimbabwe.<sup>6</sup> In west

<sup>7</sup>Department of Pneumology, Faculty of Medicine, University of Kinshasa, Kinshasa, the Democratic Republic of the Congo

<sup>8</sup>Department of Human Anatomy, College of Health Sciences, University of Nairobi, Nairobi, Kenya

<sup>9</sup>Department of Sustainability Accelerator, Chatham House, London, United Kingdom

<sup>10</sup>Division of Family Medicine and Primary Care, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa

<sup>11</sup>Centre for Global Mental Health, London School of Hygiene and Tropical Medicine, London, United Kingdom

<sup>12</sup>Department of Nursing Science, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

<sup>13</sup>Department of Medicine and Therapeutics, University of Ghana, Accra, Ghana

<sup>14</sup>Department of Obstetrics and Gynecology, University of Medical Sciences, Ondo, Nigeria

<sup>15</sup>Department of Science, Information and Dissemination, Eastern Mediterranean Regional Office, World Health Organization, Cairo, Egypt

<sup>16</sup>Department of Health Protection and Promotion, Eastern Mediterranean Regional Office, World Health Organization, Cairo, Egypt

<sup>17</sup>Faculty of Medicine and Odonto-Stomatology, University of Sciences, Techniques and Technology of Bamako, Bamako, Mali

<sup>18</sup>Faculty of Medicine, University of Oran 1, Es Sénia, Algeria

<sup>19</sup>Department of Paediatrics and Child Health, School of Medicine, Kabale University, Kabale, Uganda

<sup>20</sup>Faculty of Nursing, Ain Shams University, Cairo, Egypt

<sup>21</sup>CA Medlynks Clinic and Laboratory, Nairobi, Kenya

<sup>22</sup>Nairobi Fountain Projects and Research Office (FOPRO), Fountain Health Care Hospital, Eldoret, Kenya

<sup>23</sup>Faculty of Medicine of Tunis, University of Tunis El Manar, Tunis, Tunisia

<sup>24</sup>Department of Cardiology, Security Forces Hospital, La Marsa, Tunisia

<sup>25</sup>Centre for Global Health, Faculty of Health and Wellbeing, University of Winchester, Winchester, United Kingdom

**Corresponding author:** Chris Zielinski, [chris.zielinski@ukhealthalliance.org](mailto:chris.zielinski@ukhealthalliance.org)

**How to cite this article:** Atwoli L, Erhabor GE, Gbakima AA, et al. COP27 Climate Change Conference: Urgent action needed for Africa and the world. *Afr J Prm Health Care Fam Med.* 2022;14(1), a3830. <https://doi.org/10.4102/phcfm.v14i1.3830>

**Copyright:** © 2022. The Authors. Licensee: AOSIS. This work is licensed under the Creative Commons Attribution License.

## Read online:



Scan this QR code with your smart phone or mobile device to read online.

and central Africa, severe flooding resulted in mortality and forced migration from loss of shelter, cultivated land, and livestock.<sup>7</sup> Changes in vector ecology brought about by floods and damage to environmental hygiene has led to increases in diseases across sub-Saharan Africa, with rises in malaria, dengue fever, Lassa fever, Rift Valley fever, Lyme disease, Ebola virus, West Nile virus and other infections.<sup>8,9</sup> Rising sea levels reduce water quality, leading to water-borne diseases, including diarrhoeal diseases, a leading cause of mortality in Africa.<sup>8</sup> Extreme weather damages water and food supply, increasing food insecurity and malnutrition, which causes 1.7 million deaths annually in Africa.<sup>10</sup> According to the Food and Agriculture Organization of the United Nations, malnutrition has increased by almost 50% since 2012, owing to the central role agriculture plays in African economies.<sup>11</sup> Environmental shocks and their knock-on effects also cause severe harm to mental health.<sup>12</sup> In all, it is estimated that the climate crisis has destroyed a fifth of the gross domestic product (GDP) of the countries most vulnerable to climate shocks.<sup>13</sup>

The damage to Africa should be of supreme concern to all nations. This is partly for moral reasons. It is highly unjust that the most impacted nations have contributed the least to global cumulative emissions, which are driving the climate crisis and its increasingly severe effects. North America and Europe have contributed 62% of carbon dioxide emissions since the Industrial Revolution, whereas Africa has contributed only 3%.<sup>14</sup>

## The fight against the climate crisis needs all hands on deck

Yet it is not just for moral reasons that all nations should be concerned for Africa. The acute and chronic impacts of the climate crisis create problems like poverty, infectious disease, forced migration, and conflict that spread through globalised systems.<sup>6,15</sup> These knock-on impacts affect all nations. COVID-19 served as a wake-up call to these global dynamics and it is no coincidence that health professionals have been active in identifying and responding to the consequences of growing systemic risks to health. But the lessons of the COVID-19 pandemic should not be limited to pandemic risk.<sup>16,17</sup> Instead, it is imperative that the suffering of frontline nations, including those in Africa, be the core consideration at COP27: in an interconnected world, leaving countries to the mercy of environmental shocks creates instability that has severe consequences for all nations.

The primary focus of climate summits remains to rapidly reduce emissions so that global temperature rises are kept to below 1.5 °C. This will limit the harm. But, for Africa and other vulnerable regions, this harm is already severe. Achieving the promised target of providing \$100bn of climate finance a year is now globally critical if we are to forestall the systemic risks of leaving societies in crisis. This can be done by ensuring these resources focus on increasing resilience to the existing and inevitable future impacts of the climate crisis, as well as on supporting vulnerable nations to reduce

their greenhouse gas emissions: a parity of esteem between adaptation and mitigation. These resources should come through grants not loans, and be urgently scaled up before the current review period of 2025. They must put health system resilience at the forefront, as the compounding crises caused by the climate crisis often manifest in acute health problems. Financing adaptation will be more cost-effective than relying on disaster relief.

Some progress has been made on adaptation in Africa and around the world, including early warning systems and infrastructure to defend against extremes. But frontline nations are not compensated for impacts from a crisis they did not cause. This is not only unfair, but also drives the spiral of global destabilisation, as nations pour money into responding to disasters, but can no longer afford to pay for greater resilience or to reduce the root problem through emissions reductions. A financing facility for loss and damage must now be introduced, providing additional resources beyond those given for mitigation and adaptation. This must go beyond the failures of COP26 where the suggestion of such a facility was downgraded to ‘a dialogue’.<sup>18</sup>

The climate crisis is a product of global inaction, and comes at great cost not only to disproportionately impacted African countries, but to the whole world. Africa is united with other frontline regions in urging wealthy nations to finally step up, if for no other reason than that the crises in Africa will sooner rather than later spread and engulf all corners of the globe, by which time it may be too late to effectively respond. If so far they have failed to be persuaded by moral arguments, then hopefully their self-interest will now prevail.

## Acknowledgements

This editorial is being published simultaneously in multiple journals. For the full list of journals see: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-october-2022>.

## Competing interests

We have read and understood the BMJ policy on declaration of interests and declare the following roles and relationships: J.K. is the Ex-Officio, President and Secretary of the Kenya Orthopedic Association, and the Editor in Chief of *Annals of African Surgery*. R.M. received a research grant on climate change and primary health care in Africa with University Ghent, funded by VLIR (Flemish Interuniversity Network). P.Y. received payment for a CME lecture on antimicrobial use in the intensive care unit (ICU) on behalf of Novartis, for an educational event on antimicrobial stewardship on behalf of bioMerieux, and for a CME lecture on adult vaccination updates on behalf of Pfizer. P.Y. also serves on the DSMB of the NHLBI-funded STRENGTHS trial focusing on hypertension and has served as a Chair on a Pfizer Advisory Board on pneumococcal vaccinations in adults. Payment is received for both. C.Z. received payment from the UK Health Alliance on

Climate Change as Senior Advisor on the international journals project. J.M. is an unpaid board member on the International Working Group for Health systems strengthening and employee of London School of Hygiene & Tropical Medicine. DOA has involvement with the Inovio Pharmaceuticals Phase 1b vaccine trial and the GLICO Healthcare Ltd. The authors declare no further conflicts of interest beyond those inherent in the editorial roles listed above.

### Authors' contributions

L.L-L. developed the idea of the editorial and led drafting along with C.Z. J.M. contributed with L.A.'s guidance. All other authors contributed significantly to the editorial content.

### Authors' affiliated journals

Lukoye Atwoli, Editor-in-Chief, *East African Medical Journal*; Gregory E. Erhabor, Editor-in-Chief, *West African Journal of Medicine*; Aiah A. Gbakima, Editor-in-Chief, *Sierra Leone Journal of Biomedical Research*; Abraham Haileamlak, Editor-in-Chief, *Ethiopian Journal of Health Sciences*; Jean-Marie Kayembe Ntumba, Chief Editor, *Annales Africaines de Medecine*; James Kigera, Editor-in-Chief, *Annals of African Surgery*; Laurie Laybourn-Langton, University of Exeter; Bob Mash, Editor-in-Chief, *African Journal of Primary Health Care & Family Medicine*; Joy Muhia, London School of Medicine and Tropical Hygiene; Fhumulani Mavis Mulaudzi, Editor-in-Chief, *Curationis*; David Ofori-Adjei, Editor-in-Chief, *Ghana Medical Journal*; Friday Okonofua, Editor-in-Chief, *African Journal of Reproductive Health*; Arash Rashidian, Executive Editor, and Maha El-Adawy, Director of Health Promotion, *Eastern Mediterranean Health Journal*; Siaka Sidibé, Director of Publication, *Mali Médical*; Abdelmadjid Snouber, Managing Editor, *Journal de la Faculté de Médecine d'Oran*; James Tumwine, Editor-in-Chief, *African Health Sciences*; Mohammad Sahar Yassien, Editor-in-Chief, *Evidence-Based Nursing Research*; Paul Yonga, Managing Editor, *East African Medical Journal*; Lilia Zakhama, Editor-in-Chief, *La Tunisie Médicale*; Chris Zielinski, University of Winchester.

### Ethical considerations

This article followed all ethical standards for research without direct contact with human or animal subjects.

### Funding information

Respective authors were paid by their employers. Chris Zielinski's time was funded by the UK Health Alliance on Climate Change.

### Data availability

Data sharing is not applicable to this article, as no new data were created or analysed in this study.

### Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

### References

1. IPCC. Climate change 2022: Impacts, adaptation and vulnerability. Working Group II Contribution to the IPCC Sixth Assessment Report. Cambridge and New York, NY: Cambridge University Press; 2022.
2. UN. The Paris agreement [homepage on the Internet]. United Nations; 2022 [cited 2022 Sep 12]. Available from: <https://www.un.org/en/climatechange/paris-agreement>
3. Climate Investment Funds. Climate change and Health in sub-Saharan Africa: The case of Uganda. Climate Investment Funds; 2020.
4. WHO. Strengthening health resilience to climate change. Geneva: World Health Organization; 2016.
5. Trisos CH, Adelekan IO, Totin E, et al. Africa. In: Climate change 2022: Impacts, adaptation, and vulnerability [homepage on the Internet]. Cambridge, UK and New York, NY: Cambridge University Press; 2022 [cited 2022 Sep 26]. Available from: <https://www.ipcc.ch/report/ar6/wg2/>
6. World Bank. Climate change adaptation and economic transformation in sub-Saharan Africa. World Bank; 2021.
7. Opoku SK, Leal Filho W, Hubert F, Adejumo O. Climate change and health preparedness in Africa: Analysing trends in six African countries. *Int J Environ Res Public Health*. 2021;18(9):4672. <https://doi.org/10.3390/ijerph18094672>
8. Evans M, Munslow B. Climate change, health, and conflict in Africa's arc of instability. *Perspect Public Health*. 2021;141(6):338–341. <https://doi.org/10.1177/17579139211058299>
9. Anugwom EE. Reflections on climate change and public health in Africa in an era of global pandemic. In: Stawicki SP, Papadimos TJ, Galwankar SC, Miller AC, Firstenberg, MS, editors. Contemporary developments and perspectives in international health security - Volume 2 [homepage on the Internet]. London: IntechOpen; 2021 [cited 2022 Sep 12]. Available from: <https://www.intechopen.com/chapters/76312>
10. African Climate Policy Centre. Climate change and health in Africa: Issues and options [homepage on the Internet]. African Climate Policy Centre; 2013 [cited 2022 Sep 12]. Available from: [https://archive.uneca.org/sites/default/files/PublicationFiles/policy\\_brief\\_12\\_climate\\_change\\_and\\_health\\_in\\_africa\\_issues\\_and\\_options.pdf](https://archive.uneca.org/sites/default/files/PublicationFiles/policy_brief_12_climate_change_and_health_in_africa_issues_and_options.pdf)
11. UN. Climate change is an increasing threat to Africa [homepage on the Internet]. 2020 [cited 2022 Sep 12]. Available from: <https://unfccc.int/news/climate-change-is-an-increasing-threat-to-africa>
12. Atwoli L, Muhia J, Merali Z. Mental health and climate change in Africa. *BJPsych International*. 2022;19(4):86–89. <https://doi.org/10.1192/bji.2022.14>
13. Vulnerable Twenty Group. Climate vulnerable economies loss report. Vulnerable Twenty Group; 2020.
14. Ritchie H. Who has contributed most to global CO2 emissions? [homepage on the Internet]. Our World in Data. 2019 [cited 2022 Sep 12]. Available from: <https://ourworldindata.org/contributed-most-global-co2>
15. Bilotta N, Botti F. Paving the way for greener central banks. Current trends and future developments around the globe. Rome: Edizioni Nuova Cultura for Istituto Affari Internazionali (IAI); 2022.
16. WHO. COP26 special report on climate change and health: The health argument for climate action. Geneva: World Health Organization; 2021.
17. Al-Mandhari A, Al-Yousfi A, Malkawi M, El-Adawy M. 'Our planet, our health': Saving lives, promoting health and attaining well-being by protecting the planet – The Eastern Mediterranean perspectives. *East Mediterr Health J*. 2022;28(4):247–248. <https://doi.org/10.26719/2022.28.4.247>
18. Evans S, Gabbatiss J, McSweeney R, et al. COP26: Key outcomes agreed at the UN climate talks in Glasgow. Carbon Brief [homepage on the Internet]. 2021 [cited 2022 Sep 12]. Available from: <https://www.carbonbrief.org/cop26-key-outcomes-agreed-at-the-un-climate-talks-in-glasgow/>