

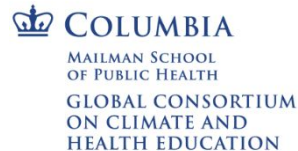
RESPUESTA EN CLIMA Y AMBIENTE PARA LA SALUD EN LAS AMÉRICAS

Gestión del trabajo en equipos transdisciplinarios

Estudio de caso

18 de octubre, 2022

Stella M. Hartinger Peña
Profesor Asociado/CLIMA-UPCH

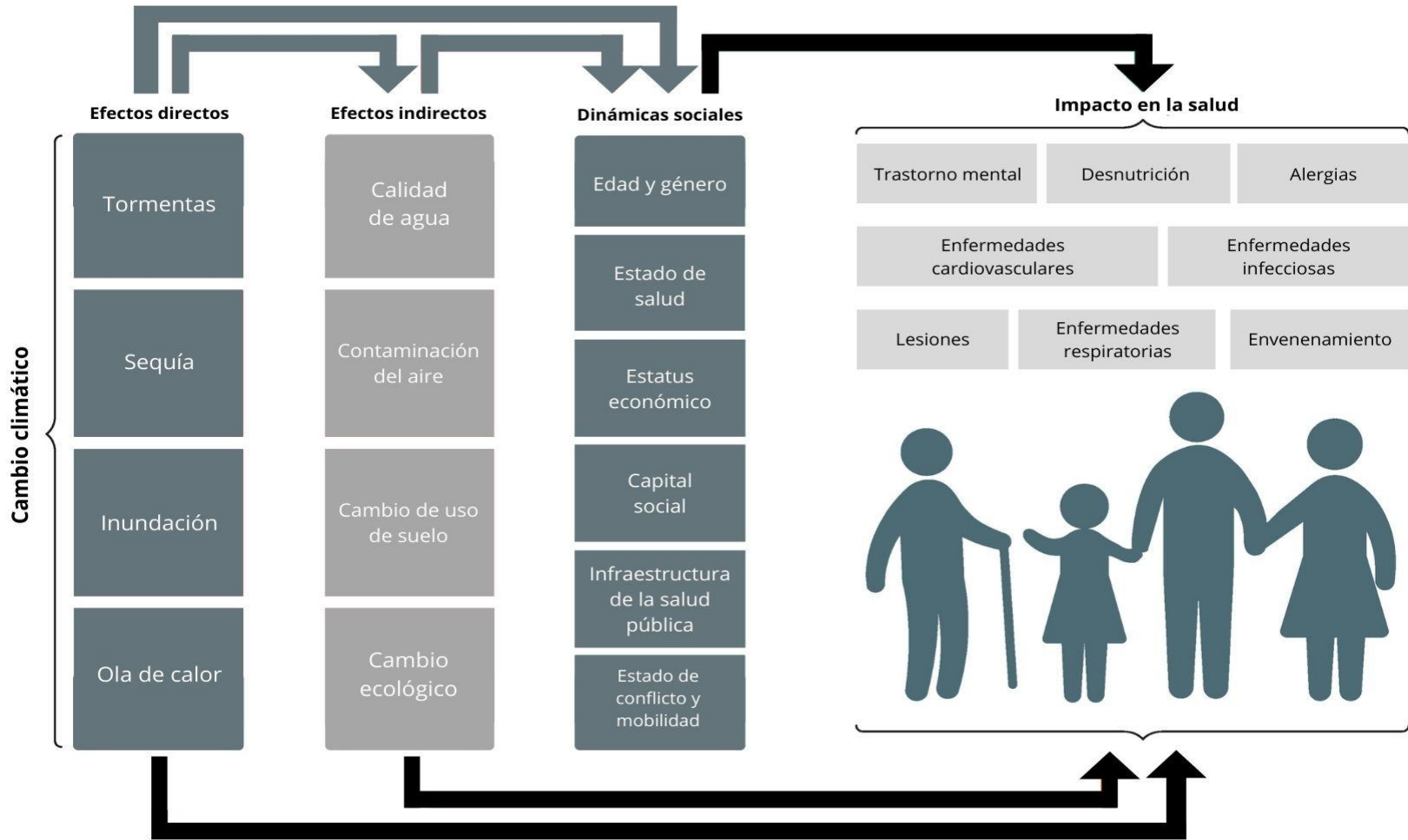


43 Lancet Countdown Partners around the world



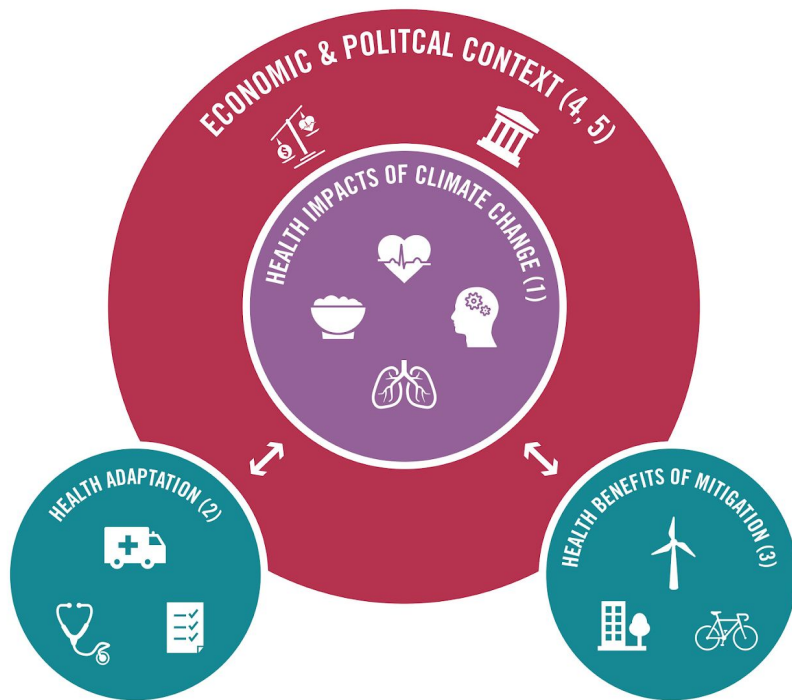
Lancet Countdown Health & Climate Change





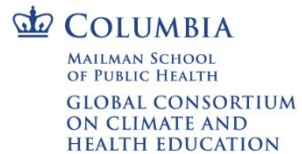
Fuente: Watts, N. et al. (2015). *Health and climate change: policy responses to protect public health*. *The Lancet*, 386(10006), 1861–1914. doi:10.1016/s0140-6736(15)60854-6 (traducido al español)

5 working groups of the Lancet Countdown Global and SA



- Climate Change Impacts, Exposures & Vulnerability
- Adaptation Planning & Resilience for Health
- Mitigation Actions & Health Co-Benefits
- Economics and Finance
- Public and Political Engagement

Votación en Zoom

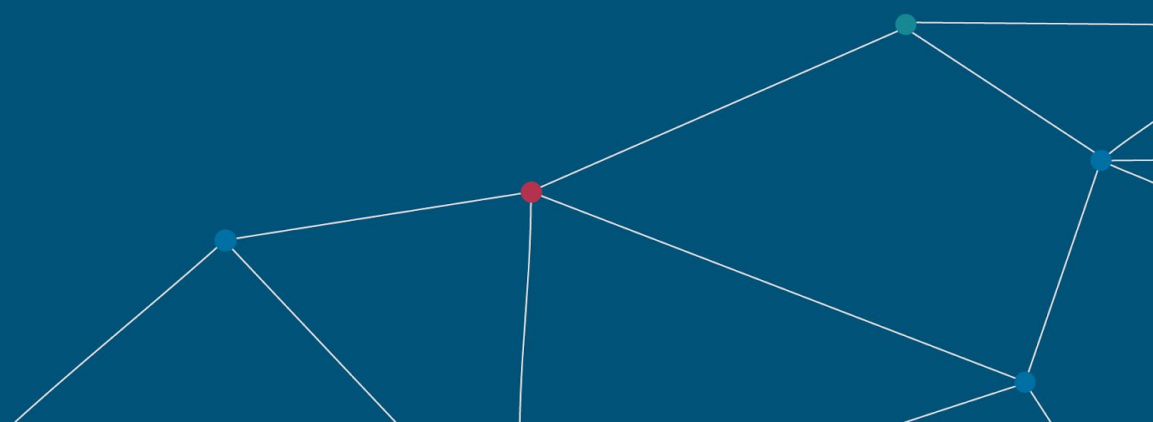




UNIVERSIDAD PERUANA
CAYETANO HEREDIA



Lancet Countdown South America: Health and Climate Change





Lancet Countdown - South America

We are one of the regional centers for the Lancet Global Countdown on Climate Change and Health. We have a mandate to promote and develop research at the regional level on the impact of climate change on health.



Objectives

Build Capacities

1. Coordinate collaboration with academic and research institutions within South America



Promote Research

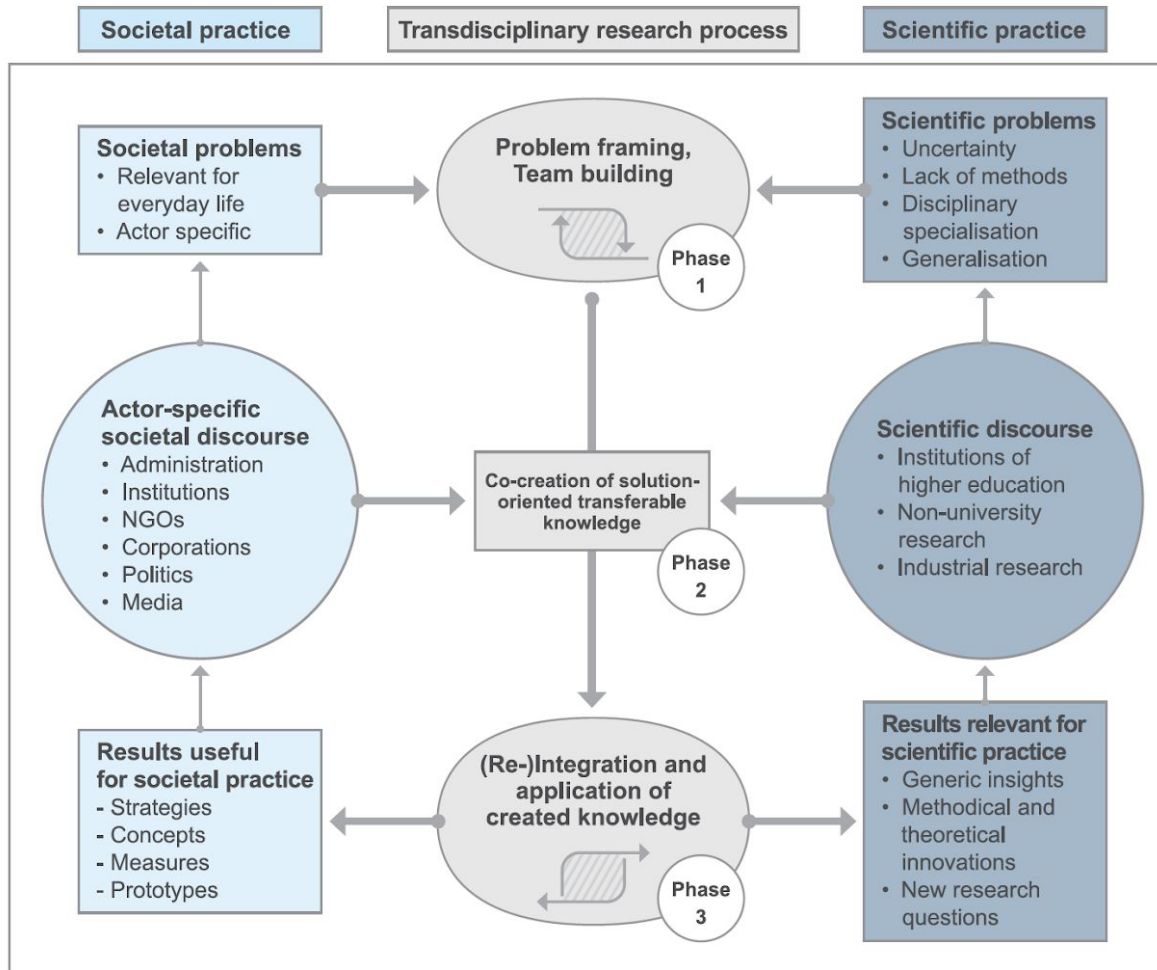
2. Develop case studies (local or regional)
3. Develop indicators to be published in the global Lancet Countdown report
4. Develop a SA regional report that mirrors the Lancet Countdown Annual Report



Promote Communication

5. Expand country-level communications and policy engagement





Climate Change has a differentiated impact on health in South American populations.

Why is SA different?



1. Build on capacities



Peru: Universidad Peruana Cayetano Heredia
Costa Rica: Universidad de Costa Rica
Chile: Pontificia Universidad Catolica de Chile
Ecuador: San Francisco de Quito
Argentina: Universidad de Rosario
Colombia: Universidad de los Andes
Brasil: Universidad de Caxias do Sul
Uruguay: Inter-american Institute for Global Change Research



Partners LCSA



Stella
Hartinger

Willy
Lescano

Marisol
Yglesias

Armando
Valdes

Luciana
Blanco

Oscar
Melo

Valerie
PazSoldán

David
Rojas

Yasna
Palmeiro

Bruno
Takahashi



Yamileth
Astorga

Rodrigo
Velarde

Zaray
Miranda

Juliana
Helo

Elaine
Flores

Enrique Falceto
de Barros

Carolina
Gil

Anna
Stewart

Milena
Sergeeva

Ariana
Varcarel



Raquel
Santiago

Mario
Chavez

Tatiana de
Camargo

Wendel
Mora

Romina
Lavarello

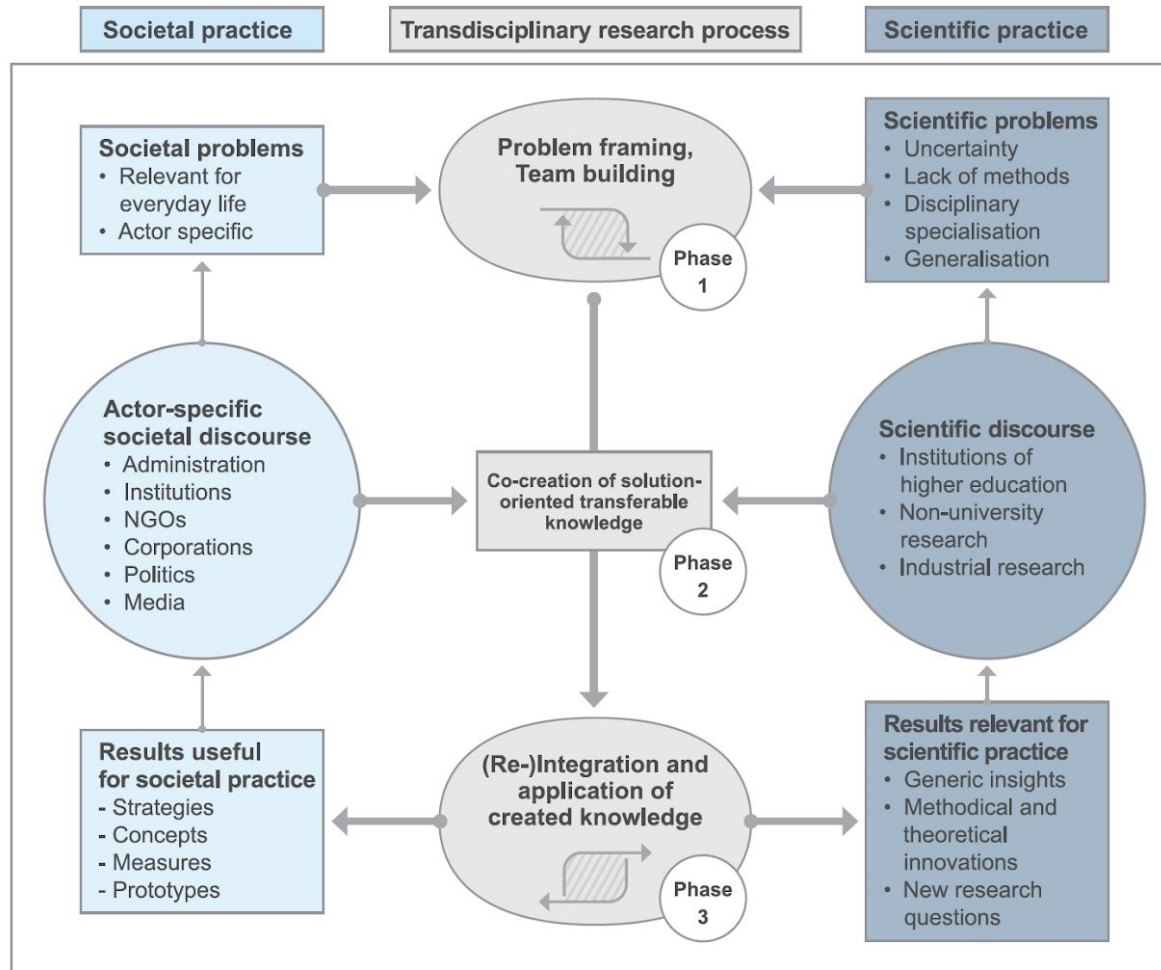
Daniel
Fernández

Luciana
Rojas

Angelica
Pretell

Ivonne
Reyes

Katya
Canal



Co-design,
Co-implementation,
CO-learning

Workshop for the SA Conceptual Model

Objetivo del proceso

1. Generar un marco conceptual de cómo el Cambio Climático afecta la Salud Humana en Sudamérica.
2. Este marco conceptual guiará el trabajo y las publicaciones (actual y futuras) de LCSA

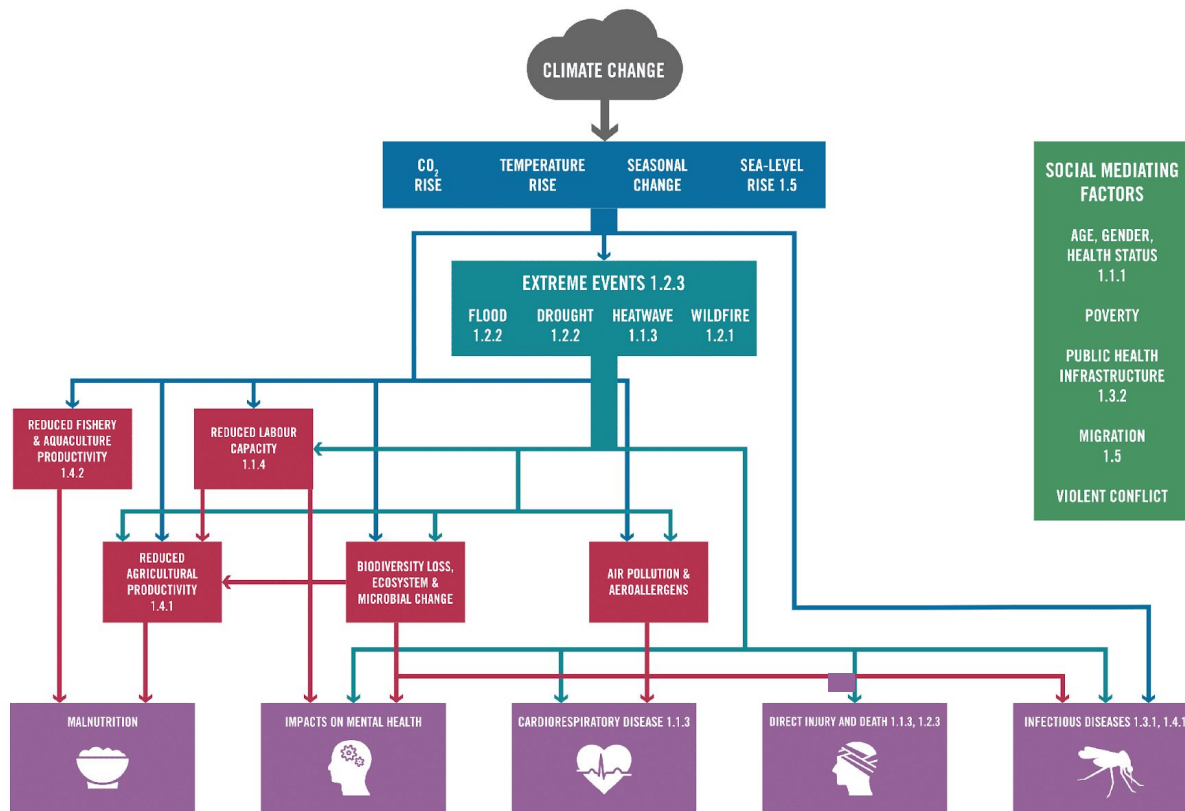


Hoja de ruta del proceso



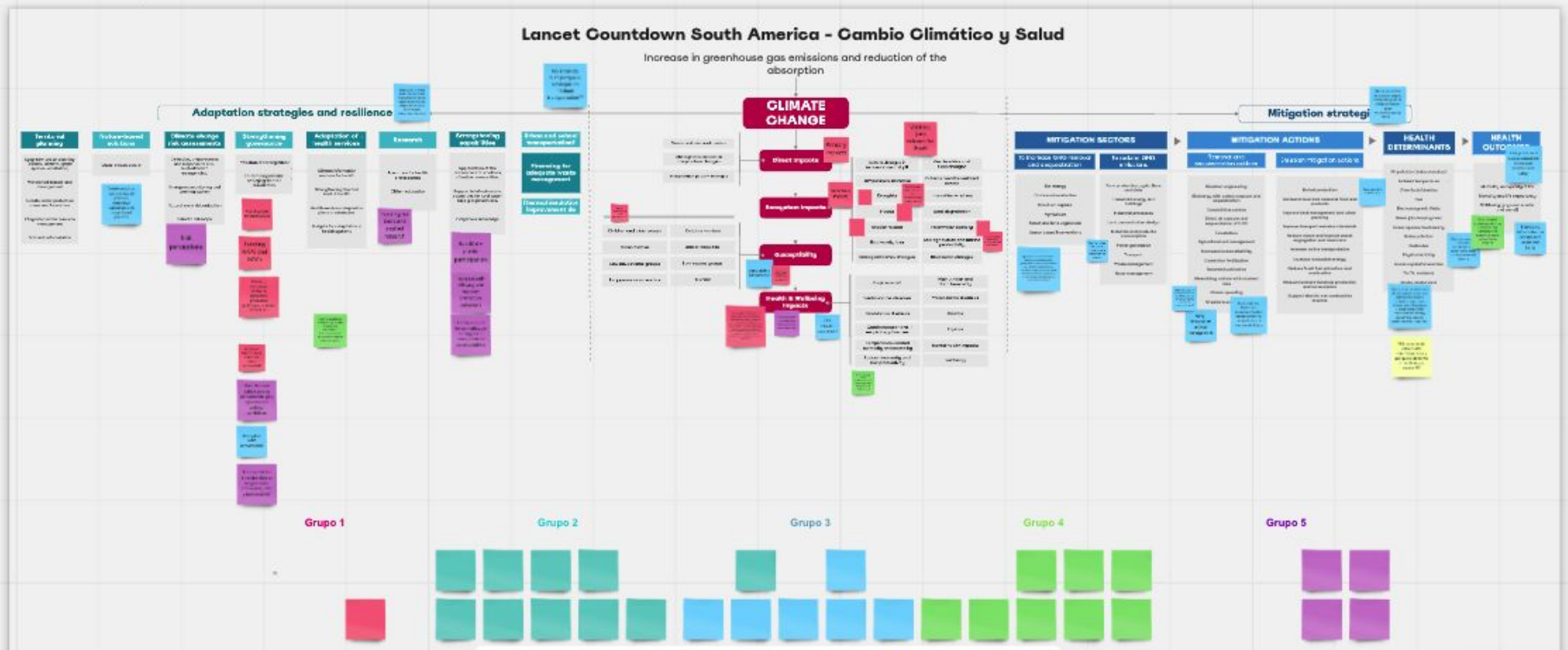


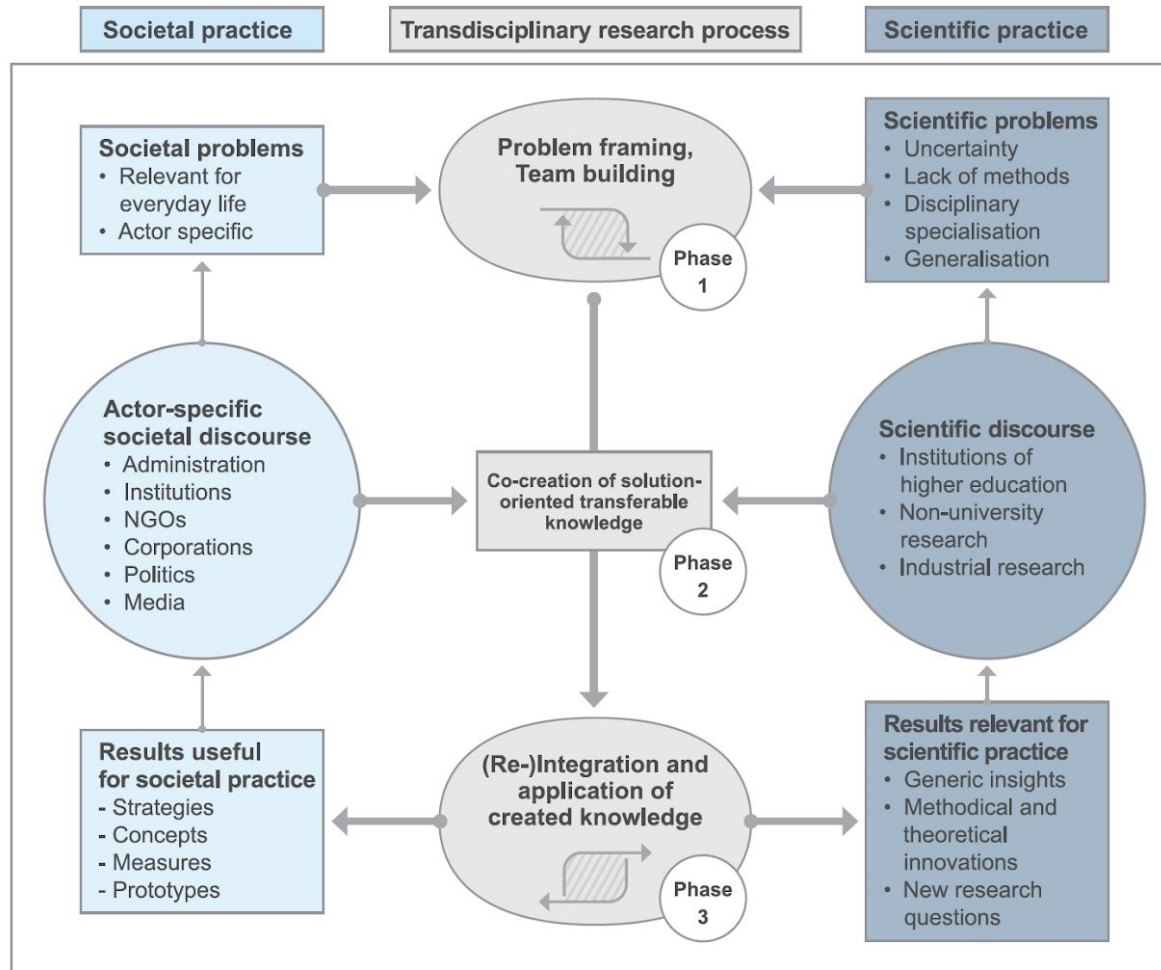
Climate Change Impacts, Exposures & Vulnerability



Modelo Conceptual

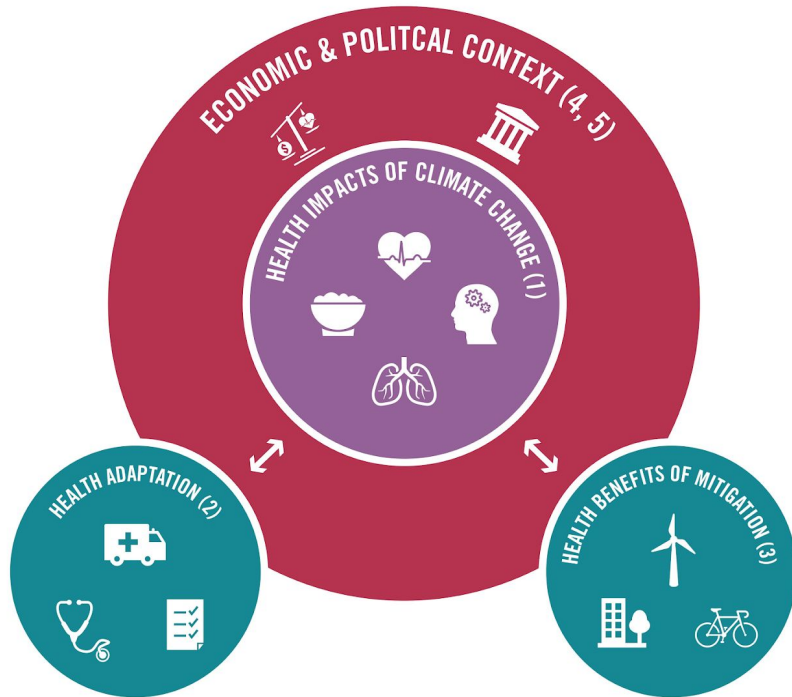
Modelo Conceptual 4 de abril 2022 (20 min)





How to integrate methodologies into indicators.

WG- Lancet Countdown SA



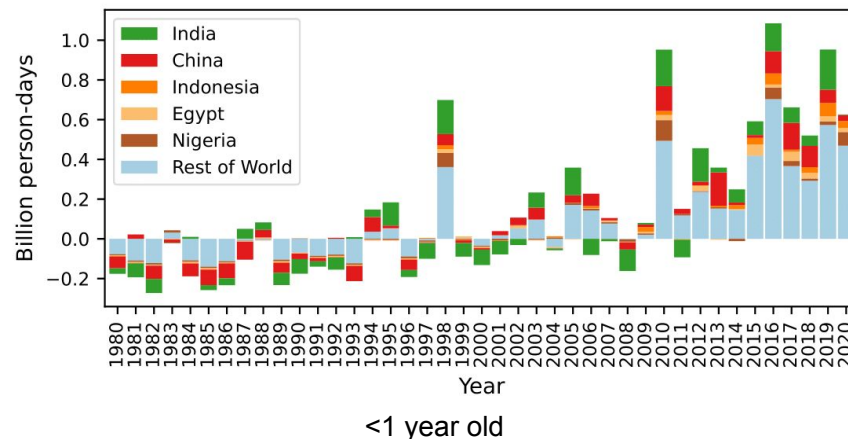
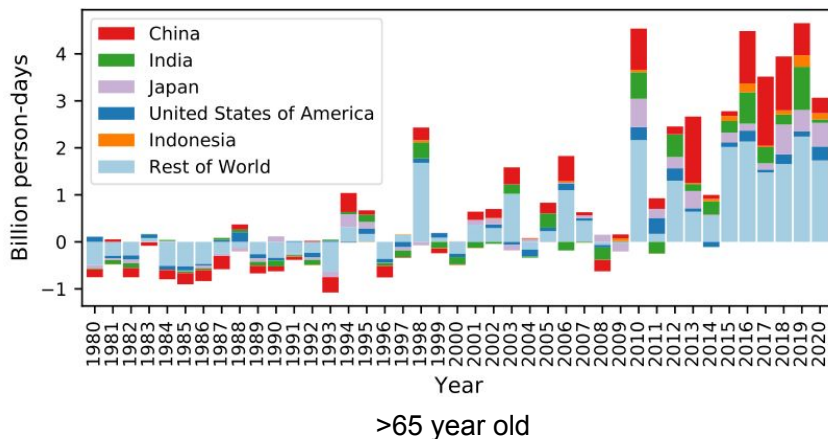
- Climate Change Impacts, Exposures & Vulnerability
- Adaptation Planning & Resilience for Health
- Mitigation Actions & Health Co-Benefits
- Economics and Finance
- Public and Political Engagement

1.1.2: Exposure of Vulnerable Populations to Heatwaves

Headline Finding:

Adults older than 65 years were affected by 3.1 billion more person-days of heatwave exposure in 2016-2020 than in the 1986-2005 average.

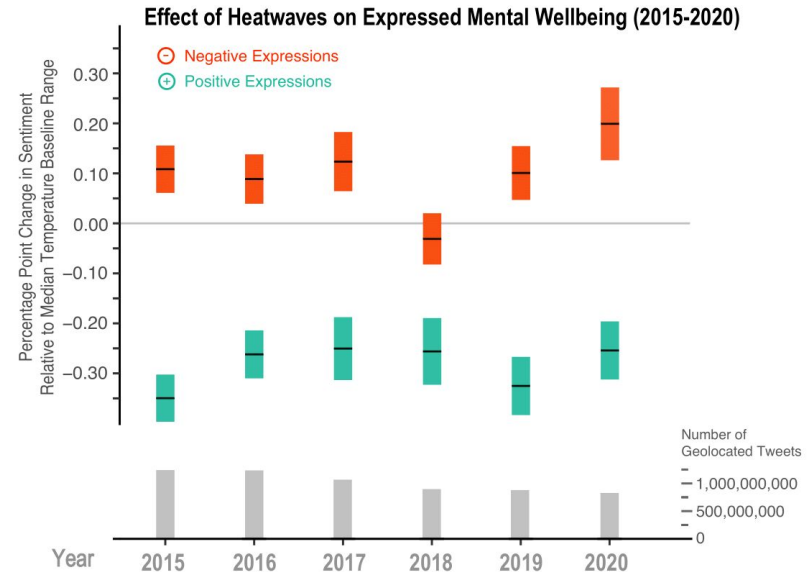
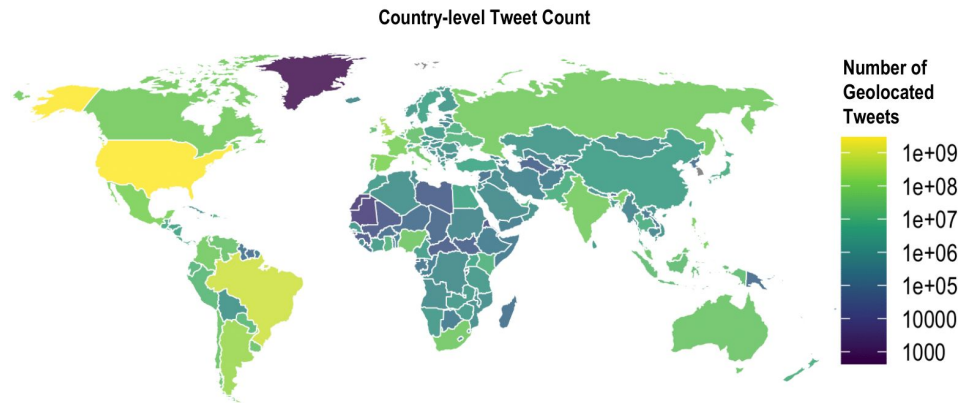
Chile: 7 million, Peru: 8 million and for Costa Rica: ~800,000



1.1.5: Heat and Sentiment

Headline Finding:

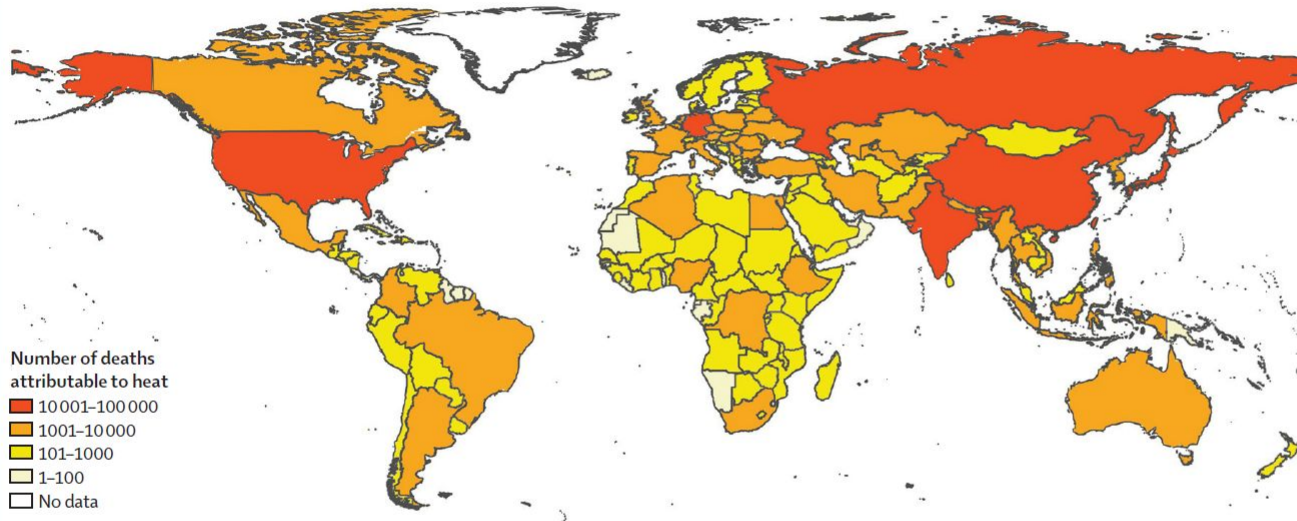
Exposure to heatwave events worsens expressed sentiment, with a 155% increase in negative expressions on Twitter during heatwaves in 2020 from the 2015–19 average.



1.1.6: Heat-related Mortality

Headline Finding:

Heat-related deaths in people older than 65 reached a record high of an estimated 345000 deaths in 2019; between 2018 and 2019, all WHO regions, except for Europe, saw an increase in heat-related deaths in this vulnerable age group.

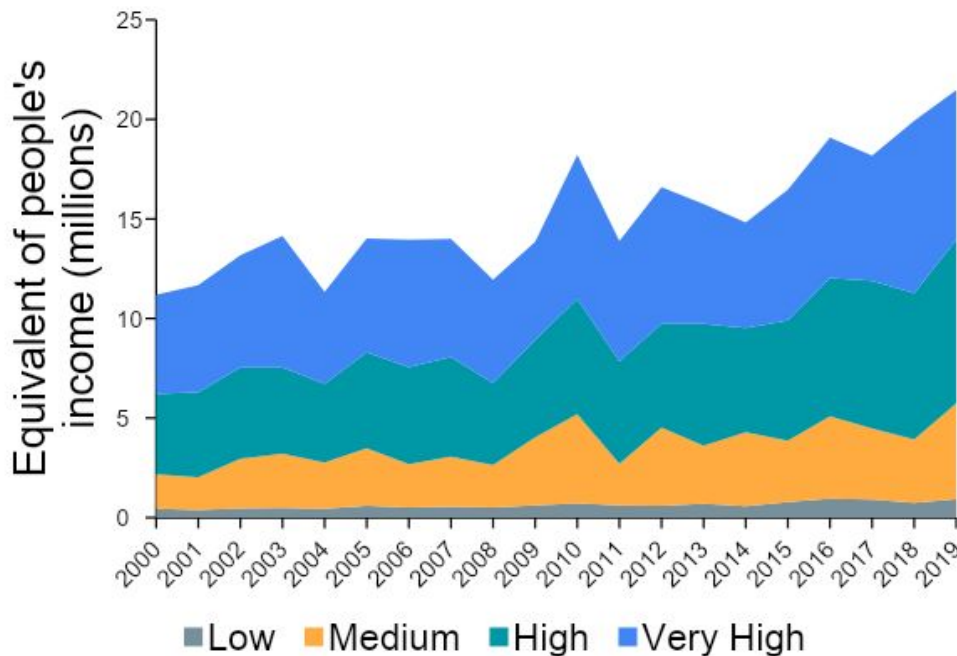




4.1.2: Costs of Heat-Related Mortality

Headline Finding:

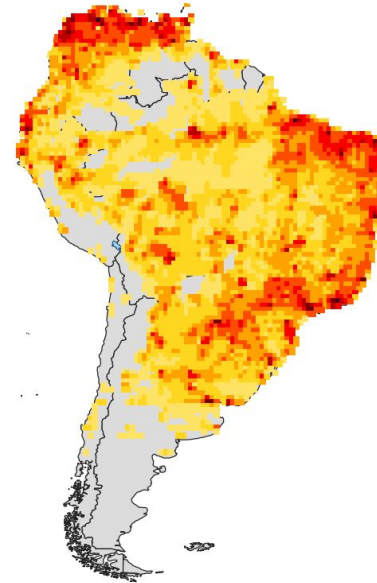
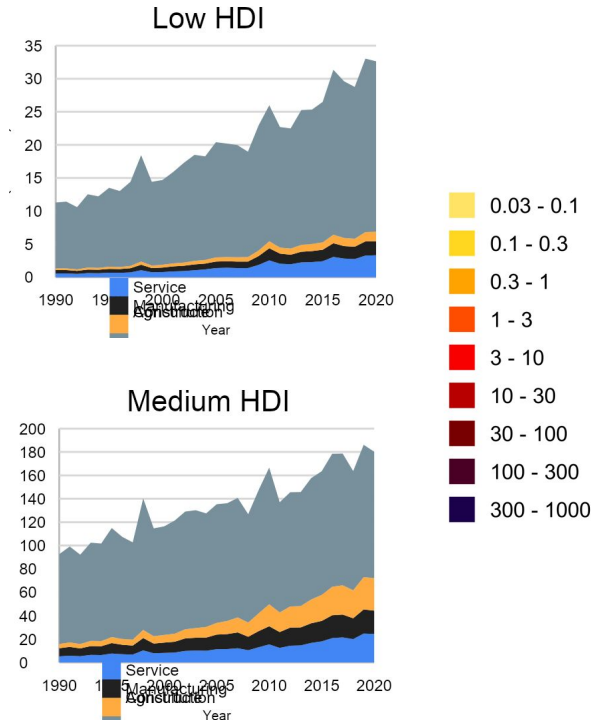
The monetised value of global heat-related mortality increased by 6.7%, from 0.27% of gross world product in 2018 to 0.28% in 2019; Europe continued to be the worst affected region, facing costs equivalent to the average income of 6.1 million of its citizens.



1.1.4: Change in Labour Capacity

Headline Finding:

- 295 billion hours of potential work were lost due to extreme heat exposure in 2020, with 79% of all losses in countries with a low HDI occurring in the agricultural sector.
- **10.6 billion hours of potential work were lost in SA**, 5 times more than in 2000. 85% were in the agricultural sector.
- **In Perú, 253 million** hours of potential work, 60% in the agricultural sector.

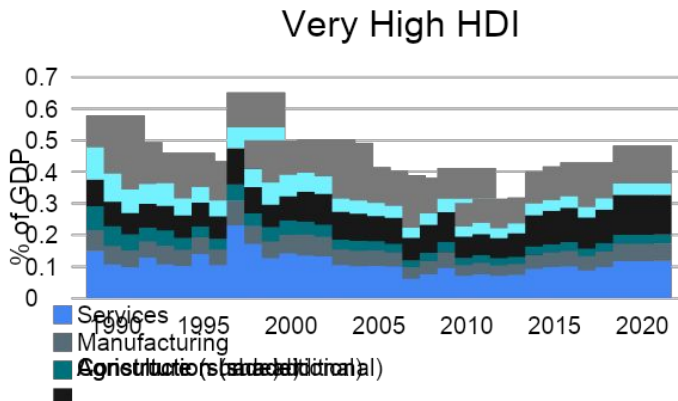
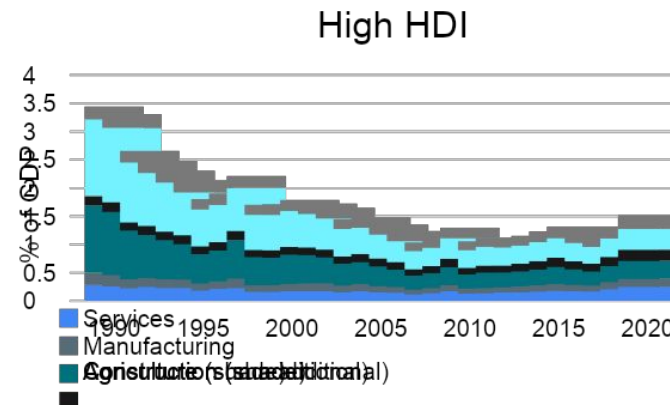
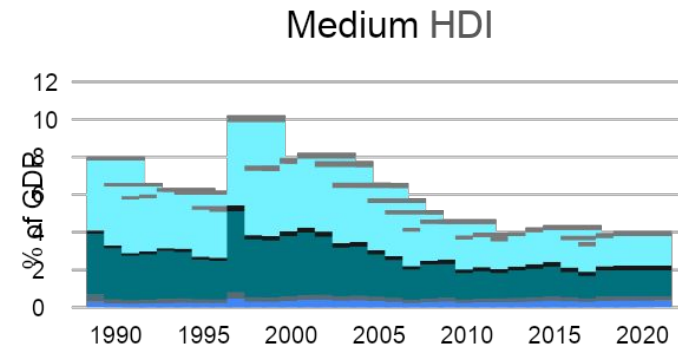
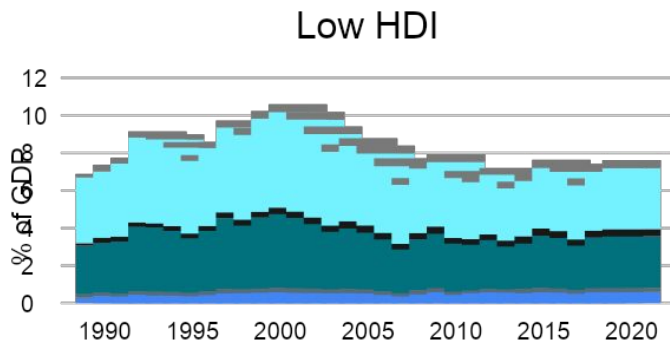




4.1.3: Loss of Earnings from Heat-Related Labour Capacity Reduction

Headline Finding:

Working in conditions of extreme heat is a health risk; such conditions could reduce the capacity for paid labour, with an impact on workers' earnings equivalent to 4–8% of GDP in the low HDI country group in 2020.

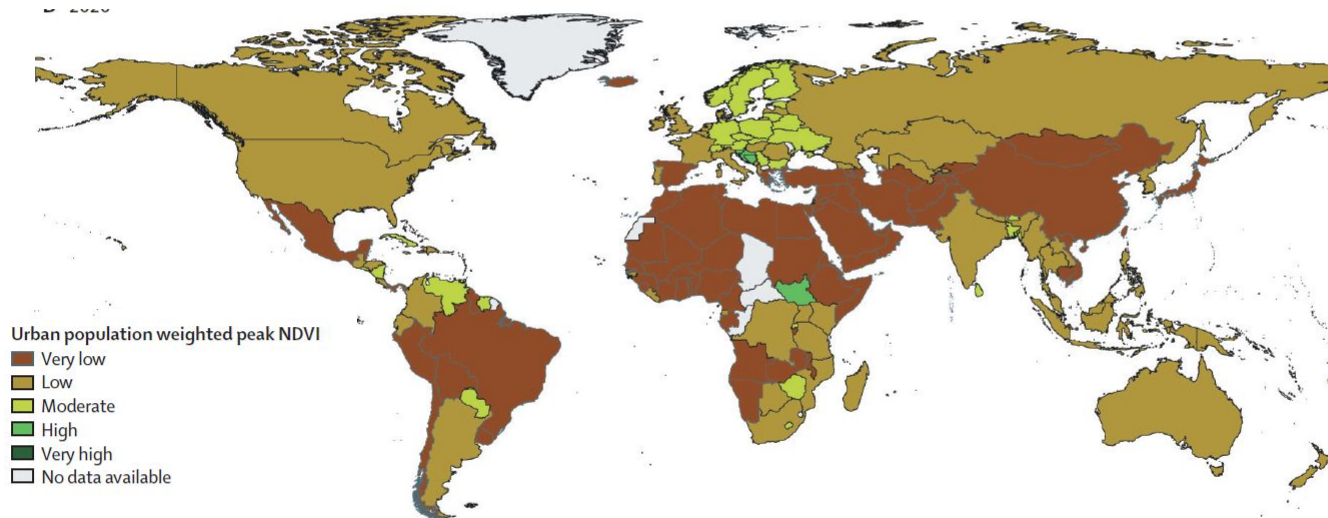




2.3.3: Urban Green Space

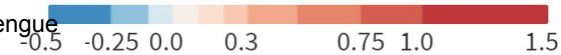
Headline Finding:

Globally in 2020, 27% of urban centres were classified as being moderately green or above, an increase from 14% in 2010; the percentage of cities under this classification varied from 17% of urban centres in the low HDI country groups to 39% of urban centres in the very high HDI country group.



1.3.1: Climate Suitability for Infectious Disease Transmission

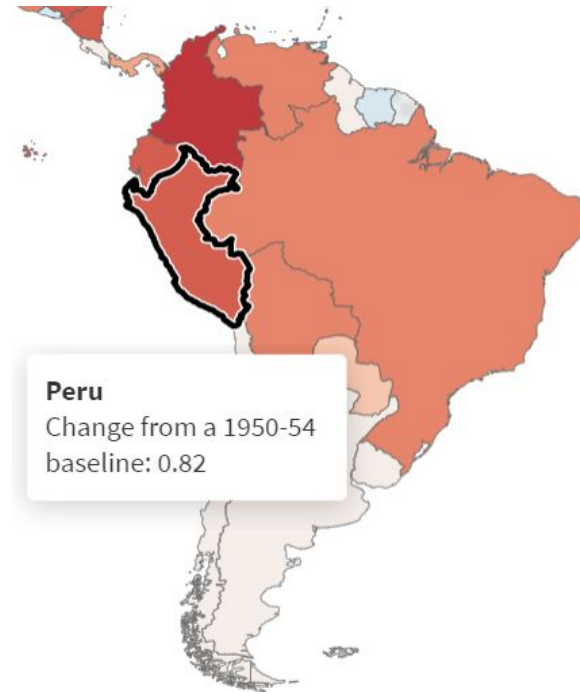
Absolute change in R_0 for dengue



Headline Finding:

Globally, the potential for dengue transmission was 13% higher for *A aegypti* in 2020 than in 1950–54.

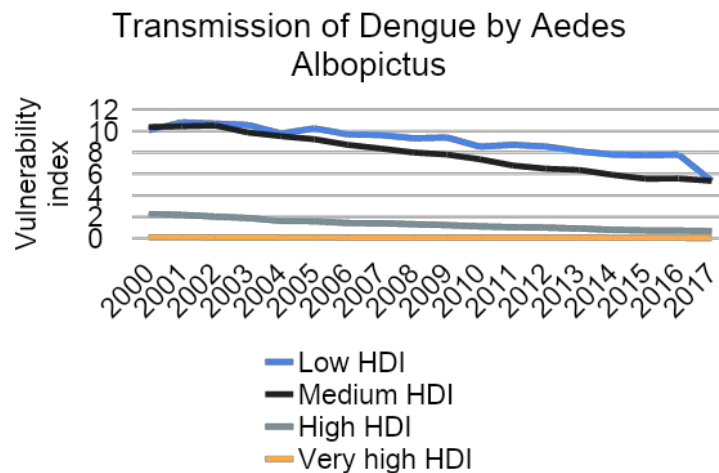
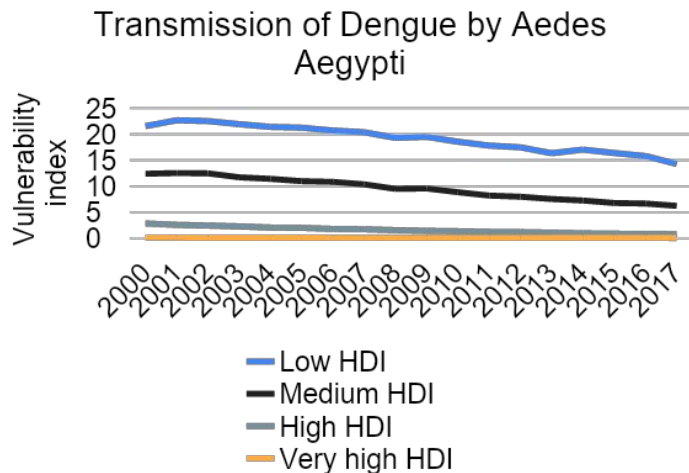
In Peru, the environmental suitability for *A aegypti* transmission was 48% higher in 2016–20 than in 1950–54.



1.3.2: Vulnerability to Mosquito-Borne Diseases

Headline Finding:

Although vulnerability to arboviruses transmitted by *A albopictus* and *A aegypti* has decreased across all countries since 2000, people in countries in the low HDI group are still the most vulnerability on average.



Fórmula y fuentes

$$\text{Vulnerabilidad} = \text{UP} * \text{HCAQ}$$

$$\text{HCAQ} = 100 - \% \text{ de muertes prevenibles}$$

- UP: % de población urbana en escala de 1 a 100 (**Fuente: World Bank, World Development Indicators.**)
- HCAQ: % de acceso y calidad de la atención médica es escala de 1 a 100 (**Fuente: Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019))**



Prioritized sectors	Categories	Countries									
		Venezuela	Uruguay	Surinam	Peru	Paraguay	Guyana	Ecuador	Colombia	Chile	Brasil
Health	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Food security	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Water resources	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Disaster risk	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Biodiversity and ecosystems	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Cities and infrastructure	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Communication and education	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Energy	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Industry	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●
Tourism	Baseline	●		●	●	●	●	●	●	●	●
	Adaptation proposals	●		●	●	●	●	●	●	●	●
	Leading and involved	●		●	●	●	●	●	●	●	●
	Financing Indicator	●		●	●	●	●	●	●	●	●

Legend:

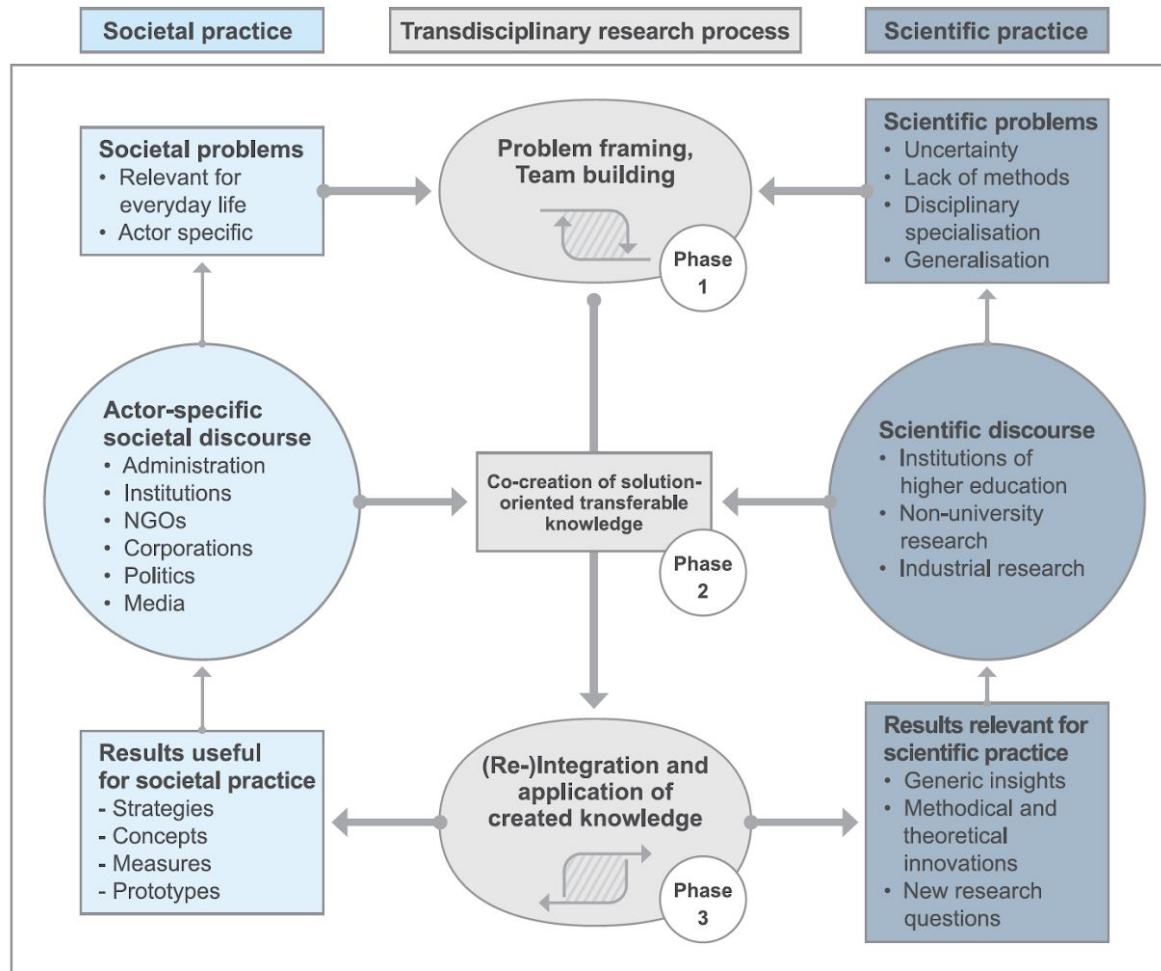
Score:

- 3- Analysis with an explicit relation to health / explicit relation to health in all chapters
- 2 Problems with an explicit or implicit relation to health / explicit relation to health in two chapters
- 1 Context with an implicit relation to health / implicit relation to health in one chapter
- 0 - Small, superficial or no mention of the subject related to health.

Score:

- 15 - More complexity in plan. Explicit relation to health.
- 0 - Less complexity in plan. Implicit or no relation with health.

- Baseline
- Adaptation proposal
- Leadership/ accountability
- Financing
- Indicators of success



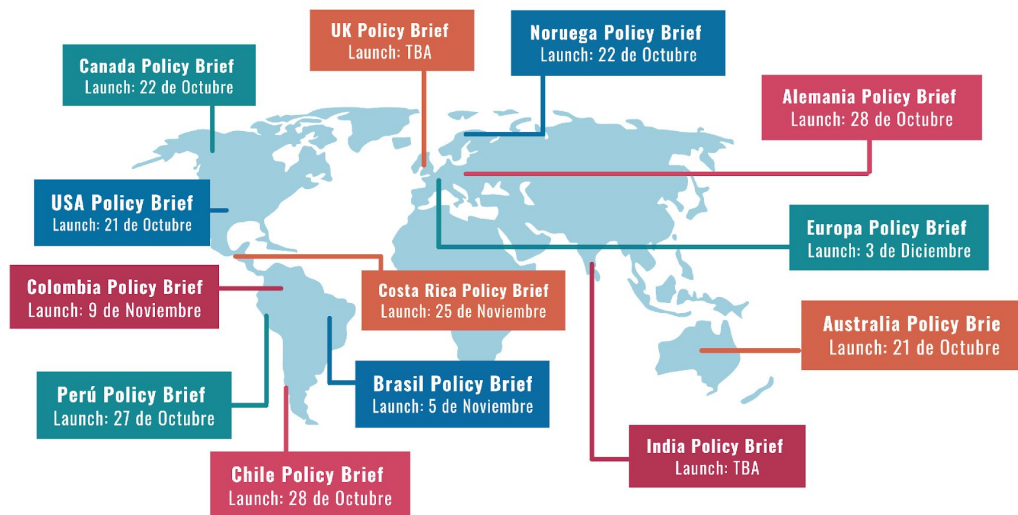
Communication and
dissimination



Expandir las comunicaciones



Eventos de Lancet Countdown en el Mundo



Encuentra tu informe político local y el evento de lanzamiento y únete a nosotros para explorar en un contexto local los impactos del cambio climáticos en nuestra salud



Únete a nosotros para el lanzamiento de los Policy Briefs de 2021

Si deseas asistir a alguno de los eventos, encontrarás más información aquí: <https://bit.ly/3aTHPGZ>

#LancetClimate21

Lancet Countdown Health & Climate Change





Thank you

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THE LANCET

