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Die Welt in der Krise - Klimawandel, Pandemie und Krieg

COVID-19 caused political failure and led to the neglect of social and climate justice

NGOs: ready to change perspectives?

Von Blaise Genton

Twelve billion doses of Covid vaccines administered; 68% of the world's population covered but only 21% in low socioeconomic index countries. Wealthy countries have monopolized almost all of the available supplies, over-vaccinating populations at low risk of complications. The major focus on the pandemic has completely overshadowed the much more serious risks that climate change and loss of biodiversity represent for human health, especially for populations living in disadvantaged countries. This exemplifies the failure of our political authorities to act effectively for social and climatic justice. Serious and immediate governmental action on this matter is unlikely. NGOs could thus move away from emergency humanitarian actions and take a leading role in promoting sustainable policies and practices that mitigate the deleterious effects of human activities on climate change and loss of biodiversity. This approach could lead to spill-over effects, help to change the system and build a new societal model that ensures equality, well-being, and complies to planetary limits.



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COVID-19 further exacerbated the imbalance between the North and the South

Twelve billion doses of Covid vaccines have been administered since end of 2020; 68% of the world's population covered but only 21% in low socioeconomic index countries. Wealthy countries have monopolized almost all of the available supplies, over-vaccinating populations at low risk of complications, namely young and healthy populations. Same for diagnostic tests and equipment that have been ordered by those who can pay. Promising initiatives such as Covax have been put in place to prevent the disaster that happened in Africa in previous years for antiretroviral drugs at the peak of the HIV epidemic. Visibly, little has changed, and goodwill seems not to be sufficient to ensure universal coverage of life-saving preventive measures.

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Fortunately, the Covid-19 pandemic did not lead to dramatic consequences in Africa, mainly because of a low median age of the population and the relatively low incidence of chronic diseases such as diabetes and obesity. Even if they were almost similarly hit by the pandemic in terms of prevalence of infections, the number of deaths directly due to Covid has been relatively low, at least in countries that did not implement drastic contention measures. On the other hand, other countries suffered from break down of commodities, and fear of attending health facilities, which in themselves led to higher morbidity and mortality. The example of malaria has been well documented with an increase of death because of interruption of bed net distribution and unavailability of diagnostic tests and treatment.

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Because of governments inaction - NGOs have the duty to act now

What is the relation with NGOs needing to change perspective? The link is rather clear, the huge imbalance in the ability to care for their population reflects the failure of Western countries' politicians to act effectively for social and climatic justice. The unique focus on the pandemic, the obsession to get the biggest amount of Covid vaccines, irrespective of the potential need and benefit for their population, has completely overshadowed the much more serious risks that climate change and loss of biodiversity represent for human health, especially so for populations living in disadvantaged countries. Politicians of the Western countries have failed, increasing the gap between rich and poor (between and within countries), maximizing their individual interest and profit rather than public (health) need and benefit, putting pressure on debt repayment rather than debt relief. They should be blamed for inaction on major environmental challenges in their home country, no real willingness to make decisions or establish regulations to mitigate climate change and biodiversity loss in their home country, and no serious financial contribution for mitigation and adaptation in affected countries as promised.

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Because of the political failure, it is an opportunity, and even a duty of NGOs to circumvent government inaction. They should foster bottom-up initiatives involving the civil society, citizens, communities, associations, etc. They should work on alternative societal models (out of the box), promote autonomy rather than dependence. Assessing major environmental risks to foster mitigation and adaptation actions rather than substitution is essential. There should be a shift from disaster relief to development actions that have a positive impact on the environment and the climate. All implement actions should comply with planetary limits and be sustainable. This implies to giving priority to prevention and health promotion, promoting a

more sober, more human and more equitable medicine, and developing environmentally friendly medical practices and health infrastructures. Patients and the population in general should be involved in strategic choices.

Such a change requires a global community of action sharing climate solutions as a free universal good. Targets need to be set to minimize carbon and waste footprint [e.g., reduce emissions by at least 50 per cent compared to 2019 levels by 2030 (Climate Action Accelerator)]. Many organizations have already developed charters, and even made the shift to accelerate the change in the right direction (e.g., The climate and environment charter for humanitarian organizations, The environment pact of MSF etc.).



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For example, is it wise to build high tech hospitals in unprivileged areas rather than supporting more sustainable community-based interventions, is it wise to provide food supply for years in areas that are (or will be) anyhow unlivable, or is it wise to promote digital health in an era of limited energy and raw material?

Concrete steps, which are key to success

More than 85% of the carbon reduction by NGOs over 10 years would be achieved through five major solutions. These five solutions are key to success. These are the following:

1. maximize the switch from air to sea freight for supply,
2. rationalize staff travel, especially by air,
3. increase the energy efficiency of vehicles,
4. implement environmental criteria to guide purchasing decisions,
5. switch to renewable energy – mainly solar photovoltaic energy.

To be very concrete, it would be essential to reduce expatriate staff, promote long-term assignments, include local actors in all decision processes, experts, training, distributing responsibilities, use short circuits, use low-cost simple technologies, assist in development of solar energy, support local manufacture of health products (medication, vaccines, diagnostic tests), encourage local suppliers to decarbonize their production, support adaptation mechanisms (culture in salty water) etc.

Finally, there is also a need to question new perspectives through the lens of ethics. For example, is it wise to build high tech hospitals in unprivileged areas rather than supporting more sustainable community-based interventions, is it wise to provide food supply for years in areas that are (or will be) anyhow unlivable, or is it wise to promote digital health in an era of limited energy and raw material? The question is always to balance short-term benefits versus long-term deleterious human/environmental impact.

The following statement by John Maynard Keynes illustrates the difficulties that we always encounter **"The hardest thing is not to have new ideas, but to escape from old ones"**.



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