Health Benefits Workstream

at the Science & Policy Conference on Transitioning Away from Fossil Fuels, Santa Marta, Colombia

April 24th & 25th, 2026

Location

Julio Otero B Auditorium, University of Magdalena

Focus

The Health Benefits workstream focuses on making the human health and health-economic arguments for accelerating fossil fuel phase-out, understanding that communities in the Global South already bear a disproportionate burden of fossil fuel-related harms. It also invites governments to work with members of the health community to build public support and political will for phase-out policies.

Purpose

The purpose of this workstream:

- To create a forum for the health community to summarize the human health and health-economic benefits of rapidly phasing out fossil fuels and transitioning to clean, renewable energy.

- To share the health benefits perspective with participants in other workstreams of the Science & Policy Conference, and more broadly with participants in the High-Level segment of the Transitioning Away from Fossil Fuels Conference.

- To invite and encourage governments and other stakeholders to partner with the health community in building public support and political will for a rapid transition away from fossil fuels.

Agenda

Friday April 24th

Participants in this workstream are invited to attend and provide a health perspective in any of the other workstreams (except ISDS, State-owned Enterprises, Multilateralism, and Central Banking, which are closed sessions). The leaders of the following workstreams have especially invited and encouraged health experts to contribute to their morning and/or afternoon sessions: Economics and Data; Fossil Methane; Petrochemicals; Zero Carbon Prosperity.

Saturday April 25th

09:30 to 12:30 (Session 1) and 14:00 to 16:30 (Session 2)

Participants are encouraged to attend Session 1, if possible, as it will be the main session for the workstream during the conference. Those who cannot attend Session 1 can attend Session 2; the agenda will be the same for both sessions.

Important Note: Participants are also encouraged to carefully review the drafts of the two Action Insight statements prepared by workstream members in advance of the conference. For ease of review, they are included at the conclusion of this agenda.

- **Welcome and brief introductions** (including any key takeaways from your engagement with other workstreams on Friday)

- **Review and, if necessary, propose edits to our workstream's two statements**.

- **Identify additional steps to disseminate our current recommendations** (e.g., prepare them as stand-alone policy briefs; distribute them via global/regional health hubs such as WHO, PAHO, WHO Africa; submit a commentary to the Bulletin of the WHO or another peer-reviewed journal), **and who will take those steps**?

- **Brainstorm the elements of an ideal "national dialogue on the health benefits of fossil fuel phase-out."** (Objectives? Hosts? Participants? Format? Deliverables?) We hope to put a one-page proposal in the hands of some High-Level conference participants before they meet on April 28th.

- **Time permitting, brainstorm how this workstream can contribute over the next year to advance our current recommendations and propose new ones.** This assumes there will be a follow-up High-Level meeting one year hence in Tuvalu.

HEALTH BENEFITS WORKSTREAM STATEMENT #1: DRAFT APRIL 6, 2026

Fossil fuel pollution is a leading cause of avoidable premature death and ill health worldwide, which places an enormous burden on national economies and health systems. The human health and health-economic benefits of a fossil fuel phase-out will accrue rapidly, especially in countries that take the most decisive action.

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The current state:
Air pollution from fossil fuels is one of the world's leading causes of premature death and ill health, which places an enormous health economic burden on every nation (Brauer 2021; Hay 2025; Lelieveld 2019, 2020, 2023; Vohra 2021, 2025). The World Health Organization estimates that aerosol air pollution causes about 7 million premature deaths annually worldwide (WHO 2023), leading to monetary costs and welfare loss of approximately $8.1 trillion per year, roughly 6 percent of global GDP (Word Bank 2022). Additionally, increasingly high levels of CO2 and other greenhouse gas pollution from fossil fuel extraction, transportation, and combustion also cause serious health harms directly through rising temperatures and indirectly through other effects of climate change including increasingly dangerous storms and flooding, and increases in insect-, food-, and water-borne diseases, food insecurity and malnutrition, and mental health problems. Moreover, the full picture of health harms from fossil fuels is not yet known due to a relative dearth of research on many relevant topics including: health harms from non-combustion aspects of the fossil fuel lifecycle (exploration, extraction, processing, transportation, and disposal); fossil fuel pollution other than air pollution (water and plastic pollution); and non-fatal health harms including lifelong neurodevelopmental consequences for children (including reduced IQ, ADHD, autism: Zhang 2023) and impaired brain health for older adults (including Alzheimer's and other dementias and Parkinson's Disease)—although the existing research strongly suggests that each causes significant health harms and economic burdens. Together, these costs increase the long-term burden of fossil fuel-dependent development pathways.

Outcome of actionable insight implementation:
Unlike the climate benefits from fossil fuel phase-out, which accrue more slowly and distantly, the human health and health economic benefits from clean air accrue rapidly and locally, especially in countries with the worst air pollution and those that take the most decisive action (Romanello, 2022, 2025; Whitmee 2024). Rapidly accruing health benefits include reductions in asthma attacks, cardiovascular events, and associated emergency room visits and hospitalizations, while others unfold over decades—for example, avoidance of cognitive loss associated with exposure to air pollution during pregnancy and childhood (Bell 2025; Karlsson 2020; Markandya 2018; Reis 2022; Rice 2025; Roca-Barcello, 2024).

These health improvements also produce substantial economic benefits. Research shows the economic value of health benefits may exceed the global costs of phase-out, possibly by a wide margin in some countries (Roca-Barcello, 2024; Sampedro 2020, Xie 2026). One study of 145 nations concluded that phase-out costs can be recouped in approximately one year (Jacobson 2022). Fossil fuel phase-out offers a win across many domains—a cleaner environment, less global warming, healthier people and less-strained, more affordable healthcare systems, and enhanced energy security (Rice 2025; Roca-Barcello, 2024; Thurston 2025).

Additional Details and Background Information

The health harms and health-economic costs of the fossil fuel lifecycle (exploration, extraction, processing, transportation, combustion, disposal) are often incompletely measured, if measured at all. Even when the health harms and their associated economic costs are known, they are rarely taken into account in energy policy decisions. Accounting for fossil fuels' health harms and associated economic costs, indexing the many health benefits of decarbonization, and making international, national, and subnational policymakers and program managers aware of this information is crucial for guiding energy policy and programmatic decisions. This evidence reveals substantial human health and economic advantages of clean energy over fossil fuel energy (Jacobson 2022; Xie 2026). More fully accounting for and publicizing these health and related economic costs and benefits will also help build public support for a fossil fuel phase-out and may more fully activate the health community to advocate for a phase-out. Advocacy by health professionals and health organizations can play an important role worldwide in building the necessary political will for fossil fuel phase-out (Chan 2026; Desandi 2022; Kotcher 2021, 2023; Their 2025; Uppalapati 2026).

Policymakers should direct public health scientists (including epidemiologists and biostatisticians) and health economists to prioritize collecting, synthesizing, and publicizing data on the health impacts and health economic costs of the fossil fuel lifecycle and the benefits of phase-out in their nation, including the health gains and associated economic benefits from reduced fossil fuel pollution that some nations are already experiencing. In turn, policymakers should communicate these benefits to the public and other key stakeholders, encouraging further ambition for fossil fuel phase-out and protecting human and planetary health more broadly—including in their Nationally Determined Contributions (NDCs) under the Paris Agreement (Beagley, 2025). Only a small proportion of nations (about 10%) currently highlight the health and health economic benefits of decarbonization actions in their NDCs (WHO 2023). Every nation should initiate a process in which relevant experts—for example, in public health and medicine, electricity generation, transportation, agriculture, and the built environment—lead a public dialogue and develop an assessment framework to identify national decarbonization pathways that maximize human health, well-being, and prosperity.

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HEALTH BENEFITS WORKSTREAM STATEMENT #2: DRAFT April 6, 2026

Efforts to build public support and political will for a phase-out should emphasize health and feature a wide range of trusted health professionals.

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The current state:

Public support for phasing out fossil fuels is strong, although support levels vary considerably between nations: approximately three-quarters of people in much of the world support their country rapidly phasing out fossil fuels (IPSOS 2022, UNDP 2024), although support may be lower in Australia, China, Saudi Arabia, and some European and North countries (Globescan 2025). More generally, over two-thirds say responding to climate change should be a high or very high priority for their government (Leiserowitz 2023). The strength of public support is not necessarily politically decisive, however. It matters most when the issue is electorally salient (influences people's votes), proposed policies are credible and visible, support for the policies is strong (not only widespread), and trusted policy advocates actively counterbalance opponents to the proposed policies (Burstein 2003). Many of these conditions are not currently sufficiently present in most nations.

Outcome of actionable insight implementation:
Making the health case for fossil fuel phase-out has high potential to strengthen public support and political will for the phase-out. Fossil fuel pollution is the leading cause of avoidable morbidity and mortality worldwide, placing an enormous burden on every nation's economy (WHO 2023, World Bank 2022). Moreover, the human health and health-economic benefits of a fossil fuel phase-out accrue rapidly, especially in countries that take the most decisive action (Romanello, 2022, 2025; Whitmee 2024). Research conducted in several nations has shown that communicating the potential to improve health is one of the most effective strategies for increasing support for climate policy (Chan 2026; Desandi 2022; Goldwert 2026; Their 2025; Uppalapati 2026). As one of the—if not the—most trusted categories of professionals in nearly every nation (Edelman Trust Institute 2024; Ipsos 2024, 2025), health professionals (doctors, nurses, etc.) are ideal spokespeople to make the case for phase-out, bringing congruence between the message and the messengers (Maibach 2021, 2024; Temme 2026). Moreover, large numbers of health professionals (Kotcher 2021; Lee 2021) and more than 200 health organizations worldwide (GCHA undated) are interested in advocating for climate solutions, and many are already doing so. Efforts to build public support and political will for the fossil fuel phase-out should therefore heavily emphasize health and platform a wide range of trusted health professionals (Campbell 2025).

Additional Details and Background Information

Historically, the efforts to build public support and political will for—and against—climate action have been led primarily by scientists and scientific societies, environmental activists and organizations, political parties and politicians, and self-interested corporations and industry associations (especially the fossil fuel industry, which has nearly limitless financial resources with which to communicate its case against fossil fuel phase-out). Although proponents of climate action have been successful in building public concern about climate change and strong public support for a fossil fuel phase-out, opponents have been more effective at building the political will necessary to sustain the fossil fuel industry's status quo.

Health professionals and organizations have the potential to change this dynamic by communicating the health case for phase-out, including the health harms of fossil fuels and climate change, the health benefits of decarbonization, and the existing social norm that most people in most nations worldwide favor phase-out (Chan 2026; Desandi 2022; Kotcher 2021, 2024; Their 2025; Uppalapati 2026). Moreover, and importantly, when health professionals call attention to those who oppose climate action and a fossil fuel phase-out (i.e., fossil fuel CEOs and lobbyists who have long used deception and influence-peddling to oppose climate solutions), this strengthens public trust in the health professionals making the case for climate action (Kotcher 2023). Lastly, as credible voices in the health community become more vocal in making the health case for fossil fuel phase-out, additional members of the health community are likely to join in efforts to advocate for a phase-out (Lee 2021).

An evidence-based formula for effective public communication is "simple clear messages, repeated often, by a variety of trusted and caring voices" (Maibach 2023). The health community has simple, clear messages that have been proven effective at building support for phase-out, and it has myriad trusted, caring voices worldwide. For their messages and voices to be politically decisive, however, those voices must achieve higher levels of reach and frequency—i.e., message repetition (Ettinger, 2025; Peters 2022; Smith 2025). The health community should be supported in its efforts to communicate the health imperative of a fossil fuel phase-out. For far too long, the fossil fuel industry has used its financial resources to create and amplify voices in the media whose messages advocate climate denial and delay. What the world needs now is to use those same communication tools to make the health case for phase-out.

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