ROLE OF COVID-19 RECOVERY FOR CLIMATE CHANGE ADAPTATION AND HEALTH SYSTEM RESILIENCE IN EUROPE

Adaptation strategies are being implemented across Europe to strengthen resilience and reduce vulnerability to climate change. Health system resilience is an essential component of adaptation. The European Union (EU) Commission launched the NextGenerationEU COVID-19 Recovery Fund for Member States that include funding and support for climate change mitigation, adaptation strategies as well as public health system innovation and resilience.

Key messages
- Current commitments in the EU Member State COVID-19 Recovery Plans addressing climate change adaptation and health system resilience are not aligned and unlikely to improve adaptation to protect human health
- There are opportunities for climate and health policy following learning from Covid-19
- The coronavirus disease (COVID-19) pandemic caused major changes in public health systems at all governance levels. In the recovery from COVID-19, the World Health Organisation (WHO) recommends a healthy and green recovery with investment aiming to promote health and protect the environment.

EU COVID-19 recovery plans
- MONITORING. EU COVID-19 recovery plans need to be monitored to evaluate the benefits for health system resilience to climate change as well as how local population adaptation benefits health.
- INCREASE SPENDING ON ADAPTATION. Only 6% of EU Member State Recovery and Resilience plans expenditure allocation is dedicated to climate change adaptation.
- FUNDING HEALTH SYSTEM RESILIENCE. Currently limited commitments which target both climate objectives and co-benefits for health. Opportunities for further funding may prioritise activities which address health system resilience within the green and digital transition.

Learning from COVID-19
- MITIGATION VS. ADAPTATION. European decision-makers perceive recovery plans as less of an opportunity to implement climate adaptation for health compared to mitigation actions.
- BARRIERS to adaptation PERSIST. Key barriers that are limiting the implementation of climate adaptation to improve health following Covid-19 are: limited resources, funding and personnel capacity; governance constraints and unclear policy remit.
- MULTIDISCIPLINARITY. Improve data access and sharing of evidence for collaboration between disciplines (e.g., environment and health teams), departments and government levels for effective climate adaptation implementation.
EU COVID-19 Recovery Plans: Health system

All member state recovery plans provide measures which relate to public health and healthcare.

- Total expenditure on health system measures amount to approximately EUR 40 billion on average (9% of the plans' total expenditure, range EUR 1 million – 16.2 billion)
- Member states have committed to improving health systems by introducing the following measures:
  * Enhance primary healthcare
  * Scale-up primary, secondary, and tertiary prevention
  * Increase quality of diagnosis and treating patients
  * Strengthen the healthcare workforce
  * Modernise healthcare facilities, equipment and infrastructures
  * Digitalisation of health care systems and services
  * Construct new healthcare facilities in remote and under-served regions.

Key health themes in COVID-19 recovery plans

- Increasing the resilience of healthcare services
- Digitalisation of health care system and services
- Supporting modernisation of universal healthcare system
- Emergency management: logistics and infrastructure

EU COVID-19 recovery plans: Digitalisation

- Digitalising healthcare can be an effective climate adaptation intervention as it increases the resilience of health service and delivery
- EU objective aims to ensure (by 2030) all key services are fully accessible to everyone and benefit from optimal digital environment
- 26% of the Recovery and Resilience Facility (RRF) accounts for digital expenditure, within this, 37% of digital objectives include E-governance, digital public services, and local digital ecosystems
- Examples include: digital health platform, one-stop shop for digital health services, integrating data systems, digitalising medical records and upskilling health professionals on digital skills
- There is significant opportunity for the digital transition to strengthen public health systems e.g. improve health monitoring, early warning system development, and facilitate data sharing
- However, increasing reliance on e-health may have unintended consequences due to requiring significant energy use, dependency on network connection whilst maintaining data protection and confidentiality

Percentage of health and long-term care measures included in Digital Transformation

Source: Recovery and Resilience Scoreboard (2023)
EU COVID-19 recovery plans: Where is adaptation?

- Each recovery plan was required to dedicate at least 37% to measures contributing to climate objectives
- Only 6% of member state recovery and resilience plans expenditure allocation is dedicated to climate change adaptation (416 milestones or targets, 55 measures)
- The key climate commitment themes from the recovery plans were all mitigation focused:
  - Energy efficiency in buildings
    Achieving EU’s climate targets, reducing energy bills and fuel poverty
  - Sustainable mobility
    Investments in low-carbon or zero emission transport
  - Clean power
    Renewable energy generation and innovative solutions
- Within the climate measures and objectives, only a small minority of climate actions had explicit benefits for health (see box below)
- Across the EU COVID-19 recovery funds, member states were not required to consider the co-benefits for health and climate change in their commitments
- The RRF plans have the potential to be effective for climate adaptation implementation to improve the health, for example, e-health and digitalisation as well as new health care infrastructure and systems. It is critical however, that the commitments outlined in the plans do not lead to maladaptation e.g. new hospitals exposed to overheating

Learning from COVID-19: Implications for health system resilience

32 key informant interviews were undertaken with decision makers in international, national, and local governments across 20 European countries following WHO stakeholder analytical framework. Findings include:

- Recognition of significant exacerbation of health inequalities following the COVID-19 pandemic
- COVID-19 has hindered climate change adaptation over the last 3 years in Europe
- Recovery plans are perceived by decision-makers as an opportunity for climate change mitigation rather than adaptation. However, programmes and policies are being developed for transition towards a more sustainable and healthy society
- At European level: inter-sectoral collaboration and policy interconnection have been promoted for COVID-19 recovery, particularly with regard to emergency planning and disaster management
- Digital systems for sharing information, monitoring and reporting have been strengthened and the bureaucracy of inter-departmental cooperation has been reduced
- At national level: stakeholders acknowledge the potential benefits of recovery funds to address health care system resilience as well as climate change adaptation and mitigation
- The health sector can benefit from these new plans and funds to gain a more central role in adaptation policies and leverage climate action towards those that benefit health and address inequalities
- In the local context: stakeholders mention limited resources to tackle climate change adaptation and emphasise the need for local policies and funding to enhance recovery and resilience that could also be beneficial for climate change adaptation
- The pandemic has also highlighted the existing inequalities within urban areas which need to be addressed in climate change health adaptation actions and Covid-19 response actions and plans
- Across Europe, there is variation in progress in the implementation of adaptation to climate change in the public health sector
Key components for implementation of climate and health policy

Following interviews with decision-makers across varying governing levels in Europe (EU, national, city-level); the following key barriers to implementation were identified:

- Limited resources, funding and personnel capacity
- Governance constraints and policy remit
- Interdisciplinary working, cross-governmental collaboration, and departmental silos
- Climate and health knowledge limitations

Barriers to implementation of climate adaptation for health

Following interviews with decision-makers across varying governing levels in Europe (EU, national, city-level); the following key barriers to implementation were identified:

References

