

Adolescent well-being and climate crisis: adolescents are responding, what about health professionals?

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KEY MESSAGES

- Adolescents are at a unique stage of transition in their biological, emotional, and social development, but the worsening threat of climate change impacts adolescents' well-being across domains.
- The climate crisis is having clear impact on adolescents' agency and resilience, as many feel the threat to their future, are overwhelmed by the scale of the problem, and are disillusioned by inadequate action by those in power.
- Adolescents are taking matters into their own hands by acting individually, and also collectively, at different scales in both low- and high-income contexts, to reduce the negative impacts of the climate crisis.
- Health professionals and the health community are beginning to respond to the climate crisis; it is imperative that health professionals work collectively with adolescents to mitigate the impacts of climate change on adolescent well-being.

Alice McGushin and colleagues argue for recognition of the diverse ways in which climate change impacts adolescent well-being and for how adolescents and health professionals can collectively unite to respond to the crisis.

1 The world is already 1.1°C warmer than pre-industrial levels, and we can expect further rises of
2 between 1.5°C and 3.5°C by the end of this century, depending on the scale and speed of climate
3 change mitigation.¹ The impact of global warming is far greater for someone born today than for older
4 generations: compared with someone born in 1960, an individual born in 2020 will experience
5 significantly more exposure to drought, crop failures, river floods, and four times as many heatwave
6 exposures throughout their lifetime.² Meanwhile, in the coming decades low-income countries are
7 projected to have the greatest increase in the number of young people aged 10-24 years. It will be the
8 younger generations in these countries that will experience the greatest rise in climate-related
9 exposures, with vulnerabilities compounded by ongoing intersecting factors of protracted inequity
10 driven by colonialism, poverty, governance challenges and conflict, and marginalisation due to gender,
11 ethnicity, and low income.¹

12 The climate crisis is the biggest global health threat of our century,³ destabilizing social,
13 environmental, and economic determinants of health and well-being. Despite strong evidence that
14 climate change will affect the life of every child born today, there is limited understanding of the
15 particular impacts on adolescents. We argue that it is time for more explicit recognition by health
16 professionals of these impacts, both on adolescents' physical and mental health, but also the broader
17 impacts on their well-being. It is also important that health professionals recognise their
18 responsibilities in supporting adolescents and protecting their well-being in the face of the climate
19 crisis.

20 To analyse the effects of climate change on adolescents, we draw on an existing definition and
21 conceptual framework for adolescent well-being.⁴ Adolescent well-being is a state in which
22 adolescents have the support, confidence, and resources to thrive, realising their full potential and
23 rights. Within this framework, good health and optimum nutrition are recognised as underpinning
24 adolescent well-being, acting as both determinants and outcomes of four other domains:
25 connectedness, positive values and contributions to society; safety and supportive environments;
26 learning, education and employability; and agency and resilience.

27 We explore how climate change threatens all aspects of adolescent well-being (Figure 1). But not all
28 adolescents are passive victims of this crisis: we highlight examples of how adolescents around the
29 world have taken leadership, demonstrating agency and resilience both individually and collectively.
30 However, adolescents are a heterogenous group and their capacity to cope in a changing climate can
31 be fostered by an enabling environment, strengthened by the presence of functioning support
32 systems at individual, community, country, and global levels.⁵ Here, we argue that there is a clear role

33 for health professionals and present some of the ways in which health professionals can act to support
34 adolescents to thrive in a changing climate.

35

36 The climate crisis cuts into all domains of adolescent well-being

37 To understand the effects of the climate crisis on adolescents' health and nutrition, we draw on the
38 evidence of its risks to leading health concerns for adolescents. Climate change exacerbates the risk
39 of injury, the leading cause of death and disability in this age group, through exposure to extreme
40 weather events. With their specific needs often overlooked in disaster responses, adolescents with
41 disabilities and chronic diseases are at greatest risk.⁶ Considering asthma, the most common chronic
42 disease among adolescents, higher pollen levels, longer pollen seasons, worsening air quality, and
43 increasing thunderstorms all increase the risk of acute asthma attacks.^{7,8}

44 The psychological distress caused by extreme weather events, climate-induced forced migration, and
45 anticipation of future hazards could have lifelong consequences to adolescents' mental well-being –
46 with the impacts more likely to be experienced by adolescents in low- and middle-income countries
47 (LMIC's).^{9–11} The climate crisis also affects adolescents' nutrition, with downstream effects on physical
48 and cognitive development; adolescent girls in LMIC's are more likely than boys, or adolescents in
49 high-income countries, to go hungry following climate-related disasters.¹²

50 The climate crisis impacts adolescents' connectedness, to families and to communities, as a result of
51 temporary and permanent migration and displacement, within countries and across borders. While
52 age-disaggregated data is scarce, a high proportion of those displaced in the context of climate-related
53 disasters are under 18 years old.¹³ Prior to recent conflict, adolescents in the drought-affected Tigray
54 region of Ethiopia were forced to separate from their families due to food insecurity, loss of
55 livelihoods, and the need to earn an income.¹⁴

56 A disrupted and unsafe living environment is another effect of the climate crisis. Climate-related
57 economic shocks and low rainfall have increased the risk of armed conflict in some settings.¹⁵ The
58 resulting impacts of armed conflict on adolescents can last a lifetime and be passed down
59 generations.¹⁶ Drought and heatwaves have also been found to increase the risk of intimate partner
60 violence.^{17,18} Furthermore, extreme events such as the 2010–2011 Horn of Africa drought increase the
61 likelihood of child marriage, as young girls are sold in exchange for livestock and other primary
62 necessities, as their families struggle over scarce resources.¹⁹

63 Attainment of quality education, the fourth sustainable development goal, is threatened by the
64 climate crisis. In 2017, 18,000 schools in South Asia were closed due to river flooding.²⁰ Schools in

65 Bangladesh remained closed a year after the destruction of Cyclone Aila and extreme weather events
66 are the commonest cause of unplanned school closures in the USA.^{21,22} Moreover, when communities
67 face water scarcity and drought, adolescents, particularly girls, may be removed from school to
68 support their families. Higher temperatures are also known to affect the academic performance of
69 both students and teachers.^{23,24}

70 Finally, agency and resilience are threatened both by the climate crisis and the gap between needed
71 actions and what adolescents see being taken forward by global leaders. The dissonance between
72 government responses and the prospective future for the world has left many adolescents feeling a
73 loss of agency, apathy and disillusionment.²⁵ Eco-anxiety and climate change anxiety are emerging
74 phenomena that are particularly prevalent among the adolescent population. In a recent survey of
75 over 10,000 young people aged 16-25 years in ten countries, over 50% of respondents reported feeling
76 anxious, afraid, and powerless in the face of climate crisis.²⁶

77 With these overwhelming threats to well-being, one would not blame adolescents for feeling hopeless
78 and helpless. Nevertheless, there are many and varied examples of adolescents responding to the
79 climate crisis with agency and resilience. We argue that many adolescents are exhibiting leadership
80 beyond their years, sometimes beyond that which is displayed by those in positions of power.

81

82 [Adolescents demonstrating agency and resilience in the face of the climate crisis](#)

83 It has often been recommended that action is an antidote to climate-related anxiety and poor well-
84 being.²⁷ Young people involved in climate action have fostered individual and interpersonal skills that
85 contribute to positive youth development, such as the capacity to self-regulate emotions and
86 behaviours, engage in teamwork, act on values such as social and environmental justice, and reduce
87 the feeling of being alone and powerless.^{5,25,27}

88 Adolescents on every continent are taking part in climate action. To combat malnutrition in their
89 communities, adolescents from youth-led organisations in Rwanda are being trained in nutrition
90 advocacy and associated cross-cutting issues, such as environmental protection, gender, education,
91 and the economy.²⁸ Adolescents surveyed in flood prone areas in Indonesia, Burkina Faso and Bolivia
92 and in areas of drought in South Africa expressed a strong sense of duty and empathy, which they
93 used to support their communities, for example by sharing information on ways to conserve water.^{29,30}
94 Building personal resilience to climate-related threats, Inuit youth in Canada described factors such as
95 being on the land and connecting with Inuit culture as protective for their mental health and well-
96 being.³¹

97 Adolescents have used the United Nations (UN) Conventions Rights of the Child, including the right to
98 life and health, in lawsuits against governments. In a legal petition filed by 16 adolescents against five
99 G20 members (Argentina, Brazil, France, Germany and Turkey), claiming violation of their rights,
100 Deborah Adebile of Nigeria asserted that she had been repeatedly hospitalised for asthma attacks,
101 triggered by rising temperatures and smog.³² Upholding their right to education, students at Santa Paz
102 National High School in the Philippines won a campaign to have their school relocated from risk of
103 landslide.³³ Adolescents are also taking what they have learnt about climate change to educate their
104 families and communities, driving broader societal action.³⁴

105 The “Fridays for Future” movement has resulted in the largest climate protests in history, with actions
106 in over 7,500 cities around the world. As the “new ambassadors for scientific consensus and climate
107 mitigation”, adolescents are at the forefront of the movement to hold governments and industries
108 accountable for their emissions.³⁵ However, many young people assert that their inclusion in global
109 platforms, such as the UN Framework Convention on Climate Change conferences, has been tokenistic
110 rather than a serious attempt to respond to their views.³⁶

111 Very rarely (and not at all at scale) do adolescents hold the power to implement the change and
112 transformation necessary to protect all people from the negative impacts of the climate crisis. As
113 illustrated by the Intergovernmental Panel on Climate Change Sixth Assessment Report, there is a
114 need for an “equitable sharing of benefits and burdens of mitigation” and an enhancement of the
115 resilience of those who are most vulnerable, through a climate justice lens.¹ Whilst it is adolescents’
116 right to be meaningfully engaged in issues that affect them, the responsibility falls squarely on those
117 who hold power – governments, policymakers, and the health community – to lead in responding to
118 the climate crisis.

119

120 [How health professionals can unite with young people to face the climate crisis](#)

121 Whilst many adults are failing young people, we argue that health professionals have the social
122 responsibility to join with adolescents in responding to the climate crisis. Other health leaders have
123 argued that, as a result of their many professional and societal roles, health professionals are in a
124 unique and privileged position to influence change,³⁷ and such change has been seen relating to other
125 health issues, including sanitation and hygiene, tobacco control legislation, denuclearisation, and the
126 prevention of war. Health professionals must do the same for the climate crisis, to support the well-
127 being of adolescents and that of their communities.

128 Health professionals will be on the frontline of providing climate- and age-sensitive health services to
129 adolescents. However, there is a paucity of evidence on both the impacts of climate change on
130 adolescents and effective interventions to be taken by health professionals to protect any age
131 group.^{38,39} In order to implement the most effective and appropriate climate interventions, it is crucial
132 that health professionals support the surveillance, analysis, and reporting of the climate-sensitive
133 burden of disease among adolescents, while being sensitive to other factors, such as socio-economic
134 disadvantage, history of exploitation, and geographical location. Furthermore, a greater evidence base
135 is needed for those interventions which may be protective of adolescent well-being in climate-related
136 conflict and disaster settings, and for adolescents undergoing climate-related migration.

137 The learning and competence of health professionals at all levels is essential to protecting the well-
138 being of adolescents and all people from the effects of climate change. The younger generation of
139 health professionals are providing leadership, with medical students acting globally to include climate
140 change within curricula.⁴⁰ Like adolescents, health professionals can spread awareness of the scale
141 and impact of climate change, and its links to adolescent well-being, involving educators, parents,
142 peers and elected officials, so that they can make informed decisions regarding the individual and
143 collective responses to the climate crisis.

144 The health community can also work to decarbonise its own practice. Now almost 60 countries have
145 committed to having low-carbon resilient healthcare systems and there will be global cooperation to
146 support net zero healthcare efforts.⁴¹ The evidence and the action in this area is expanding at pace,
147 with opportunities to decarbonise also at the individual practice, facility, and specialty level.

148 Health professionals should collaborate with adolescents in their advocacy efforts. Using their skills
149 developed in training and practice and their societal influence, health professionals can take part in
150 supportive and solution-oriented intergenerational dialogue and promote meaningful engagement
151 with adolescents in climate- and health-related policymaking processes.

152

153 Conclusion

154 As part of a holistic approach to adolescent well-being, it is clear that the climate crisis has far-reaching
155 effects on adolescents. Despite – or because of – this overwhelming threat to their current and future
156 well-being, many adolescents demonstrate the ability and capacity to respond; we are encouraged
157 that the health community has recently stepped up to this challenge, although further work is
158 necessary, across all areas we have described above. It is imperative that health professionals work
159 hand in hand with adolescents to enable them to thrive in the 21st century.

160 **Footnotes**

161 *Non-author writing group members are Shanthi Ameratunga (University of Auckland), Valentina
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165 **Contributors and sources**

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167 draws from the work of the background paper, “Adolescent well-being and the climate crisis”, which
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205 reproduction for non-commercial purposes in any medium, provided the original work is properly
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209 **Figure Legends**

210 *Figure 1. Diagram of the adolescent well-being framework, described by the H6+ Technical Working Group on Adolescent*
211 *Health and Well-Being (which includes PMNCH, UNAIDS, UNESCO, UNFPA, UNICEF, UN Major Group for Children and Youth,*
212 *UN Women, World Bank, World Food Programme and WHO) and adapted to include with related climate change impacts*
213 *and interventions at the level of health professionals and the broader community.*

References

- 1 IPCC. Summary for Policymakers. In: Shukla P, Skea J, Slade R, al Khourdajie A, van Diemen R, McCollum D, eds. *Climate Change 2022: Mitigation of Climate Change. Contribution of Working Group III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change* . 2022.
- 2 Thiery W, Lange S, Rogelj J, *et al.* Intergenerational inequities in exposure to climate extremes. *Science (1979)* 2021; **374**: 158–60.
- 3 Costello A, Abbas M, Allen A, *et al.* Managing the health effects of climate change. Lancet and University College London Institute for Global Health Commission. *The Lancet* 2009; **373**: 1693–733.
- 4 Ross DA, Hinton R, Melles-Brewer M, *et al.* Adolescent Well-Being: A Definition and Conceptual Framework. *The Journal of Adolescent Health* 2020; **67**: 472.
- 5 Sanson A v., van Hoorn J, Burke SEL. Responding to the Impacts of the Climate Crisis on Children and Youth. *Child Development Perspectives* 2019; **13**: 201–7.
- 6 Seddighi H, Yousefzadeh S, López López M, Sajjadi H. Preparing children for climate-related disasters. *BMJ Paediatrics Open* 2020; **4**: e000833.
- 7 Davies JM, Berman D, Beggs PJ, *et al.* Global Climate Change and Pollen Aeroallergens: A Southern Hemisphere Perspective. *Immunology and Allergy Clinics of North America* 2021; **41**: 1–16.
- 8 Kevat A. Thunderstorm Asthma: Looking Back and Looking Forward. *Journal of Asthma and Allergy* 2020; **13**: 293.
- 9 Majeed H, Lee J. The impact of climate change on youth depression and mental health. *The Lancet Planetary Health* 2017; **1**: e94–5.
- 10 Goenjian AK, Molina L, Steinberg AM, *et al.* Posttraumatic stress and depressive reactions among Nicaraguan adolescents after hurricane Mitch. *Am J Psychiatry* 2001; **158**: 788–94.
- 11 Pfefferbaum B, Jacobs AK, Jones RT, Reyes G, Wyche KF. A Skill Set for Supporting Displaced Children in Psychological Recovery After Disasters. *Current Psychiatry Reports* 2017 **19**:9 2017; **19**: 1–8.

- 12 Global Gender and Climate Alliance. Gender and Climate Change: A Closer Look at Existing Evidence. Geneva, 2016.
- 13 UNICEF. The Climate Crisis is a Child Rights Crisis: Introducing the Children’s Climate Risk Index. New York, 2021.
- 14 MacFarlane M, Rubenstein BL, Saw T, Mekonnen D, Spencer C, Stark L. Community-based surveillance of unaccompanied and separated children in drought-affected northern Ethiopia. *BMC International Health and Human Rights* 2019; **19**: 1–11.
- 15 Mach KJ, Kraan CM, Adger WN, *et al.* Climate as a risk factor for armed conflict. *Nature* 2019 *571*:7764 2019; **571**: 193–7.
- 16 Kadir A, Shenoda S, Goldhagen J. Effects of armed conflict on child health and development: A systematic review. *PLoS One* 2019; **14**. DOI:10.1371/JOURNAL.PONE.0210071.
- 17 Epstein A, Bendavid E, Nash D, Charlebois ED, Weiser SD. Drought and intimate partner violence towards women in 19 countries in sub-Saharan Africa during 2011-2018: A population-based study. *PLOS Medicine* 2020; **17**: e1003064.
- 18 Sanz-Barbero B, Linares C, Vives-Cases C, González JL, López-Ossorio JJ, Díaz J. Heat wave and the risk of intimate partner violence. *Science of The Total Environment* 2018; **644**: 413–9.
- 19 OCHA. Horn of Africa: A Call for Action. New York, 2017.
- 20 Ryan E, Wakefield J, Luthen S. Born Into the Climate Crisis - Why we must act now to secure children’s rights. London: Save the Children, 2021.
- 21 Oxfam. One year on from Cyclone Aila, people are still struggling to survive. Nairobi, 2010 <https://www.oxfamamerica.org/press/one-year-on-from-cyclone-aila-people-are-still-struggling-to-survive/> (accessed Jan 29, 2021).
- 22 Wong KK, Shi J, Gao H, *et al.* Why Is School Closed Today? Unplanned K-12 School Closures in the United States, 2011–2013. *PLOS ONE* 2014; **9**: e113755.
- 23 Nauges C, Strand J. Water Hauling and Girls’ School Attendance: Some New Evidence from Ghana. *Environmental and Resource Economics* 2017; **66**: 65–88.
- 24 Bidassey-Manilal S, Wright CY, Engelbrecht JC, Albers PN, Garland RM, Matooane M. Students’ Perceived Heat-Health Symptoms Increased with Warmer Classroom Temperatures.

- International Journal of Environmental Research and Public Health* 2016, Vol 13, Page 566
2016; **13**: 566.
- 25 Stevenson KT, Nils Peterson M, Bondell HD. Developing a model of climate change behavior among adolescents. *Climatic Change* 2018 151:3 2018; **151**: 589–603.
- 26 Hickman C, Marks E, Pihkala P, *et al.* Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey. *The Lancet Planetary Health* 2021; **5**: e863–73.
- 27 Hawkins DMT, Letcher P, Sanson A, Smart D, Toumbourou JW. Positive development in emerging adulthood. *Australian Journal of Psychology* 2009; **61**: 89–99.
- 28 Sibomana F. Let's include the voice of young people and support their initiatives in nutrition advocacy | Voices of Youth. Voices of Youth. 2020; published online Nov 23. <https://www.voicesofyouth.org/blog/lets-include-voice-young-people-and-support-their-initiatives-nutrition-advocacy> (accessed Dec 31, 2021).
- 29 de Milliano CWJ. Luctor et emergo, exploring contextual variance in factors that enable adolescent resilience to flooding. *International Journal of Disaster Risk Reduction* 2015; **14**: 168–78.
- 30 Theron L, Mampane MR, Ebersöhn L, Hart A. Youth Resilience to Drought: Learning from a Group of South African Adolescents. *International Journal of Environmental Research and Public Health* 2020; **17**: 7896.
- 31 Petrusek MacDonald J, Cunsolo Willox A, Ford JD, *et al.* Protective factors for mental health and well-being in a changing climate: Perspectives from Inuit youth in Nunatsiavut, Labrador. *Social Science & Medicine* 2015; **141**: 133–41.
- 32 Sacchi, *et al.* v. Argentina, *et al.* . Sabin Center for Climate Change Law. 2019. <http://climatecasechart.com/climate-change-litigation/non-us-case/sacchi-et-al-v-argentina-et-al/> (accessed Dec 29, 2021).
- 33 Morrissey I, Mulders-Jones S, Petrellis N, Evenhuis M, Treichel P. We stand as one: Children, Young People and Climate Change. Woking, 2015.
- 34 Lawson DF, Stevenson KT, Peterson MN, Carrier SJ, Strnad R, Seekamp E. Intergenerational learning: Are children key in spurring climate action? *Global Environmental Change* 2018; **53**: 204–8.

- 35 Eide E, Kunelius R. Voices of a generation the communicative power of youth activism. *Climatic Change* 2021; **169**: 1–20.
- 36 Global Youth Statement. Conference of Youth 16. 2021. <https://ukcoy16.org/global-youth-statement> (accessed Dec 2, 2021).
- 37 Dobson J, Cook S, Frumkin H, Haines A, Abbasi K. Accelerating climate action: the role of health professionals. *BMJ* 2021; **375**: n2425.
- 38 Helldén D, Andersson C, Nilsson M, Ebi KL, Friberg P, Alfvén T. Climate change and child health: a scoping review and an expanded conceptual framework. *The Lancet Planetary Health* 2021; **5**: e164–75.
- 39 Dupraz J, Burnand B. Role of Health Professionals Regarding the Impact of Climate Change on Health—An Exploratory Review. *International Journal of Environmental Research and Public Health* 2021, Vol 18, Page 3222 2021; **18**: 3222.
- 40 Omrani O el, Dafallah A, Paniello Castillo B, *et al.* Envisioning planetary health in every medical curriculum: An international medical student organization’s perspective. *Medical Teacher* 2020; **42**: 1107–11.
- 41 WHO. WHO and NHS to work together on decarbonization of health care systems across the world. 2022. <https://www.who.int/news-room/feature-stories/detail/who-and-nhs-to-work-together-on-decarbonization-of-health-care-systems-across-the-world> (accessed May 1, 2022).