

# DECISION-MAKING PROCESSES IN ACHIEVING HEALTH CO-BENEFITS THROUGH CLIMATE CHANGE POLICIES

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## 01. TO START OFF...

Climate change exacerbates human health risks such as infectious diseases (Whitmee, et al., 2015). There are a number of health co-benefits if climate policies are implemented (fig. 1). For instance, better public transport reduces the number of cars, in turn reducing CO2 emissions, increases physical activity and decreases chronic diseases (Bikomeye, et al., 2021). Health co-benefits have been recognized at least in academia as a good strategy to encourage more ambitious climate action (Workman, et al., 2018) since it provides leeway in the choice of policy instruments (Mayrhofer, Gupta, 2016).

On the ground, however, there is little evidence of implementation of healthy planning (McCosker, 2018). Authors argue that what really attracts decision-makers about health co-benefits is the identification of their economic, marketable or political benefits (McCosker, 2018).

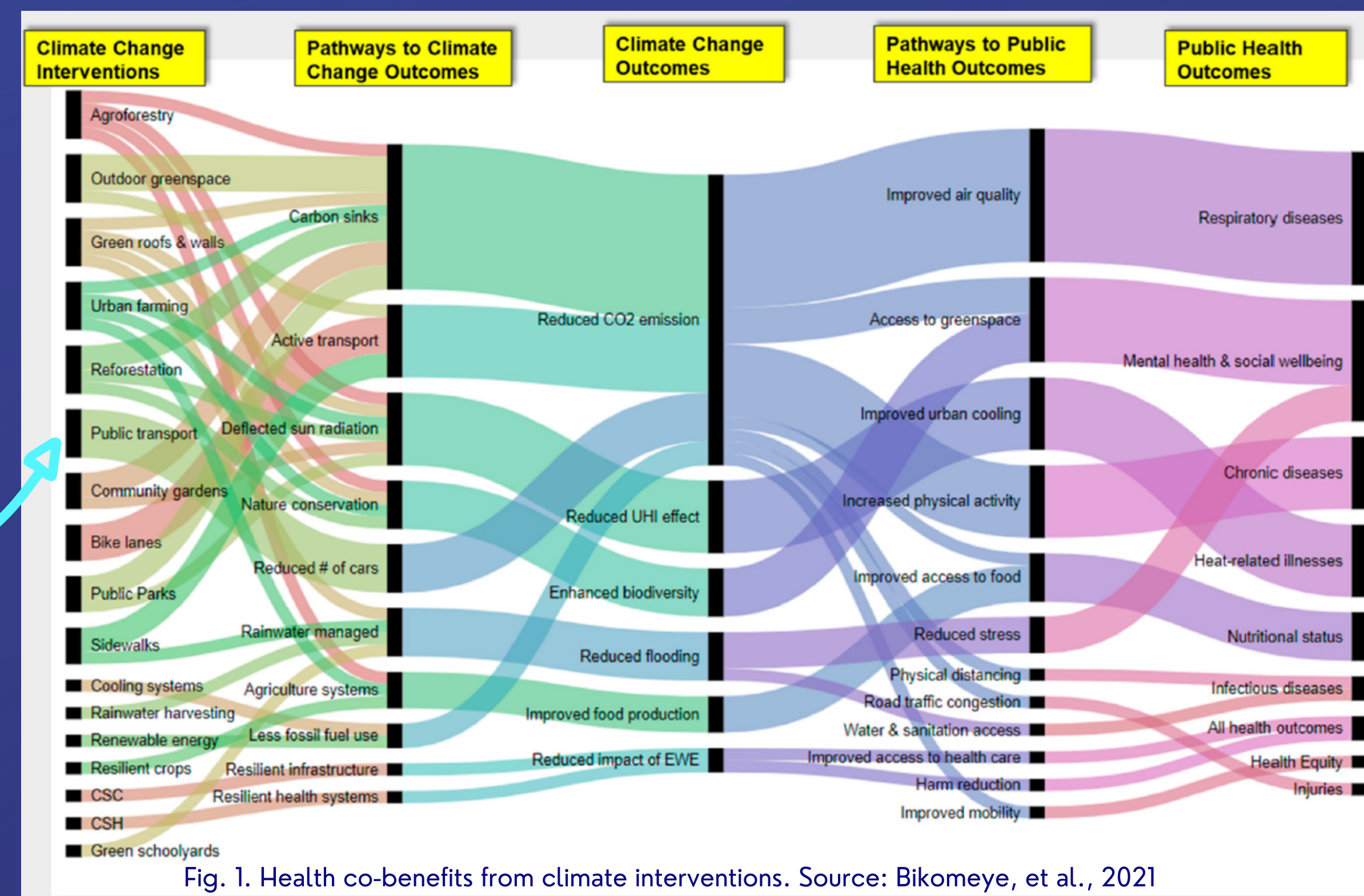


Fig. 1. Health co-benefits from climate interventions. Source: Bikomeye, et al., 2021

**IMPORTANT!**  
'Co-benefit' refers to the "positive effects that a policy or measure aimed at one objective might have on other objectives" (IPCC, 2018, p. 546)

## 03. WHERE?

Many health co-benefit studies have been conducted in developed countries but not so many in developing countries (Mayrhofer, Gupta, 2016). An analysis of the decision-making processes in Mexican cities coupled with London can provide further insights, commonalities and differences.



## 02. HOUSTON, WE HAVE A PROBLEM!

The political context is recognized as one of the most fundamental challenges when trying to embed health into the climate agenda in cities (Watts, et al., 2015). It relates to issues that exacerbate the disconnect between the health evidence base and decision making such as competing priorities and interests of various stakeholder and lobby groups, for example, taxi drivers may lobby against policies that restrict taxis in city centres (Riley and de Nazelle, 2019)

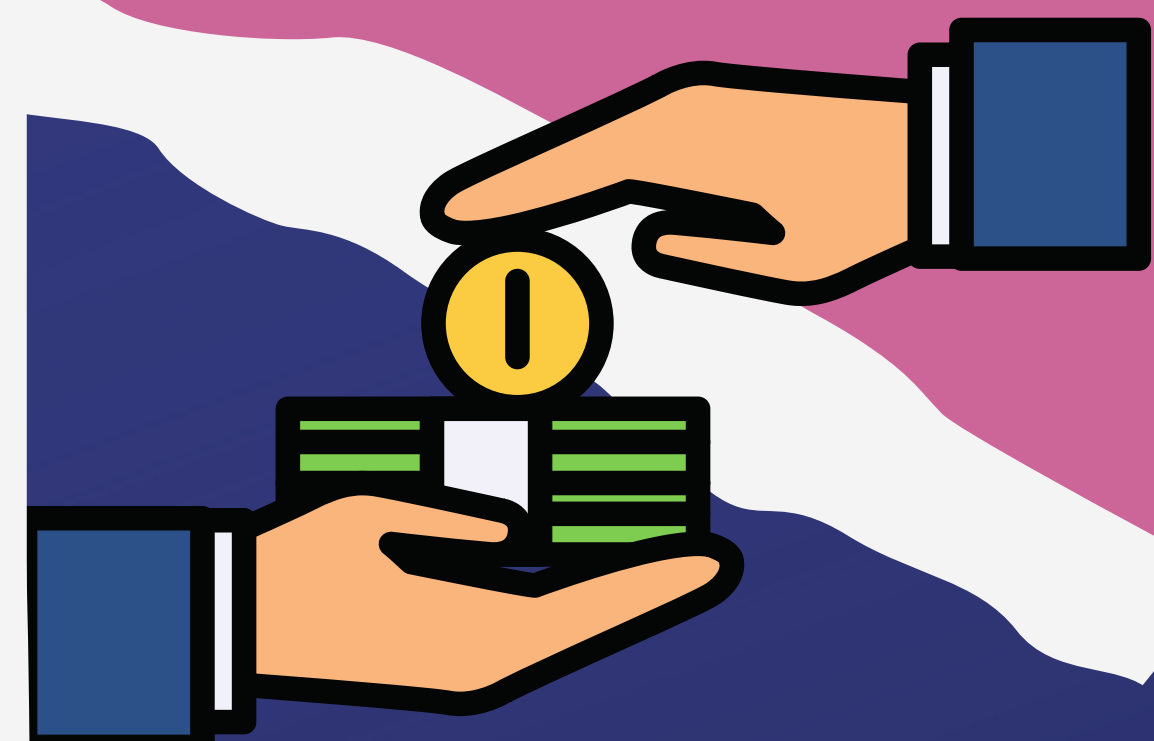
Comprehensive climate policies have not yet been fully integrated into city planning. As authors put it, the technical, technological and financial resources to tackle climate change are available but whether we respond to it is a political question (Watts, et al., 2015).

Workman, et al (2018) suggest four interrelated areas where barriers may exist: the discourse, efficiency, vested interests, and structural challenges.



## 04. I WANT YOU!

The aim of this research is to better understand the political and decision-making processes related to the integration of health co-benefits in climate policies and the implementation of these policies in city planning (fig 2).



## 05. HOW IT'S DONE

Primary data will be collected through a mixed method approach of:

- Surveys
- In-depth interviews or focus groups

to reach a large number of key respondents yielding both quantitative and qualitative data. Actors are identified using purposive and snowball sampling. Qualitative data will be used to complement quantitative data with in-depth information.

### INTEGRATION OF HEALTH

- Areas where barriers may exist:**
- Discourse (reductionist framing of climate change and health to economic terms)
  - Efficiency (policies must be political and economically pragmatic)
  - Vested interests (the concept of power is central, lobby groups influencing decision-making)
  - Structural challenges (beliefs, subjectivities, values, etc., play a role)

### INTO CLIMATE POLICIES AND IMPLEMENTATION IN CITY PLANNING

Fig. 2. Research framework

## 06. WHO SAID THAT?

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