



Policy brief

TOWARDS AN INTEGRATED AND PARTICIPATORY APPROACH TO GLOBAL HEALTH:

Including environmental, climatic and
dietary determinants at the heart of
health policies

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TABLE OF CONTENTS

FOREWORD	3
EXECUTIVE SUMMARY	5
INTRODUCTION	7
TWENTY YEARS OF GLOBAL HEALTH EVOLUTION: WHAT NOW?	
I. FINDINGS	9
THE IMPACT OF ENVIRONMENTAL, CLIMATE AND FOOD ISSUES, CO-BENEFITS, THE 'KNOW-DO GAP' IN HEALTH, AND THE IMPORTANCE OF SOCIETAL AND POPULATION INVOLVEMENT	
1. FOOD AND NUTRITION	
2. CLIMATE AND ENVIRONMENT	
3. CO-BENEFITS	
4. THE 'KNOW-DO GAP'	
5. THE IMPORTANCE OF INVOLVING CIVIL SOCIETY AND THE CONCERNED POPULATIONS	
II. WHAT APPROACHES CAN BE PROPOSED TO DEAL WITH THESE THESE FINDINGS?	16
1. BUILDING NEW PRACTICES BASED ON THE ACTIVE PARTICIPATION OF CITIZENS AND GREATER TERRITORIALIZATION OF HEALTH-RELATED ISSUES	
2. ENHANCING KNOWLEDGE AND UNDERSTANDING OF THE UNDERLYING MECHANISMS	
3. RE-ESTABLISHING HEALTH AS A POLITICAL PRIORITY AND CONTINUE TO STRENGTHEN HEALTH SYSTEMS AND HUMAN RESOURCES	
III. RECOMMENDATIONS AND COURSES OF ACTION	26
1. FOUR KEY RECOMMENDATIONS FOR ALL STAKEHOLDERS	
2. COURSES OF ACTION FOR FRENCH AND EUROPEAN POLICY-MAKERS	
3. COURSES OF ACTION FOR GLOBAL HEALTH STAKEHOLDERS	
4. COURSES OF ACTION FOR PUBLIC HEALTH STAKEHOLDERS AND HEALTHCARE ESTABLISHMENTS	
5. COURSES OF ACTION FOR CIVIL SOCIETY AND THE GENERAL PUBLIC	
6. COURSES OF ACTION FOR STAKEHOLDERS INVOLVED IN RESEARCH AND TEACHING	
CONCLUSION	32

FOREWORD

This publication marks a significant paradigm shift for the ‘Santé mondiale 2030’ think tank. Our group, which was formed in response to the fight against HIV/AIDS and infectious diseases, believes that the scope of our studies must be broadened in light of the profound changes the world is currently undergoing. However, this does not mean that we are abandoning our historical focus on access to healthcare and strengthening healthcare systems. Instead, we believe these issues must now be considered in the context of health determinants.

Admittedly, most of the concepts we present here are not new — health determinants, co-benefits, health in all policies, and social participation in health are all well-known and widely studied concepts. Nevertheless, we have two key observations. First, despite the extensive scientific evidence available today and the numerous recommendations already made, public policies have not kept pace or have been implemented too slowly. Second, these concepts are still too often studied in isolation, when they are in fact deeply interconnected. Therefore, the added value of this note lies primarily in the integrated approach it takes to these key concepts, as well as in its concise format, which offers an overview of the complex issues and proposed solutions. With this publication, we are proposing a new global vision of health: one that is truly participatory and collective, and that seeks to account for all factors affecting health and well-being in the current context of profound global changes. This vision goes beyond merely providing medical care. This paper is just the first step: a series of subsequent publications will further refine our proposals.

For this note, we have chosen to focus on three health determinants: the environment, climate, and food. This is not because we consider the social determinants to be less important, but because we believe that, of all the determinants of health, these three have undergone particularly rapid and concerning changes in recent years. These changes have brought forth issues for which coordination between scientific advances and political action remains insufficient to implement the urgently needed response. These three determinants are also closely tied to socio-economic issues such as poverty and education, and often serve as indicators of their impact on health.

Ultimately, we aim to shed light on a concept that we believe is crucial to understanding our message. Today, we are entering the realm of the environment and climate through a narrow lens: that of human health. This does not mean we consider human health to be the only cause worth defending. On the contrary, we seek to move away from the dominant approach that places human needs above the balance of

ecosystems and the well-being of other living beings. Rethinking our health — both physical and psychological — requires a necessary philosophical shift in how we view our place on the planet and our relationship with other species. The reason we focus on human health in this text is simple: first, because this is where our expertise lies, and second, because we believe ecological concerns are currently insufficient to trigger the urgent and widespread policy response the world needs.

EXECUTIVE SUMMARY

The slowdown in global health progress since the mid-2010s, coupled with the alarming rise of new environmental, climate, and food-related threats, highlights the need for new approaches to global health. There is an urgent need to integrate ambitious, coordinated programmes that address the determinants of human health, extending beyond the traditional focus on care and the strengthening of health systems. Such a paradigm shift means that global health must no longer remain compartmentalised: it is essential to bring together stakeholders involved in the governance of health, the environment, climate, and food to adopt a shared vision and common practices.

KEY RECOMMENDATIONS FOR ALL STAKEHOLDERS

1. Prioritise the environmental, climatic, and dietary determinants of health, while ensuring that health remains at the center of the political agenda.
2. Seize the major co-benefits of action on each of these determinants to prioritise approaches that foster simultaneous progress in health, the environment, the climate, and food systems.
3. Reduce fragmentation in the programmes and governance across these sectors to adopt a unified vision and common practices, thereby minimising ‘theme competition’.
4. Strengthen citizen participation in the formulation of policies related to health and its determinants, ensuring their legitimacy and relevance, and helping to bridge the gap between scientific knowledge and political action.

It is essential that all political actors prioritise health, including its determinants, at the top of the political agenda. In light of the environmental and climate emergencies, the very unfavourable evolution of food systems, and the weakening of health systems observed in many countries worldwide, investment in health and its determinants

must be viewed as a source of prosperity and a fundamental foundation for addressing contemporary challenges.

This note builds on our diagnostic report '*2000-2020: Two decades of changes in global health*', and aims to suggest ways to implement effective joint actions on health, the environment, climate, and food, with an emphasis on co-benefits and social participation.

The first part provides an overview of the key issues. It outlines the growing impact of environmental, climatic, and dietary factors on health. It also emphasises the importance of public participation in shaping policies related to health and its determinants, as well as the significant co-benefits that can result from action in each of these sectors. Finally, it assesses the structural limitations currently hindering political action.

The second part highlights several key principles that could guide actions on health determinants and health policies more broadly. First, it stresses the importance of rethinking current policy practices, particularly by strengthening the involvement of the affected populations and promoting action at the local level, in addition to the formulation and implementation of robust policies at national, regional, and global levels. Second, this section emphasises the need to better understand the scientific and institutional mechanisms at play, in order to more accurately identify the obstacles limiting political action. It also underscores the importance of developing more effective consensus-based methodologies for estimating the full range of morbidity and mortality causes linked to the environment, climate, and food. Finally, it reiterates that health must be, or once again become, a political priority, and that the strengthening of health systems must continue alongside efforts to adapt to climate change and mitigate its environmental and climatic impact.

The third and final part presents a series of key recommendations for all stakeholders, along with practical courses of action tailored to each group, in accordance with the principles outlined in the previous section. These guidelines target five distinct categories of stakeholders: French and European political decision-makers across all sectors, global health stakeholders, public health professionals and healthcare institutions, civil society organisations and the general public, and research and academic institutions.

INTRODUCTION

TWENTY YEARS OF GLOBAL HEALTH EVOLUTION: WHAT NOW?

The emergence of the concept of ‘global health’ at the end of the 20th century marked a decisive recognition of the need for a global, targeted, and collective response to promote health for all. Two decades later, there is now a pressing need to revisit the approaches and concepts that have shaped our vision of global health.

Our diagnostic document¹ on global trends over the last twenty years shows a clear slowdown in progress since the mid-2010s, with worrying trends and persistent inequalities in both infectious and non-communicable diseases. For instance, although significant progress has been made in combating the HIV/AIDS pandemic, the incidence of new infections remains three times higher than the target set in the Sustainable Development Goals (SDGs), and progress in reducing the annual number of deaths has slowed considerably. The fight against tuberculosis and malaria has yielded mixed results across regions, with less favourable trends now emerging, particularly due to the rise in resistance to antibiotics, antiparasitics, and insecticides. Mortality from non-communicable diseases has risen by 30% over the past 20 years, accounting for 41 million deaths annually by 2020. The prevalence of diabetes has doubled since 1990, especially in the Pacific and South-East Asia, and cancer has become one of the leading causes of death worldwide.

Increasingly clear determinants are emerging that call for new approaches to get global health back on track, addressing the fragility of progress, particularly in relation to the environment, climate, and food. The second edition of the Lancet Commission on Pollution and Health report², published in 2017, estimated that 16% of non-communicable diseases and premature deaths are attributable to exposure to polluted air, poor-quality water or toxic soils, resulting in nine million deaths each year. Climate change is driving an increase in heat-related deaths, expanding the distribution areas of certain infectious disease vectors, and exacerbating food insecurity. Changes in diets, with rising consumption of sweetened or ultra-processed products with little nutritional value, are contributing to the rise in cardiovascular diseases, diabetes, and the prevalence of overweight and obesity.

The slowing progress in global health, coupled with the increasing significance of social and environmental determinants, highlights the urgent need to transform

¹ Santé mondiale 2030 (2024). *2000-2020: Two decades of changes in global health*. [Online]

² FULLER, Richard, et al (2022). *Pollution and Health: a progress update*. The Lancet Planetary Health. Vol.6, Issue 6.

approaches to health promotion. Moving forward, improving human health will no longer depend solely on strengthening health systems but will also require profound changes at the level of populations and economic systems. Alongside persistent social inequalities in health, the focus must now shift towards adapting to climate change, limiting temperature rises and environmental damage, and transitioning to an economic system that supports and delivers healthy, sustainable food for everyone. These changes will be impossible without the support and increased involvement of citizens in health policies and systems, as well as in taking responsibility for their own health. Public health and global health policies must now undergo a transition to adopt a holistic and participatory vision of health. This approach should be embedded in all public policies, adhering to the principle of ‘health in all policies.’

Health can be viewed both as an objective and a means of action. The mission of any democratic state should be to achieve the highest possible level of well-being for its population. From this standpoint, public health profoundly impacts all public policies (transport, housing, agriculture, economy, industry, etc.). Public health, along with its global counterpart, must therefore strengthen the case for governance in the areas of environment, climate, and food, consistently highlighting the consequences for human health posed by the deterioration of these sectors for both current and future generations. At all levels, it must integrate interventions targeting the social and environmental determinants of health into its own sphere of action.

I. FINDINGS:

THE IMPACT OF ENVIRONMENTAL, CLIMATE AND FOOD ISSUES, CO-BENEFITS, THE ‘KNOW-DO GAP’ IN HEALTH, AND THE IMPORTANCE OF SOCIETAL AND POPULATION INVOLVEMENT

There are numerous determinants of health, as highlighted in a 2010 WHO reference report³. This publication marked a significant milestone by drawing global attention to the concept of ‘social determinants’ of health, with education and socio-economic status at the forefront. Their influence on health outcomes and access to care has been extensively documented. However, the term ‘social determinants’ is now considered incomplete, given the growing significance of environmental, climatic, and dietary factors⁴ on human health. The aim of this note is not to provide an exhaustive list of health determinants, but rather to focus specifically on these emerging issues, which are still insufficiently understood and addressed.

I. FOOD AND NUTRITION

Let’s begin by distinguishing between nutrition and food, so we can better understand the associated health issues and develop coherent solutions. Nutrition includes both qualitative and quantitative aspects, linking diet, physical activity, and interactions with certain pathologies. For a long time, malnutrition was primarily associated with undernourishment, but this has changed since the 1990s. Overweight and obesity, which affect all regions of the world, mark a diversification in malnutrition problems, as well as a food transition that aligns with other global transitions (such as demographic, epidemiological, and economic shifts, particularly globalisation and trade intensification).

The FAO estimates that in 2023, around 750 million undernourished⁵. One in three individuals suffers from some form of malnutrition, including stunting, which affects nearly 150 million children under five, or anaemia, impacting about a third of women under 50, often due to nutritional deficiencies. While crises linked to armed conflict and an increase in undernutrition among disadvantaged populations have

³ WHO (2010). *A Conceptual Framework for Action on the Social Determinants of Health*.

⁴ Li, Alice M. L. (2017). *Ecological determinants of health: food and environment on human health*. Environmental Science and Pollution Research; and the Canadian Public Health Association (2015). *Global changes and public health: What about the ecological determinants of health?*

⁵ FAO (2024). *The state of food security and nutrition in the world - financing to eliminate hunger, food insecurity and all forms of malnutrition*.

brought attention to these issues, undernutrition is no longer the sole focus regarding nutrition's impact on health. Another urgent concern is the rising prevalence of overweight and obesity, which affected nearly 900 million adults globally in 2022, according to the FAO. These conditions, like undernutrition, disproportionately impact economically vulnerable populations and, over time, lead to an increase in chronic diseases (such as cardiovascular diseases, diabetes, and cancer). How can we address the growing burden of diabetes and cardiovascular disease in regions where healthcare systems and personnel are not equipped to manage these conditions?

It is essential to take a global view of nutrition, addressing not only food systems but also healthcare systems, poverty, physical activity, and rising inequalities worldwide. While it is crucial to maintain and improve specific care for people with diabetes or malnutrition, we must also consider the structural factors that cause these issues to disproportionately affect the most vulnerable populations.

Despite the challenges posed by global warming, agricultural systems currently produce enough to feed the world's population. Instead of focusing on resource scarcity, it is important to focus on access, diversity, and distribution. This requires a transformation of food systems to ensure independence from international markets, input technologies, and financing, while still embracing technological advancements and preventing food governance from being dominated by those controlling these technologies.

The persistence and diversification of malnutrition problems, despite the solid scientific evidence available to date on the damaging effects on health of foods with unfavourable nutritional profiles (high in sugar, salt, saturated fats, low in dietary fibre, etc.) and of ultra-processed foods, shows the extent to which food is at the heart of political and economic issues. The food environment has largely been shaped by the industrialisation of the food, with the result that ultra-processed products are now much more accessible and convenient than foods with a high nutritional value. Changing the 'content of the plate' cannot rely solely on individual behavioural changes. These issues reflect the significant influence of marketing, advertising, and lobbying, particularly from industries promoting sugary, fatty, or ultra-processed products. Public health policies aimed at raising awareness and educating people about food must, therefore, be accompanied by structural changes to markets to make healthy products more accessible. Improving consumer and public awareness about food quality and traceability is also an important area for action: changing consumption behaviour can be a key lever for transforming the agro-industrial supply in the long term.

2. CLIMATE AND ENVIRONMENT

It is now clear that the environmental and climate crises are creating a health crisis. It is to address these links that several holistic approaches to health have been proposed in recent years, going beyond the concept of “One health”, developed on the basis of the link between human health, animal health and plant health, which in practice has largely focused on emerging infectious diseases. Concepts such as “EcoHealth” or “planetary health” have been introduced to provide a broader framework for understanding the effects on human health, including in relation to non-communicable diseases, of anthropogenic pressures on ecosystems and the Earth system in general.

The Intergovernmental Panel on Climate Change (IPCC) is unequivocal about the certainty of catastrophic effects of climate change on health, which will affect every region of the world. The increase in mortality linked to heatwaves, especially beyond an optimal temperature of 25 degrees Celsius, demonstrates that these deaths will not be offset globally by reduced mortality from milder winters in certain regions. Furthermore, excess mortality due to extreme heat occurs not only during peak heatwaves, but also during prolonged and more frequent heat plateaus⁶. When the average annual temperature exceeds 29 degrees Celsius, a threshold beyond which human societies face significant adaptation challenges, 12 million people were affected in the 1980s. Today, over 600 million people are affected. A rise of 2.7 degrees Celsius above pre-industrial levels would increase the proportion of humanity living in regions that surpass this temperature threshold to 30%, potentially rendering these areas uninhabitable for human societies⁷.

Climate change also affects mortality and morbidity in other ways. It is contributing to the rise in certain infectious and vector-borne diseases. The degradation of air quality, particularly due to fossil fuel combustion and synthetic agricultural fertilizers, is exacerbating the prevalence of cardio-respiratory diseases. Rising temperatures and the increase in natural disasters — such as floods, wildfires, and heatwaves — are making healthcare systems more vulnerable and increasing population movements and migration. Global warming also promotes the proliferation of crop pests and reduces the nutritional quality of food due to higher atmospheric CO₂ levels, thereby threatening food security. Additionally, the ecological crisis is having a profound impact on mental health: a study across 10 countries with varying income levels found that 45% of young people experience eco-anxiety in their daily lives⁸.

⁶ IPCC (2023). *Climate change 2023 - Synthesis Report - Summary for Policymakers*.

⁷ LENTON, Timothy M., and XU, Chi. 2023. *Quantifying the human cost of global warming*. Nature sustainability (Vol. 6).

⁸ HICKMAN, Caroline, MARKS, Elizabeth, et al (2021). *Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey*, The Lancet Planetary Health, (Vol. 5).

Global warming is not and will not be the only environmental factor to have serious consequences for human health. Air, water, and soil pollution — driven by our modes of transport, production, and consumption — continue to affect populations. The health crises linked to the use of toxic pesticides and the alarming rates of premature mortality due to air pollution⁹ serve as frequent reminders. A recent study published in *The Lancet* estimated that mortality due to air and chemical pollution increased by 66% between 2000 and 2022¹⁰. Additionally, the rapid loss of biodiversity represents a significant long-term threat¹¹. In addition to its impact on fisheries, it could have consequences on soil fertility, pollination and the natural control of crop pests, and therefore on food security. It could also affect the spread of viruses, degrade essential natural resources like water, eliminate natural therapeutic molecules, and reduce ecosystems' ability to capture and store CO₂.

3. CO-BENEFITS

Taking action on the environment, climate, and food is now a key lever for improving global health. These four elements are deeply interconnected, and the co-benefits of addressing health, the environment, climate, and food are numerous. A few examples include: reducing the use of fossil fuels, which lowers air pollution, particularly fine particles, thereby reducing lung, cardiovascular, and infant and child health issues; promoting less polluting forms of transport and encouraging active mobility (walking, cycling, public transport), which helps combat physical inactivity and its associated health conditions; shifting to a diet with less meat and more vegetables and legumes, which benefits both human health (lower risks of cardiovascular disease and certain cancers) and ecosystems (requiring less agricultural land and producing fewer methane emissions); and reducing tobacco consumption, which not only helps combat the rising incidence of lung and cardiovascular diseases but also curtails deforestation and the pollution of soil and water caused by tobacco production and the spread of cigarette butts. These co-benefits should be viewed as opportunities and prioritised as levers in the fight against the degradation of health, the environment, the climate, and food systems.

⁹ The WHO estimates that air pollution was responsible for more than 4 million premature deaths worldwide in 2019. The [fact sheet](#) is available on the WHO website.

¹⁰ FULLER, Richard, et al (2022). *Pollution and health: a progress update*. *The Lancet Planetary Health*, Vol.6, Issue 6.

¹¹ See in particular the report by the WHO Europe office (2023). *Nature, biodiversity, health - a panorama of interconnection*.

4. THE 'KNOW-DO GAP'

The impact of health determinants has long been a subject of study in academic research. The field of environmental health, for instance, studies the consequences of environmental degradation, such as chemical pollution, on human health. Many researchers, such as Sir Michael Marmot, have studied the interactions between the socio-economic conditions of populations and their level of health. Therefore, in principle, it is not the lack of scientific knowledge that limits the implementation of public policies on these determinants. There is a 'know-do gap' between 'what we know' and 'what we do'.

There are several possible reasons for this gap in knowledge regarding the determinants of health:

- Policies are insufficiently grounded in scientific evidence and, as a result, do not adequately consider the work of researchers on the determinants of health.
- Governments might be reluctant to implement a public health approach based on the determinants of health for several reasons: it could be seen as “punitive” by the population, destabilising the economic and social *status quo*, and therefore generating rejection and political unrest; it could be perceived as too costly for results that would only be observable in the medium and long term; this approach might not align with a still very biomedical vision of health, which favours the treatment of illnesses over their prevention and health promotion; political decision-makers might anticipate and overestimate a potential lack of public support for health promotion or regulatory measures, such as reducing car use in city centres.
- Preventive action on the health determinants, through stricter regulations and higher standards, often clashes with an economic mindset that prioritizes short- and medium-term gains, such as economic growth, profits, and jobs, which is backed by powerful lobbies in the pharmaceutical, agribusiness, and oil industries.
- The measures outlined in political roadmaps, such as France's Global Health Strategy 2023-2027 and the European Union's Global Health Strategy, are not being sufficiently implemented, due to a lack of resources, commitment or follow-up.

Tackling the 'know-do gap' in healthcare is essential. This requires collaborative efforts from researchers, policymakers, and all relevant stakeholders, alongside

improved communication between these groups. By examining the underlying causes and mechanisms of the gap, we can implement strategies to bridge it, ultimately leading to more effective and sustainable outcomes in the long term.

5. THE IMPORTANCE OF INVOLVING CIVIL SOCIETY AND THE CONCERNED POPULATIONS

Generally speaking, a fair and efficient healthcare system should be developed in partnership with its users. It places the patient, the citizen, at the heart of the system. Individuals are the primary agents of their own health, acquiring practical knowledge, skills, and interpersonal competencies that benefit their well-being in everyday life. Both individual and collective participation in 'health' or the 'health system' — beyond institutionalised care — are therefore crucial to creating effective health programmes and systems that are tailored to local needs and constraints.

The COVID-19 crisis clearly demonstrated the importance of mobilising this social knowledge and expertise, and the risk of failing to do so¹². Limited support for vaccination in certain areas or among specific populations is partly a result of the lack of dialogue with the public. The epidemic amplified the need for health policies that are responsive and adapted to the realities of people's lives, showing that without this, support for policy measures can be insufficient and their practical implementation hindered¹³. In France, grassroots actors and civil society organisations were not sufficiently involved in promoting vaccination, despite the fact that they enjoy greater public trust than government authorities, particularly among disadvantaged groups or those distanced from healthcare.

The participation of representatives from the most vulnerable groups is also a crucial means of combating social inequalities and ensuring that programmes are tailored to the needs of those furthest from care.

Public participation in the healthcare system can take several forms, and can be classified into three levels:

- **The citizen level:** Participation in the development of public policies, including co-definition, participatory democracy, and the involvement of user representatives or associations. Examples include the Territorial Health

¹² Santé mondiale 2030 (April 2020). *Inclusion and participation of the whole of society in the COVID-19 response, food for thought*. [Online]

¹³ BAJOS, Nathalie, SPIRE, Alexis, SILBERZAN, Léna, & EPICOV Study Group (2022). *The social specificities of hostility toward vaccination against COVID-19 in France*. PLoS One, 17(1), e0262192.

Councils and the Regional Health and Autonomy Councils in France, or the National Health Council in Thailand.

- **The level of user, patient or future patient:** This involves engagement in the health system through participation in the decisions made by health establishments at local and regional level. Examples include the Global Fund's Country Coordinating Committees (CCM), where users and affected individuals are represented alongside public authorities and NGOs; associations managing community health centres in Mali; or, in France, the involvement of users on the boards of health establishments.
- **The individual level, forming collectives:** This involves individuals, families, communities and professional networks taking active responsibility for their health issues and recognising the role of diet, physical exercise, the environment, and climate in preserving or restoring their health. This level focuses on initiatives where groups and individuals organise themselves and develop their own decision-making tools outside established institutional frameworks.

This final level, where participation in health issues is driven by collectives that engage in the public arena, offers a means to counter the well-known phenomenon of social inequalities in health, which are perpetuated by vertical public policies that fail to reflect the lived experiences of patients and communities. These collectives act as a tool for emancipation, enhancing people's capacity for self-determination in health (empowerment), although they remain underdeveloped. They play a crucial role, as the involvement of citizens and civil society is not only essential in addressing health concerns but also necessary for guiding political decisions related to other common goods, such as the environment and climate.

II. WHAT APPROACHES CAN BE PROPOSED TO ADDRESS THESE ISSUES?

1. BUILDING NEW PRACTICES BASED ON THE ACTIVE PARTICIPATION OF CITIZENS AND THE TERRITORIALISATION OF HEALTH-RELATED ISSUES

A. IMPROVING THE INVOLVEMENT OF CIVIL SOCIETY

Mobilising the ‘experiential knowledge’ of those directly affected allows health programmes, including medical research, to integrate social and cultural factors alongside biomedical knowledge. This approach helps tailor programmes more closely to the needs and expectations of individuals, building users' trust in the system. It also offers a potential solution to the ‘know-do gap’ in health by adding a valuable perspective to the dialogue between researchers and policymakers — one rooted not in science or political constraints, but in the lived experiences and ‘lay knowledge’ of the people concerned.

Moreover, mobilising citizens can exert ‘economic’ pressure that challenges the limitations of government regulatory tools in the face of powerful industrial lobbies. This can play a key role in countering the growing influence of such lobbies. A notable example in France is the adoption of the Nutri-Score label, which highlights the impact of civil society not only on individual behaviours but also on national regulations and policies. By improving consumer access to information on product quality, Nutri-Score can serve as a foundation for measures such as regulating advertising, taxation, subsidies, and production standards for products high in sugar, saturated fat, and salt. However, Nutri-Score is not yet a mandatory regulation; its implementation is based on voluntary action by companies. Some countries remain hesitant to embrace the methodology used to calculate the Nutri-Score, despite its scientific basis and the support of over 140 international publications demonstrating its public health benefits. According to an OECD report, the Nutri-Score could reduce cardiovascular disease cases in Europe by 2 million by 2050¹⁴. This example illustrates the substantial influence that citizens' consumption behaviours can have on companies' food offerings and their willingness to adopt the Nutri-Score, even outside the regulatory framework of the State. It also demonstrates the role civil society plays in bridging the gap between scientific knowledge and political action. The Nutri-Score was one of several recommendations made by academics, many of which have not been implemented due

¹⁴ OECD (2023). *Healthy Eating and Active Lifestyles - Best practices in public health*. p.69.

to various challenges, including lobbying pressures and regulatory complexities. Nevertheless, it is citizens' choices, through their consumption behaviour, that have enabled the widespread adoption of Nutri-Score, despite its non-binding nature. By 2023, the estimated market share of brands committed to the Nutri-Score represented 62% of food sales¹⁵.

The influence of civil society in counteracting lobby power could similarly impact the fight against climate change, where lobbies such as those representing the oil and hydrocarbons industries are particularly influential. For instance, widespread changes in travel behaviours (e.g., adopting soft mobility or public transport) could pressure companies to shift their energy mix, reducing reliance on fossil fuels, even without increased government regulation. A Europe-wide review of the literature has shown that citizens who are well-informed about such issues, like the 150 members of the Citizens' Climate Convention, tend to recommend regulatory or sustainability measures far more often than governments (by a factor of 3 to 6 times)¹⁶. Therefore, it is crucial to encourage citizens to engage with environmental, climate, and food issues, and to support their efforts to get involved and change their consumption habits.

B. ENCOURAGING LOCAL ACTION

The local level is particularly well-suited to implementing the principle of proportionate universalism. This approach ensures the universality of health rights while addressing disparities in their exercise across the population and introducing specific resources to reach those who are furthest from, or even excluded from, the healthcare system. This is especially crucial in societies with limited healthcare resources and in times of health crises. The concept of 'proportionate universalism' provided the foundation for British epidemiologist Sir Michael Marmot's research¹⁷ into the social determinants of health, which highlighted the strategic importance of the local level, particularly municipalities, in addressing these determinants.

Municipalities benefit from being closely embedded within the community and more directly connected to the people. Surveys indicate that mayors enjoy significantly higher levels of public trust than other political figures. For instance, a 2024 survey of 3,514 French citizens found that 60% trusted mayors, compared to just 39% for members of parliament¹⁸. For these reasons, municipalities represent the ideal level for implementing integrated public health policies capable of achieving lasting change, with strong support from the population.

¹⁵ Vie Publique (2024). *The Nutri-score in five questions*. [Online].

¹⁶ LAGE, Jonas, et al (2023). *Citizens call for sufficiency and regulation - a comparison of European citizen assemblies and National and Climate Plans*. Energy Research & Social Science, Vol. 104

¹⁷ Institute of Health Equity (2010). *Fair society, healthy lives - The Marmot Review*.

¹⁸ Sciences Po CEVIPOF (2024). *Political Confidence Barometer 2024*. [Online].

‘Marmot Places’ are areas committed to taking long-term action on the social determinants of health. Their approach is grounded in the concept of ‘health in all policies’ and is based on six key principles:

- Giving every child the best start in life
- Enabling all children, young people, and adults to maximise their capabilities and take control of their own lives
- Ensuring a healthy standard of living for all
- Setting up good working conditions
- Guaranteeing healthy and sustainable living environments
- Strengthening the role and impact of health promotion and disease prevention

‘Marmot Places’ focus on improving housing, education, and employment conditions, as well as the quality of shared public spaces (e.g., green spaces, sports and cultural services, transport services), combined with a strong emphasis on health promotion and prevention. This approach is built on several strategies: a cross-sectoral framework (health in all policies) that includes active community involvement, extensive collaboration based on trust among key stakeholders (such as municipalities, associations, health services, schools, transport services, and businesses), and continuous evaluation and monitoring to adapt strategies as needed.

The results have been encouraging in terms of well-being and development indicators. In some cities, a reduction in health disparities between socio-economic groups has been observed, and the physical and mental health of certain categories of workers appears to have improved. It is important to note that ‘Marmot Places’ are ideal settings for civil society participation at multiple levels (individual, collective, and user). As a result, the improvement in health and well-being indicators has been accompanied by the development of a ‘sense of shared purpose’ within some of these communities. These holistic, proactive initiatives serve as successful examples of how health determinants can be addressed through a local public health approach, demonstrating the potential of this model to achieve lasting improvements in human health by involving citizens.

These territorial-based interventions can be adapted globally to meet local needs and contexts. Global health, therefore, calls for the ‘glocalization’ of interventions¹⁹ particularly in terms of civil society participation and effective integration with political authorities²⁰ — particularly those involving civil society participation and effective integration with political authorities. These are crucial conditions for ensuring the relevance, acceptance, and sustainability of public health policies. While transferring models across territories can be complex due to socio-

¹⁹ ROBERTSON, Robert (1995). *Glocalization: Time-Space and Homogeneity-Heterogeneity*. In *Global Modernities* (Chap. 2). SAGE Publications.

²⁰ WHO (2021). *Voice, agency, empowerment - handbook on social participation for universal health coverage*.

economic, institutional, and contextual differences, the dissemination of promising approaches across borders remains essential to tackling today's global health challenges.

2. ENHANCING KNOWLEDGE AND UNDERSTANDING OF THE UNDERLYING MECHANISMS

A. THE 'KNOW-DO GAP': UNDERSTANDING BLOCKAGES AND LEVERS

While the determinants of health are well-established, there remains a need to understand the mechanisms that either hinder or, on the contrary, facilitate improvements in people's health. We must address the factors that stimulate long-term political will and examine the dynamics in the relationship between scientists and politicians. As noted in previous sections, citizen involvement and local-level action can also serve as powerful levers.

It is useful to draw inspiration from innovative local initiatives that have successfully bridged the gap between knowledge and action to improve public health by addressing the social determinants. The 'Marmot Places' provide several interesting examples. Greater Manchester, one of the UK's largest urban areas with a population of 2.8 million, is characterised by significant health inequalities. Since 2020, Greater Manchester has been a Marmot Place, setting up an innovative mechanism for integrated public services in 2011 with the creation of the Greater Manchester Combined Authority (GMCA). The GMCA brings together 10 county councils and the Mayor of Greater Manchester. These councils work collaboratively to improve regional public issues. One of the aims is to create a model for integrating health and social care services with a variety of other public services, including education, police, fire, housing, transport, and employment. Enhanced communication across these services has led to the development of a multidisciplinary community health system, which is ideally suited to addressing the determinants of health by making it easier to identify individuals who need multifaceted care and support. Wigan, part of the GMCA and one of the most disadvantaged counties in the Greater Manchester area, stands out for its even stronger focus on connecting with the community. A partnership between primary care, community services, early years, mental health, and public health services regularly engages with citizens, encouraging them to take actions to improve their well-being. This approach has delivered tangible results: healthy life expectancy has risen faster than in surrounding areas, smoking rates are lower than the national average, and the proportion of physically active adults has increased by 15% over five

years²¹. The experiences of Greater Manchester and Wigan illustrate how a local, community-based, integrated approach, underpinned by scientific recommendations — such as those from the Institute of Health Equity — can help overcome the gap between policy recommendations and their practical implementation, bringing about lasting improvements in people’s well-being. These principles, which have proven effective in addressing the social determinants of health, should be expanded and reinforced to promote stronger action on environmental, climate, and dietary determinants.

The example of smoking demonstrates that the gap between knowledge and action can also be bridged by ambitious policies at national and global levels, despite repeated interference from the tobacco industry. Prior to the adoption of the WHO Framework Convention on Tobacco Control (FCTC) in 2003, cigarette sales had been steadily rising for decades, and many countries had no protective measures in place. The FCTC has become one of the most effective international public health regulatory instruments, reducing global smoking prevalence by 10 percentage points between 2000 and 2020 (from 32.7% to 22.3%), with significant progress among young people in many countries and greatly improved protection against passive smoking²². Some countries have achieved remarkable results: Brazil, with one of the world’s most successful anti-smoking policies, reduced smoking prevalence from 35% in 1989 to 10% in 2022²³. While the global fight against smoking is far from over, the significant and ongoing progress made shows that it is possible to combat highly addictive products promoted by powerful industrial lobbies. The ‘know-do gap’ we currently face in relation to food issues, particularly the over-consumption of sugar, is not so different from the challenges we confronted in the fight against tobacco at the end of the 20th century. Strong political will, along with a multi-sectoral, science-based, and ambitious approach at all levels, are crucial to combating the proliferation of nutritionally poor foods and the associated health conditions.

B. DEVELOPING NEW METHODOLOGIES FOR ESTIMATING THE CAUSES OF MORBIDITY/MORTALITY

The impact of environmental, climatic, and dietary factors on health is challenging to assess comprehensively because these factors trigger a cascade of interconnected reactions that remain difficult to quantify as a whole. Mortality and morbidity are still generally analysed in isolation, leading to a ‘disease-by-disease’ attribution method of calculation. However, this siloed approach is inadequate for

²¹ Institute of Health Equity (2020). *Health Equity in England: The Marmot Review 10 years on*.

²² WHO (2024). *WHO global report on trends in prevalence of tobacco use 2000-2030*; and WHO (2021). *WHO 2021 report on the global tobacco epidemic: new and emerging products*.

²³ SZKLO, AS, ALMEIDA, LM, FIGUEIREDO, VC, AUTRAN, M, MALTA, D, CAIXETA, R, and SZKLO, M. (2012). *A snapshot of the striking decrease in cigarette smoking prevalence in Brazil between 1989 and 2008*. *Prev Med*; and WHO (2024). *WHO global report on trends in prevalence of tobacco use 2000-2030*.

capturing the full scope of climate change’s impact on health. While we can estimate its effect on certain vector-borne infectious diseases, it is far more difficult to assess its influence on chronic diseases, as well as other phenomena such as natural disasters, population displacements, loss of agricultural yields, reduced nutritional value of food, dwindling water supplies, loss of biodiversity, declining air quality, weakening health services, disrupted supply chains, and even conflicts. All of these consequences, which will intensify as climate change progresses, significantly affect health.

To fully understand the impact of environmental, climatic, and dietary factors on health, new methodologies and modelling techniques are required. These should consider multiple, interconnected factors. One approach could be to develop methods that complement the attribution-based framework, which typically estimates the impact of environmental or climatic events on diseases and related mortality. While useful for studying the impact of infectious agents on mortality, this methodology has limitations when dealing with long, complex chains of cause and effect, marked by numerous interactions. The consequences of these phenomena cannot simply be reduced to mortality increases. Therefore, complementary approaches are needed, incorporating health impact assessments and environmental epidemiology based on the dose-response principle²⁴ (which has been effective for studying the effects of temperature rise on mortality). This would also involve evaluating the level of evidence for new hazards and risk factors, as well as modelling exposure distribution under future or counterfactual climate scenarios.

The development of these new calculation methods is particularly crucial, given the significance of indicators in guiding political action. Political decisions are typically based on figures that provide immediate, concrete insight into the economic, health, and social conditions of a region. This is why indicators such as economic growth rates, unemployment rates, or disease-specific mortality and morbidity rates are so effective—they highlight urgent issues that demand political intervention. By making it possible to highlight the full extent of climate change, pollution, and the food transition’s impact on human health, new, more sophisticated methods of calculation could serve as invaluable tools for strengthening political commitment to these pressing challenges.

²⁴ The dose-response (or dose-effect) relationship, commonly used in pharmacology and toxicology, describes how the effect of a chemical substance on an organism varies depending on the amount of the substance to which the organism has been exposed. This principle helps establish a threshold below which exposure is considered to be risk-free.

3. RESTORING HEALTH AS A POLITICAL PRIORITY AND CONTINUING TO STRENGTHEN HEALTH SYSTEMS AND HUMAN RESOURCES

A. PUTTING THE PUBLIC DOMAIN AND HEALTH BACK AT THE HEART OF POLICIES

Over the past few decades, a neoliberal political trend has emerged, advocating for a reduction of the public sector in favour of the private sector. This shift has been evident in both chronic under-investment in public goods and a growing reliance on public funding for the consultancy sector and businesses. Moreover, health spending is often viewed as an unnecessary cost to be cut, rather than an investment that fosters well-being, social cohesion, employment, and economic prosperity.

We call for investment in the public sector to be once again seen as the guarantor of fundamental public goods for the well-being of our society. We also want to highlight the systemic and collective dimension of investing in health, the environment, climate, and food, particularly in light of the potential co-benefits. Too often, the levers for action in these areas are reduced to promoting changes in individual behaviour. For instance, while public health agencies have long issued recommendations encouraging balanced diets based on quality products, it is equally important to address the root causes that make healthy food less accessible or affordable for financially or geographically disadvantaged populations, and to implement concrete measures to combat these inequalities. Additionally, the significance of mass catering, given its impact on the volume of food consumed by society, should not be overlooked. Public health agencies could enhance their support for public institutions such as schools, hospitals, and government offices to help them offer healthy and sustainable meals. Similarly, the issue of transport is often discussed in terms of individual travel choices. However, factors such as the quality and accessibility of public transport networks, and the safety of cycling infrastructure, significantly influence individuals' transportation decisions. Furthermore, policies and tools that promote healthier eating, beyond their vital contribution to public health, also yield substantial positive economic effects. For instance, the OECD has estimated that the Nutri-Score could not only prevent 2 million cases of chronic disease in Europe by 2050 but also reduce healthcare spending by 0.05% annually, while enhancing workplace productivity and significantly decreasing absenteeism²⁵.

²⁵ OECD, European Commission (2024). *Health at a glance: Europe 2024 - state of health in the EU cycle*.

B. CONTINUING TO STRENGTHEN HEALTHCARE SYSTEMS AND HUMAN RESOURCES

We strongly advocate for the continuation of efforts to strengthen health systems, with particular focus on the issue of human resources²⁶. This recommendation aligns with the WHO's High-Level Commission on Health and Economic Growth, which seeks to '*convince our fellow Heads of State of the urgent need for a strong mobilisation in favour of human resources for health and employment in the health sector in order to contribute to the strengthening of health systems, the 2030 Agenda, universal health coverage and inclusive economic growth*'²⁷.

The shortage of healthcare workers, prevalent in both low-income and high-income countries, is expected to worsen due to the aging of the workforce and population, as well as the rise in chronic diseases. The WHO estimates that there will be a shortage of at least 18 million healthcare professionals globally by 2030²⁸. Chronic underinvestment in human resources for health has significant consequences for access to care, particularly for disadvantaged populations or those far from healthcare services.

Training healthcare professionals is crucial, not only from a medical perspective but also in relation to the social and environmental determinants of health. Integrating health-environment, health-climate, and health-nutrition issues into both initial and ongoing training can improve professionals' ability to address these new challenges. This includes responding to pathologies associated with these determinants and structurally adapting healthcare systems. Many countries, especially those previously focused on infectious diseases, must now prepare for a sustained increase in chronic conditions such as diabetes and cardiovascular disease in the coming years. It is essential that healthcare systems and personnel are adequately prepared to tackle these emerging health challenges.

Investing in health also entails investing in public health research. Numerous studies have highlighted the risks of bias in research funding from stakeholders with economic interests²⁹. Governments must ensure that adequate resources are allocated to support the scientific community in generating the knowledge needed to inform public policies on climate, food, and healthcare practices.

²⁶ Santé mondiale 2030 (2024). *Tomorrow's healthcare professions - Summary and recommendations*. [Online].

²⁷ WHO (2016). *Committing to health and growth - investing in the health workforce*. p. 7.

²⁸ WHO (2016). *Committing to health and growth - investing in the health workforce*.

²⁹ See for example: LESSE, Léonard, et al (2007). *Relationship between funding source and conclusion among nutrition-related scientific articles*. PLoS Medicine, vol 4, n°1.

C. PROMOTING THE ADAPTATION OF HEALTHCARE SYSTEMS AND THE MITIGATION OF THEIR ENVIRONMENTAL AND CLIMATE FOOTPRINT, WITH A VIEW TO CO-BENEFITS

Institutions in the healthcare sector must embark on a transition process to address environmental and climate challenges. As the healthcare sector accounts for approximately 10% of global GDP, it holds a significant potential to contribute to the decarbonisation of the global economy. Healthcare establishments, with their large flow of people and substantial resource consumption, face numerous challenges in adapting to climate change while minimizing their environmental impact. Hospitals, as a symbol of health as a common public good for present and future generations, must take its share of responsibility in the fight against climate change and pollution. The dual principle of "adaptation/mitigation" offers a useful framework for action during this transition³⁰:

- **Adaptation:** Healthcare systems are increasingly affected by climate change. The growing frequency and severity of phenomena like wildfires, floods, and extreme heatwaves can overwhelm healthcare services and impede access for vulnerable populations. These events also disrupt the supply chains for medical products and affect staff working conditions, impacting the quality of care provided. As a result, adaptation strategies must be implemented to mitigate these effects, ensuring that patient care and staff working conditions remain stable despite climate challenges.
- **Mitigation:** As highlighted in our 2020 diagnostic report, the healthcare sector accounts for nearly 5% of global greenhouse gas emissions—if it were a country, it would rank as the fifth largest emitter globally. More than half of the healthcare sector's carbon footprint is linked to its energy consumption³¹. In addition, healthcare generates various forms of biochemical pollution and produces substantial amounts of waste, often not properly managed. Alongside adaptation strategies, it is imperative for healthcare stakeholders to collaborate in mitigating the sector's environmental and climate impact.

Lastly, it is essential to reimagine the role of hospitals in addressing the well-being of both patients and staff. This is especially urgent in the context of declining staff working conditions, which negatively impact their physical and mental health, as well as the quality of patient care. Hospitals should not be seen solely as curative care providers but as active players in promoting health. As defined by the WHO, health is

³⁰ The Lancet Countdown (2023). *The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms.*

³¹ Health Care Without Harm and Arup (2019). *Health care's climate footprint: how the health sector contributes to the global climate crisis and opportunities for action.*

‘a state of complete physical, mental and social well-being’, and not just ‘the absence of disease or infirmity’³². This principle must be applied to both patients and hospital workers, and it requires increased funding for public health establishments. Furthermore, strategies to enhance well-being within hospitals can produce numerous co-benefits across health, environment, climate, and food. Examples include improving hospital catering for patients and staff, creating green spaces, developing cycling infrastructure, and promoting car-pooling among workers.

³² WHO Constitution (1948).

III. RECOMMENDATIONS AND COURSES OF ACTION

1. FOUR KEY RECOMMENDATIONS FOR ALL STAKEHOLDERS

1. Prioritise the environmental, climatic, and dietary determinants of health, while ensuring that health remains at the center of the political agenda.
2. Seize the major co-benefits of action on each of these determinants to prioritise approaches that foster simultaneous progress in health, the environment, the climate, and food systems.
3. Reduce fragmentation in the programmes and governance across these sectors to adopt a unified vision and common practices, thereby minimising ‘theme competition’.
4. Strengthen citizen participation in the formulation of policies related to health and its determinants, ensuring their legitimacy and relevance, and helping to bridge the gap between scientific knowledge and political action.

Based on the principles of action outlined in the previous sections, we can now formulate specific courses of action for each stakeholder and sector of activity.

2. COURSES OF ACTION FOR FRENCH AND EUROPEAN POLICY-MAKERS

Politicians at both the French and EU levels need to fully embrace health issues and place them at the forefront of their priorities. ‘Health’ should no longer be seen merely as curative care aimed at treating illness but as the result of a complex interplay of socio-economic, environmental, climatic, and dietary factors. Addressing these issues requires the implementation of ambitious long-term policies. However, it is also crucial to provide the necessary funding to strengthen our healthcare system and

public health research. Ensuring the quality of healthcare systems will be essential to manage the consequences of climate change, pollution, and the deterioration of socio-economic conditions and food systems.

Political authorities should step up their efforts to:

- Prioritize health determinants such as the environment, climate, and food on the political agenda at both national and European levels, as well as in France's global health agenda.
- Allocate the necessary resources to translate these political priorities into concrete, long-term actions. Take advantage of the specific measures, tools, and public policies (e.g., pricing policies, regulation of marketing and advertising, labeling, etc.) proposed by the Haut Conseil de la Santé Publique on food, health, and climate³³.
- Strengthen the fight against inequalities in health, health promotion, and prevention, which offer a highly beneficial cost-benefit ratio, making them foundational to our healthcare system and policies.
- Intensify efforts in sectors with high potential co-benefits, such as the thermal renovation of public and private buildings, the development of low-carbon transport infrastructure that encourages physical activity, and the promotion of a diversified, plant-based diet in public catering.
- Enhance regulations on the transparency of the nutritional quality of foodstuffs and their environmental traceability. For example, make the Nutri-Score mandatory on all food products.
- Introduce a tax on products whose harmfulness has been scientifically established, such as products with a Nutri-Score of D or E and ultra-processed foods. This could incentivize companies to change their recipes and generate funding for health promotion initiatives.
- Increase France's involvement in the fight against malnutrition as part of the Nutrition for Growth (N4G) Summit to be held in Paris in March 2025.
- Encourage the active participation of civil society in health policies or policies affecting the determinants of health at all levels. Provide greater support to local initiatives that act on these determinants.

³³ French High Council for Public Health (2023). *Note on the development of the National Food, Nutrition and Climate Strategy (SNANC)*.

- Intensify efforts to strengthen healthcare systems, particularly to address healthcare worker shortages, worsening working conditions in hospitals, and new patient care challenges linked to health determinants.
- Take greater account of scientific evidence and recommendations in policy-making.
- Provide the necessary resources for public health research to generate the scientific knowledge that will inform and shape future health policies.

3. COURSES OF ACTION FOR GLOBAL HEALTH STAKEHOLDERS

Global health unites countries in the pursuit of improving population health on issues that go beyond national borders. The values of cooperation and solidarity it promotes are vital for coordinated action in addressing today's challenges. Global health actors must strengthen their advocacy for the transitions humanity must collectively undertake to combat climate change, pollution, and the deterioration of food systems. Global health actors should intensify efforts to alert other political and economic sectors about the devastating impact that climate change is having — and will continue to have — on human health. It is crucial to ensure that the consequences of climate change on health cannot be ignored, as environmental and economic considerations alone have proven insufficient to drive the political action required to meet the climate crisis.

For these reasons, we encourage global health stakeholders to:

- Actively promote increased international cooperation to combat climate change, pollution, and the deterioration of food systems, emphasizing the significant health co-benefits this would generate. Establish mechanisms to facilitate the exchange of best practices between countries in addressing these challenges.
- Bring global health governance closer to environmental, climate, and food governance to develop unified tools and approaches.
- Develop interventions targeting social, environmental, and climatic determinants of health, adopting an integrated and participatory approach to health.
- Create more opportunities and mechanisms for citizens to engage in global health issues.

- Support the strengthening and adaptation of healthcare systems to climate change while mitigating their environmental and climate impact.
- Contribute to addressing the shortage of healthcare workers, whose role is critical in managing the consequences of environmental and dietary health determinants. Promote initial and ongoing training on these issues, alongside the development of young health researchers and the attractiveness of careers in this field.

4. COURSES OF ACTION FOR PUBLIC HEALTH PROFESSIONALS AND HEALTHCARE ESTABLISHMENTS

We support the ecological and social initiatives undertaken by healthcare establishments and encourage public health to increase its efforts to:

- Introduce measures to help healthcare establishments adapt to climate change and reduce their environmental impact.
- Strengthen the circular economy and promote effective waste management to combat pollution.
- Increase support for initiatives that deliver co-benefits for patients, workers, the environment, and the climate. This includes improving catering quality, creating cycling infrastructure and green spaces within hospitals, and carrying out the thermal renovation of buildings, among others.
- Actively engage in spreading messages about the convergence of health, environmental, and climate issues (co-benefits), and contribute, as health stakeholders, to discussions and debates surrounding the ecological transition at all levels (local, national, and international).
- Develop inclusive models that enable citizens and civil society organizations to play a greater role in the policies and management of healthcare establishments, drawing inspiration from initiatives like the 'Marmot Places'.

It is worth noting that the 2021 guide on virtuous sustainable development practices in health and medico-social establishments, proposed by the C2DS (Comité pour le Développement Durable en Santé – Committee for Sustainable Development in Health), offers a detailed vision, with numerous examples, of the steps to be taken to

achieve more eco-responsible and inclusive hospitals focused on the well-being of patients and staff ³⁴.

5. COURSES OF ACTION FOR CIVIL SOCIETY STAKEHOLDERS AND THE GENERAL PUBLIC

We encourage civil society actors and the general public to:

- Embrace the co-benefits between health, the environment, climate, food, and socio-economic conditions. Advocate for these connections collectively to elevate them to the political agenda, making health a key electoral issue and demanding that health determinants be systematically integrated into public policies.
- Encourage public authorities to set up forums for dialogue that enable citizens to participate at various levels in health policies and in policies impacting health determinants. Actively engage in these dialogue platforms to help shape health policies that are genuinely responsive to the realities, needs, and challenges faced by citizens.
- Reduce fragmentation among civil society organizations, particularly NGOs, whose areas of activity are often highly segmented. Increase communication and joint actions between them to reduce the ‘competition of themes.’

6. COURSES OF ACTION FOR STAKEHOLDERS INVOLVED IN RESEARCH AND TEACHING

The world of research and education plays a crucial role in guiding political decision-making and in training the next generation of healthcare professionals, public health experts, and political leaders. We recommend that universities and research institutions:

- Work towards improving dialogue between various stakeholders, especially political figures and civil society.

³⁴ Committee for Sustainable Development in Health C2DS (2021). *Climate: hospitals act for the planet. 2021 Guide to Virtuous Sustainable Development Practices in Healthcare and Medico-Social Establishments.*

- Promote and develop forms of research that actively involve civil society at all stages of the process (such as transdisciplinary research, participatory action research, and co-construction of knowledge), ensuring that research is relevant and closely aligned with the challenges and needs of ecological transition.
- Focus on identifying the root causes of the gap between knowledge and practice to uncover the levers of action available for addressing health determinants.
- Intensify efforts to define new indicators for measuring the impact of climate change, pollution, and dietary transitions on human health, moving beyond the traditional 'disease-by-disease' attribution model to better account for the interconnectedness of these phenomena.
- Incorporate more health-environment, health-climate, and health-nutrition topics into the training of professionals in health-related fields.

CONCLUSION

In response to the growing health challenges posed by environmental, climatic, dietary, and social changes across the globe, policies and societies must adapt. At local, national, and global levels, interventions addressing these health determinants must be prioritized. Health must be placed at the heart of policies, with comprehensive action taken to address issues such as reducing fossil fuel use, improving food quality, transforming transport systems, and renovating housing. These actions are particularly effective because they can generate numerous co-benefits, addressing health and multiple related factors simultaneously. To implement these interventions effectively, it is vital to rethink political models and ensure citizens are central to the initiatives. Understanding people's experiences, needs, and constraints is key to both the relevance of project design and their long-term acceptance. In this context, local and participatory health approaches are crucial, but they should complement, not replace, ambitious national, European, and international policies. The research community also has a significant role in enhancing political action. Strengthening the dialogue between researchers and decision-makers, as well as developing new methodologies to demonstrate the broad and severe impacts of environmental, climatic, and dietary changes, is essential. Public health and global health professionals must take a leading role in advocacy, continually stressing the urgent need for bold, immediate, and multi-sectoral measures. They must highlight to political leaders the grave consequences that environmental, climate, and food system changes have already had — and will continue to have — on the health of current and future generations.

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