Climate change health impacts and stakeholder perceptions in Indonesia – where are we?

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Outline

- 1. Introduction
- 2. Health impacts
- 3. Perceptions
- 4. Way forward

1. Weather, climate and climate change



What is climate?



- Described by physical laws
- Complex interaction of atmosphere, sun, vegetation, oceans and humans
- Characterized by different climate types e.g. arctic, temperate, tropical, step, monsoonal, arid...
- Realisation of weather (rain mm, sun hours, temperature, wind speed and direction, etc.)
- Statistics of weather (long term averages) describes the climate

What is climate change?

- Imbalance of energy in the climate system
- Manmade climate change is caused by greenhouse gases generated by human activities



Future temperature according to different scenarios



Climate models project there will be more heavy rain events throughout the 21st century



2046-65

2081-00

A1B A2

Median

range

Full model

50

20

5

Scenarios: B1

Central 50% Intermodel rang

2046-65

Return period (Years)

Climate models project more frequent hot days throughout the 21st century



Reference: http://www.ipcc-wg2.gov/SREX/

2. Health impacts in Indonesia

Sea level rise

- An archipelago with more than 17,500 islands and 81,000 km coastline, Indonesia is vulnerable to sea-level rise, flood, and sea-water intrusion
- Coastal fishermen are subject to more erratic weather and reduced fish stocks due to impaired coastal ecosystem, such as damaged coral reefs.
- Nearly 25% of Indonesian population live in areas less than 10 metres above the average sea level, many of them are underprivileged fishermen at risk of coastal inundation and other adverse events threatening their livelihood.

Extreme rainfall and floods

- Changes in rainfall patterns have resulted in floods and landslides, directly caused injuries and deaths
- People who work in agricultural sector (estimated as 40% of the Indonesian population) have been more seriously affected by disasters related to precipitation patterns
- Extreme weather events associated with El Nino Southern Oscillation (ENSO) include El Nino, causing more droughts, and La Nina which is responsible for more floods. These extreme climatic events have been more frequent and caused more calamities in the past years.

Extreme heat, landslides and forest fires

- Climate change may produce direct health impact, such as from extreme temperatures and injuries due to landslides
- Increasing temperature may enhance the risk of forest fires. For example, forest fire was extensive during El Nino 1997, damaging 6.8 million hectare of peat land in Indonesia, causing morbidity and mortality due to respiratory and cardiac problems.

Vector-borne diseases

- Higher temperature will facilitate distribution of disease vectors to areas previously not infested by these vectors
- The relationship between climate change and malaria transmission is complicated by land use changes, malaria control measures
- Climate change in the previous years might contribute to increasing global incidence of dengue infections, however, recurrent epidemics of dengue indicated that herd immunity to the four serotypes of dengue virus also played important roles in the transmission of dengue virus

Waterborne diseases

- Warm and nutrient-rich sea water maintain and promote cholera vibrio growth in coastal areas in Indonesia, such as Tangerang District, near Jakarta.
- Phytoplankton blooms nourish copepods and other zooplankton, which enhance the multiplication of cholera vibrio.
- Droughts increase salinity in local waters, which in turn facilitate the growth of cholera vibrios. The distribution of the bacteria will become wider due to floods. ENSO, as a climate phenomenon, has been responsible for 70% variance of cholera incidence.

Food security

- Decreased food production due to droughts and other climate related catastrophies has threatened food security among Indonesian people. Food security is complex though as many food items are imported.
- Climate change models indicated that there would be high probability of a 30 days monsoon delay and increased precipitation which could lead to annual rice deficits

Climate related stressor	Outcomes	Comments
Temperature (and humidity), changes in	For example, cardio-respiratory	Well understood in general. Heat
the frequency of heat waves and wild	deaths and hospital admissions,	extremes are very likely to
fires causing air pollution, and	but not exclusively.	increase. However, impacts
concentrations and formation of air		today depend on population
pollutant (e.g. ozone)		adaptation to the current climate
		regimen, and future impacts
		highly depend on the level of
		transition to more chronic
		disease and urbanisation. In
		Indonesia this has not been
		studied, and local studies are
		needed to guide local adaptation
		strategies.

Changes in the frequency of weather and	Accidental deaths immediately,	Projections support more
climate extremes (flood, storms and	and potential followed by extreme and frequent floo	
droughts)	infectious outbreaks. Potential	heavy rainfalls. Immediate
	longer term mental health effects.	effects are well understood, but
	Effects on agriculture and water	do also in the future rely on
	availability. Socioeconomic effects	demographic and
	and displacement.	epidemiological transitions. Long
		term effects following extreme
		events are not very well
		understood. For example, mental
		health impacts are rarely studied
		in this context. Studies on health
		impacts at the present and under
		future climate change scenarios
		for Indonesia are needed.

Rainfall, temperature (sea and air) and	Nutrition related health outcomes.	Medium level of understanding.
soil moisture as determinants of crop	Systemic ill health. Mental health.	The estimation of health effects
yields, livestock, and fishery yields		under climate change is complex
(including socioeconomic consequences)		because of the trade with food is
		global and with political
		influences, but also because of
		migration an adaptation
		alternative. The effects are
		potentially better understood
		among subsistence farmers, and
		local fishermen whom are only
		to a minimal extent interacting
		with the global food market.
		Studies and adaptation strategies
		to cope with these issues are
		needed.

Rates of spread and multiplication of	Infectious diseases, e.g. food and	Well understood in general.
pathogens (virus, bacteria, toxins,	waterborne disease and	However, studies on human
pollens)	reproduction of virus and bacteria	health impacts in relation to
	transmitted by vectors.	pathogens transmitted by food
	Intoxication.	and water are still needed,
		especially in the Indonesia local
		context.
Abundance, spread and activity of vectors	Infectious diseases, e.g. lyme	Relatively well understood.
transmitting diseases	disease and tick borne	Studies on the capacity of vectors
	encephalitis, dengue, malaria	in relation to climate is needed
	among others.	(entomology). Early warnings of
		epidemics need to be developed
		to guide timely action.

Sea level rise and storm surges	Accidents, waterborne disease,	Relatively well understood.
	nutrition related disease,	Coastal floodings are very likely
	epidemics. Mental health.	to increase with sea level rise.
		However, impacts relies largely
		on the resilience of communities
		and societies, e.g. if they can
		afford to adapt or not or if
		societies migrate. Long-term
		health effects after event has
		lead to displacement and
		migration is not well understood.
		Food production may be affected
		among fishermen. May
		contribute to population
		displacement as necessary
		adaptation strategy in low-lying
		areas. Health impacts from such
		effects are unknown. More
		studies are needed to identify
		risk populations, and areas, and
		adaptation strategies.

Displacement of humans and animals due	Can facilitate the spread of disease	Not well understood.
to climate related stressors and events	within och between regions	Consequences could be of
	during e.g. floods when people need are displaced	epidemic proportions.

Summary

- Knowledge about health impacts are scarse in Indonesia
- The evidence that exists is mostly of "qualitative" judgements and from the international litterature
- It is key to generate and provide local evidence on health impacts to guide adaptation and better understaning of the challenges the society face
- Projection of the near and longer term future health impacts can guide policies
- Mapping of impacts and vulnerabilities as a tool for policies and stakeholder action is important

Epidemiologic research tasks

- Exposure-response relationships between climate variation and health outcomes
- Estimate the current health burden (e.g., annual deaths) attributable to climate change
- Develop scenario-based modelling to project health risks
- Assess health harms and benefits of proposed mitigation and adaptation policy options

3. Stakeholder perceptions

Survey about climate change in the health sector – pilot run results

Who responded?

Mean age	Average	28.09
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Response	Average	Total
Public hospital	6%	1
University / colleges	33%	6
Provincial health office	11%	2
District health office	33%	6
Other profession, specify: -	11%	2

19. Your main institution (Choose the main one where you spend most of your working time)

Is climate change on their radar?

- 9 out of 19 respondents considered global warming the most pressing political and societal issue
- They considered themselves as fairly well informed about the cause and potential impacts and ways to mitigate climate change
- They considered society to also take serious on climate change in general (6.7 out of 10)
- But they considered themselves to take it more seriously than society at a whole (8.2 out of 10)
- When compared to terrorism, population growth, poverty, ageing population and NCDs, globalisation, armed conflicts etc – climate change was, however, considered the least important....(!)

Climate change perceptions

- all agreed we are already experiencing climate change
- They considered climate change being caused by humans and us being able to do something about it
- They consider companies and not the health sector as the main contributors to climate change
- They indicated that the movement against climate change can positively affect peoples health
- However, for many questions there was also disagreement

Climate change information

- Climate change information was mainly from TV, newspapers and internet
- To a little or less extent from friends and professional environments

Climate change and health

	Average rank			
	Strongly disagree Disagree agree	Agree	Strongly agree	
A. Climate change is unimportant to my health.				1.7
B. The consequences of climate change to health will be severe.				2.9
C. I have been directly exposed to the consequences of climate change.		•		2.8

E. Fatalities related to climatic extreme events such as floods, landslides, forest fires & heat waves might be related to climate change.	2.9
F. The evidence on how climate change impacts health is controversial.	2.2
G. Occupation health problem from heat stress might be related to climate change.	2.6
H. The increase of cardiovascular disease might be related to climate change.	2.3
I. Climate change might influence the population's mental health.	2.6
J. Climate change can increase the frequency of food-borne and water-borne diseases.	3.1
K. With climate change, we might see more infectious disease cases, such as dengue and malaria.	3.2

Are the health sector doing enough to mitigate impacts and warming?

Not according to the respondents

Summary

- The respondents considered climate change serious in general
- They thought extreme events and infectious disease spread to be the most serious threat to health
- They thought the health sector could do more to adapt to and mitigate climate change
- This indicate some succesful dissemination of the risks with climate change, however, obvious gaps can be seen in the identified impacts
- There is still large uncertainty in the perceptions and in the evidence on local impacts!

4. Way forward

Research on human health and climate change based on local data

- To do research on climate change and health in Indonesia, with local data, and by Indonesian researchers
- To interact with the public and policy makers
- To convince stakeholders to act based on local data
- To foster local and national experts on climate change and health
- To involve health professional in climate change adaptation and mitigation

Climate change health impacts – who, where, and when?

Adaptation

- = preparedness and prevention of impacts
- Education
- Policies
- Interventions

Both top-down and bottom-up perspectives are needed:

- National policies and strategies
- Community involvement

Example - Sweden

Impacts and adaptation strategies:

- Health conditions in Sweden are sensitive to climate change, and the potential impacts was described where such evidence existed in the 2007 National Climate and Vulnerability Assessment (SOU 2007:60)
- Recommendations in form of adaptation strategies was developed in and after the assessment
- Many of which are being emphasized and implemented presently

Examples of undergoing adaptation activities:

- Heat waves (warnings system under development)
- Borreliosis (increased surveillance and preparedness northwards)
- Drinking water (surface water sources; under research; new technology investments, e.g. UV-light)

Thanks!

