



Climate Change, Human Migration and Health

Bridging from dialogue to action

Stephen A. Matlin, Anneliese Depoux, François Gemenne, Aline Philibert, Rajae El Aouad, Corinne Kowalski, Antoine Flahault

COP22 Conference - Marrakech, November 2016





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Introduction

Global recognition of the imperative of addressing the challenges posed by climate change has progressed to a new stage. The 22nd Conference of the Parties to the UN Framework Convention on Climate Change (COP22) meeting¹ which took place in Marrakech from November 7 to 18 November 2016, was proclaimed to be an ‘action summit’, signalling a shift towards a new era of implementation and action on climate and sustainable development.^{2,3} It followed the COP21 held in Paris in December 2015, which had reached a landmark agreement bringing all nations into a common cause to undertake ambitious efforts to combat climate change and adapt to its effects, with enhanced support to assist low and middle-income countries to do so. The Paris Agreement⁴ entered into force on 4 November 2016, thirty days after at least 55 Parties to the Convention accounting in total for at least an estimated 55 % of the total global greenhouse gas emissions had deposited their instruments of ratification, acceptance, approval or accession. By mid-November 2016, well over 100 countries had ratified the Paris Agreement.⁵

At this key juncture, the Centre Virchow-Villermé for Public Health Paris-Berlin (CVV) organized a side-event at COP22 on 9 November 2016 on Climate **Change, Human Migration and Health**. This meeting was organised together with the University Sorbonne Paris Cité research unit ‘Politics of the Earth’, the University of Geneva, Charité Universitätsmedizin Berlin and the University Cadi Ayad, in partnership with international organizations, academia and the private sector. The event built on previous work by the CVV and collaborators on the subject – in particular, on the side event dedicated to Healthy Lives on a Healthy Planet organized by the CVV at the COP21 conference in Paris in December 2015, the proceedings of which have been published;⁶ and the conference on Climate, Migration and Health held in Berlin in June 2016, co-organized by the CVV and the science department of the French Embassy in Berlin, for which a report is available.⁷

The event included two roundtables, in which panellists presented their perspectives and engaged in discussion with one another and the audience.

The event was opened by Anneliese Depoux (Co-Director of the CVV with Antoine Flahault) and Nick Watts (Executive Director of the Lancet Countdown initiative).⁸

The first panel, on the theme **‘Migration as an adaptation strategy against climate change’** was moderated by Aline Philibert, with the participation of François Gemenne, Caroline Zickgraf, Yves Charbit and Dina Ionesco.

The second panel, **‘Climate, migration and impacts on health’** was co-chaired by Antoine Flahault and Rajae El Aouad, the panellists being Rajae El Aouad, Albrecht Jahn and Ophra Rebiere.

Comments were received from Emmanuel Kabengele Mpinga, who was unable to attend.

Key points emerging from the COP22 side event include:

- The framing of COP22 as an **‘action summit’** was reflected strongly in the orientation of the side event, which took as its departure point the recent shift in approach from treating climate change first and foremost as a major threat to human health to responding to it as an opportunity to enhance health – for those who remain behind, for the migrants themselves and for the host communities that they join.
- The nexus of climate change, human migration and health is a distinct and complex issue. It involves the multiple impacts of environmental, economic and social – especially gender-based – issues on the lives of people, leading to decisions by individuals about whether, when and where to migrate. It is important to **taking a holistic view of the complex interactions** and, above all, providing clear evidence for policymakers that can help dispel misperceptions and contribute to mitigation of effects and beneficial adaptation.
- Migration can be viewed as **a positive adaptation strategy on the part of those strongly affected by climate change**. However:
 - Care must be taken not to forget or neglect those who do not or cannot move and remain behind: a migration lens requires looking at both the moving and remaining groups. Understanding must be developed of how both groups respond to the pressures and contribute to adaptation; and of how efforts can help people stay and how the diaspora can engage in investing in adaptation back home.
 - Gender is a significant factor across all areas of climate change, migration and health. The vulnerability of women and girls to adverse effects of climate change is well established. Women and girls often predominate among those that do not move, becoming part of the **‘invisible and forgotten’** group. Women play major roles in response to climate change, strengthening resilience and adaptation in their communities and countries, yet they are insufficiently reported or recognised as actors and lack access to funding or to representation in decision making. Among those people who do migrate, women and girls are highly vulnerable to a range of dangers, for example arising from loss of access to essential health services and increased exposure to risks of exploitation, physical and sexual abuse and trafficking.

Contrary to misperceptions, migrants do not pose substantial threats to the health of populations in their transit or destination countries, either from infectious diseases being transported or by placing excessive burdens on health systems. Migrants do, however, have particular health needs and it is of benefit both to the migrants and their hosts to ensure that these are met.



The complex relationship between climate change, migration and health

Climate change gives rise to a range of phenomena, including rising sea levels that force people to move. Since 2008, an average of 26.4 million people per year have been displaced by natural disasters, equivalent to displacement of 1 person per second.⁹ By 2050, 200 million people or more per year may be displaced by climate change- related events.¹⁰ The World Health Organization (WHO) estimates that by 2030-2050 climate change will cause about 250,000 extra deaths per year from malnutrition, malaria, diarrhea and heat stress.¹¹ Available fresh water and useful land will decrease. There will be impacts on health, including mental health. Research is needed to address these challenges and the commitment of all stakeholders is required to support and undertake research and policy making to provide evidence-informed strategies.

The impact of climate change on health has been recognized for some time.¹² However, as described in a previous CVV event¹³, the nexus of climate, migration and health is a separate and distinct issue¹⁴ – a very complex one¹⁵ with multiple bi-directional interactions between the different components.

A further dimension of complexity is added by the fact that there are not clear and universally accepted definitions of aspects of the ‘migrant’ terminology. The International Organization for Migration (IOM) does not distinguish among sub-classes of migrants.¹⁶ It provides a legal definition of ‘migrant’ – but states can include or exclude different groups and the IOM does not assess that the world is ready to have one overall definition at this time. The IOM has just become a ‘related organization’ of the UN family, signalling the extent to which the migration issue has risen rapidly up the global agenda in the last few years, while global perceptions of migrants having grown negative and being increasingly informed by xenophobia.¹⁷

However, unofficial definitions are used as a tool to advance discussions and there are many who categorise migrants informally according to their reasons for migration – e.g. related to economic, political, conflict and environmental factors, considering that giving effective protection to people moving (for example, ensuring the rights of environmental refugees) requires understanding the causes of their displacement and that arriving at a political definition of strategies for migrants first needs definition of the problem.

Yet, it is often extremely difficult to identify the underlying causes of migration, since displacements, whether voluntary or forced, often result from a complex variety and sequence of factors that are not always apparent. There is no reason to believe that migration is the response of populations solely to climate change.

The picture is further clouded by questions of the status accorded to those moving, which may change along their journey, with the labels ‘migrant’ or ‘refugee’ carrying different legal implications and affording different rights and opportunities of access to legal, health and other services.

Box 1 - Climate migrants: falling through the cracks

Predicting future flows of climate migrants is complex; stymied by a lack of baseline data, distorted by population growth and reliant on the evolution of climate change as well as the quantity of future emissions.

Forced migration hinders development in at least four ways; by increasing pressure on urban infrastructure and services, by undermining economic growth, by increasing the risk of conflict and by leading to worse health, educational and social indicators among migrants themselves.

However, there has been a collective, and rather successful, attempt to ignore the scale of the problem. Forced climate migrants fall through the cracks of international refugee and immigration policy—and there is considerable resistance to the idea of expanding the definition of political refugees to incorporate climate “refugees”. Meanwhile, large-scale migration is not taken into account in national adaptation strategies which tend to see migration as a “failure of adaptation”. So far there is no “home” for climate migrants in the international community, both literally and figuratively.

Extracts from the Executive Summary, Migration and Climate Change. IOM ¹⁸

The meeting in Marrakech illustrated many features of these complex interactions and the challenges that need to be overcome in addressing them. While definitions and categories may be useful, in reality people respond to different situations and they must be looked at holistically in their reactions to different pressures.

It is important to understand the whole migration cycle and that migration is multi-causal. It is difficult to measure, because it relies on perception: the perceived notion that the environment is degraded could decide people to move. The human rights framework could serve as a bridge between climate change and migration at all level. This necessitates examining how the rights of individuals and communities – both those leaving and remaining – are impacted by migration. At the same time, migration can also be understood as an adaptation strategy, mobilised by people faced with environmental changes. People move, by necessity or choice (e.g. in search of new livelihood opportunities) while others remain behind. A migration lens requires to look at both those who stay and those who remain behind, in order to understand how each group responds to the environmental pressures and contributes to adaptation. Adaptation policies can enable governments to promote mobility focused solutions through bilateral migration agreements (seasonal work, ...), or further engagement with the diaspora.

Across these complex areas, there is a paucity of data and much more research is needed to understand and take greater advantage of the interactions that occur. Interdisciplinary and participatory approaches could help the recognition that there is need to go into uncharted territories in finding effective ways to explore the field.

One opportunity may be to adopt the approach of ‘intersectionality’ - a research and policy paradigm that is increasingly applied to study and respond to the complexity of people’s lives and how different social locations affect outcomes such as health and access to care . ¹⁹



Climate change remains a highly political issue

The framing of the COP22 meeting as an ‘action summit’ – as the ‘COP of action’ that is designed to pave the way and adopt the practical means and actions to implement the Paris Protocol^{20, 21} – set a new tone of optimism for addressing the challenges of climate change. This has also been reflected by a move in perspective among many in the global health community, within a space of a few years, from seeing climate change as a threat to viewing it as an opportunity. Strikingly, in 2009, the Lancet and University College London Commission on Managing the Health Effects of Climate Change characterized climate change as **“the biggest global health threat of the 21st century”**,²² while in 2015 the Lancet Commission on Health and Climate Change²³ concluded that the response to climate change could be **“the greatest global health opportunity of the 21st century”**.

Box 2 - Dialogue on climate change and health

The UN Climate Change Conference in Marrakech is the crucial next step for governments looking to operationalize the Paris Climate Change Agreement adopted last year. While the Paris Agreement gave clear pathways and a final destination in respect to decisive action on climate change, many of the details regarding how to move forward as one global community in that common direction still need to be resolved. With the entry into force of the Agreement happening on 4 November – just days before COP 22 – the dialogue and decisions in Marrakech hold immense potential to accelerate and amplify the immediate response to the challenge recognized in the Paris Agreement. This meeting is therefore incredibly important.

Patricia Espinosa, Executive Secretary UNFCCC: COP22 welcoming remarks²⁴

The optimism following the entry into force of the Paris Agreement on 4 November was tempered by concerns in some quarters about the complexity of the task and the necessity of finding game-changing solutions. It was given further pause for thought by the results of the US presidential election which emerged on the morning of the CVV side event, on November 8. To what extent the USA would remain an active partner in the climate change agreements painstakingly negotiated over recent years? It appeared that a significant proportion of voters in the USA did not accept the climate change agenda and did not wish to have action to limit global warming, notwithstanding that Florida and Louisiana will be among the areas most affected by increasing adverse weather events and there will be many health impacts of global warming on the population of the USA.²⁵ Similar sentiments seemed to be arising in other places, like the Philippines.²⁶ One option is to say “we know better”, but it seems that this is increasingly going against the will of many people, so the momentum worldwide is not uniformly in favour of action. But there are many countries committed to taking the agreements forward and achieving the best possible outcome for the environment and for the health and wellbeing of the world’s population and we should not be deterred from achieving that vital objective, but reinforce the effort to become better at making the argument. This re-affirmation of commitment and determination that global action on climate change was unstoppable was echoed a number of times during COP22, including by UN Secretary-General Ban Ki-moon.²⁷

Now that the Paris Agreement has come into force, a key question raised in the meeting was what interventions make sense and what are the difficulties in translating them into political action? Two themes, in particular, were discussed in detail and drew the most comment during the event in terms of the actions that are required to move the agenda forward. They related to (1) the framing of migration as a positive adaptation strategy to cope with climate change; (2) the question of how to address the health and ensure other rights of migrants, including through taking advantage of the win-win opportunity of achieving beneficial feedback effects from addressing the health of migrants.



From threat to opportunity: Migration as an adaptation strategy against climate change

Many in the academic community work hard to promote the understanding of migration as a positive adaptation to cope with climate change, leading to public health benefits to migrants and to the communities of origin and destination. But if migration can be viewed in this positive way, what concrete actions are needed to convince policy makers at national and international levels of the need and the opportunity? How can they – and the populations they serve and represent – be convinced that migration is not simply a negative impact of climate change and a threat to the societies that receive them?

Not all people impacted by climate change move – either because they choose not to or cannot. With the considerable focusing of attention on those who do move, there is a danger that those who remain behind become ‘invisible, forgotten’ people; and if they are not discussed, they are seen as non-problematic. The lack of attention is partly because we have a ‘sedentary’ view that people should stay in one place. But historically, mobility is normal and especially in the case of nomads and pastoralists problems arose when they were prevented from doing so. More needs to be done to understand why some people do not want to move when pressures arise and what affects their perceptions of risk and the choices they make as a consequence.

Gender is a significant factor across all areas of climate change, migration and health:

- It is often the able-bodied men who migrate, in search of work opportunities that will help to support their families who remain. Thus, within the group that do not move, the ‘invisible and forgotten’ are predominantly female. Women play major roles in response to climate change, strengthening resilience and adaptation. Yet women are insufficiently

reported or recognised as actors, either for the essential roles they play in adaptation at the household level, or for the contributions they make to national programmes. As a consequence of their unacknowledged importance, they do not gain access to funding, or to representation in decision making.

- It is indisputable that there is increased vulnerability of women to climate change. There is abundant evidence that they are affected by the intensity and frequency of draughts, storms, floods and other adverse weather events, aggravating their poorer economic situation and impacting on their already restricted opportunities and rights, including sexual and reproductive rights.
- Women and girls migrating are highly vulnerable to a range of dangers, for example arising from loss of access to essential health services and increased exposure to risks of exploitation, physical and sexual abuse and trafficking.

Cutting across all areas of the discussions was a strong awareness of the issue of gender and especially of the roles and vulnerabilities of women and girls in relation to adaptation, migration and health, which have been established through extensive studies.

Box 3 - Women play a leading role in mitigation and adaptation to climate change

Climate change is a global challenge that burdens all of humanity, but not equally. Women, are encumbered disproportionately... by the gendered dimensions of sea level rising and flooding; deforestation and ocean acidification; water scarcity; energy production and energy poverty; and climate-related displacement and migration. But women have, continue to, and could serve as agents of mitigation and adaptation. Greater connectivity is necessary between international, national, and local levels, but, at the same time, it is important to recognize that the mere presence of women does not guarantee that women's experiences and leadership will be integrated into climate change policies and protocols. While greater inclusion of women at the highest levels of decision-making related to climate change is necessary, it is not sufficient. Women must also be able to lead at the national and municipal levels, just as the perspectives and initiatives of civil society women must be brought into the fore.

Extracts from the Executive Summary, **Women and Climate Change**²⁸

The **'Gender Just Climate Solutions Awards'** initiative²⁹ for COP22 reflects the recognition of the importance of acknowledging and supporting women's roles in both technical and non-technical areas of response to climate change. The CVV event heard that technological innovations such as improved stoves and water pumps could increase the sustainability of local communities, enhance agriculture and health and decrease out-migration. The strategy for adaptation must therefore include action to enable women's access to resources, including financial and information resources; increase women's capacities to make choices; support women's empowerment; and increase political influence. The shift from threat to opportunity needs actors and must include women, who are half the world's population.

While the rights of migrants are often debated, there is a concern in the minds of some in receiving communities as to whether immigrants will respect the laws of the host country – and, if not, a fear that this may lead to discord. It is evident that more needs to be done to increase the acceptability of immigrants. Host communities need to be encouraged to understand the deeper background: the lands of many people will disappear because of the previous historic actions of some. If we are not able to discuss responsibility to the planet and sustain this discourse, the consequence may be political upheaval.



Migrants' health: many myths and fundamental rights

There is mythology about the health threats posed by migrants and refugees, especially implying that they will spread diseases and that they will be a large and unsupportable burden on the health systems of receiving countries. While there is not always data on these areas, the available evidence shows that these fears are unfounded. In particular:

- Overall, migrants are healthier than the resident populations. ***"Extensive empirical research over several decades and across multiple regions and host countries has documented that when immigrants arrive in the host country they are healthier than native residents, a phenomenon termed the 'healthy immigrant effect.' This initial advantage deteriorates with time spent in the host country."***³⁰
- Health care costs are often lower than for the resident populations.³¹
- The WHO states that ***"in spite of the common perception of an association between migration and the importation of infectious diseases, there is no systematic association"***.³²

Mainly the diseases carried by migrants are acquired in the course of the sometimes very difficult journeys they endure to arrive at their final destinations, not imported from their own countries. The main risk is from one migrant to another in the conditions in major processing and holding camps where they are confined, including in European countries. A confined situation in any population leads to an increase in diseases.

A particular attention needs to be put on regarding non-communicable diseases (NCDs) such as cancer, diabetes, heart disease, stroke, mental health problems. In those situation, chronic care is required and this stresses health systems everywhere, independent of migration. For migrants, there are particular risks associated with diabetes, where injuries are a threat as wound healing takes a longer time and there is more risk of infection; disruption of treatment is life-threatening, especially for those who are insulin-dependent. This aspect becomes a very important issue in some countries.

Mental health (which is included in the overall WHO definition of health, along with physical health and wellbeing) is also a major issue regarding migrant health. In extreme events, 25-50% of people have some form of mental health consequence, including depression, post-traumatic stress disorder and some increase in schizophrenia. During the migration process, many things can also impact on types of stress, including family separation. The speedy restoration of normal conditions is often sufficient in treating the troubles. However, if there is pre-existing psychosis, there can be longer-term effects or the trouble can be worse. Overall, stresses and strains on the health system of migration are NOT a systematic effect. Regarding mental health there are complex social psychological effects and the need to fight stigma and educate on matters like epilepsy, schizophrenia and other mental health disorders.

Morocco, a country to and through which there has been extensive migration in recent years has been part of a European ‘Special Support Action’ project involving several other countries. The project was established to inform policy makers with respect to the needs of migrants to access appropriate health and measures to prevent disease diffusion.^{33,34,35} The data derived from the study showed a higher prevalence of HIV/AIDS and tuberculosis in migrant populations. There was an active contribution of health-related NGOs, but access of migrants to health systems was very weak, especially in southern European countries. It was concluded that migrants should be considered as a vulnerable group and health facilities for migrants should be set up in southern Mediterranean countries. As a result, Morocco’s Ministry of Health included migrants as a group in sexually transmitted infection and tuberculosis programmes.

On the other hand, limitations in the access of migrants to health care in their host countries, which is commonly practiced in many countries around the world both for migrants entering legally and illegally, poses a serious risk to the migrants’ health and, in the longer term, may increase costs for the health services. In this sense, **“the migration process and legal status are determinants of migrants’ health”** as well as the benefits of providing health care to migrants.³⁶ For example in Germany, the majority of Länder have very restricted access to health care for migrants, but health is better in those that do have access. There is an ‘undercover’ argument not to create a ‘pull’ mechanism for migrants. There is no data supporting this argument and solid evidence is needed to counter the belief. In contrast, reviews of evidence have concluded that **“purposeful and timely policy interventions can facilitate the mobility of people, enhance well-being, and maximize social and economic development in both places of origin and places of destination”**.³⁷

There are a number of international agreements concerning health care for migrants, including the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families,³⁸ which specify that migrants have the right to health care at the same level as the resident population.

Migrants in Europe today face a variety of legal and practical obstacles to accessing their rights, including their right to health.

Paola Pace, IOM³⁹

WHO advocates four basic principles⁴⁰ as a framework for defining public health strategies for migrants: (1) avoid disparities in health status and access to health services between migrants and the host population (2) ensure migrants’ health rights, limiting discrimination or stigmatization and removing impediments to migrants’ access to preventive and curative interventions which are the basic health entitlements of the host population; (3) for migrations resulting from disaster or conflict, put in place life-saving interventions so as to reduce excess mortality and morbidity; and (4) minimize the negative impact of the migration process on migrants’ health outcomes.

The Sustainable Development Goals (SDGs) adopted by the world’s governments at the UN in 2015, provide another source of expectation for addressing the health of migrants through the goal of universal health coverage and the principle of ‘leaving no-one behind’. Moreover, SDG 17, on partnerships, encourages opportunities for working with the private sector, which can make a major contribution to meeting the health challenges.



Conclusion

Overall, the meeting carried a sense of urgency: now is the time to seize the opportunity to engage in action, as climate change progresses, migration numbers increase and the health consequences of both these escalate. Especially at a time when there is emerging resistance to incoming migrants in some countries and a great deal of misinformation and misunderstanding are circulating, it is clear that:

- **more evidence based on well-conducted research is critical to support policy-makers in taking decisions** that can (i) support adaptation by those who remain, mitigate some of the impacts of global warming and develop sustainable solutions, e.g. to agriculture, water and energy challenges; (ii) prevent the process of migration from itself creating humanitarian crises and disasters in which lives are lost, human rights are abused and the vulnerable are exploited; and (iii) ensure that the health needs of arriving and residing migrants are met so that they can sustain themselves as healthy, productive residents contributing to the prosperity and wellbeing of themselves and their families, their host countries and the communities they have left behind;
- **better communication of evidence is needed, both to policy-makers and to the populations they serve, to counter misperceptions and help develop understanding of the real risks and opportunities.**

The public and private sectors and NGOs all have very important roles to play in gathering and presentation of evidence, in supporting dialogue on the needed action agendas and in undertaking the required action to ensure that migration does serve as a positive and beneficial adaptation response to climate change – and one that will not be at the cost of health and wellbeing.

The theme of climate change, human migration and health will be further discussed in a session co-sponsored by the CVV at the regional World Health Summit meeting in Montreal, 8-9 May 2017.⁴¹

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The Centre Virchow-Villermé MOOC Factory offers a set of courses to understand the interlinkage between environment and health:

In 2015 the CVV developed three MOOCs that addressed the question of climate change and health. They all aim to bring forth scientific evidence on health and climate change targeting policy-makers and citizens all over the world. The first MOOC “Why health is key for *climate negotiation*”, released on October 2015, was targeting policy makers and presented 4 key arguments for pushing the health topic within the climate negotiation. The second MOOC “*Climate change and health for a global audience*”, released in February 2016, reunited international experts that emphasized the interlinkage between climate change and health and highlighted the consequences of environmental changes on health. The third MOOC developed in French language broadcasted in February 2017, is highlighting the stakes of climate change within the African context.

Two other courses have been developed on environmental health issues:

- the MOOC “*In the footsteps of ZIKA, approaching the unknown*” available on demand on Coursera, relies on a transdisciplinary and transversal approach and addresses topics such as medical, anthropological and economical aspects to better understand the stakes of the virus;
- the MOOC “*Global Health at the Human-Animal-Ecosystem Interface: An Interdisciplinary Overview*” is aiming at raising awareness on the interlinkages between human-animal-ecosystem health and promoting the application of the One Health approach for the prevention and control of diseases in Global Health.

Annex

COP22 Conference – Side Event

Climate Change, Human Migration and Health

Introduction (10')

Round table 1 (40')
Migration as an adaptation strategy against climate change

Round table 2 (40')
Climate migration and impacts on health

Nick Watts, PhD, Executive Director, Lancet Countdown 2030 : Public Health & Climate Change and Director of the UK Health Alliance on Climate Change
Anneliese Depoux, PhD, researcher specialised in communication sciences, health and climate change migration and Co-director of the Centre Virchow-Villermé, France

Moderate by: Aline Philibert, Associated Professor, specialist of environmental health, Université de Québec à Montréal (UQAM), Centre Virchow-Villermé, France
With: Manuel Carballo, PhD, Executive Director of the International Centre for Migration Health and Development, Switzerland
Yves Charbit, Emeritus Professor in Demography, specialised in migration, poverty and reproductive health in Africa, Director of the Development and Population Center (CEPED), Université Paris Descartes, Centre Virchow-Villermé, France
François Gemenne, PhD, Political sciences researcher specialised in geopolitics and environment, Director of the unit research «Politics of the Earth», Sciences Po, France
Dina Ionesco, Head of the Migration, Environment and Climate Change division, International Organization for Migration, Switzerland
Caroline Zickgraf, PhD, Researcher, Studies Center on Ethnicities and Migrations, Université de Liège, The Hugo Observatory, Belgium

Moderate by: Antoine Flahault, Professor of Public Health, Director of the Institute of Global Health (University of Geneva), Co-director of the Centre Virchow-Villermé (CVV, Université Sorbonne Paris Cité), France
Rajae El Aouad, Professor in Immunology, School of Medicine University Mohammed V, Rabat and Resident Member, Hassan II Academy of Science and Technology, Morocco
With: Albrecht Jahn, Professor of Public Health, Institute of Public Health, Head of the research group Global Health Policies and Systems, Heidelberg University, Germany
Emmanuel Kabengele Mpinga, Professor in health and human rights, Institute of Global Health, University of Geneva, Switzerland
Ophra Rebiere, PhD, Vice President, Head of Corporate Social responsibility, Sanofi, France
Diarmid Campbell-Lendrum (tbc), PhD, Climate Change and Health team leader, Public Health and Environment Department, World Health Organization, Switzerland

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