**Submission on “Access to information on climate change and human rights”**

*Submitted by Chris Zielinski, on behalf of 1) Healthcare Information For All (HIFA), which brings together some 21,000 participants interested in health information, and 2) the United Kingdom Health Alliance on Climate Change (UKHACC). Although Chris is the incoming President of the World Association of Medical Editors (WAME), his comments here do not necessarily reflect the point of view of that body.*

**Is access to information a human right?**

Although it is generally assumed that access to essential information is a human right, the Universal Declaration on Human Rights and its Covenants avoid saying this (for a brief analysis of this point, see <https://ziggytheblue.wordpress.com/2014/12/31/is-access-to-information-a-human-right/>). However, in May 2000, the UN Committee on Economic, Social and Cultural Rights stated that the right to health was “an inclusive right”, and that among the determinants to health included was “access to health-related education and information”. (1)  The Committee went further, defining “information accessibility” as “the right to seek, receive and impart information and ideas concerning health issues”.

In October 2003, UNESCO provided a similar endorsement in respect of a broader concept of the right of access to “information essential to human development” in one of its annual conference declarations (2): “Universal access to cyberspace is equitable and affordable access by all citizens to information infrastructure (notably to the Internet) and to information and knowledge essential to collective and individual human development”.

***Possible action:*** *Both of these statements endorse the idea that access to health information is a human right. However, they are both 20 years old and are little-noticed. What would be helpful now is a free-standing “Declaration on the Right of Access to Essential Information”. Such a Declaration should be adopted by the World Health Assembly and by UNESCO. This would serve as a basis for goals and explicit targets in the next round of international development target-setting after the SDGs come to an end in 2030.*

**Strengthening communications on climate change, health and human rights**

Climate change from rising carbon dioxide levels was predicted as long ago as the late 19th century, and in 1988 the head of the NASA Goddard Institute for Space Studies told a US Senate Committee: “The greenhouse effect has been detected, and it is changing our climate now.” Margaret Thatcher, the British prime minister, made a speech on climate change to the United Nations General Assembly in 1989 and called for a convention on global climate change. WHO published its first report on climate change and health in 1990. The first Earth Summit was held in Rio de Janeiro in 1992. However, many health journals have published little or nothing on climate change and health despite it being the major threat to global health.

For three years the UK Health Alliance on Climate Change (UKHACC) has coordinated the simultaneous publication of an annual editorial on climate change and health in over 300 leading health journals around the world (links given below in the References). This is a completely new and original approach to public speech affecting an entire sector – both the health professionals and the general public – with the overriding objective of raising literacy on these critical topics. There has never been anything remotely like it in the health sector – on in any other sector. As a project, this has united some of the leading journals of the global North with leading journals published around the world – including 50 African journals which published the climate change editorial that focused on the continent. Work is underway to ensure that future editorials will be generated and distributed by journals acting together as a Consortium.

Working on this project, it appeared that many health journals had previously published nothing on climate change—despite both WHO and *the Lancet* declaring climate change the major threat to global health. UKHACC decided to conduct a study to test whether this was indeed the case (<https://www.medrxiv.org/content/10.1101/2023.10.19.23297267v1>). This study found that some articles on climate change and health had been published in a few journals in the early 1990s, and there was a rapid, almost exponential, increase of such articles from the early 2000s on. However, despite climate change being the major threat to global health, many health journals had published little or nothing on the subject.

Roughly a quarter of the journals had by 2022 published nothing on the topic and almost three quarters had published five or fewer articles. If the UKHACC editorials were excluded, then almost a third of the journals would have published no articles at all on climate change and health by 2022.

Three journals (*the BMJ*, *Lancet Planetary Health*, and *the Lancet*) based in the United Kingdom published almost a third of the articles; ten journals, all in English, published almost half. The leading UK general journals (*the Lancet* and *the BMJ*) published 605 articles whereas the two leading general journals based in the US (*New England Journal of Medicine* and *JAMA*) published 83. And, even though the harm to health caused by climate change is and will be greatest in low-income countries, most of these articles and research studies originated in high-income countries.

Why? One possible answer is that almost everybody has been slow: emissions of greenhouse gases are still rising, and the 2023 annual UN meeting on climate change (COP) included health in the main agenda for the first time. Another reason may be that the subject is often considered as being “too political”.

Some editors may feel that climate change and health is not a suitable subject for a journal dealing with a specialist area of health. The comparatively recent recognition that, in order to mitigate climate change, health systems will have to decarbonise is likely to change this perception, as each speciality with have to work out how to decarbonise.

***Possible action:*** *In this context, WHO could support the editorial project as a partner in the Consortium of journals that is being established. It could also promote “climate consciousness” among the many sub-disciplines of the health sector by inviting specialist groups and journals to reflect and develop explicit strategies focusing on the impact of climate change on their areas of competence. A book collecting such reflections would help to develop the idea.*

**Access to reliable healthcare information**

Questions relating to access to climate information are a sub-category of those relating to reliable health information in general. Even though reliable information is at the heart of education, and education is the main route to knowledge – and even though access to reliable information about health has been identified as a human right – the knowledge is not being accessed effectively or applied universally. Every day, people die needlessly for the want of simple, low-cost healthcare interventions. The reason is often the failure to apply healthcare information to take evidence-informed decisions and appropriate action. Reliable healthcare information saves lives.

Given this, it is striking that none of the health development frameworks that have been formulated – from WHO’s 1990s mission to provide Health for All by the Year 2000, through the Millennium Development Goals (promoted by a former WHO staff member, Kofi Annan when he became UN Secretary General) and the current Sustainable Development Goals (SDGs) – that none of these have included any goals or targets or stated aspirations related to reliable health information.

*This must change in the next development framework. There must be targets and indicators relating to access to reliable health information. This should be among the objectives of an ethical, human-rights based approach to climate and other health information.*

**Knowledge and decolonisation**

When we consider how knowledge is used in health development, it becomes clear that there are “knowledge gaps” – the various failures of communication (some due to a lack of access, some to social, economic or cultural factors) that impede the access to and application of knowledge in the health sector. The “know-do gap” – where, although the knowledge exists to resolve a health problem, it is not applied for various reasons – is the most pernicious problem, and it affects human rights.

The many years of colonial rule which many countries in sub-Saharan Africa experienced contributed to the creation and continued persistence of knowledge gaps in in their health systems. The departure of the colonial powers (which has typically been partial or incomplete) has not been accompanied by complete decolonisation of the health systems and their associated knowledge systems. This is evident in the important and continuing role of traditional medicine and traditional healers, and the local/indigenous knowledge associated with the practice of traditional medicine. So far, this knowledge fits uncomfortably into the modern health system. Traditional systems of knowledge have long been disparaged in the development process. On one hand, indigenous knowledge has been denigrated, and on the other, it has been appropriated or simply stolen.

The decolonisation discourse also applies to the Open Access movement: while better access to health information is to be welcomed, there is concern that the information pouring through the open floodgates will sweep away access to and respect for local knowledge altogether, and that a new kind of knowledge colonisation will take place.

The new field of infodemiology and the principal issues arising in an infodemic, as experienced during Covid-19, focuses on “information disorders” such as misinformation, disinformation and malinformation (3). Care must be taken in applying generative artificial intelligence and other emergent technologies, which are a double-edged sword: capable of helping to provide unparalleled access to health information, but also capable of greatly increasing the confusion produced by information disorders (4).

*Each of these issues should be addressed from a human rights perspective in relation to climate change. A good way to start would be to convene a working group to formalise and structure the discussion of how to address communications on climate change and health in the context of human rights.*

**References**

1. UN/ECOSOC (2000) *General Comment No. 14(2000): The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights*). Committee on Economic, Social and Cultural Rights at the Economic and Social Council of the United Nations, New York: UN <https://digitallibrary.un.org/record/425041> (accessed 21 April 2024).
2. UNESCO (2003) *The Promotion and Use of Multilingualism and Universal Access to Cyberspace* Paris: UNESCO <https://www.unesco.org/en/legal-affairs/recommendation-concerning-promotion-and-use-multilingualism-and-universal-access-cyberspace?hub=66535>) (accessed 21 April 2024).
3. Zielinski C (2021). Infodemics and infodemiology: a short history, a long future. *Rev Panam Salud Publica*. 2021;45:e40. <https://doi.org/10.26633/RPSP.2021.40>
4. Zielinski C, Winker MA, Aggarwal R, Ferris LE, Heinemann M, Lapeña JF, Pai SA, Ing E, Citrome L, Alam M, Voight M, and Habibzadeh F (2023). *Chatbots, Generative AI, and Scholarly Manuscripts. WAME Recommendations on Chatbots and Generative Artificial Intelligence in Relation to Scholarly Publications*. WAME. May 31, 2023. <https://wame.org/page3.php?id=106>

*Links to UKHACC editorials and lists of publishing journals:*

**2021**

Call for emergency action to limit global temperature increases, restore biodiversity, and protect health <https://www.bmj.com/content/374/bmj.n1734>

List of publishing journals: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-september-2021>

**2022**

COP27 climate change conference: urgent action needed for Africa and the world

<https://www.bmj.com/content/379/bmj.o2459>

List of publishing journals <https://www.bmj.com/content/full-list-authors-and-signatories-climate-emergency-editorial-october-2022>

**2023**

Time to treat the climate and nature crisis as one indivisible global health emergency <https://www.bmj.com/content/383/bmj.p2355>

List of publishing journals: <https://www.bmj.com/content/full-list-authors-and-signatories-climate-nature-emergency-editorial-october-2023>