

Climate Change, Health, and Hope¹

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Ladies and gentlemen,
Dear colleagues,
Good morning.

It is a great pleasure and an honour to welcome you, on behalf of the Luxembourg Climate Policy Observatory (OPC: l'Observatoire de la Politique Climatique), to this symposium on **Climate Change and Health**. Of course it is in part a happy day, after the World Cup victory (4 to 1) of Belgium against the USA...

But a few days ago, 5 people died in floods in Togo, hundreds, if not thousands of people died of heatwaves in India and Pakistan last May, and in Western Europe, where official statistics are of better quality, the death toll already reaches into the thousands (more than 2000 in France the last week of June, more than 1300 in Belgium, and these numbers are provisional). Every year, millions suffer from extreme heat, wildfires, droughts and floods, all intensified by fossil fuel-induced climate change.

These are not simply statistics. They were fathers and mothers. Grandparents. Children. Friends. Neighbours. Patients.

Let us also remember the healthcare professionals and emergency workers who cared for them, often under extremely difficult conditions.

Before saying anything else, in memory of those many thousands of women, men and children who have already lost their lives during this year's exceptional heatwaves and other climate extremes, not to mention the millions of animals, birds, chicken, livestock who have also died, I would like to invite you to stand for one minute of silence.

[One minute of silence]

Thank you.

Every one of these deaths deserves our compassion.
Every one of these deaths deserves our attention.
And whenever possible, every one of these deaths should strengthen our determination to prevent the next one.

Because most deaths from extreme heat are **not inevitable**.

¹ Keynote speech at the "Climate Change and Health" symposium organised by the OPC in Luxembourg, Neimënster Abbey, 7 July 2026 (see <https://opc-luxembourg.lu/en/event/climate-change-and-health/>)

They are **preventable**, as the World Health Organization reminded us on June 11 when it launched the second edition of its Heat–Health Action Plans Guidance².

Ladies and gentlemen,

Climate change is no longer only an environmental issue. It is no longer only an economic issue. As Dr Tedros Ghebreyesus, Director-General of the World Health Organization, wrote just before COP28: “**Climate change is one of the greatest health threats facing humanity.**” In the same message, he reminded us that acting on climate change is also one of our greatest opportunities to improve health.

Allow me now to quote the Intergovernmental Panel on Climate Change (IPCC) latest report:

The IPCC stated:

“Major health impacts are possible, especially in large urban areas, owing to changes in availability of water and food and increased health problems due to heat stress...”

It also warned:

“Changes in precipitation and temperature could radically alter the patterns of vector-borne and viral diseases... thus putting large populations at risk.” ...

I’m sorry. I have just realised that I quoted the wrong IPCC report.

I thought I was quoting the Sixth Assessment Report, published in 2022.

I wasn’t. I was quoting the **First Assessment Report**³. Published in **1990**. Thirty-six years ago.

I have had the privilege of contributing to the work of the IPCC for more than three decades. Looking back today, what strikes me most is not how much the science has changed. It is how consistently the science has warned us. And how rapidly reality has caught up with those warnings.

The science has become much stronger. But the warning was already there. What has changed fundamentally is not the science. It is the climate.

Because of our dependence on fossil fuel, because of deforestation, because of our refusal to change what we should know can be changed if we were reading the IPCC reports, or the Letters of the Walloon Platform of IPCC (advertisement page⁴).

² World Health Organization (2026), Heat–health action plans: guidance, second edition, 272 pages. Free to download at <https://www.who.int/europe/publications/i/item/9789289062930>

³ Intergovernmental Panel on Climate Change (1990), Policymakers’ Summary of the Working Group II (Impacts) of the IPCC. See: https://www.ipcc.ch/site/assets/uploads/2018/03/ipcc_far_wg_II_spm.pdf

⁴ The « Plateforme wallonne pour le GIEC », which I created in 2016 with support from the Government of the Walloon Region, publishes a free newsletter in French on climate and IPCC-related themes. Back issues and free subscription at www.plateforme-wallonne-giec.be/Lettre.

Since the devastating European heatwave of 2003, which killed more than 70000 people, many countries have introduced heat-health action plans, early warning systems and improved emergency preparedness.

These measures have undoubtedly saved many lives. But this year's tragic events remind us that they **are still far from sufficient**. In Belgium, for example, the excess mortality associated with the latest heatwave already appears to be of the same order of magnitude as that observed during the tragic summer of 2003, despite the adaptation measures taken. It is a shame.

But every avoidable death should strengthen our determination to do better.

Luxembourg has also recognised these challenges. Its National **Climate Change Adaptation Strategy**⁵ identifies human health as one of the sectors particularly vulnerable to climate change and promotes stronger preparedness, improved surveillance, better protection of vulnerable groups and closer cooperation between public health, environmental authorities and local governments.

Although no official estimate of excess mortality has yet been published for this year's heatwave in Luxembourg, the recent events remind us that no country is immune.

This conference could therefore hardly be more timely.

The health sector itself also has an important responsibility.

Healthcare systems save lives every day. But they also consume large amounts of energy. They require transport. They generate significant quantities of waste, including plastic (also made of fossil fuels). They **emit greenhouse gases**, including some anaesthetic agents. And they depend on complex global supply chains.

Reducing these emissions while strengthening resilience is not a contradiction. It is an opportunity to improve both human health and planetary health.

More broadly, we should not think of adaptation, resilience and mitigation as competing priorities. The most effective policies often achieve all three simultaneously.

Nature-based solutions are excellent examples. Trees, parks, wetlands and permeable soils cool our cities. They reduce heat stress. Improve air quality. Enhance biodiversity. Reduce

⁵ In the Strategy, vulnerable groups are those least able to adapt because they are deprived/disadvantaged or in a discriminatory position, including low-income people at risk of poverty or living in poverty, physically more fragile people such as older people, very young children, and people with physical or mental disability; for heatwave support, the plan specifically targets older, frail and isolated people, especially people over 75 living alone. In addition, gender inequalities — specifically affecting women through heavier financial burdens and housing-related deprivation — are explicitly identified as relevant to climate vulnerability and resilience. See « Stratégie et plan d'action pour l'adaptation aux effets du changement

climatique au Luxembourg (2025 – 2035) », Gouvernement du Grand-Duché du Luxembourg (2026), <https://gouvernement.lu/dam-assets/images-documents/actualites/2026/05-mai/07-wilmes-strategie-changement-climatique/strategie-et-plan-national-dadaptation-changement-climatique.pdf>

flood risks. Improve mental well-being. Especially in cities, where the urban heat island effect amplifies extreme temperatures, nature is one of our best allies.

To succeed, we must continue listening to science. But science alone is not enough. We must also listen to healthcare professionals. To local authorities. To emergency services. To those working every day with vulnerable people. To those whose homes and livelihoods have been affected by extreme events. To older people. To children. To people living with chronic diseases. To people facing poverty, who very often are simply not heard.

And we must also **listen to young people**, who will live with the consequences of today's decisions throughout their lives.

Today's conference brings together many of the people we need around the same table: Scientists. Health professionals. Decision-makers. Civil society.

Our objective today is not only to better understand the challenges before us. It is also to identify practical, equitable and effective solutions. Solutions that protect health. Strengthen resilience. Reduce greenhouse-gas emissions. And improve quality of life and longevity.

Before concluding, I would like to express my warmest **thanks** to everyone who made this conference possible. In particular, Diana Ürge-Vorsatz, Claudia Hitaj, Eric Debrabanter, and Diana's team (Eva Vaskuti and Dora Ürge) whose commitment and hard work have been essential throughout its preparation.

My sincere thanks also go to all our distinguished speakers, moderators, rapporteurs, note-takers, and participants for contributing their expertise and experience.

I wish all of us a stimulating day of dialogue, learning, and cooperation.

Climate change is no longer tomorrow's environmental problem. It is today's public health emergency. We have understood the science for more than three decades. **We now understand the solutions. Our responsibility is to implement them—with urgency, with solidarity, and with hope.**

Thank you.