

Belém Health Action Plan for the Adaptation of the Health Sector to Climate Change

Axis: 5. Fostering Human and Social Development

Key objective: 16 Promoting Resilient Health System

Solution: Belém Health Action Plan for the Adaptation of the Health Sector to Climate Change

Host initiative: Alliance for Transformative Action on Climate and Health (ATACH)

Scope: Climate and Health Surveillance, Monitoring, Evidence-Based Policy Strategy, Capacity Building, Innovation and Production

- **Geographic:** Global
- **Sectoral:** Adaptation of the Health Sector
- **Other aspects:** The Plan is underpinned by two cross-cutting principles that inform the design and implementation of all actions. These principles are 1) Health Equity and Climate Justice and 2) Leadership and Governance on Climate and Health with Social Participation.

ACTION LINE 1: SURVEILLANCE AND MONITORING

Objective of Action Line 1: Strengthen climate-informed health surveillance and monitoring systems that are integrated, interoperable, inclusive, and participatory, with a focus on populations in situations of vulnerability. Ensure that these systems effectively detect, prevent, and respond to both extreme events and the gradual, long-term impacts of climate change, through early warning mechanisms, real-time data and timely analysis, and improved epidemiological tracking, aligned with global health adaptation commitments.

Levers assessment: *(each lever is described in the guidance document)*

- **Risk-informed decision-making: Medium maturity**
 - *Rationale: [] Many countries still lack the integration of environmental, meteorological, climate, social, and health datasets within their health surveillance platforms. This fragmentation hinders timely detection and accurate risk interpretation. While several local and regional initiatives exist (e.g., the EU Climate-Health Observatory and the US CDC heat-health tools), global coverage and accessibility remain limited—particularly in low- and middle-income countries (LMICs). This lever could be accelerated, even through the use of globally available reanalysis and satellite-derived datasets, to support countries that lack sufficient national data. The WHO-WMO initiative can play a key role in advancing such solutions, while targeted investments could help strengthen and scale country-driven approaches.*
- **Technology shifts: Medium maturity**
 - *Rationale: [] Advances in digital epidemiology, GIS, remote sensing, AI-based predictive models, and digital health tools show promise, but cost, technical readiness, and uneven deployment hinder global scalability. Low-cost technologies exist, yet their integration into national surveillance systems is still in its early stages.*
- **Inclusive decision-making governance & design: Low maturity**
 - *Rationale: [] Despite recognition of the need to integrate local and community knowledge, very few surveillance systems systematically include grassroots monitoring or provide accessible feedback to affected populations. Engagement of Traditional and Indigenous Peoples, women, youth, and vulnerable groups remains ad hoc, and participatory governance models are rarely institutionalized.*
- **Standards & Taxonomies: Medium maturity**
 - *Rationale: [] WHO-led initiatives on prioritization of climate-sensitive diseases and efforts to align with the Global Goal on Adaptation (GGA) are underway. However, globally harmonized standards for climate-health indicators, interoperability protocols, and minimum datasets are not yet consolidated.*
- **Public/private finance: Low maturity**

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- *Rationale: There is an urgent need for investments in data infrastructure, capacity building, and integrated surveillance systems. While some funds exist under climate finance and health security, dedicated financing instruments for climate-informed surveillance are largely absent. Risk-sharing mechanisms and incentives to attract private investment remain underdeveloped.*
- **Partnerships and collaboration: Medium maturity**
 - *Rationale: Cross-border initiatives exist (e.g., PAHO health–climate surveillance, EU cross-national data hubs), and the BHAP itself promotes ATACH-supported cooperation. However, systematic mechanisms for data sharing, funding coordination, and joint investments remain weak, especially outside high-income regions.*
- **Policy & regulatory: Medium maturity**
 - *Rationale: Several countries have adopted climate-health adaptation policies and emergency response protocols, but regulatory flexibility for rapid procurement and data-sharing remains limited. National frameworks are not yet fully aligned with international guidance, and legal barriers (e.g., data privacy, intersectoral mandates) can slow implementation.*
- **Public opinion: Low maturity**
 - *Rationale: While awareness of climate–health links is rising, public opinion is still not a strong driver for investment in surveillance systems. Political leadership prioritizes reactive responses (e.g., emergency relief after disasters) over proactive, preventive surveillance. Sustained political will to allocate budgets and integrate community feedback is fragile.*

Action Line 2: Evidence-Based Policy Strategy and Capacity Building

Objective of Action Line 2: Strengthen national and local capacities and accelerate the implementation of evidence-based policies and solutions through multidisciplinary, intersectoral, and participatory approaches, ensuring equity, climate justice, and inclusive governance with the active involvement of Indigenous peoples, traditional and local communities, and civil society in all stages of policymaking and decision-making.

Levers assessment: *(each lever is described in the guidance document)*

- **Knowledge & Capacity building: Medium maturity**
 - *Rationale: []*
 - *There has been significant progress in building knowledge and institutional capacities at the intersection of climate change and health, with WHO, PAHO, IPCC, and ATACH providing technical guidance and promoting initiatives. Educational international initiatives, such as Columbia University's Global Consortium on Climate and Health Education, have been developing capacity-building programs on health adaptation measures to better equip health managers and professionals to respond to the challenges posed by climate change. However, countries still need to incorporate climate content into health education curricula and professional development, as well as into capacity-building programs on mental health, gender, and occupational health. These efforts remain uneven and fragmented, with limited coverage in low- and middle-income countries. The Belém Health Action Plan advances this lever by emphasizing accessible, context-specific, and inclusive capacity-building programs that integrate Indigenous knowledge, local expertise, and participatory approaches, thereby addressing equity and climate justice while scaling institutional readiness. Capacity development, combined with robust analyses of the best available scientific evidence, will strengthen sound public policies that reduce inequalities and protect populations from the impacts of climate change.*
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- **Standards & Taxonomies: Low maturity**
 - *Rationale:*

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- *There is no universally agreed-upon taxonomy or standardized framework for “climate and health” concepts. While terms such as resilience, adaptation, and equity are frequently used, their interpretations vary significantly across countries and sectors, undermining the comparability and traceability of adaptation measures. The proposed action on harmonizing climate–health adaptation terminology directly addresses this gap, drawing on the IPCC glossary while integrating sociocultural, territorial, and equity-driven perspectives. This remains a low-maturity area globally, but it represents an opportunity for COP30 and the Belém Health Action Plan to provide much-needed leadership and coherence.*
- **Public/private finance: Low maturity**
 - *Rationale:*
 - *Globally, only about 0.5% of climate finance is explicitly directed to health, and there are few instruments designed to channel resources to vulnerable populations or community-led initiatives. Public health adaptation projects often compete with other priorities within limited budgets, and private sector engagement in climate–health finance is still at an early stage. The Belém Health Action Plan’s call to create dedicated funding lines for community-led adaptation initiatives, integrate cost-effectiveness and return on investment (ROI) analyses into policy decisions, and mobilize sustainable financing mechanisms highlights how this lever can be strengthened. Nonetheless, the current maturity is low due to the systemic financing gap that persists in the climate–health nexus.*
- **Partnerships and collaboration: Medium maturity**
 - *Rationale: There are existing initiatives that promote intersectoral and international collaboration, such as ATACH, as well as other relevant mechanisms in the climate–health nexus, including joint programs on food safety and zoonotic disease control. However, collaboration remains fragmented, and formal mechanisms for multi-stakeholder participation are often weak. The Belém Health Action Plan strengthens this lever by promoting intersectoral committees, structured cooperation across ministries and civil society, and regional platforms for knowledge exchange. The Plan also fosters social participation, which is essential to building partnerships and collaborations that are responsive to people’s realities. These mechanisms elevate collaboration from ad hoc initiatives to more sustainable governance arrangements. Maturity is therefore assessed as medium, with substantial potential for institutional deepening.*
- **Policy & regulatory: Low maturity**
 - *Rationale: Several countries have begun integrating health into climate change planning instruments, including National Adaptation Plans (NAPs), Health-NAPs, and Nationally Determined Contributions (NDCs). However, many of these commitments remain largely aspirational, with limited implementation, weak monitoring systems, and insufficient accountability mechanisms. In addition, stronger leadership and governance are required to ensure that social participation is not limited to an informative role but is recognized and empowered as a co-decision maker within policymaking processes. The Belém Health Action Plan advances a more comprehensive approach by embedding gender-, child-, disability-, and worker-responsive measures into climate–health policies, supported by evidence-based strategies and inclusive governance. While this raises the level of ambition, overall maturity remains low due to the limited operationalization of policy frameworks and the significant variability in implementation across regions..*
- **Public opinion: Medium maturity**
 - *Rationale:.*
 - *Public perception of climate change as a threat to health is increasing worldwide, and political leaders are beginning to highlight this linkage in global fora. However, awareness of “climate and health” as an integrated policy agenda is still uneven. The Belém Health Action Plan contributes to advancing this lever through public education campaigns, integration of climate–health content into school curricula, and mechanisms for continuous social participation, particularly emphasizing the voices of women, youth, Indigenous peoples, and groups in vulnerable situations. For this reason, maturity is assessed as medium as the foundations of public and political recognition are in place, but stronger institutionalization is needed to translate this recognition into sustained action.*

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Action Line 3: Innovation and Production

Objective of Action Line 3: Foster research, development, and application of innovative technologies that effectively meet the health needs of diverse populations, taking into account territorial and institutional specificities. Enhance the resilience and sustainability of the health production complex by modernizing infrastructure, equipment, supplies, and services, and by integrating digital solutions and climate-sensitive health innovations, ensuring appropriate and continuous financial allocation to enable and consolidate these actions in an integrated and effective manner.

Levers assessment: *(each lever is described in the guidance document)*

- **Risk-informed decision-making: Medium maturity**
 - *Rationale: Evidence on vulnerabilities and health impacts of climate change is growing, with increasing use of climate–health risk assessments and ROI studies. However, “best buys” for health innovation in climate adaptation are not yet consolidated across contexts, and fiscal constraints in many countries limit translation into large-scale investment.*
- **Technology shifts: Low maturity**
 - *Rationale: While some advances exist (climate-resilient buildings, solar-powered cold chains, thermal-stable vaccines), most health facilities globally are still unprepared for extreme climate events. Widespread adoption of climate-smart technologies is slow, and affordability remains a major barrier in LMICs.*
- **Inclusive decision-making governance & design: Low maturity**
 - *Rationale: Community involvement in planning and implementing health innovation and production strategies remains limited. Local knowledge is seldom integrated into the design of health infrastructure or supply chains, and inclusive governance models for technology deployment are rare.*
- **Supply: Low maturity**
 - *Rationale: Global supply chains may be concentrated and fragile. Decentralized and regionalized production of medicines, vaccines, and medical equipment is still incipient. Many countries lack manufacturing autonomy, leaving them dependent on imports that may fail during climate-related disruptions.*
- **Demand: Low maturity**
 - *Rationale: Procurement policies that favor climate-resilient products, adaptive infrastructure, or sustainable innovations are rare. Stockpiling and demand forecasting mechanisms exist in some regions but are not globally institutionalized, leaving many health systems reactive rather than proactive.*
- **Public/private finance: Low maturity**
 - *Rationale: Climate-health innovation receives limited and fragmented funding. While climate finance mechanisms are expanding, few funds are earmarked for health infrastructure, sustainable medical technologies, or resilient supply chains. Private sector participation is constrained by high risks and lack of de-risking instruments*
- **Partnerships and collaboration: Medium maturity**
 - *Rationale: International collaboration for innovation and production is still underdeveloped. Existing mechanisms (e.g., COVAX, PAHO Revolving Fund, African Medicines Agency) show what is possible, but sustained cross-border cooperation for stockpiling, local production, and technology transfer remains weak.*
- **Policy & regulatory: Low maturity**
 - *Rationale: Few countries have regulations mandating climate-resilient standards for health facilities, supply chains, or medical products. Public mechanisms to guarantee equitable access to essential supplies in remote or vulnerable areas remain underdeveloped. International alignment of regulatory frameworks is limited.*

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Expected impact of this plan on the 2030 targets (if any):

[\[Details on the expected impact of this plan, including which levers it focus and target/KPIs from the 2030 Climate Solutions, GST, SDGs or other processes\]](#)

The Belém Health Action Plan to Accelerate Solutions presents a strong and forward-looking approach, offering well-developed initiatives in training, technical assistance, and cross-sectoral cooperation that effectively strengthen institutional and human capacity to address climate–health challenges.

However, to ensure long-term results, the Plan will require sustained engagement to reinforce its financial sustainability by diversifying funding sources, integrating climate–health financing into national budgets, and promoting co-investment models that reduce reliance on short-term donor cycles. In parallel, greater standardization of methodologies, broader application of digital tools, and more inclusive participation of local stakeholders would help translate these technical achievements into durable gains supported by stable financing and consistent governance.

The main expected impact of this Plan is to strengthen the adaptation and resilience of the health sector to climate change by advancing integrated surveillance and monitoring systems, accelerating capacity-building efforts, promoting evidence-based and participatory policy implementation, and fostering innovation and sustainable production—while considering the diverse needs of health systems globally according to their national realities, and recognizing that effective adaptation can also advance mitigation efforts and promote health co-benefits.

The expected impacts of the Plan will be tracked through a continuous process that includes consolidating a set of indicators for implementation, monitoring, and evaluation by stakeholders to this Plan. These indicators will be harmonized with the Global Goal on Adaptation (GGA) and aligned with the UNFCCC monitoring framework. The Plan also invites stakeholders to develop a reporting process that contributes to the Global Stocktake and ensures a unified approach to reporting and monitoring under the Belém Health Action Plan.

By 2028, the goal is to ensure engaged stakeholders have initiated, or advanced or supported on the implementation of:

1. **Surveillance and Monitoring:** Implement and strengthen climate-informed health surveillance and monitoring systems that are integrated, interoperable, inclusive, and participatory, taking into account the needs of populations in situations of vulnerability. Establish mechanisms for continuous evaluation and refinement to ensure these systems can detect both extreme events and the gradual impacts of climate change, and provide real-time data to inform early warning and response actions. Enhance epidemiological and environmental monitoring capacities to support evidence-based measures that prevent or reduce climate-related health impacts, in line with global health adaptation commitments.
2. **Evidence-Based Policies, Strategies and Capacity Building:** Strengthen national and local capacities and accelerate the implementation of evidence-based policies and solutions through multidisciplinary, intersectoral, and participatory approaches, taking into account health equity, 'climate justice', and inclusive governance with the active involvement of relevant groups such as Indigenous peoples, traditional and local communities, and civil society at all stages of policymaking and decision-making.
3. **Innovation, Production, and Digital Health:** Foster research, development, application of, and equitable access to innovative technologies and approaches that effectively meet the health needs of diverse populations. Enhance the resilience and sustainability of the essential health products manufacturing and supply chain by climate-proofing infrastructure, equipment, supplies, and services, including by integrating digital solutions and climate-smart health innovations.

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ACTION LINE 1: SURVEILLANCE AND MONITORING

Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ¹	Committed Stakeholders
1.1.2. Implement integrated methodologies linking environmental, meteorological, social, climate and health monitoring data to develop effective health surveillance systems that can enhance early detection, risk assessment, and anticipation of climate-related public health threats.	Surveillance and monitoring	DHIS2 for Climate & Health: initiative to strengthen the climate resilience of national health systems by co-developing open-source tools and resources that facilitate analysis, forecasting, early warning, and response of climate-related impacts on human health	Existing action	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Partnerships and collaboration; Policy and regulatory frameworks	HISP Centre University of Oslo	June 2026	National Ministries of Health, meteorological agencies, and other relevant government stakeholders (Departments of the Environment, Climate Change, etc.); Universities and research centers; International Organizations, Continental and regional partners, NGOs, Funding partners	Wellcome, Norad, HISP network; Barcelona Supercomputing Center, IRI, Cicero.

¹ Such as countries, companies, investors, cities and local governments, technical institutions, MDBs, regulators & public agencies, utilities & system operators, youth & indigenous groups, multi-stakeholders platform (non-exhaustive)

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ¹	Committed Stakeholders
1.1 Improve Climate-Informed Health Surveillance	Surveillance and monitoring	Study on the integration of climate projections with epidemiological model to inform vaccine stockpile and Chikungunya vaccination strategies	New action	Risk-informed decision-making; Inclusive decision-making, Knowledge and capacity building	CEPI	2026	International processes such as UNFCCC, ATACH and G7/ G20, regional bodies, national governments, industry, researchers, funders, civil society organizations	CEPI, University of Cambridge
1.1.2. Implement integrated methodologies linking environmental, meteorological, social, climate and health monitoring data to develop effective health surveillance systems that can enhance early detection, risk assessment, and anticipation of climate-related public health threats.	Surveillance and monitoring	Standards for Official Statistics on Climate-Health Interaction (SOSCHI): initiative to support the production of official statistics that better measure the impacts of climate on health	Existing action	Governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Partnerships and collaboration; Policy and regulatory frameworks;	UK Office for National Statistics (ONS)	July 2026	National Statistical offices and International Organizations, WHO, UN Statistical Division	Wellcome, UK GSS, UN Expert Group on Environment and Climate Change Statistics and Sub health group chaired by ONS UK and WHO HQ Climate and Health Team, Ghana Statistical Service, National Institute of Statistics of Rwanda and other implementing

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								partners to be determined during the course of the project.

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1.1. Improve Climate-Informed Health Surveillance	Surveillance and monitoring	Global climate-informed health surveillance and early warning systems initiative	Existing action	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand; Public and private finance; Partnerships and collaboration; Policy and regulatory frameworks;	WHO	By June 2026: Identify opportunities to integrate health within all-hazard early warning systems (EWS). By December 2026: Design digital solutions for Climate and Health (CCH) information systems, including climate-informed health EWS. By June 2027: Operationalize integrated surveillance and EWS for climate-induced diseases in target countries.	National governments (including Cabo Verde, Cote d' Ivoire, Guinea, Madagascar, Uganda, Jordan, Morocco, Sri Lanka, Georgia, Indonesia, Nepal, State of Palestine, Bhutan, Thailand, Viet Nam) – ministries of health, meteorological agencies, local research institutes, WHO regional and country offices, WMO,	The committed stakeholders include the beneficiary countries for establishing climate-informed health surveillance and early warning systems—Mali, Ethiopia, Lao PDR, Bangladesh, Mauritius, Madagascar, Myanmar, Mozambique, Nepal, Pakistan, Cambodia, Philippines, Viet Nam, St Lucia, Barbados, and Grenada—and those under the GCF-funded Climate and Health Co-Investment Facility Coordination Programme—Cabo Verde, Cote d'Ivoire, Guinea, Madagascar, Uganda,
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								Jordan, Morocco, Sri Lanka, Georgia, Indonesia, Nepal, State of Palestine, Bhutan, Thailand, and Viet Nam. ATACH, University of Gothenburg, University of Umea, WHO Special Programme for Research and Training in Tropical Diseases (TDR) Funders: AECID, GCF
1.3. Improve Health Risk Management in Climate Events and Emergencies	Action Line 1: Surveillance and Monitoring	Global climate change and health vulnerability and adaptation assessments initiative	Existing action	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand;	WHO	Ongoing	Health Canada, University of Washington, University of Sydney, the World Bank	ATACH, including ATACH Task Team on Quality criteria for vulnerability and adaptation assessments (V&As), ministries of health,

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				Public and private finance; Partnerships and collaboration; Policy and regulatory frameworks;				CARIFORUM, UNDP Funders: Wellcome, FCDO, AECID, GEF, Government of Netherlands, KOICA, EU, GCF The committed stakeholders include the beneficiary countries Kiribati, Solomon Islands, Tuvalu and Vanuatu (GEF-funded); Saint Kitts & Nevis and Trinidad & Tobago, Mauritius (GCF Readiness); Fiji (SHAPE) : Kiribati (Te Mamauri); Republic of Guinea, Madagascar, Mauritania, Nigeria (ATACH); Georgia, Cote d' Ivoire,

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								Indonesia, Madagascar, Nepal, Sri Lanka, Thailand (GCF); Up to 9 countries (Wellcome)
1.1 Improve Climate-Informed Health Surveillance	Surveillance and monitoring	Rapid Vulnerability and Adaptation Assessment (rVAA): initiative designed to complement existing VAAs—providing timely evidence now while also generating inputs that can later strengthen and feed into fuller assessments as resources become available.	New action	Risk-informed decision-making; Knowledge and capacity building; Inclusive governance and design; Partnerships and collaboration; Policy and regulatory frameworks.	Ministry of Health Malawi/Seed Global Health	2030	Ministry of Health Malawi; Department of Environmental Affairs, WHO, Seed Global Health, Save the Children, Rockefeller Foundation, KLAS Research, academia, civil society, and community representatives.	Seed Global Health; Ministry of Health Malawi; WHO; Save the Children; Rockefeller Foundation; KLAS Research; academic institutions; civil society partners; district health offices.
1.1 Improve Climate-Informed Health Surveillance	Surveillance and monitoring	Climate-informed surveillance of foodborne disease and response: WHO supports countries to strengthen surveillance of foodborne diseases and related outbreaks through implementation of WHO guidance.	Existing	Risk-informed decision-making; Knowledge and capacity building; Partnerships and collaboration; Policy and regulatory frameworks.	WHO	Present until 2028	WHO Collaborating Centres (through the WHO Alliance for Food Safety) and INFOSAN members (national public health authorities,	The WHO Alliance for Food Safety and its Working Group updated WHO's guidance on foodborne disease surveillance and response

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							food safety authorities and other relevant government sectors), re engaged to strengthen multisectoral coordination. Collaboration with WHO regional and country offices, as well as international partners, supports capacity building, data sharing, and integration of foodborne disease surveillance within broader climate-informed health surveillance systems.	and, with regional offices and national authorities, continue to support its implementation . The International Food Safety Authorities Network (INFOSAN), with over 800 members in 194 countries, also strengthens collaboration and coordinated responses to food safety emergencies.

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ¹	Committed Stakeholders
1.3. Improve Health Risk Management in Climate Events and Emergencies	Action Line 1: Surveillance and Monitoring	Heat Health Action Plans: Guidance (HHAP)	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Knowledge and capacity building; Partnerships and collaboration; Policy and regulatory frameworks; Public opinion and political will.	WHO Europe and WHO Climate Change and Health Unit (HQ), in collaboration with other WHO regional offices and ATACH	Draft peer review and consultation: Q4 2025 Final publication: Q2 2026 Regional rollout and capacity-building: Q3 2026 – Q4 2028	National and subnational health authorities, meteorological services, local governments, emergency response agencies, urban planning bodies, civil society, academia, and development partners	WHO EURO Funders: European Commission-DG CLIMA
1.1. Improve Climate-Informed Health Surveillance	Action Line 1: Surveillance and Monitoring	WHO–WMO Climate & Health Joint Programme: This Programme supports countries and partners by strengthening collaboration, building technical capacity, and promoting the use of climate and environmental data to protect health.	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Knowledge and capacity building; Partnerships and collaboration;	WHO/WMO	April 2025 – April 2029	National and subnational health authorities, meteorological services, local, international organizations	WHO, WMO, Rockefeller, Wellcome, National governments in at least 7 countries across Africa, Asia, and Latin America
1.2.2: Foster inter- and transdisciplinary research and the development of technologies, facilitate the transfer of knowledge and expertise among countries. Support approaches for health promotion, prevention, early detection, testing and treatment of climate-sensitive	Surveillance and Monitoring	Development of accessible treatment for dengue, as a climate-sensitive disease	Existing	Technology shifts; Partnerships and collaboration;	Drugs for Neglected Diseases initiative (DNDi)	Dec 2029	National governments, research institutes, industry partners, communities and patients	Dengue Alliance members: The Oswaldo Cruz Foundation (Fiocruz) in Brazil; and the Federal University of Minas Gerais

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diseases identified as high priority, including risk assessment;								in Brazil; Faculty of Medicine at Siriraj Hospital, Mahidol University in Thailand; the Ministry of Health in Malaysia; the Translational Health Science and Technology Institute in India; Industry partners: Serum Institute of India, Hyundai Bio
1.1. Improve Climate-Informed Health Surveillance	Surveillance and Monitoring	Pasteur Network Association Climate and Health Observatories	Existing	Risk-informed decision-making; Knowledge and capacity building; Partnerships and collaboration;	the Hong Kong Institute of Philanthropy and other observatories	2024-2027	Philanthropic Organizations, Academia	Rockefeller Foundation and the Hong Kong Institute of Philanthropy, Observatories include Pasteur Institute Dakar, Pasteur Institute Ho Chi Minh, and Fiocruz.
1.1: Improve Climate-Informed Health Surveillance	Surveillance and Monitoring	Annual global report, regional deep dives (6 regional centres) for region-specific data and analysis and continued indicator development	Existing	Risk-informed decision-making; Knowledge and capacity building; Standards and	The Lancet Countdown	2016-April 2029	National and subnational governments, multilateral organisations,	The Lancet Countdown on Health and Climate Change –

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				taxonomies; Partnerships and collaboration; Policy and regulatory frameworks; Public opinion and political will			civil society organizations, policymakers, healthcare professionals	spanning 6 Regional Centres and a Global Secretariat, this collaboration spans over 100 institutions and 300 researchers.
1.1: Improve Climate-Informed Health Surveillance	Surveillance and Monitoring	ATACH Task Team on Indicators: to develop indicators required by countries to measure progress towards building climate resilient health systems.	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design	WHO, Lancet Countdown on Health and Climate Change	Ongoing	International Organization, National Governments, Academia	ATACH member countries
1.2: Identify a Priority List of Climate-Related Risks and Diseases	Surveillance and Monitoring	Biennial Global Survey and report on Health and Climate Change	Existing	Knowledge and capacity building; Partnerships and collaboration	WHO	2026 - Global report on climate change and health and dashboard published; 2028 - Next round of global survey initiated	National governments	National governments; WHO Regional and Country Offices; Funder: Wellcome and FCDO
1.3. Improve Health Risk Management in Climate Events and Emergencies	Surveillance and Monitoring	Support the revision of emergency protocols, train local health teams, and conduct simulation exercises in high-risk areas	Existing	Inclusive decision-making, governance and design; Knowledge and capacity building; Technology shifts; Partnerships and collaboration; Public and private finance	PAHO	2028	Federal Government, Subnational Governments (State and Municipal Health Departments; Universities and research centers	Ministry of Health of Brazil; PAHO, WHO, UNDP, World Bank, Wellcome, Gates Foundation, Rockefeller

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							(Fiocruz, National Singapore University); Civil society organizations active in health and the environment (ABRASCO); Private sector; International cooperation partners (PAHO, WHO, UNDP, World Bank, Wellcome, Gates Foundation, Rockefeller)	

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ACTION LINE 2: EVIDENCE-BASED POLICY STRATEGY AND CAPACITY BUILDING

Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ²	Committed Stakeholders
2.6.1. Provide tailored technical capacity-building for health workforce and health managers to address climate change impacts on the health sector	Evidence-Based Policy Strategy and Capacity Building	Sustainability-Embedded Quality Improvement (SE-QI) framework and associated implementation tools	Existing action	Knowledge and capacity building; Partnerships and collaboration	CASCADES Canada	December 2026	Health authorities, provincial quality councils and academic institutions.	CASCADES Canada; Environment and Climate Change Canada; University of Toronto's Centre for Quality Improvement and Patient Safety (CQuIPS); British Columbia/Canada;
2.6.1. Provide tailored technical capacity-building for health workforce and health managers to address climate change impacts on the health sector	Evidence-Based Policy Strategy and Capacity Building	Leadership for Change: Toward Sustainable and Resilient Health Systems	Existing action	Knowledge & capacity building; Inclusive governance & design; Partnerships & collaboration	CASCADES Canada	Ongoing	Health delivery organizations and agencies from across Canada; healthcare executives and operational leaders; sustainability leads; academic partners.	CASCADES; Vernissage Health; Vancouver Coastal Health; Providence Health Care; Provincial Health Services Authority; Toronto Academic Health Science Network;

² Such as countries, companies, investors, cities and local governments, technical institutions, MDBs, regulators & public agencies, utilities & system operators, youth & indigenous groups, multi-stakeholders platform (non-exhaustive)

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								Saskatchewan Health Authority; members of the Pan-Canadian Leaders Network, Nova Scotia Health, Healthcare Excellence Canada, Canadian Institute for Health Information (CIHI), Sunnybrook Health Sciences, Unity Health, Ottawa Hospital)
2.6.2. Integrate environmental and climate change-related content into health education	Evidence-Based Policy Strategy and Capacity Building	Health Workforce Planetary Health Education Strategy	Existing action	Knowledge and capacity building; Partnerships and collaboration	CASCADES Canada	Ongoing	Canadian health workers, health authorities/organizations, academic institutions	Environment and Climate Change Canada; The Royal College of Physicians and Surgeons of Canad

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2.4.2. Integrate social determinants of health into climate-health vulnerability assessments and adaptation strategies, in coordination with relevant sectors, and systematically collect and analyse disaggregated health and vulnerability data, including by social status, race, ethnicity, and other relevant factors (2.4: Promote Adaptation Policies to Support Populations in Situation of Vulnerability)	Evidence-Based Policy Strategy and Capacity Building	Healthcare climate challenge - race to zero for health care	Existing action	Primary: Knowledge and capacity building; partnerships and collaborations. Secondary: (Risk-informed decision-making; Inclusive decision-making, governance and design; Knowledge and capacity building)	Healthcare Without Harm	December 2028	Public and private health care organizations and facilities (hospitals, health centers, health systems); HCWH's international network of offices and strategic partners in Asia, Africa, Latin America, Europe and the United States. UN High Level Climate Champions, WHO, ATACH members, Clinton Global Initiative. Philanthropy, bilateral and multilateral aid organizations, private sector.	Public and private health care facilities (hospitals, health centers) and systems in 53 countries; HCWH's global network of offices and strategic partners in Asia, Africa, Latin America, Europe and the United States. UN High Level Climate Champions, WHO, ATACH members, Clinton Global Initiative. It seeks new committed stakeholders to expand the scope and include adaptation, while maintaining a strong approach on mitigation

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ²	Committed Stakeholders
2.4.2. Integrate social determinants of health into climate–health vulnerability assessments and adaptation strategies, in coordination with relevant sectors, and systematically collect and analyze disaggregated health and vulnerability data, including by social status, race, ethnicity, and other relevant factors	Evidence-Based Policy Strategy and Capacity Building	Expand the scope of the study on vulnerability assessment of the impact of climate change on gender equality, sexual and reproductive health and gender-based violence in South Sudan	New action	Knowledge and capacity building	UNFPA	Ongoing	National and subnational governments, International Organizations, businesses, investors, civil society organizations	Government of Japan; African Development Bank Group's Africa Climate Change Fund (ACCF); Co-funder Implementing Partners: UNFPA, The Sudd Institute
2.4.1. Strengthen multisectoral and multilevel capacities to address disproportionate climate change impacts on populations in situations of vulnerability, particularly those facing intersecting forms of discrimination	Evidence-Based Policy Strategy and Capacity Building	Resilient Futures: Integrating Sexual and Reproductive Health and Rights, Gender Equality and National Climate Action (Implement the training)	Existing action	Knowledge and capacity building	UNFPA	Ongoing	National and subnational governments, International Organizations, civil society organizations	African Development Bank Group's Africa Climate Change Fund (ACCF); UNFPA
2.4.1. Strengthen multisectoral and multilevel capacities to address disproportionate climate change impacts on populations in situations of vulnerability, particularly those facing intersecting forms of discrimination	Evidence-Based Policy Strategy and Capacity Building	Resilient Futures: Young People, the Climate Crisis, and Sexual and Reproductive Health and Rights (implement a guide to facilitate workshops to young people)	Existing action	Knowledge and capacity building	UNFPA	Ongoing	National and subnational governments, International Organizations, civil society organizations	Swiss Agency for Development and Cooperation; The Embassy of the Netherlands; UNFPA, Queen Mary University of London

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ²	Committed Stakeholders
2.4.1. Strengthen multisectoral and multilevel capacities to address disproportionate climate change impacts on populations in situations of vulnerability, particularly those facing intersecting forms of discrimination	Evidence-Based Policy Strategy and Capacity Building	Resilient Futures: Empowering National Climate Actors for Gender-Transformative Adaptation	Existing action	Knowledge and capacity building	UNFPA	2025	National and subnational governments, International Organizations, civil society organizations	African Development Bank Group's Africa Climate Change Fund (ACCF): Funder Implementing Partner: UNFPA ESARO
2.2.1. Promote and implement intersectoral policies and strategies that maximize health and climate co-benefits. Prioritize strategic intersectoral interventions such as sustainable mobility and quality public transport; green cities; transformation of food systems through agroecology and regulation of health-harming products that have a high carbon footprint; investment in universal water, soil, sanitation, waste management systems; and reduction of chemical exposure, among others;	Evidence-Based Policy Strategy and Capacity Building	ACE Programme (Addressing Challenges to Adolescent Girls Empowerment through SRHR)	Existing action	Knowledge and capacity building	UNFPA	2028	National and district governments, youth organizations, CSO's, community-based facilitators, extension workers, women's groups, private sector actors, and development partners.	KOICA; UNFPA and FAO; Mchinji District Council and Ministry of Agriculture; MAGGA, GENET, and FPAM

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ²	Committed Stakeholders
2.6.1. Provide tailored technical capacity-building for health workforce and health managers to address climate change impacts on the health sector, from gradual manifestations to extreme events. Develop accessible, regularly updated training programs that use case studies and simulations to strengthen the capacities of the health workforce	Evidence-Based Policy Strategy and Capacity Building	Establishment of course on climate change and SRHR for different groups of health professionals	Existing action	Knowledge and capacity building	UNFPA	2026	National and district governments, youth organizations, CSO's, community-based facilitators, extension workers, women's groups, private sector actors, and development partners.	FCDO, SIDA;; UNFPA and Government of Bangladesh
2.6.1. Provide tailored technical capacity-building for health workforce and health managers to address climate change impacts on the health sector, from gradual manifestations to extreme events. Develop accessible, regularly updated training programs that use case studies and simulations to strengthen the capacities of the health workforce	Evidence-Based Policy Strategy and Capacity Building	Solutions Atlas for Low-Carbon & Climate-Resilient Healthcare Solutions	Existing action	Knowledge and capacity building; Partnerships and collaboration; Policy and regulatory frameworks;	Canadian Coalition for Green Health Care	2027	Hospital administrators: sustainability managers, energy managers, leaders and executives Health care workers: clinician sustainability champions at health care facilities, and broader medical student communities	Peter Gilgan Foundation; MaRS Discovery District

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
2.2 Promote Multisector Policies with Health Co-Benefits	Action Line 2: Evidence-based policies, strategies, and capacity-building	Global initiative to support countries integrating health within National Adaptation Plans (NAPs) and Nationally Determined Contributions and developing sector-specific Health National Adaptation Plans (HNAPs)	Ongoing	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand; Public and private finance; Partnerships and collaboration; Policy and regulatory frameworks; Public opinion and political will.	WHO	Until 2032 (varying deadlines)	UNDP, PAHO, and major funding mechanisms such as the GEF, GCF, EU/CARIFORUM, and Wellcome. They engage national governments across the Pacific, Caribbean, Africa, Asia, and the Middle East to strengthen climate-resilient health systems, though local and community-level participation appears limited.	WHO (and its regional and country offices), ATACH, UNDP, PAHO, GEF, GCF, EU/CARIFORUM, and Wellcome as core partners and funders, alongside beneficiary governments from more than 20 countries such as Kiribati, Fiji, Mauritius, Barbados, Sri Lanka, Viet Nam, and Uganda.
2.2 Promote Multisector Policies with Health Co-Benefits	Action Line 2: Evidence-based policies, strategies, and capacity-building	Clima-HQ	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Policy and regulatory frameworks; Public opinion and political will.	WHO Europe	Activity (tool development) completed; country support ongoing; tool maintenance and update pending availability of funds.	Several stakeholders in WHO EURO and globally have requested support to use the tool, which has already been applied to generate national	Funders (partial funding in 2023): German Federal Ministry for the Environment, Nature Conservation and Nuclear

³ Such as countries, companies, investors, cities and local governments, technical institutions, MDBs, regulators & public agencies, utilities & system operators, youth & indigenous groups, multi-stakeholders platform (non-exhaustive)

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
							estimates in Ireland, North Macedonia, Colombia, and Pakistan, as well as global estimates featured in the <i>Lancet Pathfinder Commission Report</i> (Whitmee & Haines, 2024).	Safety; The Norwegian Agency for Development Cooperation
2. Evidence-based policy strategy and capacity building	2.2 Promote Multisector Policies with Health Co-Benefits	EHP Partnership for Health Sector Climate Action, WHO Europe	Existing	Knowledge and capacity building; Partnerships and collaboration	Department of Health of Ireland with support from WHO Europe Secretariat	Ongoing	The EHP Partnership for Health Sector Climate Action works with health ministry focal points across 11 Member States to guide national strategies and coordinate climate–health initiatives. It also broadens engagement through public webinars that bring together subnational authorities, hospitals, academia, civil	Focal points from ministries of health across the 11 Member States that integrate the Partnership: Austria, Belgium, Germany, Hungary, Ireland (lead), Israel, Netherlands (Kingdom of the), North Macedonia, Norway, Spain and United Kingdom of Great Britain and Northern Ireland.

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
							society, and private sector actors to share knowledge and foster inclusive dialogue on climate–health solutions.	Funding: none
2.6.2. Integrate environmental and climate change-related content into health education. Promote knowledge exchange through peer learning and mentorship, and establish intercultural, interdisciplinary programs that incorporate Indigenous and traditional knowledge, multilingual resources, and continuous professional development to strengthen climate-resilient health and disaster preparedness.	Evidence-based policies, strategies, and capacity-building	Promote knowledge exchange through peer learning and mentorship, and establish intercultural, interdisciplinary programs that incorporate Indigenous and traditional knowledge.	New action	Knowledge and capacity building; Inclusive decision-making, governance and design; Partnerships and collaboration; Technology shifts; Risk-informed decision-making	The Geneva Learning Foundation (TGLF).	2028	National government; subnational/territorial; community; civil society; international organization	Ministry of Health of Brazil; The Geneva Learning Foundation (TGLF);
2.3 Integrate Mental Health into Climate Adaptation in the Health Sector	Action Line 2: Evidence-based policy strategy and capacity building.	Compass - Climate and Mental Health Education	Existing	Knowledge and capacity building; Standards and taxonomies; Policy and regulatory frameworks;	Climate Cares Centre	November 2026 (COP31)	Technical Institutions, Countries, Youth	Department for Education in England, Office for Climate Education

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
2.3 Integrate Mental Health into Climate Adaptation in the Health Sector	Action Line 2: Evidence-based policy strategy and capacity building.	Integrating mental health into climate change adaptation policies (part of the United for Global Mental Health Guidance project).	New	Policy & Regulatory; Risk-informed decision-making; Inclusive decision-making, governance and design	United for Global Mental Health & Climate Cares Centre	November 2028 (COP33)	CSOs and Ministries across Climate and Health from Brazil, India, Pakistan, the Philippines, Nigeria, and one SIDS country in the Pacific, still to be determined	Climate Cares Centre, Apolitical
2.3 Integrate Mental Health into Climate Adaptation in the Health Sector	Action Line 2: Evidence-based policy strategy and capacity building.	Co-developing, implementing and developing evidence-based interventions with young people	Existing	Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Partnerships and collaboration; Policy and regulatory frameworks	Climate Cares Centre	2026	The project engages young people in diverse communities across Australia, UK, Kenya, the Philippines and Trinidad and Tobago, researchers, policymakers at local and national levels, and civil society organisations	The Resilience Project (UK), Ecomind (Australia), Ecomama (Rwanda), University of the West Indies (Trinidad and Tobago), Curtin University (Australia), University of Sydney (Australia), Imperial College London (UK), De La Salle University (Philippines), University of Oxford (UK), Kenyatta University (Kenya)

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
2.3 Integrate Mental Health into Climate Adaptation in the Health Sector	Action Line 2: Evidence-based policy strategy and capacity building.	Global Resilience Observatory	Existing	Inclusive decision-making, governance and design; Knowledge and capacity building; Standards and taxonomies; Partnerships and collaboration.	Billion Minds Institute	Ongoing	CSOs, policy - country-level and multinational, funders, researchers	Climate Cares Centre, Connecting Climate Minds, Clinton Global Initiative
2.5 Protect and Promote Workers' Health in the Context of Climate Change	Action Line 2: Evidence-based policy strategy and capacity building.	Heat Shield Project	Existing	Risk-informed decision-making; Knowledge and capacity building;	Bangladesh's Ministry of Health & Population, Bangladesh's Meteorological Department, and Bangladesh's Department of Agricultural Extension	2023-2026	National Government, Philanthropic Organizations	The Rockefeller Foundation, icddr,b, Bangladesh's Ministry of Health & Population, Bangladesh's Meteorological Department, and Bangladesh's Department of Agricultural Extension
2.7 Promote Community Resilience to Climate Change	Action Line 2: Evidence-based policy strategy and capacity building.	Occupational Health and Safety in Central America	Existing	Risk-informed decision-making; Knowledge and capacity building;	This initiative involves active collaboration among regional governments, agricultural institutions, and worker organizations in Guatemala,	2025-2027	This initiative involves active collaboration among regional governments, agricultural institutions, and worker organizations in Guatemala, Honduras, and El	La Isla Network, which is responsible for implementing the project. The countries involved—Guatemala, Honduras, and El

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
					Honduras, and El Salvador.		Salvador.	Salvador—are also committed stakeholders
2.2.1. Promote and implement intersectoral policies and strategies that maximize health and climate co-benefits.	Evidence-based policy strategy and capacity building.	Healthy NDCs (Develop research to generate evidence on the causal impacts of climate change on early childhood development in low and middle income countries. Involves event attribution, data integration predictive models and research dissemination)	Existing	Policy and regulatory frameworks	Global Climate and Health Alliance	2028	climate and health community	Wellcome Trust; Clean Air; Global Climate and Health Alliance
2.3.3. Promote research, monitoring systems, and indicators to track climate related mental health impacts globally and nationally, using intersectional and equity-based approaches to inform policy and guide targeted interventions where appropriate	Evidence-based policy strategy and capacity building.	Indicator development and partnership strengthening, capacity building and knowledge exchange	Existing	Risk-informed decision-making; Knowledge and capacity building; Standards and taxonomies; Partnerships and collaboration; Policy and regulatory frameworks; Public opinion and political will	The Lancet Countdown	2016-April 2029	National and subnational governments, multilateral organisations, civil society organizations, policymakers, healthcare professionals	The Lancet Countdown on Health and Climate Change – spanning 6 Regional Centres and a Global Secretariat, this collaboration spans over 100 institutions and 300 researchers.

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ³	Committed Stakeholders
2.6 Strengthen the Health Workforce to Address Climate Change Challenges	Evidence-based policy strategy and capacity building.	Cross-WHO climate change and health capacity building programme	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand; Public and private finance; Partnerships and collaboration; Policy and regulatory frameworks; Public opinion and political will.	WHO	2025 - 2029	Ministries of Health and representatives from health-related ministries	WHO Regional and Country Officers; WHO Academy; WHO programmes for climate sensitive diseases and risks; Funder: Wellcome

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ACTION LINE 3: INNOVATION, PRODUCTION, AND DIGITAL HEALTH

Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ⁴	Committed Stakeholders
3.1 Strengthen Climate-Resilient Infrastructure and Services	Innovation, production and digital health	Healthcare climate challenge - race to zero for health care (https://greenhospitals.org/health-care-climate-challenge)	Existing	Primary: Knowledge and capacity building; partnerships and collaborations. Secondary: (Risk-informed decision-making; Inclusive decision-making, governance and design; Knowledge and capacity building)	Healthcare without harm	December 2028	Public and private health care organizations and facilities (hospitals, health centers, health systems); HCWH's international network of offices and strategic partners in Asia, Africa, Latin America, Europe and the United States. UN High Level Climate Champions, WHO, ATACH members, Clinton Global Initiative. Philanthropy, bilateral and multilateral aid organizations, private sector.	Public and private health care facilities (hospitals, health centers) and systems in 53 countries; HCWH's global network of offices and strategic partners in Asia, Africa, Latin America, Europe and the United States. UN High Level Climate Champions, WHO, ATACH members, Clinton Global Initiative. It seeks new committed stakeholders to expand the scope and include adaptation, while

⁴ Such as countries, companies, investors, cities and local governments, technical institutions, MDBs, regulators & public agencies, utilities & system operators, youth & indigenous groups, multi-stakeholders platform (non-exhaustive)

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ⁴	Committed Stakeholders
								maintaining a strong approach on mitigation.
3.1 Strengthen Climate-Resilient Infrastructure and Services	Innovation, production and digital health	Implementation of WHO's integrated approach to climate resilient and environmentally sustainable health care facilities	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand; Public and private finance; Partnerships and collaboration; Policy and regulatory frameworks	WHO	2020-2032	National governments, sub-national governments, health care facility managers, health practitioners, donors, implementing partners	WHO Regional and Country Offices; GCF Morocco, Guinea, Jordan, Georgia, Cote d' Ivoire, Uganda, , Cabo Verde, Viet Nam, Sri Lanka + Indonesia, Nepal, State of Palestine, Bhutan, Thailand, Viet Nam and Madagascar, UK FCDO;
3.4 Enhance the Resilience of Health Supply Chains	Innovation, production and digital health	Guidance on sustainable procurement standards for healthy, nutritious, and sustainable food in health settings	Existing	Risk-informed decision-making; Inclusive decision-making, governance and design; Technology shifts; Knowledge and capacity building; Standards and taxonomies; Supply; Demand; Public and private finance;	ATACH	March 2026	National governments, sub-national governments, implementing partners	ATACH; WHO, Norwegian Hospital Procurement Trust, Australian Department of Health, Ministry of Health, France, Ministry of Health Germany,

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Output	Action Scope	Action	Type of action	Implementation Lever	Responsible	Time horizon	Stakeholder engagement ⁴	Committed Stakeholders
				Partnerships and collaboration; Policy and regulatory frameworks				Health Services Executive (HSE), Ireland, Department of Health, Ireland, Unitaid, UNICEF, Northeastern University, Health Care Without Harm, Aga Khan University, Lancet Commission, World Bank, UNOPs, I-CAN