

A COP29 for People and Planet

**Recommendations from the international
health and climate community**

November 11–22, 2024



These recommendations have been prepared in consultation with the international health and climate community, convened by the Global Climate and Health Alliance.

Initial signatories as of 10th November 2024 are below and a full list can be viewed at bit.ly/HealthCOP29.

Health Organisations

Africa Climate and Health Alliance - Kampala, Uganda
Afrihealth Optonet Association (AHOA) - Owerri, Nigeria
Alliance of Nurses for Healthy Environments - Mt. Rainier, United States
Amref Health Africa - Nairobi, Kenya
Asociación de Desórdenes del Ciclo de la Urea y Metabólicas (ADCUM) - Peru
Asociación Juristas de la Salud - Albacete, Spain
Asociación Madrileña de Salud Pública (AMaSaP) - Madrid, Spain
Association for Community Empowerment Solutions - Washington D.C., United States
Association pour la Promotion des droits des enfants et filles - Mali
Canadian Health Association for Sustainability and Equity (C.H.A.S.E) - Hamilton, Canada
Canadian Association of Pharmacy for the Environment - Ottawa, Canada
Canadian Association of Physicians for the Environment - Toronto, Canada
Centre for Health Science and Law - Gatineau, Canada
Chestrad Global - Lagos, Nigeria
Collegium Ramazzini - Bologna, Italy
Deutsche Allianz Klimawandel und Gesundheit (KLUG) - Berlin, Germany
EarthMedic and EarthNurse Foundation for Planetary Health - Port of Spain, Trinidad and Tobago
Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) - Arusha, Tanzania
EuroHealthNet - Brussels, Belgium
European Lung Foundation - United Kingdom
European Network of Medical Residents in Public Health (EuroNet MRPH) - Paris, France
European Respiratory Society - Lausanne, Switzerland
Fondation Luc-Eucariste - Baintet, Haiti
Global Care for Health Support Initiative - Eket, Nigeria
Green Health Wales - Cardiff, Wales
Health and Global Policy Institute (HGPI) - Tokyo, Japan
Health Care Without Harm
Health for Future Austria - Innsbruck, Austria
Healthy Caribbean Coalition - Bridgetown, Barbados
Healthy Planet - Healthy People Foundation - Berlin, Germany
International Pharmaceutical Students' Federation (IPSF) - The Hague, Netherlands
Irish Doctors for Environment - Ireland
La Isla Network - Washington D.C. United States
Lake Health and Wellbeing - St Kitts and Nevis
Lonibu Health Development Foundation - Gusau, Nigeria
Médecins du Monde International Network - Paris, France
Montana Health Professionals for a Healthy Climate - Red Lodge, United States
NCD Alliance - Geneva, Switzerland
Nurses Across the Borders International - Lagos, Nigeria
Ong Plus de Sida dans les Familles - Libreville, Gabon
Pandemic Action Network (PAN) - Seattle, United States
Pathfinder International - Washington D.C., United States
Physicians Association for Nutrition South Africa
Physicians For Social Responsibility - Philadelphia, United States
Planetary Health Alliance - Washington D.C., USA
Registered Nurses' Association of Ontario - Toronto, Canada
SeeChange Initiative - Montreal, Canada
Sinatsisa Lubombo Women and Girls Empowerment Organization (SNL) - Siteki, Eswatini
Sociedad Chilena de Medicina del Estilo de Vida (SOCHIMEV) - Santiago, Chile
Sociedad Chilena de Medicina del Trabajo (SOCHMET) - Santiago, Chile

Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS) - Mataró, Spain
Soulbeegood - São Paulo, Brazil
T2S C.A.R.E.S. - Atlanta, United States
Tailored Food - Vancouver, Canada
The Geneva Learning Foundation - Geneva, Switzerland
UK Health Alliance on Climate Change - London, United Kingdom
UNISC International - Fukuoka, Japan
United for Global Mental Health - London, United Kingdom
Vertentes Mental Health Ecosystem - São Paulo, Brazil
Vital Strategies - United States
We The World Botswana Chapter - Botswana
Wemos - Amsterdam, the Netherlands
Women's Health and Reproductive Rights Organization - Makeni Sierra Leone West Africa
World Heart Federation - Geneva, Switzerland

Climate and Environment Organisations

Armshield Int'l Peace Champions (AlPeC Kenya) - Kisii, Kenya
Association for the Promotion of Youth Leadership, Advocacy and Volunteerism Cameroon (APYLAV) - Yaoundé, Cameroon
Civil Society Partnership for Sustainable Development Goals in Nigeria (CSP-SDGs) - Abuja, Nigeria
Clean Air Fund - London, United Kingdom
Cloudton Hamp Ventures Sustainability Group - Kisumu, Kenya
Dr Uzo Adirieje Foundation (DUZAFOUND) - Ebenasaa-Orsu, Nigeria
Ebenezer Education Group - Bamenda, Cameroon
Eco-Accord - Moscow, Russia
Enemas Collectibles - Uyo, Nigeria
Fundacion Plenitud - Santo Domingo, Dominican Republic
Global Citizen - New York, United States
Global Council for Science and the Environment - Washington DC, United States
Global Youth Action for Climate Change (GYACC) - Freetown, Sierra Leone
GreenLight Initiative - Abuja, Nigeria
Indigenous Livelihood Innovation Organization Team (ILIOT) - Arusha, Tanzania
Institute of Cultural Affairs in Kenya - Nairobi, Kenya
Instituto Árvores Vivas para Conservação e Cultura Ambiental - São Paulo, Brazil
Jagrata Juba Shangha (JJS) - Khulna City, Bangladesh
Leap Girl Africa - Yaoundé, Cameroon
MMBSHS Trust - Dehradun, India
Nigerian Women Agro Allied Farmers Association - Abuja, Nigeria
North American Climate, Conservation and Environment (NACCE) - Roosevelt, United States
Operation Songamanzi - Pietermaritzburg, South Africa
Partnership for Sustainable Development - Kathmandu, Nepal
Probha Aurora - Dhaka, Bangladesh
Pro-biodiversity Conservationists in Uganda (PROBICOU) - Uganda
Regenerate Africa - Kampala, Uganda
Resilience Action Network Africa (RANA) - Nairobi, Kenya
SAF-Teso Shine Africa Foundation-Teso (SAF-Teso) - Soroti, Uganda
Society of Naturalists - Moscow, Russia
South Asian Forum for Environment (SAFE) - Kolkata, India
Top Notch Community Development Initiative (Top Notch-CDI) - Kampala, Uganda
Tour de force - Livingstone, Zambia
Uplift Mentorship and Talent Development Centre (UMTAD) - Eldoret, Kenya
Women Deliver - New York, United States

Academic Institutions

Centre on Climate Change and Planetary Health (London School of Hygiene & Tropical Medicine) - London, United Kingdom
Gulf Medical University - Ajman, United Arab Emirates
Melbourne Climate Futures - University of Melbourne, Melbourne, Australia
Societat de Salut Pública de Catalunya i de Balears, Barcelona
Sunway Centre for Planetary Health - Sunway University, Malaysia
The George Institute for Global Health - Sydney, Australia
The Global Consortium on Climate and Health Education - New York, United States
UK Faculty of Public Health - London, United Kingdom
United Nations University Institute on Comparative Regional Integration Studies (UNU-CRIS) - Bruges, Belgium
United Nations University - International Institute for Global Health - Kuala Lumpur, Malaysia
University of Edinburgh - Edinburgh, United Kingdom
University of Washington Center for Health and the Global Environment - Seattle, United States
West African Institute of Public Health - Abuja, Nigeria
Yale Center on Climate Change and Health - New Haven, United States

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The COP28 UAE Declaration on Climate and Health confirmed the extensive interlinkages between human health and climate decision-making and must now be translated into outcomes for people and planet at COP29 in Baku.

Members of the international health and climate community call upon Parties at COP29 to commit to and deliver ambitious climate action sufficient to protect and promote the health of people and the planet through:



1. **IMPLEMENTATION REPORTING**

Define mechanisms to allow follow up and reporting on agreed priorities for action on climate change and health set out in the COP28 UAE Declaration on Climate and Health.



2. **POLICY COHERENCE**

Embed health and climate actions, targets, and associated economic considerations, in NDCs and other national policies, supported by strengthened intersectoral coordination.



3. **ENABLING FINANCE**

Adopt a New Collective Quantified Goal (NCQG) on climate finance of necessary quantity and quality, without which health-promoting climate action will be infeasible.



4. **JUST ENERGY TRANSITIONS**

Commit to the fast, fair, full and funded phase-out of fossil fuels including an immediate end to all expansion of fossil fuel production and infrastructure and a rapid and just transition to renewable energy as a public health imperative.



5. **HOLISTIC ADAPTATION**

Lay foundations for adaptation planning and monitoring that reflects physical and mental health and wellbeing outcomes.



6. **LOSS AND DAMAGE RESPONSE**

Capitalise the Fund for Responding to Loss and Damage to address the health and wider needs of impacted communities, while positioning the Santiago Network on Loss and Damage to support quantification of health losses and damages.



7. **RESILIENT AND SUSTAINABLE AGRICULTURE AND ECOSYSTEMS**

Prioritise food and agricultural systems and land use that promote nutrition security and biodiversity, including sustainable healthy diets that are affordable and accessible.



8. **ENHANCED INTEGRITY**

Manage conflicts of interest by strengthening policies to reduce undue influence of health- and climate-harming polluters in UNFCCC policymaking.



9. **COLLABORATION WITH MOST IMPACTED COMMUNITIES**

Create environments which enable guidance for healthy climate action to be provided by most affected communities through their safe and meaningful engagement and participation.

To develop specific guidance on how the health considerations outlined in the Declaration and other agreements in Dubai are carried forward across negotiations under UNFCCC and the Paris Agreement, and other relevant processes, the Global Climate and Health Alliance has coordinated with partners and allies working on climate change around the world. **The organisations listed at bit.ly/HealthCOP29 are fully aligned with the headlines of each of these nine recommendations as listed on page 1.** The detailed content and bulleted actions under each headline in the following pages of this document reflect extensive consultation with partners and allies but are not necessarily individually endorsed by all signatories. Additional content is also contained in the World Health Organization COP29 Report¹.

BACKGROUND

Health is a unifying shared goal of people across the world, enabled by provision of food, housing, security and other essential needs. Climate change is poised to undermine decades of progress in global health² and exacerbates inequities. In a time of intensifying socio-political and ecological hazards and inevitable transitions, comprehensive climate action prevents escalating health hazards and can offer health, social and financial outcomes, protecting fundamental rights while sustaining resilient equitable populations and transformative economies.

At COP29, action on climate and health necessitates action **on mitigation, adaptation and loss and damage, underpinned by finance of the necessary quantity and quality.** These pillars of action must be viewed hand in hand - action and investment to accelerate adaptation and address loss and damage are already essential in many communities; and without ambitious mitigation, the limits of adaptation will rapidly be exceeded, with catastrophic losses and damages, including physical and mental health impacts. **Finance is a prerequisite for climate action sufficient to protect human health.**

As described by the IPCC, **climate change drives injury, disease and deaths** from both sudden and slow onset hazards³, including heatwaves and other extreme weather events, wildfires, displacement, infectious disease transmission including risk of pandemics⁴, food and water insecurity, poor non-communicable disease outcomes, and threats to maternal-child health outcomes and sexual and reproductive health and rights. These impacts are compounded by ecosystem degradation with related risks of zoonotic spillover, biodiversity loss and impacts on wellbeing. In addition to these impacts on physical health, climate change leads increases the risk of new mental health problems and makes people living with pre-existing and severe mental health problems more vulnerable⁵. **Health systems are challenged to deliver universal health coverage even at current levels of warming, with the majority of countries (108/194) experiencing worsening or no significant change in service coverage since the launch of the SDGs in 2015⁶.** In addition to facing increasing strain due to climate induced public health impacts, health system infrastructure is also at risk, including destruction of healthcare facilities, and disruption of health services and supply chains. **The cost alone of adaptation for the health sector is estimated at USD 11.1 billion per year for 2030 in developing countries⁷,** without taking into account the costs of mitigation and addressing loss and damage, and for other health-determining sectors. Meanwhile, wider climate finance and health finance fall far short of the levels needed to meet the needs of people and the planet.

While no one is immune to the health impacts of the climate crisis, the burden falls most heavily on vulnerable and structurally disadvantaged populations with limited capacity for action against these hazards and often contributed least to their cause. These often intersectional groups include communities in the Global South, Indigenous peoples, refugees and migrants, women, children, adolescents and youth, people with non-heteronormative SOGIESC⁸, older people, people with physical and psychosocial disabilities, people living in poverty, and coastal and rural communities.

Fossil fuel dependence is the leading driver and commercial determinant of climate change and its associated health impacts, with additional health harms from air, water and soil pollution coupled

with occupational health hazards from the point of extraction through to transport, processing, combustion and management of waste products⁹. In addition to being essential to achieve the 43% reductions in GHG emissions by 2030 compared to 1990 levels to deliver on the Paris Agreement and prevent catastrophic climate induced health threats, fossil fuel phase-out provides the opportunity to save millions of lives annually^{4,10}, with associated cost savings¹¹. In some settings, the health savings due to clean air are equal to the cost of implementing the intervention to reduce emissions.¹² Methane, the primary component of fossil gas (commonly referred to as natural gas), also emitted in coal and oil extraction, is a super pollutant with eighty times the greenhouse warming potential of CO₂ over a twenty year time frame, a precursor for health-harming ground level ozone, as well as several toxic co-pollutants¹³. Notably, **fossil fuel subsidies by G20 countries cause health impacts six times greater than the cost of the subsidies themselves**¹⁴, universal health coverage could be achieved with approximately one seventh of the value of implicit and explicit fossil fuel subsidies worldwide, and international development funding for clean air efforts reached USD 4.7 billion in 2022^{15,16,17}. **In addition to the imperative of preventing worsening health impacts of climate change, just, well-planned and well-implemented climate action both in the energy sector and across sectors can tackle root causes of socio-economic inequities and deliver additional “health co-benefits”**. These policy actions can yield physical and mental health gains reaped through clean air, nutrition security, physical activity, social protection, education, and healthy living environments, while protecting ecosystems and with associated returns on investment^{18,19,20}. A transition to sustainable healthy diets could save 11 million premature adult deaths annually from undernutrition and diet-related non-communicable diseases²¹. Expanding and enhancing green and blue spaces in urban areas enhances sustainable use of biodiversity and ecological connectivity for better human health and well-being, connections to nature and sustainable provision of ecosystem functions and services²². The healthcare sector itself is responsible for 4.6% of global greenhouse gas emissions and associated and associated air pollution contributed to 4.6 million disability-adjusted life years (DALYs)⁴. The healthcare sector must reduce emissions, especially in developed countries, while ensuring provision of quality care.

Proceedings at COP28 confirmed the critical relevance of health in UNFCCC decisionmaking. The COP28 UAE Declaration on Climate and Health (hereafter referred to as “the Declaration”) was adopted²³, endorsed by 151 Heads of State and Government to date. Within the Declaration, governments commit to addressing public health issues in UNFCCC discussions and other climate policy processes:

We stress the importance of addressing the interactions between climate change and human health and wellbeing in the context of the UNFCCC and the Paris Agreement...

We commit to pursuing the better integration of health considerations into our climate policy processes...including by incorporating health considerations in the context of relevant Paris Agreement and UNFCCC processes, with a view to minimizing adverse effects on public health.

COP28 UAE Declaration on Climate and Health

The Declaration is bolstered by recognition of all 195 Parties to the Paris Agreement in the outcome of the First Global Stocktake of the human right to health and to a clean healthy sustainable environment, and the call to transition away from fossil fuels²⁴. A dedicated health target is also included in the UAE Framework for Global Climate Resilience²⁵. The inextricable links between health and climate change have since been addressed in other international processes, including under the World Health Assembly^{26,27}, Convention for Biological Diversity²⁸, the UN General Assembly²⁹, and at G20 level³⁰.

DETAILED GUIDANCE



1. IMPLEMENTATION REPORTING

Define mechanisms to allow follow up and reporting on agreed priorities for action on climate change and health set out in the UAE COP28 Declaration on Climate and Health.

- ▶ Hold biannual Ministerial meetings on health at climate change at future COPs or SB meetings, beginning in 2025, with support from the Baku COP Presidencies Continuity Coalition for Climate and Health, focussed on:
 - updates from Parties on their progress in implementing action on issues outlined in the Declaration and experience in addressing gaps, including through the implementation of NDCs and sectoral actions;
 - updates from Party and non-Party donors and recipients on projects delivered through the USD 1 billion finance for climate and health committed in Dubai³¹ and subsequently, including reporting on alignment to the COP28 Guiding Principles on Financing Climate and Health Solutions³²;
 - interlinkages with WHO and other UN processes and initiatives as appropriate;
 - opportunity for additional governments to support the Declaration.
- ▶ Refrain from updating the COP28 UAE Declaration on Climate and Health until COP32 or later, to allow a focus on implementation rather than repeating the process to agree and endorse a new Declaration.
- ▶ Convene a United Nations High Level Meeting on Health and Climate Change at UN Headquarters in New York by 2028, building on momentum across UNFCCC, WHO and other international fora, to accelerate international cooperation and action on climate and health, including through
 - enhanced intersectoral coordination, including at the level of UN Agencies, and between national ministries;
 - increased quality and quantity of finance for climate and health action;
 - strengthened monitoring systems for climate and health, including indicators which can be reflected in the post-2030 development agenda.

We will review our collective progress at future UN Climate Change Conferences, World Health Assemblies, and other global convenings.

We commit to pursuing...improving monitoring, transparency and evaluation efforts of climate finance, as relevant, including for climate-health initiatives, in order to strengthen common understanding of its efficiency and effectiveness, and to maximize the delivery of positive health outcomes.

COP28 UAE Declaration on Climate and Health



2. **POLICY COHERENCE**

Embed health and climate actions, targets, and associated economic considerations, in NDCs and other national policies, supported by strengthened intersectoral coordination.

- ▶ Integrate physical and mental health considerations in national policies and reporting including NDCs, long-term low emission development strategies (LT-LEDs), NAPs, adaptation communications, health national adaptation plans (HNAPs), and biennial transparency reports (BTRs) in line with WHO Guidance^{33,34} not only by noting health impacts and opportunities, but also emphasising:
 - alignment to limiting warming to 1.5C, reflecting fair share and pace of emissions reductions according to historical responsibility and present capability with inclusion of a timeline for fossil fuel phase-out to avoid catastrophic physical and mental health impacts;
 - actions across sectors which optimise health co-benefits;
 - focus reduction of super pollutants including methane, black carbon and tropospheric ozone to avert near-term warming and avoid millions of premature deaths from air pollution each year
 - associated timebound targets and monitoring over time for implementation and health outcomes;
 - financial considerations including international contributions, costings and budgetary allocations for health related actions and quantification of returns on investment from health-related savings, to support investment and implementation³⁵.
- ▶ Transform healthcare systems to be more climate-resilient, climate-neutral, sustainable and nature-positive, including through initiatives such as the Alliance for Transformative Action on Climate and Health (ATACH), in alignment with the WHO Guidance³⁶ with particular attention to vulnerable populations, and factoring in climate risks to avoid maladaptation.
- ▶ Identify mitigation and adaptation actions which optimise health co-benefits in other health and climate determining sectors, such as energy, agriculture, waste, sanitation, environment, transport, housing, education, trade, taxation and finance, as part of a Health in All Policies (HiAP) approach, and indeed a health *for* all policies approach to climate action^{37,38,39}, with the majority of health and climate determinants laying outside the healthcare sector itself^{40,41}.
- ▶ Address interconnections between health, climate, nature and ecosystems including by embedding climate-health in national biodiversity strategies and action plans (NBSAPs) to protect healthy environments, and promoting a One Health approach for pandemic prevention, preparedness and response recognising the interconnection between the health of people, animals and the environment⁴².
- ▶ Conduct comprehensive health impact assessments to identify and address specific health risks and vulnerabilities including at subnational level to improve health and reduce health inequalities with regard to the policies and plans described above.

- Establish national multisectoral climate and health coordination mechanisms, such as a taskforce or working group, with representation from health and health-determining sectors to develop and implement integrated climate-health strategies. Alternatives include a climate and health department, team or focal point within the health or climate ministry.

On health links to multisectoral action

We...note the benefits for health from deep, rapid, and sustained reductions in greenhouse gas emissions, including from just transitions, lower air pollution, active mobility, and shifts to sustainable healthy diets.

Recognizing that healthy populations contribute to, and are an effect of, climate resilience and an outcome of successful adaptation across a range of sectors - including food and agriculture, water and sanitation, housing, urban planning, health care, transport and energy.

We commit to pursuing the better integration of health considerations into our climate policy processes...taking health into account, as appropriate, in designing the next round of nationally determined contributions, long term low greenhouse gas emission development strategies, national adaptation plans and adaptation communications.

We commit to...reduce poverty and hunger; improve health and livelihoods; strengthen social protection systems, food security and improved nutrition, access to clean sources of energy, safe drinking water, and sanitation and hygiene for all; and work to achieve universal health coverage.

On health sector action

In order to work towards ensuring better health outcomes, including through the transformation of health systems to be climate-resilient, low-carbon, sustainable and equitable....we commit to pursuing...

promoting steps to curb emissions and reduce waste in the health sector, such as by assessing the greenhouse gas emissions of health systems, and developing action plans, nationally determined decarbonization targets, and procurement standards for national health systems, including supply chains....

improving the ability of health systems to anticipate, and implement adaptation interventions against, climate-sensitive disease and health risks, including by bolstering climate-health information services, surveillance, early warning and response systems and a climate-ready health workforce...

intensifying efforts for the early detection of zoonotic spill-overs as an effective means of pandemic prevention, preparedness and response.

On multisectoral coordination

We commit to convene regularly with diverse line-ministries and stakeholders to foster synergies and strengthen national and multilateral collaboration on climate change and health, including through the ATACH initiative

We commit to...facilitating collaboration on human, animal, environment and climate health challenges, such as by implementing a One Health approach; addressing the environmental determinants of health

COP28 UAE Declaration on Climate and Health



3. **ENABLING FINANCE**

Adopt a New Collective Quantified Goal (NCQG) on climate finance of necessary quantity and quality, without which health-promoting climate action will be infeasible.

- ▶ Commit to minimum public finance provision target under the NCQG of USD 1 trillion per year⁴³ in predominantly grants-based funding and grant-equivalent terms from developed countries to developing countries, based on the principle of common but differentiated responsibilities and respective capabilities, consisting of new and additional funds to those provided to meet existing finance commitments such as the 0.7% GNI goal for Official Development Assistance, and responding to the larger accumulating climate debt requiring reparatory payments from the Global North to the Global South in the order of USD 5 trillion per year or more^{44,45}.
- ▶ Specify subgoals under the NCQG for mitigation, adaptation and loss and damage as part of inclusive just transition pathways, recognising that finance is the only way to enable action that will enable limiting temperature rise to 1.5°C, enable adaptation, and address the now unavoidable loss and damages falling on those least responsible.
- ▶ Avoid debt-creating instruments, prioritising grants above all, and highly concessional loans, to avoid perpetuating cycles of debt, poverty and ill-health, and ensure that countries have sufficient fiscal space for country-driven policies.
- ▶ Improve accessibility of climate finance, especially for frontline communities bearing the most severe health and wider impacts of climate change, ensuring a rights-based approach including the right to health and a clean healthy sustainable environment, and the rights of Indigenous peoples, and enabling locally-led approaches to climate action.
- ▶ Implement fiscal policies commensurate with the true costs of fossil fuels⁴⁶ and other health and climate-harming commodities and industries such as militarisation, aviation, and agribusinesses, in line with the polluter pays principle⁴⁷ and considering equity and channel revenues from tax and subsidy reform to domestic and international climate action to protect health⁴⁸.
- ▶ Provide finance for climate and health which is additional to existing levels, ensuring that funds are not diverted away from healthy climate action, recognising that funding shortfalls for mitigation, adaptation and addressing loss and damage will only serve to increase the burden of climate change on public health and health systems.
- ▶ Consider health as a guiding axis for the synergistic allocation of existing climate finance, with strategic allocation of finance to projects which optimise climate and health co-benefit gains, due to improved physical and mental health outcomes and associated economic savings which offer high returns on investment. Reciprocally, health finance must also be allocated to optimise climate outcomes. This could be supported by the integration of climate and health criteria into disbursements by international and regional financing mechanisms for both climate and health⁴⁹.
- ▶ Ensure clear mechanisms to track the timely delivery of climate finance on a regular basis, including via the Enhanced Transparency Framework.

- ▶ Reform wider International Financial Development and Climate Architecture, recognising that Governments in the world's poorest countries are being forced to devote more resources to debt service than to health, education, and infrastructure combined⁵⁰.

Recognizing that health actors face challenges in accessing finance for health and climate change activities, particularly in low- and middle-income countries, we underscore the need to better leverage synergies at the intersection of climate change and health to improve the efficiency and effectiveness of finance flows.

Encouraging the scaling up of investments in climate and health from domestic budgets, multilateral development banks, multilateral climate funds, health financing institutions, philanthropies, bilateral development agencies, and private sector actors.

Encouraging international finance providers, including development banks, to strengthen the synergies between their climate and health portfolios, and enhance their support for country-led projects and programs in the health-climate nexus.

Sharing learnings and best practices on financing and implementing climate-health interventions, and develop a common understanding of existing needs for climate-health finance, grounded in country priorities and needs. We welcome ongoing efforts in this regard, including by the COP28 presidency, the ATACH finance working group, and the joint Development Bank working group for climate-health financing.

Improving monitoring, transparency and evaluation efforts of climate finance, as relevant, including for climate-health initiatives, in order to strengthen common understanding of its efficiency and effectiveness, and to maximize the delivery of positive health outcomes.

COP28 UAE Declaration on Climate and Health



4. JUST ENERGY TRANSITIONS

Commit to the fast, fair, full and funded phase-out of fossil fuels including an immediate end to all expansion of fossil fuel production and infrastructure and a rapid and just transition to renewable energy as a public health imperative.

- ▶ Deploy at least 1.5 terawatts (TW) of renewable electricity per year (primarily wind, solar and geothermal), to at least a triple renewable electricity capacity by 2030 and double energy efficiency measures⁵¹, with the aim of reducing total final energy demand by at least a quarter by 2050 compared to present day and improving air quality.
- ▶ Protect and improve equitable access to reliable, affordable and safe energy and electricity noting that 2 billion people lack access to clean cooking fuels with 8 million premature deaths from related indoor air pollution⁵², and access to safe and decent work⁵³, as key social determinants of physical and mental health, and protect local communities and workers guard against health risks when sourcing critical minerals to support renewable energy infrastructure as part of a transition which is just, equitable and rapid⁵⁴. These elements should be considered under the Just Transition Work Programme, for instance through the development of rights-based just transition safeguards.

- ▶ Commit to an accelerated, just and equitable phase-out of fossil fuels, aligned with calls by organisations representing 46.3 million health professionals^{55,56,57}, with no new fossil fuel infrastructure and clear timelines for phasing out existing fossil fuel activity, with most rapid domestic action and provision of finance, technology transfer and capacity building support by rich countries and large emitters⁵⁸.
- ▶ Reorient the Mitigation Work Programme, which has not yet delivered on its mandate to to urgently scale-up pre 2030 ambition in complementarity to the Global Stocktake, to address technical issues to deliver on GST mitigation outcomes, especially the call to efforts outlined in paragraph 28 of the global stocktake decision²⁴, but avoiding false solutions.
- ▶ Avoid false solutions and dangerous distractions. Reliance on gas as a transition fuel, carbon capture and storage, coal co-firing with ammonia and biomass burning, will continue to drive climate change and ecosystem degradation while also worsening the health of already overburdens communities, households and workers through unaddressed and even exacerbated pollution, occupational risks and other hazards^{59,60,61}.
- ▶ Focus on reductions of super pollutants, including black carbon, methane and tropospheric ozone, to reduce temperatures up to four times faster than reducing carbon dioxide alone⁶², averting near-term warming and widespread health harms of air pollution.
- ▶ Consider how to promote justice throughout the planning and implementation of transitions across energy dependent sectors and beyond, for instance through establishing a Just Transition Advisory Body in the UNFCCC, with observer constituencies having full membership. Inclusion of representation from health experts on such an advisory body could support in identifying pathways which promote human rights, for instance investing in safe active and public transport infrastructure alongside private electric vehicles to achieve clean air, increased physical activity, reduced road traffic accidents and better mental health.

We recognize the urgency of taking action on climate change, and note the benefits for health from deep, rapid, and sustained reductions in greenhouse gas emissions, including from just transitions, lower air pollution, active mobility...

COP28 UAE Declaration on Climate and Health

...calls on Parties to contribute to the following global efforts, in a nationally determined manner, taking into account the Paris Agreement and their different national circumstances, pathways and approaches:

Tripling renewable energy capacity globally and doubling the global average annual rate of energy efficiency improvements by 2030

Accelerating efforts towards the phase-down of unabated coal power

Transitioning away from fossil fuels in energy systems, in a just, orderly and equitable manner

Phasing out inefficient fossil fuel subsidies that do not address energy poverty or just transitions, as soon as possible

Outcome of the first Global Stocktake



5. **HOLISTIC ADAPTATION**

Lay foundations for adaptation planning and monitoring that reflects physical and mental health and wellbeing outcomes.

- ▶ Establish a clear link between the achievement of the UAE Framework for Global Climate Resilience, and the New Collective Quantified Goal, in order to address the growing adaptation finance gap, including the USD 11 billion shortfall for the health sector alone⁷, by including a subgoal on adaptation under the NCQG.
- ▶ Identify and include language on means of implementation (including finance, technology transfer, and capacity building), with targets and indicators in the UAE-Belém Work Programme, as a prerequisite for enabling health-promoting adaptation across all targets under the UAE Framework for Global Climate Resilience, recalling FCCC/SB/2024/L.6⁶³ paragraph 4 which recognises that “means of implementation for adaptation, such as finance, technology transfer and capacity-building, are crucial to the implementation of the UAE Framework for Global Climate Resilience”.
- ▶ Define a workplan for the remainder UAE-Belém Work Programme, detailing the processes, scope of work, roles for the Adaptation Committee, technical experts convened by the SB Chairs⁶⁴, SBs, and other relevant constituted bodies and deliverables through November 2025, to enable and lay foundations for future work, to enable full operationalisation of the Framework by 2025 with measurement of adaptation progress both in the healthcare sector and across health-determining sectors and processes. As such:
 - Clear guidance must be provided to the technical experts convened by the SB Chairs to facilitate their invaluable contribution to the identification of indicators.
 - The leading body for the additional work under the UAE-Belém Work Programme should be selected based on its capacity to balance technical rigour with political momentum in advancing the GGA.
 - Custodian agencies could be identified to support country level data collection and to serve as a centralised database for different thematic targets, supporting a lead agency mandated as responsible for overall reporting.
 - In addition to a core set of global indicators, additional optional indicators could be identified to ensure regionally appropriate adaptation pathways are also reflected.
 - A cycle of ambition and improvement of indicators should be established, with an initial set of feasibly measured indicators adopted at COP30, to avoid delays in monitoring essential progress towards adaptation, and to subsequently accommodate the evolving nature of climate change and adaptation needs, and reflect advances in methodologies and availability of data.
 - Parties should mandate the Secretariat to coordinate with agencies and experts responsible for other indicator processes, such as the Sendai Framework and the SDGs, to ensure learnings are reflected and mistakes are not repeated.
- ▶ Identify indicators, through coordination with the identified experts, that will promote physical and mental health across the the thematic targets in paragraph 9 of the UAE Framework for Global Climate Resilience²⁵ and the dimensional targets in paragraph 10, including through:

- Disaggregation of data by gender, ethnicity, race and other characteristics in collection and reporting to ensure the monitoring of adaptation action tracks progress in addressing the health and wider wellbeing needs of all populations, especially the most vulnerable, and does not mask inequalities.
 - A review process by experts with expertise across different thematic targets to ensure that indicators under one target do not inadvertently incentivise maladaptation. Since health is defined by action across sectors, maladaptation in a health-determining sector can also damage health.
 - Coordination, consultation and participation to ensure that indicators represent knowledge, science and priorities of Indigenous Peoples and impacted communities, recalling decision 2/CMA.5²⁵ paragraph 8 and FCCC/SB/2024/L.6⁶³ paragraph 12 which indicates the UAE-FGCR should take into account the best available science and the worldviews and values of Indigenous Peoples. As such, the technical experts should coordinate with Indigenous science leaders, for instance seeking feedback on the compilation of indicators from the Facilitative Working Group (FWG) of the LCIPP, or, in the case of health-related indicators, with the Indigenous Determinants of Health Working Group⁶⁵ or other similar groups.
- ▶ Implement comprehensive early warning systems, responding to the UN Secretary General's Early Warning Systems for All initiative⁶⁶; strengthen climate services for health and integrate climate data into national health databases to enhance surveillance and timely response to climate-sensitive health risks; enabling more effective prevention and response planning. This should be coupled with health systems strengthening efforts and universal health coverage to meet identified needs.
 - ▶ Develop or update NAPs⁶⁷ by 2025 to align with the timeline of the second Global Stocktake to support assessing adaptation progress as part of the next Global Stocktake, based on vulnerability and adaptation assessments to ensure needs-based adaptation planning for health and wider wellbeing aligned with the eleven targets under the UAE Framework for Global Climate Resilience including health and health related targets. This could be supported by an update technical guidelines by the provisions in paragraph 47 of the Framework.
 - ▶ Include a specific focus on the thematic issues under the UAE Framework for Global Climate Resilience, namely water, food, health, ecosystems, infrastructure, poverty eradication and cultural heritage in the second Global Stocktake.

We commit to pursuing

strengthening the development and implementation of policies that maximize the health gains from mitigation and adaptation actions and prevent worsening health impacts from climate change, including through close partnerships with Indigenous Peoples, local communities...and the populations most vulnerable to the health impacts of climate change, among others.

improving the ability of health systems to anticipate, and implement adaptation interventions against, climate-sensitive disease and health risks, including by bolstering climate-health information services, surveillance, early warning and response systems and a climate-ready health workforce.

Recognizing that healthy populations contribute to, and are an effect of, climate resilience and an outcome of successful adaptation across a range of sectors.

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6. LOSS AND DAMAGE RESPONSE

Capitalise the Fund for Responding to Loss and Damage to address the health and wider needs of impacted communities, while positioning the Santiago Network on Loss and Damage to support quantification of health losses and damages.

- ▶ Include a sub-goal on loss and damage to establish a formal relationship between the Fund and the UNFCCC's global climate finance goals to support the Fund's capitalisation, replenishment and disbursement
- ▶ Formulate concrete recommendations to the Board of the Fund for
 - mobilisation of new, additional, predictable and adequate financial resources in the range of hundreds of billions of USD, prioritising public grant finance support and based on the polluter pays principle⁴⁷;
 - access to funding for those on the frontline of the climate crisis and faced with responding to health and other impacts, including Indigenous Peoples, frontline communities, local CSOs, groups experiencing marginalisation and people living in poverty;
 - criteria for activities to be funded, to address the full spectrum of loss and damage, including non-economic loss and damage such as public health impacts.
- ▶ Promote the role of the Santiago Network on Loss and Damage to quantify current and future health related losses and damage in order to address the full extent of health related losses and damages, including non-economic losses and slow-onset losses and damages, while recognising that optimal data is not a prerequisite for action. This can be supported by ensuring that the Santiago Network has sufficient resources, and through provision of guidance to Secretariat staff to ensure that staff have profiles with a wide range of expertise in addressing non-economic losses and damages.
- ▶ Request development of a 'loss and damage gap report' similar to the emissions gap and adaptation gap reports by UNEP, with comprehensive analysis including existing solutions and gaps for addressing losses and damages including health losses, aggregated financial needs of Global South countries for loss and damage measures over time, and the availability of loss and damage finance; and request the IPCC to issue a special report on loss and damage including non-economic loss and damage.

We...express our grave concern about the negative impacts of climate change on health.

We commit to pursuing...promoting a comprehensive response to address the impacts of climate change on health, including, for example, mental health and psychosocial wellbeing, loss of traditional medicinal knowledge, loss of livelihoods and culture, and climate-induced displacement and migration.

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7. **RESILIENT AND SUSTAINABLE AGRICULTURE AND ECOSYSTEMS**

Prioritise food and agricultural systems and land use that promote nutrition security and biodiversity, including sustainable healthy diets that are affordable and accessible.

- ▶ Prioritise agroecology and phase out harmful and emissions-intensive agrochemicals and fossil fuel-dependent agricultural techniques as a comprehensive and holistic approach to nutrition security and food systems that protects the climate and human health.
- ▶ Ensure participatory local solutions that are shaped and funded equitably to promote resilient, autonomous, healthy and sustainable livelihoods, especially for small scale food producers, Indigenous peoples and women, ensuring rights to land and natural resources, and protecting against dependence on single use GMO seeds which drive poverty and nutrition insecurity.
- ▶ End industrial agriculture, which increases emissions, promotes antibiotic overuse with risk of antimicrobial resistance, and drives habitat destruction with increased risk of human-animal conflict and disease spillover.
- ▶ Pursue just transitions in agriculture, with largest and most rapid emissions reductions and finance from high emitting countries, and consider a dialogue on just transitions in food systems under the Just Transition Work Programme.
- ▶ Increase access to plant-rich, sustainable healthy diets and affordable locally produced seasonal foods, while reducing food loss and waste through improved distribution, to improve nutrition security and reduce emissions as identified by the IPCC⁶⁸ and promote biodiversity, in line with the Kunming-Montreal Global Biodiversity Framework²².
- ▶ Define actions and quantifiable targets for food systems adaptation and mitigation, including targets for reduction of methane, black carbon, and ammonia with a focus on interventions and indicators that optimise health and nutrition outcomes, ruling out offsets, and unproven short-term technological solutions.
- ▶ Engage local producers, experts and civil society, especially women and youth, to contribute to workshops agreed under the Sharm el-Sheikh joint work on implementation of climate action on agriculture and food security, and to national submissions to the online portal, ensuring that the portal offers transparent information and avoids becoming a place of greenwashing of agroindustrial corporate actors.
- ▶ Ensure equitable, accountable and environmentally integral carbon credits under Article 6, promote health co-benefits, and protect the human right to health and to a clean healthy and sustainable environment, including through the development of safeguards.

We...note the benefits for health from deep, rapid, and sustained reductions in greenhouse gas emissions, including from just transitions, lower air pollution, active mobility, and shifts to sustainable healthy diets.

Recognising that...healthy populations contribute to, and are an effect of, climate resilience and an outcome of successful adaptation across a range of sectors - including food and agriculture

We commit to pursuing...food security and improved nutrition

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8. ENHANCED INTEGRITY

Manage conflicts of interest by strengthening policies to reduce undue influence of health- and climate-harming polluters in UNFCCC policymaking.

- Calls for a strengthened UNFCCC Conflict of Interest Policy, building on the disclosure policy announced by UNFCCC Secretariat in June 2023⁶⁹, to not only increase transparency but now to protect against undue influence from harmful polluters including fossil fuel-dependent industries and agro-industrial multinationals, reflecting on lessons learned from the regulation of other commercial determinants of health, such as tobacco and alcohol^{70,71} with successful results, noting that industry participation at COPs has dramatically increased in recent years^{72,73} and participation of polluting industries has to date not served to deliver sufficiently ambitious climate policymaking.

Fossil fuels are conspicuous by their absence from the text of the COP28 UAE Declaration on Climate and Health. Since fossil fuels are the single leading driver of climate change and its associated health impacts, and millions of additional deaths annually due to air, water and soil pollution this seems a case not of omission, but of opposition to inclusion.



9. COLLABORATION WITH MOST IMPACTED COMMUNITIES

Create environments which enable guidance for healthy climate action to be provided by most affected communities through their safe and meaningful engagement and participation.

- ▶ Ensure that groups most impacted by climate change, including those described in the opening section of this document, are at the forefront of all levels of policy development, implementation and evaluation by safely engaging them and facilitating their meaningful participation to draw on their extensive wisdom and lived experiences, and tailoring interventions to meet their specific needs and local environmental, epidemiological and social context, to enhance resilience, protect human rights and equity, and promote intergenerational justice.
- ▶ Apply similar principles to the transformation of health systems, ensuring that community health workers, who are often under-recognised and inadequately salaried, can elevate their experience.
- ▶ Facilitate the physical participation of the most impacted communities, who are often least likely to be represented in UNFCCC fora, at COPs, the SBs and intersessional meetings, for example through funding support or inclusion on national delegations.



We commit to pursuing...strengthening the development and implementation of policies that maximize the health gains from mitigation and adaptation actions and prevent worsening health impacts from climate change, including through close partnerships with Indigenous Peoples, local communities, women and girls, children and youth, healthcare workers and practitioners, persons with disabilities and the populations most vulnerable to the health impacts of climate change, among others.



COP28 UAE Declaration on Climate and Health

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RAPID ONSET HEALTH LOSSES



Heatstroke



Deaths and respiratory impacts from wildfires



Injuries, drowning and other deaths during extreme weather events

Damage to hospitals and health infrastructure

Negative mental health impacts

Undermining sexual and reproductive health and rights

Vulnerable populations worst affected

SLOW ONSET HEALTH LOSSES



Vector-borne diseases



Water-borne diseases

Malnutrition



Respiratory conditions due to pollen and dust storms

HEALTH IMPACTS OF CLIMATE CHANGE

HEALTH AT THE HEART OF CLIMATE ACTION



ENERGY

Just transitions from fossil fuels to renewable energy

Clean air through a shift to renewable energy

Access to clean, safe and affordable household energy

Reliable electricity access for healthcare facilities



TRANSPORT

Active transport infrastructure

Cleaner air

Physical activity

Reduced road traffic accidents

Better mental health and wellbeing

Equitable mobility and access to essential amenities

AMBITIOUS CLIMATE ACTION PROTECTS AND PROMOTES THE HEALTH OF PEOPLE & PLANET



AGRICULTURE

Agroecological farming with reduced food waste

Resilient food systems, enhanced food sovereignty and nutrition security

Improved land use and biodiversity compared to industrial agriculture

Avoid risks of agrochemicals for agricultural workers and local communities

Reduced risk of zoonotic pathogen spillover

Access to plant rich diets with improved health outcomes



WATER AND SANITATION

Resilient and well managed water and sanitation systems

Access to affordable potable water

Reduced environmental contamination from waste



BUILDINGS

Energy efficient and weatherised buildings

Reduce energy use

Reduce household poverty

Protect families and workers from heat and other extreme weather

The **Global Climate and Health Alliance (GCHA)** works at the forefront of a growing global movement of health professionals and health and development organisations dedicated to promoting a healthy, equitable, and sustainable future for all. We address the climate crisis through evidence-based advocacy, policy, movement building, research and strategic communications.

With 200+ organisational members, from every region and reaching over 125 countries, the Alliance co-chairs the WHO-Civil Society Working Group on Climate & Health and collaborates with organisations and agencies around the world to ensure that people's health is protected in the climate change era, in national, regional, and international decision-making. We are committed to tackling the climate crisis to preserve a healthy home for humanity.

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