

THE GLOBAL
CLIMATE & HEALTH
ALLIANCE

2023

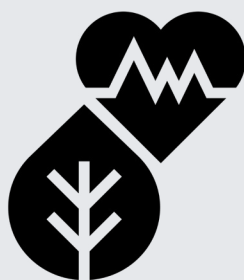
Healthy

NDC Scorecard



Healthy NDC Scorecard 2023

Global Climate and Health Alliance



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ACKNOWLEDGEMENTS

GCHA is extremely grateful to Iris Blom, Emaline Laney, Juliette Mattijsen, and Blanca Paniello Castillo for their collaboration in developing the methodology and for carrying out the analysis for this project. The project was coordinated by Jess Beagley, with inputs from the wider Global Climate and Health Alliance team.

This report was produced by the Global Climate and Health Alliance, published in May 2023. Design was carried out by Beatriz Francisco, Russell Shaddox, and Soapbox.

INTRODUCTION

Under the Paris Agreement, governments of countries, or ‘Parties’, submit nationally determined contributions (NDCs). These are national commitments to deliver the goal of the Paris Agreement, limiting global temperature rise to well below 2°C, and preferably to 1.5°C. Every tenth of a degree of warming has vastly different implications for health and for the planet. As stated by the Intergovernmental Panel on Climate Change (IPCC), most recently in the Synthesis Report of its Sixth Assessment, published in March 2023, “every increment of global warming will intensify multiple and concurrent hazards”¹. While adaptation is a crucial component of the climate response, threats which exceed the limits of adaptation lead to widespread impacts, or ‘losses and damages’. According to the 2022 United Nations Framework Convention on Climate Change (UNFCCC) NDC Synthesis Report, taking into account implementation of NDCs up until 2030, the best estimate of peak temperature in the twenty-first century is in the range of 2.1–2.9°C. Such levels of warming would be catastrophic for human health².

Health is embedded in core UNFCCC documents, with the human right to health recognised in the Paris Agreement³, and the human right to a clean, healthy and sustainable environment referenced in the COP27 cover decision⁴. COP28 is poised to include a greater emphasis on health than ever before, presenting opportunities to bring together health considerations and climate change policymaking, and to use health as a lever to secure more ambitious climate action. Notably, the first Global Stocktake, which monitors implementation of the Paris Agreement, will conclude at COP28. Recommendations emerging from the Global Stocktake will shape the preparation of the next iterations of NDCs, due to be submitted in 2025.

The Global Climate and Health Alliance Healthy NDC Scorecard assesses the extent to which governments’ national climate commitments recognise and respond to the abundant linkages with health. Ensuring the integration of health into climate policymaking protects populations, maximises economic benefits, and builds public backing for ambitious climate policies which are so

¹ Intergovernmental Panel on Climate Change, 2023. Synthesis Report of the IPCC Sixth Assessment Report; Summary for Policymakers. [Available online, accessed 3 April 2023](#)

² UNFCCC, 2021. Nationally determined contributions under the Paris Agreement Synthesis report by the secretariat. [Available online, accessed 3 April 2023](#)

³ UNFCCC, 2015. Paris Agreement. [Available online, accessed 3 April 2023](#)

⁴ UNFCCC, 2022. Decision -/CP.27. Sharm el-Sheikh Implementation Plan. [Available online, accessed 3 April 2023](#)

urgently needed. Failure to include health in NDCs is a missed opportunity for people, the public purse, and political support.

In 2021, in the lead up to COP26, GCHA launched the first iterations of the Healthy NDCs Scorecard, covering NDCs updated before 1st October 2021. The 2023 edition covers 58 NDCs, submitted to the UNFCCC between 1st October 2021 and 23rd September 2022 (the cut-off date for the UNFCCC NDC Synthesis report). Updates have been made to the methodology, as outlined in the following section.

The Healthy NDC Scorecard complements forthcoming 2023 World Health Organization Report on Health in Nationally Determined Contributions and Long-Term Low Emission Development Strategies. The WHO Report provides global analysis and also covers long term climate plans, while the GCHA Healthy NDCs Scorecard provides granular detail on individual country scores, and is focussed on NDCs.

This report details the methods used in the analysis of the 2023 Healthy NDCs Scorecard, provides an overview of results, and shares key messages and recommendations. For full detail of country scores, please refer to the GCHA website⁵.

⁵ Global Climate and Health Alliance. #Healthy NDCs. Why do Nationally Determined Contributions matter? [Available online, accessed 4 May 2023](#)

METHODOLOGY

Summary

Each NDC is assigned two ratings - a health score, out of a total of 18 points, and a climate ambition rating. To determine the health score, NDCs were downloaded from the UNFCCC NDC Registry. NDCs which were not in English were first translated into English. NDCs were analysed in Adobe Acrobat, with a search for the following word stems:

AIDS allerg anxi asthma bacteria bicycle bike birth borne burn cancer cardio casual Chagas Chikungunya child cholera chronic clean clinic cobenefit co-benefit communicable conflict COPD corona Covid cramp crush cycling DALY dead death dengue depression diabet diarrh died diet disability disease displace doctor drink drown emergenc endemic epidemic epidemiolog exercise exhaustion existen exposure fatal gastro handwash harm health heart HIV hospital humanit hung hygiene illness immune infect influenza inhal injur kidney killed leishmaniasis lethal life lives lung Lyme malaria measles medic migra MoH morbid mortal mosquito nourish nurse nutri obes paediatric pandemic pathogen pediatric pollen pollut potable pregnan preterm pre-term protein pulm QALY rash refugee renal reproduce respiratory safe sanita SARS SDG sex SLCP smoke SRHR stress stroke stunt surviv symptom syndemic tick trauma trypanosom UHC vector violen viral virus walk WASH welfare wellbeing well-being YLL Zika zoon

If any results for the search terms above were found in lists of acronyms at the start of the NDCs, then a search for the relevant acronym was also conducted in addition, as well as the following short phrases:

Air quality; cooling center/centre; sustainable development goal (to track any mentions of SDG3).

Each search result was then assessed to determine whether a point should be allocated according to the scoring framework contained within the annexe of this document. Each NDC was evaluated by two different analysts, with any differences in scoring reconciled to ensure continuity.

Climate ambition ratings are taken from the website of Climate Action Tracker⁶

⁶ Climate Action Tracker, 2023. Countries. [Available online, accessed 3 April 2023](#)

(CAT), based on the most recent assessment of how emissions reductions targets in the NDC assessed compare to a country's fair share of emissions. Additional details are available in CAT's own methodology⁷.

Updates to Methodology

Updates to the methodology have been made based on discussions with partners and stakeholders, and building on experiences in analysis in 2021. Therefore, scores from earlier iterations of the scorecard are not directly comparable for countries included in this iteration. Notable updates to the 2021 methodology include the delineation of six categories to make up the total health score, rather than five, with a maximum of 18 possible points rather than 15. Reflecting the importance of intersectoral cooperation, an additional category was added on integrated governance, assessing coordination between government departments and holistic approaches to health and climate change in the NDC. Regarding health impacts, and also other categories, while mentions of air quality and heat were assumed to be related to health in 2021, the 2023 methodology seeks explicit health mentions. As some climate actions deliver both mitigation and adaptation, rather than having a category on adaptation beneficial to health, and a category on mitigation co-benefits, the allocation of scoring criteria has been redistributed to examine adaptation and mitigation in the health sector as one category, and health co-benefits of mitigation and adaptation across all other sectors in another. In 2021, points were allocated in the economics and finance category for any mention of budget and cost, as well as a specific financial quantity, but in 2023, mention or clear suggestion of a specific financial allocation was necessary for a point to be allocated. An additional category has been added on monitoring. While it is not possible within the scope of the Healthy NDCs Scorecard to monitor progress in implementation by individual governments, many NDCs include target dates for the achievement of health-related actions, for which points will be awarded. This was also measured as part of the 2021 Healthy NDCs Scorecard, but the information will now be presented as a discrete category rather than distributed across other categories, to support accountability. The bonus points category is no longer included, with criteria distributed across other categories.

⁷ Climate Action Tracker, n.d. CAT Rating Methodology: Overview. [Available online, accessed 3 April 2023](#)

Notes and Caveats

Health scores have been allocated based purely on the content of the NDC itself, and no other external policies or sources. Other policy documents within the UNFCCC process and at national level often also refer to climate and health linkages. If a document was submitted purely to provide an update on the emissions target or other top level information, then the climate ambition rating was based on the most recent NDC, but the health score was based on the most recent full NDC. This was the case for Argentina, and for India. Points were awarded for both existing and planned measures. While analysis was conducted in English, scoring was verified with an analyst fluent in the original language of the submitted document wherever possible. Rather than using a search string in Adobe, the NDC of Mali was analysed manually as the document had been scanned and was further incompatible with Adobe Optical Character Recognition. Figures in other NDCs with embedded text were also assessed manually, for the same reason. CAT does not assess the emissions reductions targets of all countries, so it is not possible for an ambition rating to be included for all countries mentioned in the Healthy NDCs Scorecard. Points were not allocated for background mentions of health unless linked to climate - e.g no point was allocated for “country X has made progress in providing health care in the past five decades”, unless a following phrase noted that this progress was about to be undermined due to climate change.

Finally, it should be noted that since this analysis was conducted, Turkey has submitted an updated NDC, which has not been assessed in this edition of the Healthy NDC Scorecard.

RESULTS

The vast majority of NDCs analysed (90%) refer to health and climate linkages to some extent. Leading health scores were secured by Burundi (17 points) and Côte d'Ivoire (15 points), closely followed by the Democratic Republic of the Congo, Dominica, State of Palestine, and Venezuela (all with 14 points). Notably, out of the 16 countries scoring 11/18 or above for inclusion of health, all were low- and middle- income countries. Meanwhile, Australia, Japan, and New Zealand were among the countries which scored zero for inclusion of health.

Of all UNFCCC Regions, the highest average scores were achieved by Parties from the United Nations Latin America and Caribbean Region (10.2 points), followed by Parties from the Africa region (9.4 points), Asia-Pacific (6.3 points), Eastern Europe (2.3 points), and Western Europe and Others Group (1.2 points).

In terms of individual categories, the highest average scores were assigned for health impacts, health sector action, and health co-benefits, with an average score of 1.9-2 points for all NDCs analysed in these categories. Within the co-benefits category, 28% of NDCs referred to the health co-benefits of climate mitigation or adaptation in the energy sector. Meanwhile, NDCs were awarded an average of 0.9 points for monitoring, and 0.6 points each for integrated governance and economics and finance.

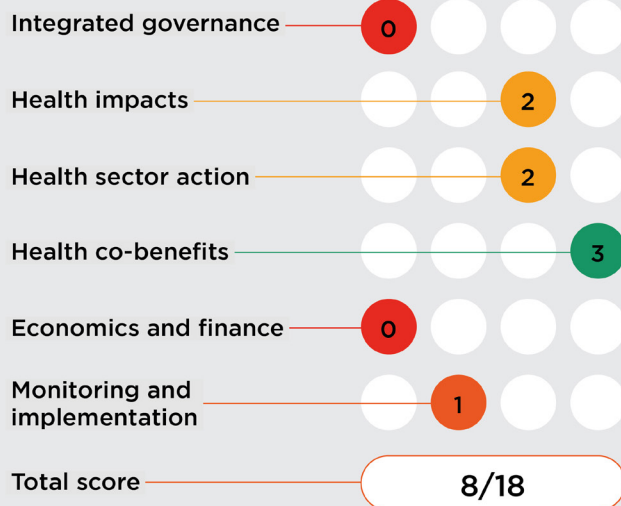
In many respects, the NDC of Burundi is exemplary. With regard to integrated governance, the health sector is specifically named as having contributed to the development of the NDC, as well as being involved in the implementation of specific actions. Health was a consideration in the prioritisation of actions. In terms of health impacts, the NDC refers to the links between risks including the spread of vector-borne disease, and records the many deaths due to flooding. For health sector action, actions were identified following a vulnerability analysis, and centre on raising awareness and capacity building in communities. In addition, the NDC refers to plans to electrify 455 health centres with solar energy, which would support mitigation efforts in the longer term, as well as improving reliable energy access in the shorter term. While Burundi secured points on three different criteria in the health sector action category, additional planning for actions to support resilience, beyond awareness raising, would be crucial to protect the population. These may be further detailed in a different document. Health co-benefits of action

across other sectors are well recognised in the NDC, including agriculture, energy, transport and water. Budget for awareness raising activities includes estimates for both unconditional and conditional actions. Finally, with regard to monitoring and implementation, indicators and timelines are described for several actions in the health sector, and other health determining actions.

There is a mismatch between the focus on health in NDCs and the climate ambition of many Parties: increased recognition of health does not necessarily translate to increased climate action. Countries whose climate ambition as recorded in their NDC is in line with 3°C, 4°C and >4°C scored an average of 1.86 points, 6.7 points, and 5.2 points respectively. This indicates the lack of correlation between recognition of the health implications of climate change and the opportunities of climate action, and the level of climate ambition demonstrated by countries. It should be noted however that the number of NDCs included in this analysis which are also assessed by CAT offers only a small sample size. Notably, Indonesia, Saudi Arabia and Turkey, all of which are G20 countries, with relatively high per capita emissions, were assessed by Climate Action Tracker as having emissions reductions targets in line with >4°C temperature rise. Outgoing and incoming COP Presidencies Egypt and the UAE include health to some extent, and were allocated 8 and 10 points respectively, but do not commit to emissions reductions targets which protect health, and are also assigned a rating of >4°C by Climate Action Tracker. (The scorecards for Egypt and the UAE can be found on the next pages).

More detailed commentaries on individual country scores are available on the [GCHA website](#).

Egypt



Climate ambition

Source: Climate Action Tracker

Catastrophic for human health

<2°C
Paris Agreement compliant

<1.5°C
Science aligned

>4°C



#healthyNDCs

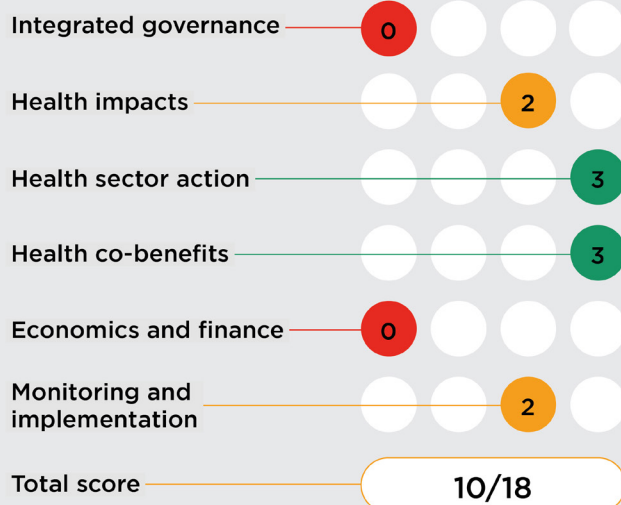
Are national climate commitments enough to protect our health?

Nationally determined contribution, published 7/7/2022

Full details: bit.ly/HealthyNDCs

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United Arab Emirates



Climate ambition

Source: Climate Action Tracker

Catastrophic for human health

<2°C
Paris Agreement compliant

<1.5°C
Science aligned

>4°C



#healthyNDCs

Are national climate commitments enough to protect our health?

Nationally determined contribution, published 14/9/2022

Full details: bit.ly/HealthyNDCs

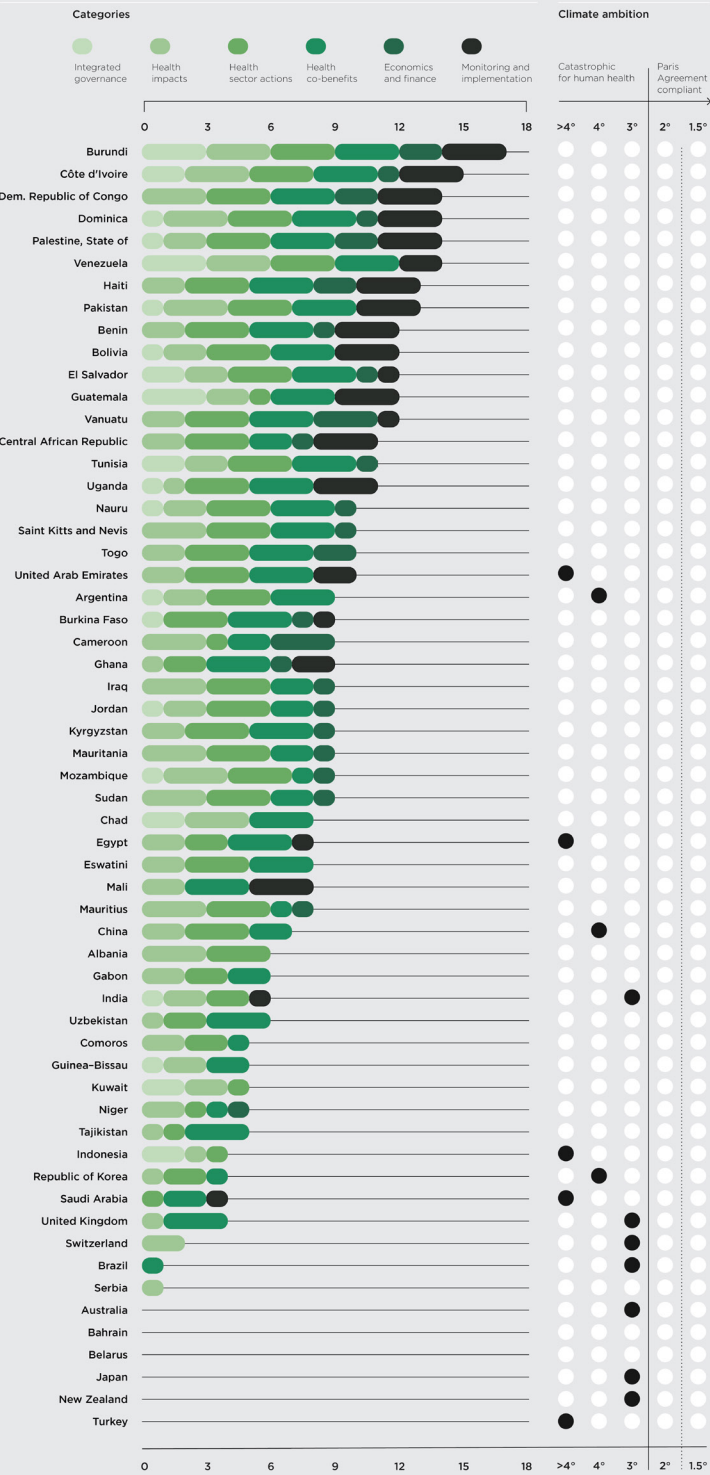
THE GLOBAL CLIMATE & HEALTH ALLIANCE

Healthy NDC Scorecard



Are national climate commitments enough to protect our health?

#healthyNDCs



INTERPRETATION

and implications for policymaking

While most Parties include health considerations in their NDCs, this is not true in every case, and the integration of health into NDCs could be strengthened even in countries with the highest health scores. Health may still be seen by many countries as an add-on, rather than an integrated component of climate action, reflected by the low scores for the integrated governance category and the discrepancies between health scores and climate ambition ratings - with the latter being the ultimate factor in future health outcomes. Nevertheless, the inclusion of various health-related considerations in NDCs at some level indicates the potential for greater coherence between climate and health policymaking, including within UNFCCC and WHO processes, and at national level. In turn, elevating health priorities in climate change policy discussions and climate change in health policy discussions can create a strong foundation for improved uptake of health considerations into NDCs.

With regards to UNFCCC policymaking, the recommendations of the Global Stocktake, which will inform the development of the next round of NDCs, should include guidance for integrating health into NDCs to maximize benefits for people and the planet. The widespread recognition of the health impacts of climate change by countries make the case for the need for health to be elevated within UNFCCC discussions on loss and damage. Similarly, the elaboration of adaptation actions in the health sector, as well as reference to the recognition of health co-benefits of adaptation in other sectors, show the relevance of greater consideration of health and wellbeing within discussions on the Global Goal on Adaptation. The mismatch between recognition of health and climate linkages but low levels of mitigation ambition could be improved by embedding health in the UNFCCC Mitigation Work Programme. The low number of NDCs referring to the health co-benefits of mitigation in the energy sector is indicative of a lack of recognition, or other barriers to promoting attention to the health co-benefits of fossil fuel phase-out. Fossil fuel phase-out would address the leading global driver of climate change, as well as addressing the health impacts of air pollution from combustion, and air, water and soil pollution during fossil fuel extraction, transport and processing⁸. Meanwhile, renewable energy offers triple win solutions of energy access, clean air, and a safe planet. While low- and middle-income countries

⁸ Global Climate and Health Alliance, 2022. Cradle to grave: The health harms of fossil fuel dependence and the case for a just phase-out. [Available online, accessed 3 April 2023](#)

in general secure the highest scores, the health benefits of climate action will remain purely theoretical unless high-income nations deliver on their promises of finance. Finance is essential for action to be taken, but both climate change finance and health finance are stretched thin. Integrated health and climate projects may help to make the best use of available funds by maximising co-benefits.

Health considerations should feature in discussions on the post 2025 UNFCCC financing target, the 'New Collective Quantified Goal' and should be a core consideration in the disbursement of funds, especially in terms of recognising the increased returns on investment from adaptation or mitigation interventions with health co-benefits.

Solutions outside of the UNFCCC process must also be explored. In addition to the need for increased climate finance for health, there are opportunities for increased health finance for projects that integrate climate change⁹. Also beyond the UNFCCC process, and relevant beyond the issue of finance alone momentum is building towards a World Health Assembly resolution, to be adopted at the 77th World Health Assembly in 2024¹⁰, which would serve to integrate climate considerations into health policymaking.

At national level, there is a clear need for enhanced intersectoral collaboration. Climate and health ministry representatives can work together to develop health national adaptation plans, (HNAPs; for which WHO has developed guidance¹¹, and which have been prepared by Bangladesh, Nepal and Thailand¹²) or a cross-cutting multi sectoral strategy on health and climate change (as is being developed in Australia¹³) as well as future NDCs and other climate or health policies. Nevertheless, without budgetary allocations, it is not possible to deliver climate action. Quantifying returns on investment due to health co-benefits of climate mitigation and adaptation can also help make the case for investment in actions outlined in the NDC. Two tools developed by the World Health Organization in this regard are the CaRBonH tool¹⁴ and the HEAT

⁹ Beyeler and Schäferhoff, 2023. Improving Investments in Climate Change and Global Health: Barriers to and opportunities for synergistic funding. [Available online, accessed 3 April 2023](#)

¹⁰ Health and Climate Network, Global Climate and Health Alliance and Partners, 2023. Concept Note: An Updated WHA Resolution on Climate Change and Health. [Available online, accessed 3 April 2023](#)

¹¹ World Health Organization, 2021. Quality Criteria for Health National Adaptation Plans. [Available online, accessed 3 April 2023](#)

¹² United Nations Economic and Social Commission for Asia and the Pacific, n.d. Risk and Resilience Portal: Health National Adaptation Plans (HNAPs). Available online, accessed

¹³ Australian Government Department of Health and Aged Care, 2023. Australia's first National Health and Climate Strategy kicks off. [Available online, accessed 3 April 2023](#).

¹⁴ World Health Organization Regional Office for Europe, 2018. CaRBonH tool. Available online 3 April 2021

tool¹⁵. The budgetary case for action must be made whether domestic finance or international finance is sought. Monitoring implementation is necessary to track progress for accountability and, in the case of health co-benefits, for making the case for further action.

¹⁵ World Health Organization Regional Office for Europe, 2021. [Available online, accessed 3rd April](#)

RECOMMENDATIONS

for integration of health and climate policymaking and implementation

The findings of the 2023 Healthy NDC Scorecard highlight the growing recognition by governments of the links between health and climate change, as well as the gaps in coordination and resources for planning and implementation. We make the following recommendations to strengthen coordination between climate- and health-related sectors, and national and international action. These steps will strengthen the inclusion of health in future NDCs and implementation, securing high returns on investment, and maximising ambition to protect people and the planet.

At National Level

- Consult with health ministry representatives in the development of NDCs, both on health impacts and health sector actions, but also to maximise health co-benefits of climate actions outlined in other sectors.
- More broadly, establish and include health sector representation in cross-sectoral coordination mechanisms on climate change and health, to build mutual understanding of cross-sectoral issues.
- Health ministry representatives should build understanding of the UNFCCC space and participate in future COPs.
- Representatives from climate and health relevant ministries should engage in and support the process towards a resolution on climate change and health at the 77th World Health Assembly in 2024¹⁶.
- Where possible, quantify the health and related economic impacts of climate change, and the health co-benefits and economic returns on investment of climate action.
- To complement the inclusion of health in future NDCs, consider also drafting a dedicated Health National Adaptation Plan or a cross-cutting

¹⁶ Health and Climate Network, Global Climate and Health Alliance and Partners, 2023. Concept Note: An Updated WHA Resolution on Climate Change and Health. [Available online, accessed 3 April 2023](#)

multisectoral strategy on health and climate change¹⁷.

- Exclude the fossil fuel industry and fossil fuel dependent industries from national climate-related policymaking, to prevent conflicts of interest and inappropriate influence on the decision making process.
- High income countries should increase the level of funds allocated to multilateral climate or health financing mechanisms across mitigation, adaptation and loss and damage.

At International Level

- The outcomes of the Global Stocktake should reflect the interlinked priorities of climate change, human rights, equity and health, and should encourage the integration of health considerations into future NDCs.
- Establish a Loss and Damage Fund which is fit for purpose, able to rapidly and adequately deliver for the world's most vulnerable people who experience the most severe health impacts and wider impacts of climate change. Loss and damage finance for, e.g, social protection schemes, can improve access of vulnerable communities impacted by climate change to health and social care.
- The Santiago Network should provide technical assistance to quantify health losses and damages due to climate change.
- Health and wellbeing should be considered throughout discussions on the Global Goal on Adaptation, both in terms of overall framing, and metrics for monitoring progress.
- An international agreement on the phase-out of fossil fuels and a rapid and just transition to renewable energy is critical for reducing the health and wider impacts of climate change, as well as the near term health impacts of air pollution from fossil fuel combustion and air, water and soil pollution during fossil fuel extraction, transport and processing.
- Multilateral climate funds should issue guidelines for projects which include health elements, and multilateral health funds should issue guidelines for projects which include climate.

¹⁷ Australian Government Department of Health and Aged Care, 2023. Australia's first National Health and Climate Strategy kicks off. [Available online, accessed 3 April 2023](#)

ANNEXE:

SCORING FRAMEWORK

Integrated governance

1

POINT

Health Ministry consulted in development of the NDC

OR

Health ministry or sector mentioned as part of planning or development of a policy with/in a non health sector (e.g. the national meteorological agency for early warning systems, or in evaluating health co-benefits from action in a non-health sector)

Mention of a cross-sectoral coordination mechanism on climate change which includes representation from the health sector

OR

Mentions of “mainstreaming” health into climate policy (or vice versa), or health as a key / priority sector / “axis” considered in the development of the NDC

Recognising healthy populations or UHC as being key for overall resilience

Other language that suggests intrinsic links between health and planet / climate

Language that refers to the right to a safe and / or healthy environment

Healthy recovery from Covid-19

2

POINTS

Any two (one point per group of criteria)

3

POINTS

Any three (one point per group of criteria)

Notes: If the mention of mainstreaming is only in relation to adaptation, then no point allocated here - allocated in the health sector action category instead. This point on “mainstreaming” is for more comprehensive planning, covering mitigation and adaptation, or throughout the whole NDC or wider policies

Health impacts

1

POINT

Mention of health impacts (on either people of health services) in general or a single named condition

2

POINTS

Either a mention of general health impacts plus single named condition

OR

Multiple (2+) named conditions

3

POINTS

Additional point for quantification or research of health impacts in the country, or quantification of burden of climate-sensitive disease at a given point in time (past, present or future - but not from ongoing monitoring; this would be a point for adaptation).

Notes: Points only allocated for explicit health connections (e.g. for drowning, nutrition, diet, respiratory disease, heat exhaustion - but not for flooding, food insecurity, air pollution or heatwave; nor for ‘wellbeing’ without clarification that this is in the context of core health-related needs). Points only allocated for issues clearly recognised as a result of climate change (e.g. “climate change threatens nutrition security”, not for “nutrition is a development priority”). Mention of “existential threat” counts as recognition of a health impact. For health services, if impacts on health systems, or the general vulnerability of the health sector or need for adaptation in the health sector is mentioned, points were allocated here in the impacts category, as there is no action, just an acknowledgement of the impact. If an actual Vulnerability and Adaptation assessment is mentioned, then this warrants a point in the health sector action category. Health impacts can arise from climate change or its drivers (e.g. fossil fuel combustion).

Health sector action

1

POINT

Completion of a vulnerability and adaptation assessment

OR

Resilience and preparedness planning:

- Strengthening the capacity of the workforce
- Disease surveillance
- Strengthening infrastructure (either actual health facilities or e.g. cooling centres)
- Preparedness plan for a particular event (e.g. for pandemic or heatwave or other emergency)
- Compliance with International Health Regulations
- General mention of integrating climate into health adaptation planning
- Early Warning System

OR

Any measure or reference to mitigation in the health sector

2

POINTS

Points from any two groups (or two points from second grouping)

3

POINTS

Points from any three groups

AND/OR

Up to three points for resilience and preparedness

AND/OR

Automatic three points if there is a dedicated health adaptation plan

Notes: For mitigation in the health sector, a point was allocated for any measure which would contribute to mitigation in the health sector, even if the benefits for mitigation are not acknowledged. If adaptation to a health risk is made that has not previously been referred to in impacts, in the context of it being a current threat, points are also allocated in impacts.

Health co-benefits

1

POINT

Up to 3 points (1 point per mention) for a general mention of health co-benefits, or mentions of multiple health co-benefits (e.g. health benefits from clean air, health benefits of physical activity), or in multiple sectors (e.g. energy, cycling). Any of these are worth one point each

2

POINTS

3

POINTS

Notes: This category includes health co-benefits of both mitigation measures (e.g. cleaner air, healthier diets, increased physical activity as a result of mitigation in the energy, food and agriculture sectors) as well as adaptation measures (e.g. for safe housing or sanitation) mental health benefits of nature-based solutions (which cut across both mitigation and adaptation). Points were not allocated for walking or cycling unless health gains are made clear; nor for “cleaner air” (only for “physical activity” or specific links between health benefits of cleaner air), nor for water supply unless drinking water or sanitation or hygiene, or other health terms are mentioned. It was not necessary to mention the term “co-benefit” in the NDC at this point if the concept was clear. Equally, no points just for mention of the term “co-benefit” unless health is mentioned.

Economics and finance

1

POINT

Economic cost of health impacts of climate change or savings due to interventions, even if not specific to a given disease.

OR

Budget for health sector adaptation actions

OR

Calculation of (or commitment to calculate) returns on investment for co-benefits due to improved health

2

POINTS

Any two mentions (up to two points per type of criterion)

3

POINTS

Three mentions (up to two points per type of criterion)

Notes: Points were allocated across these criteria whether the NDC refers to domestic or international financing.

Points were only given for specific cost or budget, not a mere mention of cost, unless there is mention of an application to e.g. GCF or other comparable funding entity in which case a specific budget was assumed to have been developed.

Monitoring and implementation

1

POINT

Quantifying and/or monitoring and/or evaluating (or commitment to do so), or a specified target regarding action in the health sector.

Quantifying and/or monitoring and/or evaluating (or a commitment to do so) or a specified target regarding implementation of a project outside the health sector which is noted to yield health co-benefits.

Monitoring / projecting health outcomes as a result of efforts in mitigation or adaptation in any sector

2

POINTS

Any two mentions

3

POINTS

Three mentions (any three mentions; one point per non-health sector, or up to three points for health sector)

Notes: For the second criterion on implementation of projects outside the health sector, health effects did not need to be measured for a point to be allocated so long as health co-benefits of the action are mentioned in close proximity in the NDC.