RED CLIMA Y SALUD
AMÉRICA LATINA
Y EL CARIBE

COMMON POSITION OF LATIN AMERICA AND THE CARIBBEAN ON CLIMATE CHANGE AND HEALTH

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INTRODUCTION

Though different in nature, global turmoil, the climate crisis, and the Anthropocene all stem from the same underlying forces: unsustainable energy use, harmful land-use changes, unhealthy ways of living, and relentless production and consumption are destabilizing the planet like never before (Crutzen, 2002; IPCC, 2023; ONU, 2023). The year 2024 was the first to exceed the 1.5°C limit of the global average temperature, established in the Paris Agreement, compared to pre-industrial levels, confirming a trend observed since the beginning of the 20th century. In the Latin American and Caribbean (LAC) region, the temperature in 2024 exceeded the 1961-1990 average by 1.47ºC (WMO, 2025). Similarly, in 2024, records were broken in atmospheric concentrations of carbon dioxide (CO2) and methane (CH4): 422.1 ppm and 1897 ppb, respectively. (Copernicus, 2025; World Meteorological Organization [WMO], 2025).

Climate change has been recognized as the main threat to global health in the 21st century, while exacerbating health inequities through negative effects. Negative social determinants most affect the poorest and most marginalized communities (Costello et al., 2009). Among the health impacts of climate change are the direct effects of extreme weather events on health, such as heat waves, intense rainfall, and droughts. Indirect impacts, mediated through alterations in human systems and ecosystems, include changes in trends in vector-borne, water-borne, and food-borne diseases, variations in air quality, and even malnutrition (Smith et al., 2014). In turn, these effects aggravate existing inequalities, hitting impoverished, rural, Afro-descendant, indigenous communities, children, and women in our region the hardest.

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The climate crisis should not be understood solely as an environmental problem, but also as a major ethical and political challenge. In this context, it is essential to promote social and environmental justice as essential pillars for achieving a fair and equitable response to this global challenge.

The LAC region has had a modest contribution (currently 6.7%) to global GHG emissions (OECD, 2023), a proportion that has remained relatively stable since the 1970s. However, in absolute terms, the region has tripled its emissions since 1970 (Balza et al., 2024). On the other hand, the region faces deep vulnerability to the effects of climate change (OECD, 2023). From an equity and climate justice perspective, this common position, developed by various organizations from the region, is built from the Global South, recognizing the principle of common but differentiated responsibilities established in the United Nations Framework Convention on Climate Change (United Nations, 1992).

COP30, which is being hosted in Belém do Pará, Brazil, represents a unique opportunity to elevate the voice of the LAC health sector in global climate negotiations. The purpose of this document is for the LAC Health community to have a common, clear and well-founded position that makes visible the impacts of the climate crisis on the health of the populations of LAC and the demands of the civil society and other health sectors in the region, with the aim to recognise and establish actions that highlight the impacts of climate change on the health of populations and increase mitigation, adaptation and resilience actions that translate into health benefits, with a perspective of the right to the highest attainable level of health (UN, 2000), health promotion and disease prevention.

REGIONAL CONTEXT

The LAC region is very rich in terms of biological and cultural diversity. However, high levels of inequality and poverty, an aging population, rapid urbanization, informal labor, pressure on ecosystems, and environmental deterioration are among the factors that influence changes in the region's epidemiological profiles and that constitute greater vulnerability to climate change. This vulnerability is also rooted in geographical, historical, and cultural factors. The IPCC (Birkmann et al., 2022) has recognized that persistent patterns of inequality, such as colonialism, have contributed to shaping the current conditions of exposure and vulnerability to climate change by generating structures of inequality that still persist in health systems, environmental governance, and access to essential resources. (Birkmann et al., 2022).

The LAC population reached 663 million people in 2024, representing 8.1% of the world's population. In demographic terms, the persistent decline in fertility to levels below replacement rates and changes in the population structure, with a greater proportion of young adults (67.6%) and older adults (9.9%), are reshaping epidemiological profiles (ECLAC, 2024). These demographic shifts require adjustments in health systems, posing a challenge for improving coverage and reducing inequities. Furthermore, it is estimated that more than 23 million people in the region live outside their country due to complex migratory flows that are caused by violence and insecurity (ECHO HIP, 2025; InSight Crime, 2024).

Non-communicable diseases (NCDs) are responsible for seven out of ten deaths in LAC, the main causes of which are cardiovascular disease, cancer, chronic respiratory diseases and diabetes (OPS, 2019). Similarly, communicable diseases continue to be a problem in the region; for example, during the 2024 dengue epidemic, more than 13 million cases were recorded, 8,186 of them fatal (PAHO, 2025). Furthermore, there are still areas in the region where endemic transmission of malaria and Chagas disease persists. This reveals a coexistence of different epidemiological profiles, highlighting health inequalities.

Urbanization is another distinctive feature of LAC, with eight out of ten people currently living in urban environments. The rapid and unplanned growth of cities has resulted in the concentration of poverty in peripheral areas, the expansion of informal settlements and a lack of access to basic services (Aulestia & Lana, 2024). Monetary poverty, unmet basic needs, poor access to basic services - which may include the health system, and exposure to different environmental threats, such as air pollution in large cities, are some of the determinants of health present in urban areas of the region (PAHO, 2025).

The LAC region is the most economically unequal in the world. The richest 10% of the population has, on average, incomes 12 times higher than the poorest 10% (IDB, 2024). Besides, three out of ten people (183 million) in the region live in poverty, a proportion that increases to four out of ten if we focus on boys and girls (ECLAC, 2025). 72 million people (11.4%) live in extreme poverty and it is estimated that there are 2.9 million more people in this condition than before the pandemic (OXFAM, 2024). In addition, it is estimated that 27.6 million people will need humanitarian assistance in the region in 2025 (OCHA, 2025). This income gap constitutes one of the most significant vulnerability factors to the sensitive communities to cope with the challenges of climate change.

In terms of access to health care in LAC, 35.2% of the population continues to face unmet health care needs, especially in low-income communities (PAHO, 2024). Socioeconomic conditioning is evident. When stratifying the population, it is

observed that within the lowest income quintile (the poorest 20% of the population) the percentage of the population without healthcare coverage rises to 54.7%, while in the highest income quintile it is 26.2% (ECLAC, 2025). The migrant population faces a particular situation, given that it faces specific barriers in the access to health due to its legal, labor, economic and cultural status (Pierola & Rodríguez-Chatruc, 2020).

Particularly, the small island states of the Caribbean are vulnerable to climate change due to various factors, including their small land area, remote location, dependence on marine resources, and the concentration of populations and infrastructure along coastal zones. These factors also affect health, for example, through their impact on the availability of health personnel; access to medical supplies, safe water, and nutritious food; and the vulnerability of key infrastructure, livelihoods, and nutrition to the oceanic and meteorological effects of climate change, such as sea level rise, ocean acidification, and more frequent and severe hurricanes (Allen et al., 2024).

The LAC region is one of the most biodiverse on the planet. Approximately 60% of terrestrial life, marine life, and freshwater species are found in this region. The Amazon region alone, the epicenter of COP30, contains 10% of the world's biodiversity (World Economic Forum, 2023). It is estimated that one third of global efforts in mitigation of GHG emissions needed for the next decade could be achieved by conserving and restoring ecosystems (UNDP, 2021). Specifically, LAC forests contribute each year to the capture of 1.1 gigatons of carbon dioxide equivalent (GtCO2eq), which represents 15% of the global capture. However, this contribution is affected by fires and deforestation for the obtaining of raw materials and the maintenance of the agricultural and livestock system (Brassiolo et al., 2023).

The LAC region is at the center of the global energy transition, due to its abundance of critical minerals such as copper, lithium and nickel, among others (International Energy Agency, 2021). This geostrategic condition raises tensions between development opportunities and socio-environmental risks, especially for communities, many of whom are Indigenous, that have historically been excluded from decision-making processes.

The biological diversity of LAC is indivisible from its cultural diversity: 10% of the population (58 million people) belong to more than 800 indigenous peoples that coexist with nature and are its guardians (UNESCO, 2023). Indigenous communities have historically been subjugated and marginalized, which has deepened gaps in access to health care, education, housing, and decent work. Furthermore, their territories are threatened by the expansion of the agricultural frontier and mining exploitation. In LAC, 30% of the indigenous population lives in extreme poverty, and only half of those living in rural areas have access to the health system. (OIT, 2022).

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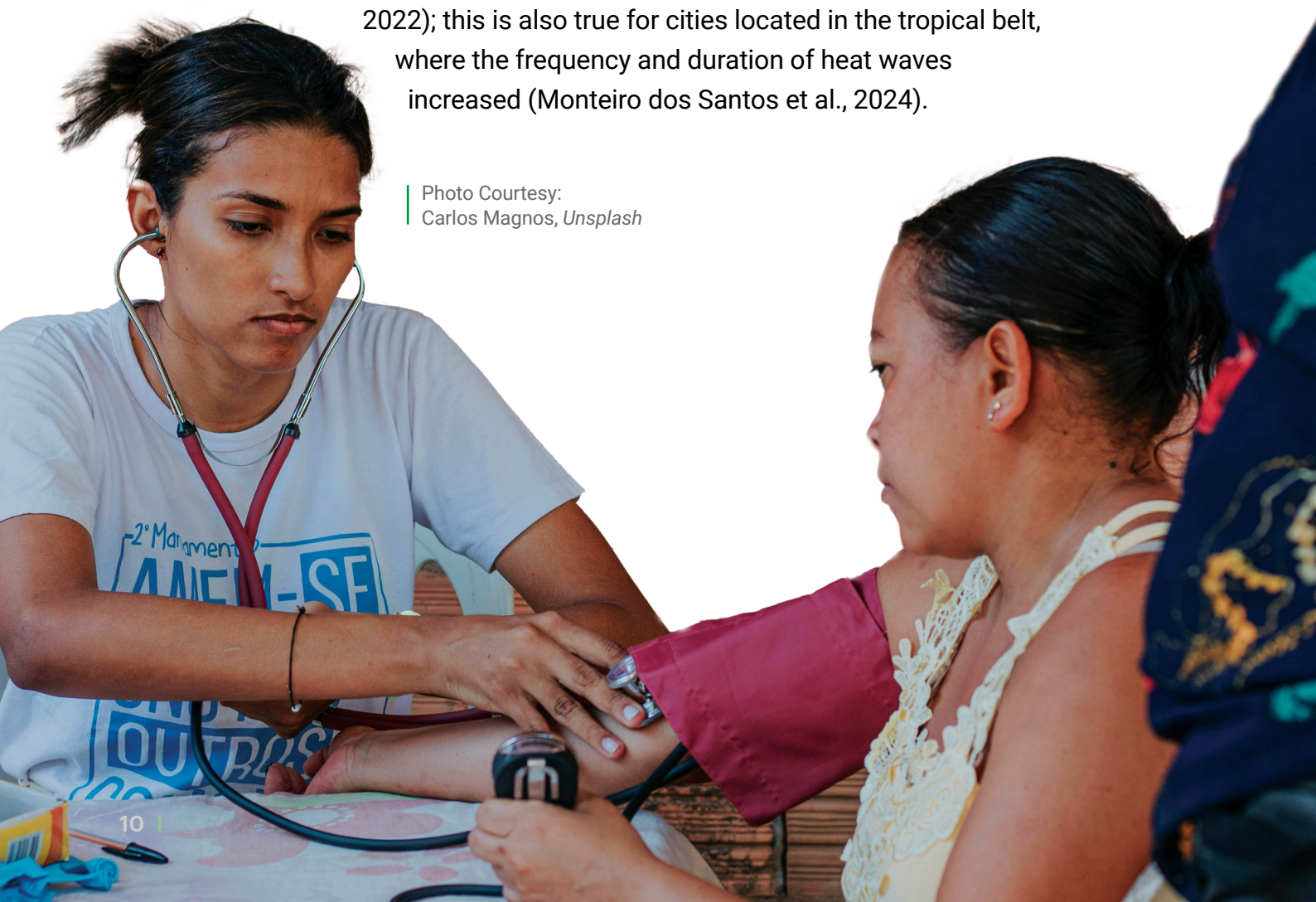
A. Protecting Health and Addressing the Impacts of Climate Change

Climate change creates new challenges for public health, both through direct health impacts due to extreme weather events such as heat waves, droughts, storms, and rising sea levels, and indirect impacts through forced displacement, food and water insecurity, and vector-borne and airborne diseases.

For example: in Latin America children and people aged 65 and older experienced 248% and 271% more heat wave days per year between 2013 and 2022 than in 1986–2005, respectively (Hartinger et al., 2024). It is also estimated that nearly 900,000 deaths that occurred between 2002 and 2015 can be attributed to extreme temperatures in major Latin American cities alone (Kephart et al., 2022); this is also true for cities located in the tropical belt, where the frequency and duration of heat waves increased (Monteiro dos Santos et al., 2024).



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Carlos Magnos, *Unsplash*

In addition, the potential for transmission of dengue by *Aedes aegypti* increased by 54% when comparing the period 1951-1960 with 2013-2022, while its transmission area has expanded towards the continent's latitude extremes and at higher altitudes (Barcellos et al., 2024; Díaz-Castro et al., 2017; Hartinger et al., 2024). Similarly, the increase in the frequency of heat waves and droughts has been associated with the increase of 9.9 million people who experienced moderate or severe food insecurity throughout Latin America in 2021 (Hartinger et al., 2024).

Mental health continues to be difficult to address among the impacts of climate change in the region (IPCC, 2023; Takahashi et al., 2023), requiring new methodological and epistemic approaches to address it. Anxiety, depression, psychosis, suicidal behavior, substance use disorder, and post-traumatic stress disorder are the mental health conditions most frequently described in vulnerable populations, such as those living in low- and middle-income countries, children, Indigenous communities, and people in rural areas. Therefore, it is necessary to carry out research adapted to their characteristics and needs (Alarcón Garavito et al., 2024).

Only in a few countries in the region's health surveillance systems use meteorological information ((Argentina, Brazil, Colombia and Guatemala) (Hartinger et al., 2024), which represents a challenge for the improvement of preparedness and response of the health system to climate-sensitive diseases as well as extreme meteorological events.

Although evidence of the impacts of climate change on health has increased in recent years, the number of scientific articles is less than 4% of the world's publications on this nexus (Hartinger et al., 2024). Furthermore, there are still gaps in knowledge, primarily on more diffuse causal mechanisms such as mental health, malnutrition, as well as differentiated impacts by age, gender, ethnicity, and socioeconomic level. However, there are currently working groups in the region that are developing Climate Change and Health Research agendas, through the identification of common health problems and regional research needs, using prioritization criteria for optimal use of resources (Allen et al., 2024). However, countries are addressing the health challenges of climate change unequally, depending on their scientific and technical capabilities, the availability of resources and political will.

Asks

To the governments of the region

- **Recognize and incorporate physical and mental health as central dimensions of climate action**, ensuring their transversal integration into policies for adaptation, mitigation, preparedness, response, and recovery from climate crises.
- **Strengthen Primary Care as a foundation for health resilience to climate change**, guaranteeing universal coverage, with a preventive, differentiated, and territorially appropriate approach and with the technical and financial capacities to respond to climate and environmental risks, especially in rural, indigenous and peri-urban communities, with gender considerations.
- **Develop and finance priority lines of research** on the impacts of climate change on physical and mental health in their science and technology systems, promoting the production of knowledge with local relevance and community participation.
- **Promote the creation and/or strengthening of regional and subnational cooperation mechanisms**, such as surveillance networks, climate and health observatories, and cross-border information exchange, prioritizing highly vulnerable areas and populations.

To the international community

- Contribute through international cooperation with the **transfer of technologies, free, open and shared data, and financial resources** for the development of scientific evidence on climate impacts on health in Latin America and the Caribbean.
- **Promote the implementation of the Global Action Plan on Climate Change and Health** approved at the 78th World Health Assembly (May 27, 2025), and the implementation and evaluation of subregional climate change and health plans developed for the Andean region, the Caribbean, and MERCOSUR.
- **Strengthening the approach to health and its determinants in the Belém Action Plan** to address the broader context of climate action and health and encourage the largest number of signatory parties.
- **Fund and implement a comprehensive response to the impacts of climate change on health**, in line with the commitments of the COP28 UAE Declaration on Climate and Health, including addressing mental health and psychosocial wellbeing, protecting traditional medicinal knowledge, preserving livelihoods and cultures, and responding to climate-induced displacement and migration, and ensure the Fund for Responding to Loss and Damage facilitates priority access to resources for communities on the frontlines of the climate crisis.

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B. Mitigation of Climate Change with Health Benefits

The Paris Agreement established the obligation for each nation to submit its Nationally Determined Contributions (NDCs) every five years. Although LAC is not the main GHG emitting region (OECD, 2023), there is room for improvement in national climate ambition to align with the 1.5ºC target, which may represent an opportunity for health, associated with mitigation actions in the most health-determining sectors (GCHA, 2023). It is essential that health be integrated as a cornerstone of national climate policies (WHO, 2025).

Decarbonization will allow improvement of many determinants of health and has the potential to reduce inequalities, provided a just transition to energy sources is clean, affordable and with territorial justice. For example, in the short and medium term, the reduction of emissions in the energy and transport sectors improves air quality in the cities of the region, where 99% of the population is exposed to air pollution (PAHO, 2014). It is estimated that 320,000 premature deaths occur annually across the Americas, with children, pregnant women, and older adults being the most affected (UNEP, 2022). One potential response is the promotion of active transportation (walking or cycling) in cities, in order to improve air quality, encourage physical activity, and promote mobility equity.

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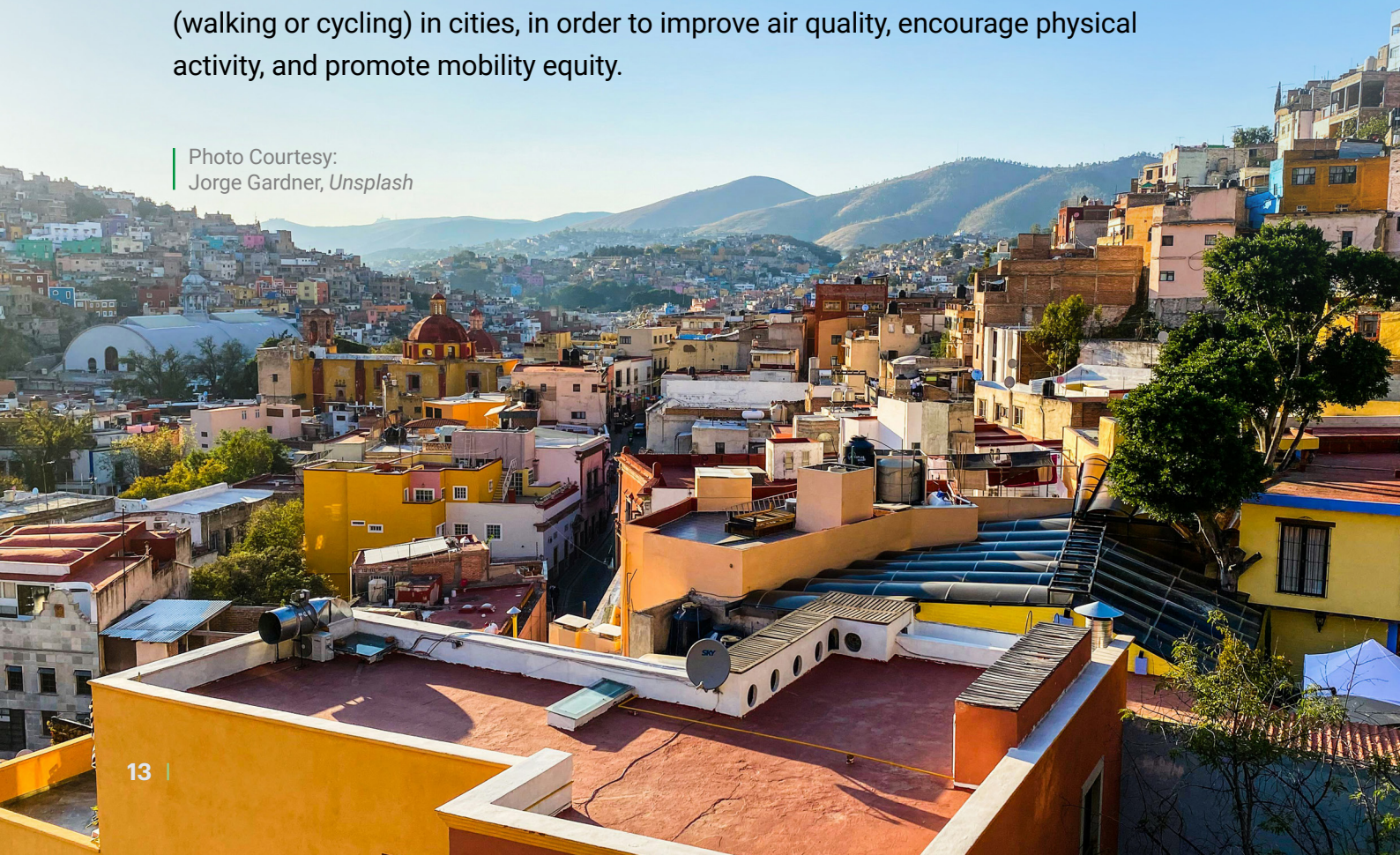
Jorge Gardner, *Unsplash*



The LAC region is a major food producer, but it produces food intensively and unsustainably. Despite the fact that the region contributes 14% of global food production, 28.2% of its population (187.6 million people) suffers from moderate or severe food insecurity (UN, 2021; FAO, IFAD, PAHO, WFP, and UNICEF, 2025). At the same time, agri-food systems in the region are responsible for a significant portion of greenhouse gas emissions, particularly through deforestation, intensive fertilizer use, and extensive livestock farming. According to the IPCC (2022), agricultural, forestry, and land-use activities account for more than 50% of emissions in some countries in the region. This model not only puts pressure on ecosystems but also deteriorates public health, especially in rural and indigenous communities exposed to agrochemicals, deforestation, and loss of livelihoods.

In addition, the availability and quality of food is affected by the effects of climate change. Thus, there is a strategic opportunity in climate action to modify the food and agricultural systems to produce sustainably and in a low-emission manner, while promoting accessible, nutritious, culturally appropriate and sustainable food healthy (Whitmee et al., 2024). To do this, it is necessary to rethink the systems of production, consumption and distribution of food. The policies that promote agroecology, regenerative agriculture, local sociobioeconomy, and more plant-based diets reduce emissions, improve biodiversity, and strengthen nutritional health, in addition to generating green jobs and strengthening community resilience.

All these mitigation policies will contribute to reducing the burden of non-communicable diseases such as cardiovascular, respiratory, and metabolic diseases and some types of cancer (NCD Alliance & GCHA, 2018; WHO, 2023). Moreover, in the long term, ambitious mitigation that limits global warming to 1.5°C would prevent 58 million children from being exposed to unprecedented weather events, such as heat waves, extreme droughts and floods, or the devastation of tropical cyclones and wildfires (Save the Children, 2025).
Health systems have a role to play in mitigating climate change. The health sector is estimated to contribute 4.4% of global net emissions, meaning that if it were a country, it would be the fifth-largest emitter on the planet. Measures to decarbonize this sector include the incorporation of low-carbon infrastructure and the promotion of sustainable practices in health care that include environmental criteria in the purchase of supplies (Health Without Harm, 2021).

There is no further room for inaction. The lack of ambitious GHG reduction targets confronts us with a hotter near future with greater health impacts, which will also exacerbate socioeconomic inequalities in the region.

It is necessary to place the importance of health at the center of the climate agenda, highlighting the benefits for population health of mitigation measures in highly relevant sectors in the region, such as agriculture, energy, and transportation.

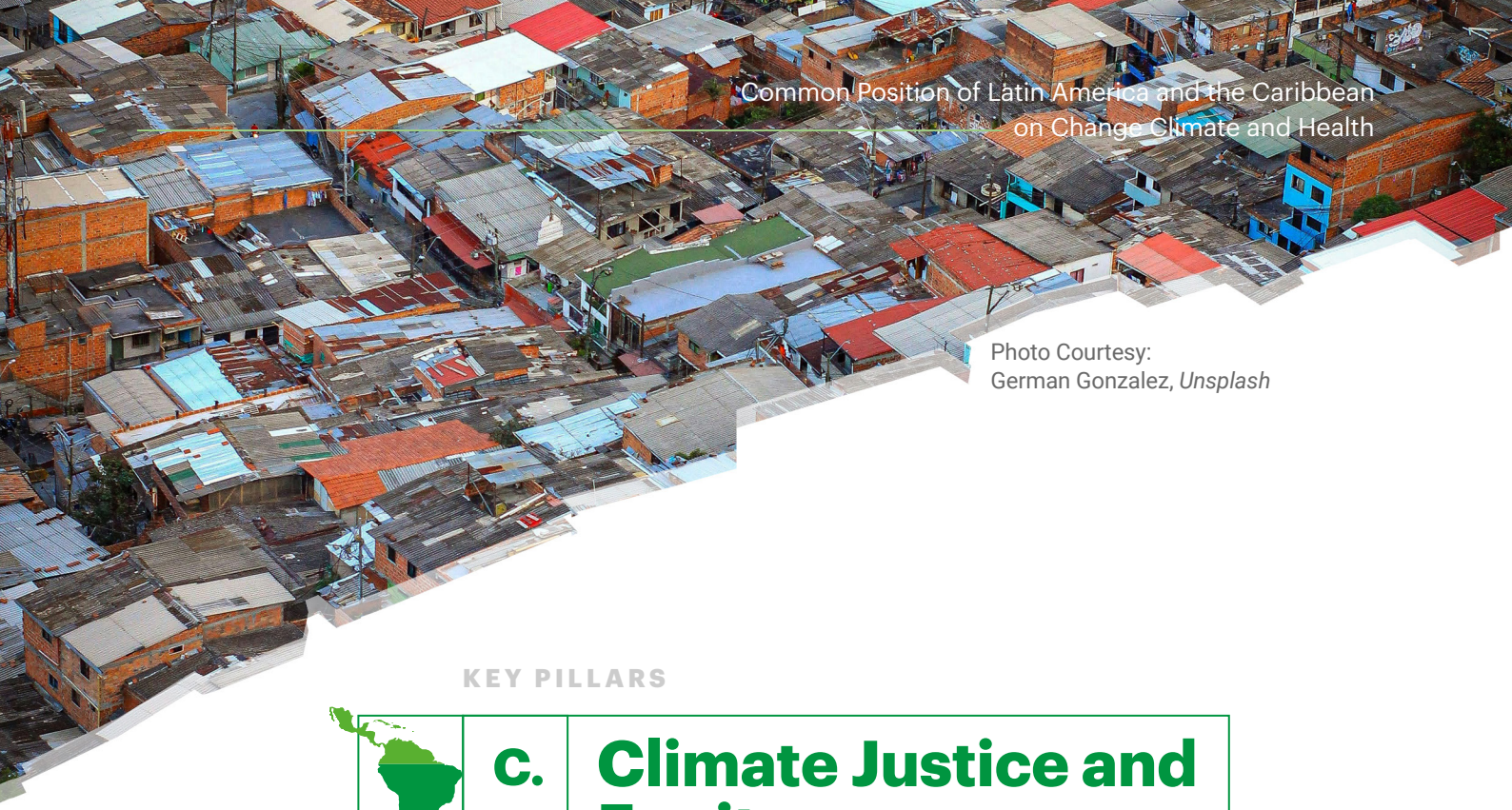
Asks

To the governments of the region

- **Increase mitigation ambition in the new round of NDCs** (years 2025 - 2035) and align mitigation strategies with the 1.5°C target, ensuring a cross-sector strategy that includes targets, indicators and budgets by incorporating health as a cross-cutting pillar in sectoral climate mitigation policies and plans at the national and subnational levels.
- **Promote coordinated actions to reduce short-lived climate pollutants** (SLCPs), such as methane and black carbon, for their effects on health and climate.
- **Health ministries establish mitigation plans for health systems** that include measuring the carbon footprint in health facilities, as a fundamental step to identify emission sources, both in public and private subsystems.
- **That cross-sector mitigation projects include the identification and reduction of potential impacts**, thus monitoring and measuring benefits for population health.
- **Promote the development of local climate action plans that include the estimation of health benefits** of measures for urban green infrastructure, pedestrian and bicycle paths, low-emission zones, and clean public transportation, to reduce the heat island effects, improve air quality, encourage physical activity, and strengthen community health resilience.

To the international community

- Redouble efforts to eliminate dependence on and exploitation of fossil fuels in line with calls from organizations representing 46.3 million health professionals, without inaugurating fossil fuel infrastructure and the provision of financing, technology transfer, and capacity building support by wealthy countries and major emitters.
- Ensure that the decarbonization of the food systems provides an accessible, nutritious and healthy diet that mitigates climate change.



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c. Climate Justice and Equity

The LAC region is a territory of great inequalities, where multiple inequality factors overlap: ethnicity and race, income, age, gender, ability, occupation, territory, human mobility and ecológical factors that have been shaped for more than five hundred years by a model of ruthless exploitation of nature (*Pachamama, Ñuke Map, Tlali Nantli, Yvy*). Climate change deepens existing inequalities and discrimination, creating a scenario of profound environmental and climate injustice. Historically excluded communities and groups have contributed the least to the global crisis, yet they are the most affected and have the fewest resources to protect themselves. Thus, climate injustice manifests itself as a network of systematic human rights and nature rights violations that affects communities and ecosystems, and erodes the foundations of social and environmental justice (Cabrera Velazco, 2024).

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For example, in South America, indigenous communities in their territories suffer double the mortality rate from wildfire smoke (four premature deaths per 100,000 inhabitants) compared to non-indigenous populations (Bonilla et al., 2023). The region's cities, where eight out of ten inhabitants live, are characterized by uncontrolled growth, with informal settlements often occupying areas prone to flooding and landslides. This increases risks, especially for marginalized communities, further concentrating poverty and vulnerability to both extreme weather events and slow onset climate change, while exacerbating health inequities (Indvik et al., 2022).The growing global demand for critical minerals for the energy transition positions Latin America and the Caribbean (LAC) as a key region in the supply chain (International Energy Agency, 2021). However, if these processes are not carried out with social and environmental safeguards, they risk deepening existing inequalities and rights violations. In particular, Indigenous and rural communities face health risks, loss of access to water, and threats to their territories when their right to free, prior, and informed consent is not respected (United Nations Permanent Forum on Indigenous Issues, 2025). This is also observed in the development of fossil fuels in sensitive areas such as the Amazon (Codato et al., 2024; Milhorance & Hirota, 2025). A truly just transition must guarantee community participation, respect for human rights, and protection of environmental health (Alfonso et al., 2023).

Global food and trade policies must not perpetuate harmful agro-industrial models that affect health in the Global South. Poorly designed global policies can incentivize the expansion of monocultures, the production of *commodities* for biofuels and land grabbing, without respecting criteria of environmental justice, food sovereignty, or public health. The growing global demand for food and raw materials, in the context of emissions reduction, threatens to exacerbate conflicts over land use, deforestation, exposure to agrochemicals, and the loss of access to drinking water in rural and Indigenous communities in the region.

Climate displacement of people or communities occurs from the interaction of various factors that are amplified or intertwined with the impacts of climate change, such as violence, insecurity, loss of livelihoods, inequality or persecution (IACHR, 2024).

For its part, the Inter-American Court of Human Rights (IACHR, 2024) has ruled that States have the obligation to incorporate a climate justice perspective when designing and implementing comprehensive policies, laws, plans, and programs to address climate change. All of these measures, based on human rights, must seek to balance the inequalities of individuals or communities in proportion to their direct or indirect contribution to climate change.

For many Indigenous peoples, health is inseparable from spirituality, traditional practices, and a symbiotic relationship with the environment and Mother Earth. Therefore, health policies and interventions must respect and integrate Indigenous knowledge and worldviews, adopting an interconnected vision of health that recognizes the intrinsic link between the well-being of individuals and communities and the health of the land, water, and all living beings (United Nations Permanent Forum on Indigenous Issues, 2025).

The incorporation of the notion of *Buen Vivir* (Good Living) in the national constitutions of the Plurinational State of Bolivia and Ecuador are an example of the recognition of Harmony with nature, social equality, and cultural diversity (ORAS-CONHU & OPS, 2020). However, structural transformations are required to achieve forms of coexistence in harmony with nature and to achieve good living with intra- and intergenerational justice.

At the same time, disinformation and climate denial campaigns hinder public policies and interfere with international negotiations, while undermining trust in both evidence-based health and climate policy recommendations.

The implementation of a just energy transition in LAC faces structural challenges inherited from colonialism and exacerbated by current geopolitical dynamics. The concentration of critical minerals in territories within Indigenous and rural communities, coupled with dependence on technology and financing conditioned by actors from the Global North, can reproduce extractive models that provide little local benefit. Without effective mechanisms for free, prior, and informed consultation, Indigenous and rural communities risk being dispossessed and excluded from the governance of their own territories and resources, while economic gains tend to be concentrated in urban centers, deepening the rural-urban divide.

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Cristian Rojas, *Pexels*

Asks

To the governments of the region

- **Fully implement instruments such as the Escazú Agreement[1] and IACHR Resolution 02/2024[2]** and other standards that guarantee environmental and climate justice, access to information, and participation of affected communities in the preparation, monitoring, and evaluation of climate change and health policies.
- **That health strategies rescue and recognize diverse knowledge** (such as the worldview of Buen Vivir) among them the ancestral wisdom of indigenous peoples and rural communities with a gender and intergenerational approach.
- **Ensure climate and health decision-making are based on scientific evidence** and avoid promoting false solutions and climate delay or inaction.

To the international community

- **Incorporate health and historical equity into project design.** Request that the UNFCCC Just Transition Work Programme include safeguards to protect and promote health, for example through health impact assessments with a focus on equity and addressing historical gaps, as well as mechanisms for free, prior, and informed consultation and the participation of health experts to guide and oversee implementation.
- **Ensure that just transitions in food systems prioritizes human health, equity, and planetary boundaries**, recognizing local knowledge and territorial rights.
- **Incorporate a conflict of interest policy** (similar to the one that exists in public health for tobacco) within the UNFCCC to limit the influence of polluting industries in decision-making[3].
- **Generate a roadmap of support for low- and middle-income countries which are hydrocarbon producers** to ensure that global decarbonization does not threaten progress toward universal health for their populations.

1 https://www.cepal.org/es/acuerdodeescazu

2 https://www.oas.org/es/cidh/decisiones/pdf/2024/resolucion_cambio_climatico.pdf

3 https://www.who.int/news/item/03-05-2023-who-and-tobacco-control-partners-urge-countries-not-to-partner-or-work-with-the-tobacco-industry

KEY PILLARS

D. Climate Adaptation and Resilience

The LAC region is one of the world's most vulnerable regions to climate change, which makes adaptation a central priority for countries in the region, despite barriers of knowledge, institutional capacity, regulations, governance and financing that slow down the urgently needed action (UNEP, 2024).

For example, between 2000 and 2018, approximately 17% of the 228 million urban inhabitants analyzed (38 million people) experienced at least one flood episode. Neighborhoods with lower educational levels have an exposure to floods up to four times greater than those with higher educational levels (Kephart et al., 2025).

Despite this, only ten countries in the region have carried out vulnerability and adaptation (V&A) assessments of the health system and only 11 have health and climate change plans or strategies in place (Gordon-Strachan et al., 2025; Hartinger et al., 2024).

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Aldward Castillo, *Unsplash*

The indicator list to measure progress on the UNFCCC Global Goal on Adaptation (GGA), (Article 7 of the Paris Agreement), is expected to be adopted at COP30. The preparatory documents for this Goal include a series of indicators to monitor resilience to the effects of climate change on health, climate-resistant health services and the significant reduction of climate-related morbidity and mortality, especially in the most vulnerable communities (CMNUCC, 2024).

Public and universal health systems play a key role in reducing the population's vulnerability to climate change and extreme weather events (Bárcena Ibarra et al., 2020). However, it is necessary to develop early warning systems for climate-sensitive diseases, prevention, response and recovery plans for extreme events, as well as to improve the resilience of health facilities to adapt health systems to new climate scenarios (PAHO, 2017).

The Belém Health Action Plan is a strategic agreement promoted by Brazil's COP30 Presidency and expected to be adopted during the climate conference (Ministerio da Saúde, 2025). This plan articulates actions to strengthen the health sector's adaptation and resilience to climate change with a focus on equity and participatory governance. Given its relevance as a follow-up to the UAE COP28 Declaration on Climate Change and Health (UN Climate change, 2023) it is crucial that the plan situate adaptation within the broader context of climate action, recognizing the limits of adaptation and the circumstances of health systems, especially in developing countries, where the lack of effective mitigation will quickly lead to the exhaustion of response capacity, severely impacting public health in Latin America and the Caribbean.

Eleven LAC countries have health sector adaptation plans (HNAP), while two are still in development phase (Hartinger et al, 2024). However, efforts must be greatly increased to move from these plans to action. The availability of financial resources for these measures could be a constraint in the LAC region.

Cities have a key role to play in the adaptation of communities to climate change, particularly in LAC where eight out of ten people live in urban environments (Aulestia & Lana, 2024). Despite various initiatives promoting adaptation at the local level, such as the Global Covenant of Mayors for Climate and Energy, there is insufficient information on climate risk assessment at the local level (Hartinger et al., 2024).

Asks

To the governments of the region

- **Mainstream physical and mental health into National Adaptation Plans** (NAP) and other instruments, such as NDC, NAMA and ECLP.
- **Strengthen data collection and systematization** as fundamental inputs for vulnerability and adaptation assessments in the health sector
- **Prioritize the adaptation of the health system to climate change** through early warning systems, resilience plans, health system preparedness and response, with intergovernmental and intersectoral articulation.
- **Strengthen the preparedness, response, and recovery capacities of public health systems in the face of the climate crisis**, ensuring universal access to health care, providing technical training for personnel, and the responsible incorporation of technologies. Adaptation should be promoted at the local and subnational levels, with opportunities for dissemination and technical support.
- **Integrate mental health into health adaptation**, with a community-based and culturally appropriate approach
- **Promoted the participation of health authorities in defining health and well-being indicators** within the framework of the *UAE-Belém Work Programme*.

To the international community

- **In the Belém Health Action Plan, clearly situate adaptation within the broader context of climate action**, integrating specific objectives related to mitigation, financing, loss and damage, and promotes effective coordination across health-determining sectors (such as water and sanitation, housing, energy, transport, and agriculture).
- **Transfer technology and financial resources to countries in the region** to advance the adaptation and resilience of the health sector.
- **Consider the need for increase of preparedness, response and recovery capacity of public health systems in investment.**

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E. Climate Leadership in the Health Sector: Education, Action and Governance

The health sector must be a key player in climate action in the LAC region. To achieve this, it is necessary to strengthen training on climate change and its link to health in the various training courses received by health teams, from technical, undergraduate, and graduate levels, so that medical professionals can recognize the causal relationships between this global phenomenon and its clinical and epidemiological manifestations that they observe every day.

Currently, most universities in the region do not include climate change in undergraduate training (Palmeiro-Silva et al., 2021; WHO & GCHA, 2021). Training of health personnel is necessary at all levels (from national management to basic health units) and specialties (from national governance to primary care health professionals) to address emerging and re-emerging diseases that may become endemic, as well as to analyse the situation based on meteorological, health and other data.

At the community level, health professionals have a position of knowledge and recognition, and therefore must become promoters of climate action and sustainable practices, focusing on the direct and indirect benefits for population health (Health Without Harm, 2025). At the governmental level, health authorities must be part of climate change intergovernmental coordination, in order to make visible the multiple impacts, maximize the potential benefits of mitigation policies for public health, as well as for health to become central in NDCs and National Adaptation Plans. Likewise, it is key that governments integrate climate change perspectives in health policies and plans (Chesini and Orman, 2021). This requires strengthening governance and institutional capacity at different levels of government.

Some countries in the region have made progress in creating spaces for intergovernmental coordination, but the participation of health authorities is often limited to giving consent and not to active participation in defining climate policies.

In recent times, the offer of courses on climate change and health has increased in the region with the participation of PAHO/WHO and with funding from developed countries, however, it is necessary that these contents be included in the undergraduate training curricula of health professionals.

Asks

To the governments of the region

- **Actively incorporate the health authorities in the spaces of intergovernmental articulation**, formulation policy and taking of climate decisions and integrated strategies
- **Establish multi-level articulation mechanisms** between the national, subnational and local levels on climate change and health
- **Promote the incorporation of climate change and environmental health into health policies and plans.**
- **Contribute to the incorporation of training in climate change and environmental health for health professionals.**
- **Develop awareness and communication strategies and campaigns** that contribute to increasing knowledge and actions of citizens and facilitate inclusive and efficient participatory and collaborative processes.

KEY PILLARS

F. Financing for Climate Change and Health

In the LAC region, the health effects of the development model are still considered "externalities" (Bárcena Ibarra et al., 2020). Health indicators and health cost analysis must be included in decision-making across various economic sectors, many of which are the main emitters of GHGs (PAHO, 2021).

An analysis of how countries in the region have incorporated health into their NDCs reveals a weak development in the evaluation of health-related costs and economic savings, as well as limited budget allocation for climate action measures (GCHA, 2023).

Climate finance is essential for improving adaptation and mitigation policies in LAC, with the resulting health benefits. However, of the projects financed by the Green Climate Fund in the region only 11.6% is allocated to projects with health benefits (Hartinger et al., 2024).

Governments must increase financing for the decarbonization of the energy matrix, with the consequent benefits in air quality and in the reduction of morbidity and mortality from non-communicable diseases (NDC Alliance & GCHA, 2018).

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The health sector also needs financing so that it can transform into systems that are sustainable in terms of infrastructure and clean technologies while being more resilient to climate change (PAHO, 2017).

Generating evidence on the impacts of climate change and health requires funding lines from public agencies.research of countries to promote the development of research with territorial and local relevance and the consolidation of national observatories and a regional climate and health observatory (Rusticucci et al., 2020).

It is necessary to incorporate indicators of health benefits and strengthening of the health component in financing programs for other sectors (energy, agriculture, transportation, waste, urban planning).

Climate finance in the LAC region focuses on mitigation in the main emitting sectors (energy, agriculture, transport, waste and urban planning), which often tout health benefits in their proposal narratives, but their implementation fails to incorporate health indicators or analysis of health costs associated with the investment.

Asks

To the governments of the region

- **Incorporate projects to protect and promote public health in the portfolio of projects to be presented to the international funding bodies**, such as the Green Climate Fund, Adaptation Fund, Global Environment Facility.
- **Include and monitor health indicators and health cost analysis in projects from other sectors.**
- **Establish priority lines of research on climate change and health in their science and technology systems**, with the application of financial resources.

To the international community

- **Mobilize resources and establish mechanisms to facilitate the acquisition** of these resources to strengthen the resilience and sustainability of the region's health systems.
- **Include health in real terms in the eligibility criteria for fundable projects, and not merely declarative ones.**

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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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