

Executive Summary

Climate change is severely affecting the health of the populations of Latin America and the Caribbean (LAC), a region characterized by deep socioeconomic inequalities, accelerated and unplanned urbanization, biodiversity loss, economic dependence on extractive industries, and limited health response capacity in the face of disasters. This exacerbates the health impacts of climate change, such as the effects of extreme weather events, the increase in dengue and other communicable diseases, mental health crises, food insecurity, and the disproportionate impact on rural, Indigenous, Afro-descendant, and marginalized urban communities. These communities are also intertwined with income, age, gender, ability, occupational, human mobility, and ecological vulnerabilities that have been shaped by centuries of a model of ruthless exploitation of nature.

In response, the **Common Position of Latin America and the Caribbean on Climate Change and Health** is structured around six key pillars, based on the particular context of the region:

Protecting health and addressing the impacts of climate change

The region is facing dramatic increases in extreme and slow-onset weather events (heat waves, floods, hurricanes, droughts), as well as an expansion of climate-sensitive diseases exacerbated by adverse environmental conditions. Despite growing scientific evidence, significant gaps persist, especially in areas such as mental health, maternal health, and gender- and ethnic-differentiated impacts. Health systems still show weaknesses in climate surveillance and response, and there is an urgent need to strengthen research, surveillance, and institutional capacities with a regional and equitable focus.

Climate change mitigation with direct benefits for public health

LAC is not one of the world's leading greenhouse gas emitters, but it has high levels of urban air pollution that particularly affect children, pregnant women, the elderly, and people with chronic illnesses. At the same time, the region produces 14% of the world's food, but more than 28% of its population faces moderate or severe food insecurity. This intensive agri-food model also generates high levels of emissions, deforestation, and the use of agrochemicals, with negative impacts on ecosystems and health, particularly in rural and indigenous communities. The energy, transportation, and food production sectors account for a large portion of regional emissions, while also influencing multiple determinants of public health.

Climate justice and equity

The LAC region is one of the regions with the greatest structural inequalities in the world, expressed in ethnic, socioeconomic, territorial, and ecological dimensions. Climate change exacerbates these inequalities, disproportionately affecting historically marginalized communities such as Indigenous, Afro-descendant, and rural peoples, who have contributed minimally to the climate crisis. These populations face serious impacts on their health and rights, such as increased mortality from fires, exposure to agrochemicals, loss of access to water and land, and forced displacement due to extractive activities or infrastructure development. In turn, unplanned urbanization has generated informal settlements in areas exposed to floods, landslides, and environmental pollution. This situation is exacerbated by the lack of access to basic services: more than a third of the population has unmet medical needs, a proportion that exceeds 50% among the poorest

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sectors. Furthermore, poorly designed global policies related to food, trade, and energy transition can perpetuate extractive models that harm public health and exacerbate environmental injustice in the region.

Climate adaptation and resilience

The LAC region is one of the most vulnerable to climate change. Although universal health systems play a key role in climate response, only ten countries have assessed the vulnerability of the health sector and eleven have adaptation plans. The region still faces significant challenges in moving from planning to implementation, especially in urban contexts where population and risk are concentrated. In this context, the Belém Health Action Plan and the adoption of Global Adaptation Target indicators at COP30 are key milestones in strengthening health resilience to climate change. COP30 is expected to adopt indicators to assess progress toward the Global Adaptation Target, including health-specific metrics. Likewise, the Belém Health Action Plan, promoted by the Brazilian Presidency, seeks to articulate adaptation strategies with an equity focus.

Climate leadership in the health sector

Climate leadership in the health sector in LAC faces significant challenges in terms of training, action, and governance. Despite growing recognition of the relationship between climate change and health, most universities in the region still do not integrate this link into their undergraduate curricula, limiting the preparation of future professionals to address new epidemiological scenarios. At the community level, health teams enjoy legitimacy and direct access to the population, positioning them as key actors in promoting climate action and the benefits of sustainable lifestyles. However, at the institutional level, the participation of the health sector in climate decision-making spaces is still marginal. This absence limits the possibility of fully integrating the health dimension into climate policies, causing many decisions to miss the opportunity to raise their ambition, optimize co-benefits for public health, and respond more

comprehensively to the impacts of climate change on the most vulnerable populations.

Financing for climate change and health

In LAC, the impacts of climate change on health continue to be treated as externalities of the development model, which is reflected in the limited incorporation of health cost-benefit analyses into climate and economic policies. Although climate finance is key to strengthening mitigation and adaptation actions with positive health effects, only 11.6% of projects financed by the Green Climate Fund in the region include explicit health benefits. Furthermore, LAC countries have limited budget allocations to health-focused climate measures within their Nationally Determined Contributions (NDCs). This situation also affects the capacity of health systems to transform toward more sustainable and resilient models, as well as the development of scientific evidence and regional observatories on climate and health.

Recommendations of the Common Position of Latin America and the Caribbean on Climate Change and Health

To the Governments of Latin America and the Caribbean:

1. **Integrate health into national climate policies** - including NDCs, NAPs, sector strategies and recovery plans - **with special attention to the most vulnerable populations, and increasing mitigation ambition aligned with the 1.5°C target, countering misinformation and inaction** through actions in strategic sectors such as energy, transportation, and food systems, ensuring goals, budgets, and evaluations that maximize public health benefits.
2. **Strengthen Primary care in particular**, ensuring universal, preventative, and territorially appropriate coverage, with

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the technical and financial capacity to respond to climate-sensitive diseases and extreme weather events, prioritizing rural, indigenous, peri-urban, and marginalized communities, and integrating a life course, gender, and intercultural perspective.

3. **Fully implement the principles of climate justice and equity**, implementing legal instruments such as the Escazú Agreement and IACHR Resolution 02/2024, guaranteeing respect for human rights, access to information, the effective participation of vulnerable communities in climate decision-making, and recognizing indigenous territories, ancestral knowledge, and cultural practices.
4. **Strengthen the resilience and sustainability of the health sector**, strengthening research in climate and health and the training of health personnel in environmental health and climate change from higher education to technical training, increasing preparedness, response and recovery to extreme climate events through early warning systems, integrated vulnerability assessments and resilient health infrastructure, including as part of the implementation of the Global Action Plan on Climate Change and Health (WHO, 2025).
5. **Promoting climate leadership in the health sector**, ensuring the active and effective participation of health authorities in intersectoral and intergovernmental decision-making spaces on climate change at different levels of government.
6. **Increase climate finance for projects with health benefits**, ensuring that intersectoral projects financed by international funds clearly incorporate health indicators, as well as cost and savings analysis in health.

To the International Community:

8. **Ensuring that transitions to a fossil-fuel-free economy are fair and healthy**, implementing mandatory health and social impact assessments, effective mechanisms for free, prior, and informed consultation, especially in Indigenous and rural territories, and protecting health and human rights in the face of the growing global demand for critical minerals and agricultural products affecting the region.
9. **Placing adaptation in the broader context of climate action in the Belém Health Action Plan**, integrating specific objectives related to mitigation, financing, loss and damage, and promoting effective coordination between health-determining sectors (such as water and sanitation, housing, energy, transport, and agriculture).
10. **Increase international support to strengthen regional capacities in health and climate change**, facilitating the transfer of technologies, financial resources, and open data for the generation of scientific evidence and institutional strengthening in the region.
11. **Implement strict international measures to limit the undue influence of polluting industries** in international climate negotiations, through clear conflict of interest management policies similar to those established in the health sector with respect to the tobacco industry.
12. **Ensure that climate finance mechanisms prioritize projects that protect health** and strengthen the resilience and sustainability of health systems in the region, through the inclusion of specific health criteria in project eligibility and implementation.