

Negotiating to Protect Health and Lives

Recommendations
for COP30

October 2025



About this document

This document outlines the links between health and key areas of work under the UNFCCC. These recommendations have been prepared in consultation with the international health and climate community, convened by the Global Climate and Health Alliance.

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List of endorsing organisations

Academic institutions

1. Barcelona Institute for Global Health (ISGlobal)
2. International Society for Environmental Epidemiology
3. Lancet Countdown on Health and Climate Change
4. Sunway Centre for Planetary Health
5. University of Washington

Health organisations

6. Afrihealth Optonet Association (AHOA) - CSOs Network
7. Alliance of Nurses for Healthy Environments
8. Canadian Association of Physicians for the environment
9. C-Circle Foundation for Sustainable Health and Environment
10. Doctors' Association UK
11. Foundation for Education and Development - Moldova (FED Moldova)
12. German Climate and Health Alliance
13. GreenLight Initiative
14. Health and Global Policy Institute
15. Health for Future Austria
16. Institute for the Sustainable Development of Lenca Women in Honduras (IDESMULH)
17. Kano Independent Research Centre Trust (KIRCT)
18. Médecins du Monde International Network
19. Medical Society Consortium on Climate and Health
20. Mental Health with Ditty Foundation
21. MMBSHS Trust
22. NCD Alliance
23. Nurses Across the Borders Humanitarian Initiative
24. Pan African Health Professionals Organisation - PAHPO
25. Preventing Pandemics at the Source
26. Results International (Australia)
27. Scientific Initiatives for a Healthy and Developed Zambia (SiHDZ)
28. SeeChange Initiative
29. Seed Global Health
30. UK Health Alliance on Climate Change
31. United for Global Mental Health
32. World Federation of Public Health Associations

Climate and environment organisations

33. CarbonCare Inno Lab
34. Centre For Climate Action (CCA)
35. Center of Regional Science and Development
36. Eco-Accord
37. Emonyo Yefwe International
38. Independent Ecological Expertise
39. Probha Aurora
40. Seeram Environmental Sustainability Research Foundation

Philanthropy

41. Clean Air Fund

Introduction

Climate change is poised to undermine decades of progress in global health¹ and development, and exacerbates inequities. Ambitious climate decision making in all areas of UNFCCC negotiations is therefore vital to protect and promote human physical and mental health, as well as to prevent biodiversity loss as a core component of the planetary crisis, and to foster thriving societies and productive economies. At the same time, health is a unifying shared goal of decisionmakers around the world, and can drive ambitious outcomes at COP30 and beyond. Embedding health across UNFCCC negotiations serves both people and the planet, and is aligned with the COP30 Presidency's call to connect the climate regime to real people's lives².

The IPCC and the Lancet Countdown on Health and Climate Change^{3,4} find that climate change drives injury, disease and deaths from hazards such as heatwaves, wildfires, floods, droughts, storms, displacement, infectious disease transmission including pandemics, food and water insecurity, non-communicable diseases (NCDs), mental health impacts, and threats to maternal-child health and sexual and reproductive health and rights (SRHR). These impacts are compounded by ecosystem degradation leading to massive biodiversity loss and rising antimicrobial resistance, which further impacts human wellbeing. Costs are mounting, with labour capacity reduction due to heat exposure leading to US \$1.09 trillion in global potential income losses in 2024, and the monetised value of air pollution-related mortality reaching US \$4.84 trillion in 2023 - equivalent to 4.7% of global GDP⁴. 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 improvement in service coverage since the launch of the Sustainable Development Goals (SDGs) in 2015⁵. The cost of adaptation in the health sector alone is estimated to reach US \$11.1 billion per year in 2030 for developing countries⁶, with finance from developed countries being vital for implementation. These costs will continue to rise without accelerated emissions reductions, with highest emitters taking responsibility to act most rapidly. Without investment in climate action, by 2050, the costs of climate-related health impacts could far exceed these levels, surpassing US \$20.8 trillion in low- and middle-income countries (LMICs) alone⁷.

Climate change disproportionately affects the health of populations who are made vulnerable by factors relating to their geographic location or social determinants, undermining human rights. While impacts are felt in all world regions, people in the Global South, especially small islands and climate-frontline States and communities, bear the brunt of health impacts. Women, children, Indigenous Peoples, BIPOC communities, people living with disabilities and health conditions, older people, low-income communities, migrants, displaced persons, the LGBTQIA+ community, other marginalized groups, and any intersection of these, are most impacted. Climate inaction exacerbates existing inequities. The realisation of climate justice requires the experience, knowledge, priorities, and realities held and faced by these communities to be reflected in UNFCCC decision-making. COP30 must recognise that community partnership is a cornerstone of sustainable climate and health action, ensuring that climate action is grounded in local realities, protects human rights, and fosters community stewardship to support implementation that is locally relevant, culturally appropriate, cost-effective, and scalable.

Health is embedded in articles 1.1 and 4.1.f of the UNFCCC and the preamble and article 108 of the Paris Agreement^{8,9}. It has gained increasing traction, including through the adoption of the COP26 Health Commitments¹⁰ (the foundation for the Alliance for Transformative Action on Climate and Health, now comprising 100 countries), the first ever Health Day at COP28 and accompanying Ministerial and Declaration on Climate and Health, the Baku COP Presidencies Continuity Coalition, and the Belém Health Action Plan^{11,12}. Health impacts, healthcare sector planning, and health-promoting actions across sectors feature widely in NDCs 3.0 submitted to date, but alignment of NDC emissions reduction targets to 1.5°C and finance for implementation will be critical for health-protecting actions. To translate this growing momentum into life-saving action, the potential of climate action to protect and improve health must now be holistically addressed in, and streamlined throughout, UNFCCC negotiations. In July 2025, the International Court of Justice, building on developments from other international courts and tribunals, issued an Advisory Opinion (ICJAO) which referred to the interdependence of the human right to a clean, healthy and sustainable environment with other rights, noting that "in so far as States [...] are required to guarantee the effective enjoyment of such rights, it is difficult to see how these obligations can be fulfilled without [...] ensuring the protection of the right to a clean, healthy and sustainable environment"^{13,14,15}.

Ambitious and inclusive climate action can reduce health impacts, by preventing acceleration of health hazards and reducing vulnerabilities. Additional physical and mental health gains of climate action across sectors include clean air, nutrition security, safe water, increased physical activity, protective living environments, decent jobs, energy security, ecosystem services and social protection, with associated returns on investment^{16,17,18,19}. A One Health and wider planetary health-informed approach which recognises the interconnectedness of human, animal, ecosystem and environmental health is vital to protect the health of people and the planet, should be embedded both in UNFCCC decision making and national climate plans such as nationally determined contributions (NDCs) and national adaptation plans (NAPs).

Adaptation

Climate hazards are unfolding in every country, with the heaviest burden falling on the communities who contributed least to its cause. Health workers and healthcare systems are on the front line of addressing the physical and mental health impacts of climate change. Adaptation in the healthcare sector requires reliable health surveillance systems and response mechanisms to climate threats, resilient infrastructure, equitable access to physical and mental health services and products, education of health workers and communities, and integration of traditional and Indigenous medicine^{20,21}. As per the 2024 UNEP Adaptation Gap Report, developing-country adaptation finance needs are estimated at US\$215–387bn per year²². According to the 2025 Climate finance shadow report, adaptation received a little over half of the level of public climate finance allocated to mitigation in 2021–22.²³ Even if developed countries meet the Glasgow pledge to double the provision of adaptation finance from 2019 levels by 2025, the scale will remain far below needs. Adaptation in the healthcare sector must be accompanied by holistic adaptation across sectors to ensure nutrition security, clean water, reliable energy access, safe living and working environments, and urban planning which enhances access to blue and green space and promotes social cohesion, thus reducing the burden falling on the healthcare sector. These actions must be tailored to country needs and detailed in NAPs, of which 68 have been submitted to the UNFCCC to date²⁴, aligned with other international agreements such as the WHO Global Plan of Action on Climate and Health, and will require means of implementation (MoI), namely finance, technology transfer, and capacity building, to be delivered.

- COP30 must fully operationalise the Global Goal on Adaptation (GGA), with adoption of indicators including those fit for purpose to track adaptation for physical and mental health, and MoI.
- Efforts should subsequently be made to disaggregate data on health and other thematic indicators by characteristics including gender and age, health conditions and disabilities.
- MoI indicators should measure both the provision and receipt of support, including finance, technology transfer, and capacity-building from developed to developing countries. MoI indicators on finance should not count private finance, domestic contributions, and overseas development assistance (ODA) as this is not in line with the Paris Agreement and creates incoherence in assessing accountability and responsibility.
- Clear roles and next steps must be established to enable full operationalisation of GGA indicators, including the role of experts and custodian agencies, mechanisms for reporting on progress linked to the reporting structure of the Biennial Transparency Reports (BTRs), and indicator refinement and improvement updates aligned with the GST cycle.
- The Baku Adaptation Roadmap should serve as an implementation platform, creating pathways for progress on health and other GGA thematic and dimensional targets, facilitating access to MoI for developing countries, and integrating procedural justice to ensure the participation of vulnerable groups.
- Parties may share progress and good practice in the Baku High-Level Dialogue on protecting health through adaptation across sectors.
- The COP30 decision on the NAP assessment should note the role of developed countries in scaling up provision of MoI for formulation and implementation of NAPs.
- Parties must agree to establish a new, public grant-based adaptation finance commitment under the GGA decision to triple the Glasgow Pledge target for 2025 by 2030, reaching US \$120 billion annually.

Mitigation

Mitigation, with highest emitters taking responsibility to act most rapidly, is a prerequisite to avoid increasingly severe health hazards that exceed the limits of adaptation in the healthcare sector and across sectors. It is not possible to plan for adaptation at unknown levels of warming. Ending dependence on fossil fuels, the leading driver of climate change, will not only prevent the most severe climate-induced health hazards, but will prevent millions of deaths from air, water and soil pollution caused by the extraction, processing, transport, combustion and waste associated with fossil fuel production²⁵. Governments are increasingly pouring vast sums into fossil fuel subsidies to shield residents from volatile energy prices, driven by geopolitical turmoil and overreliance on fossil fuels. In 2023, countries allocated a net total of US\$1 trillion in fossil fuel subsidies, diverting funds from clean energy and health. Notably, 15 countries out of these spent more on net fossil fuel subsidies than on their national health budgets⁴. The ICJAO clarified that “fossil fuel production, fossil fuel consumption, the granting of fossil fuel exploration licences or the provision of fossil fuel subsidies — may constitute an internationally wrongful act which is attributable to that State”¹³. Failure to truly phase out fossil fuels, for example, due to reliance on technologies which are unproven at scale and associated with additional health risks, such as carbon capture and storage, coal co-firing with ammonia, and geoengineering, perpetuate these health harms and in many cases present additional hazards to humans and the environment^{26,27}. Fossil fuel phase-out provides the opportunity to save millions of lives annually^{4,28}, generating associated cost savings²⁹. The transition away from fossil fuels, especially coal, has already resulted in major health gains: reductions in air pollution, primarily driven by shifts away from coal in wealthy countries, avoided an estimated 160,000 premature deaths yearly between 2010 and 2022⁴. Biofuels largely remain risky and counterproductive as they increase emissions in the long run in most cases, further deplete carbon sinks, have harmful environmental impacts, are long-gestational and divert much needed finance and focus from proven and scalable technologies like wind and solar energy. Savings due to health benefits of mitigation can exceed the costs of implementation³⁰. The reduction of short-lived climate pollutants (SLCPs) including methane (the primary component of “natural gas”), tropospheric ozone, and black carbon can rapidly reduce levels of air pollution and its health-harming effects, while also avoiding up to half a degree of global warming by 2050 and reducing health risks from regional climate effects such as disruption of monsoons and melting glaciers^{31,32,33}. Action in sectors producing high levels of SLCPs, including transport, residential energy, and wildfires for black carbon; and agriculture, waste, and energy sectors for tropospheric ozone; deliver the most substantial benefits. Actions to reduce fossil fuel emissions, from active modes of transport to more sustainable diets and reduced reliance on single-use plastics, can have further significant health gains for both physical and mental health beyond those related to SLCPs, reducing deaths and morbidity. Nature-based solutions such as reforestation, wetland rehabilitation, and mangrove protection must also be scaled, since achieving global climate goals is otherwise mathematically inviable³⁴. Implementation of these solutions, including in coordination with key decisions under the Convention for Biological Diversity^{35,36}, offer widespread physical and mental health gains through their contributions to climate change adaptation and biodiversity protection, including but not limited to pandemic prevention and water and nutrition security^{37,38}. We recommend that:

- Parties should provide a collective response to submitted NDCs, setting out an ambitious path for implementation in the years ahead, in line with the 1.5°C limit.
- Follow up on the COP28 call in the Global Stocktake decision by Parties for a just, orderly and equitable transition away from fossil fuels, to triple renewable energy capacity and double energy efficiency by 2030, and to halt and reverse deforestation by 2030, as public health imperatives³⁹. As part of steps to close the ambition gap, Parties should define a process to develop a roadmap for global fossil fuel phase-out. Global North countries should reduce emissions fastest and provide finance for transitions in the Global South.
- SLCPs should be specifically addressed, including as part of the Mitigation Work Programme (MWP). For example, SLCPs could be integrated into a workshop under the MWP in 2026, with a focus on implementation of action.
- Discussions on a digital platform under the MWP should not divert attention from substance.
- As part of Article 6 discussions, the Supervisory Body could strengthen Article 6.4 safeguard provisions by adding explicit health safeguards to prevent unintended negative health impacts of carbon crediting projects. Updates of the Article 6 Technical Expert Reviews could introduce health impact assessments for projects, covering both co-benefits and trade-offs.

Just transition

Just transitions to sustainable practices across sectors are an opportunity to build resilience and promote health, justice and social equity. Current systems do not serve health. The transition to renewable energy to date has been deeply unjust – while renewables could help tackle energy poverty and its associated health harms, they only account for 3.5% of the electricity produced in countries with a low human development index (HDI), which are most affected by energy poverty⁴. On the contrary, they contribute to over 13% of the electricity in countries with a very high HDI⁴. Use of biomass and fossil fuels for household cooking, cleaning and lighting caused 3.2 million deaths from household air pollution alone in 2022, while food systems leave 673 million people undernourished^{40,41}. Failure to protect and promote the health of workers and communities in these transitions can further undermine health and human rights. Health risks from unjust transitions include occupational hazards and pollution from critical mineral extraction and expansion of gas infrastructure, increased waste management in transition to a circular economy, industrial agriculture practices, nutrition insecurity, and unemployment. Energy, agriculture and healthcare are three sectors where interventions to reduce emissions can also improve health and resilience. Just transitions planned in coordination with communities and health stakeholders offer opportunities for health through clean, safe, affordable energy enabling clean cooking and improved household and ambient air quality⁴², more resilient health systems, and improved access to education; nutrition security and reduced pollution from agrochemicals; safe and decent work; and reduced burden on healthcare professionals.

- At COP30, Parties should agree on a global mechanism for just transitions to coordinate fragmented global Just Transition efforts, and provide direct support to and mobilise finance for countries, especially those in the Global South - the Belém Action Mechanism for a Global Just Transition (BAM)⁴³.
- This should be accompanied by a set of just transition principles including the safeguarding and promotion of the right to health and the right to a clean, healthy and sustainable environment, and access to health care services and social protection. Elements relating to these priorities are contained in the SB62 informal note and should be maintained⁴⁴.
- A 2026 just transition work programme workshop could focus on health as a key element of just transitions across sectors.

Loss and damage

In recent years, an average of 546,000 annual deaths occur from heat; and 154,000 from wildfire-derived air pollution⁴. These and other health impacts of climate change are classified as non-economic losses and damages⁴⁵. Though economic costs to communities and governments are significant⁷, these may be challenging to quantify. Health harms are also exacerbated by other losses and damages, such as ecosystem services, biodiversity, and cultural heritage. The ICJAO settled that developed country Parties have a legal responsibility to finance loss and damages¹³. At the first COP since this historic legal opinion was delivered, Parties need to take steps to implement it, including by committing to drastically scaled up, new and additional, grants-based finance for addressing loss and damage and send a strong political signal to the world that the Parties are taking the legal clarification by the ICJ seriously. The ongoing review of the Warsaw International Mechanism for Loss and Damage (WIM) provides an opportunity to ensure adequate coordination and coherence among loss and damage entities, strengthen the alignment with international law, including human rights law, across loss and damage institutional arrangements. Technical assistance is needed to quantify physical and mental health losses and damages and their associated economic costs. The NCQG outcome acknowledges the significant gaps that remain in responding to the increased scale and frequency of L&D⁴⁶. Meanwhile, as of October 2025, contributions paid into the Fund for Responding to Loss and Damage totalled US \$559 million⁴⁷, less than 0.2% of the estimated US \$400bn annual need.

- Parties should express support for development of a loss and damage gap report, potentially including a dedicated chapter on health losses and to support planning and action to respond to loss and damage.
- Parties should include health loss and damages and associated financial costs in NDCs and BTRs
- Parties should discuss sources and instruments to generate new, additional, predictable and adequate financial resources in the range of hundreds of billions, prioritising public grant-based support and based on the polluter pays principle⁴⁸ such as a Climate Damages Tax⁴⁹ to fill the Fund for responding to Loss and Damage (FRLD).
- COP30 should deliver scaled-up resources for loss and damage, including through the newly operationalised Barbados Implementation Modalities (BIM) and the start-up phase of the FrLD with an initial amount of \$250 million, with mechanisms to disperse funds rapidly in times of acute community needs.
- The FrLD should be equipped to respond to needs communicated by developing countries and disburse funds to those on the front lines of the climate crisis to address economic and non-economic damages, including physical and mental health.
- Health experts should be included in development of technical guidance on loss and damage and support integration into national climate plans, including through representation of Party health experts on health in thematic groups of the WIM Executive Committee, accessibility of health expert guidance for national loss and damage focal points, and development of guidance to assess and respond to health impacts of climate change by the Santiago Network on Loss and Damage.

Urgent climate action at the scale sufficient to realise the human right to health and to a clean, healthy and sustainable environment is not feasible without finance. In order to protect and promote health, finance is required for mitigation, adaptation and addressing loss and damage, across sectors. Between 2021 and 2022, the Green Climate Fund provided \$166 million for health-focused adaptation (\$341 million including cross-cutting projects in which health was not the primary objective), and from 2020 to 2022, bilateral development commitments for principal climate health adaptation projects reported to the OECD totalled just \$84 million⁴. Climate finance currently falls severely short of the levels needed to enable climate action sufficient to protect and promote human health. The New Collective Quantified Goal adopted in Baku of US \$300 billion annually by 2035, is a fraction of the amount necessary, and with a planned scale up to US \$ 1.3 trillion marked by less accountability and counting a wide variety of “finance”. Climate finance provided from developed to developing country Parties may have been as low as US \$28–35bn in 2022, and is currently jeopardised by cuts to international financial support²³. This under-delivering impedes implementation of actions defined by developing countries in their NDCs and NAPs, including actions in the healthcare sector. Since directing currently limited climate finance away from other health determining sectors would risk increasing the burden on the healthcare sector, new and additional finance, as well as synergistic financing across sectors, is essential. The ICJAO clarified that provision of climate finance is not voluntary, but a legal obligation of developed country Parties to the Convention - and that the level of climate finance should be sufficient to meet the goals of the Paris Agreement¹³.

To scale finance, investments should be directed away from health and climate harming activities to finance climate action. This can be achieved in various ways, including through levies on fossil fuels, maritime shipping, aviation, and financial transactions, as supported by the Global Solidarity Levies Task Force⁵⁰. Explicit fossil fuel subsidies totalled US \$1.3 trillion in 2022 for fossil fuel production and use, and cost another US \$5.7 trillion in implicit subsidies, as governments, communities, and households paid the cost of fossil fuel-driven harms⁵¹. Meanwhile, pricing fossil fuels according to their true external costs could avoid 1.6 million deaths from air pollution annually⁵¹. Notably, fossil fuel subsidies by G20 countries cause health impacts six times greater than the cost of the subsidies themselves⁵², and universal health coverage could be achieved with approximately one seventh of the value of implicit and explicit fossil fuel subsidies worldwide^{42,53}. Meanwhile, annual international development funding for clean air efforts fell 20% to USD 3.7 billion in 2023⁵⁴. Similarly, in the agriculture sector, large-scale agribusinesses commonly receive the majority of subsidies, exacerbating income disparities between industrial and smallholder farmers⁵⁵. In addition to increasing overall levels of climate finance, health finance must reciprocally be optimised for climate gains, and climate finance must be optimised for health gains, for example through multisectoral collaboration and planning to support allocation of climate finance across health-determining sectors. Non-debt inducing climate finance should be prioritised, since debt reinforces cycles of poverty and disease, and the poorest countries in the world already spend more on debt service than on healthcare, education, and infrastructure combined⁵⁶. Concerted efforts are needed to address unsustainable debt burdens.

- COP30 must articulate how the NCQG will be implemented moving forward, in a way that prioritises and clarifies quality, access, and equity. An important milestone will also be for Parties to adopt a clear plan indicating how they will deliver on paragraph 16 of the NCQG decision⁴⁶, which calls for Parties to triple the outflows of UNFCCC climate funds by 2030 (compared to 2022).
- Concerning reporting and transparency, Parties should define a definition and exclusion list of what counts and does not count as climate finance, as well as harmonising methodologies to assess and report on additionality, concessionality and grant equivalence, linking to the enhanced transparency framework, the Standing Committee on Finance's Biennial NCQG Progress Review and the second Global Stocktake.
- COP 30 should secure a dedicated negotiating space to address the public provision elements within the NCQG implementation, in order to uphold and accelerate the full implementation of developed parties' public provision obligations according to Article 9.1 of the Paris Agreement, and clarify gaps in transparency, predictability, concessionality, and additionality, while developed countries should prepare new public finance pledges by COP31.
- The Baku to Belém Roadmap must provide clear direction and assign responsibilities for scaling climate finance to US \$1.3 trillion from high quality, equitable, non debt-inducing sources - prioritising public grants and highly concessional loans.
- On Article 2.1c, Parties must ensure that finance flows can deliver on the Paris Agreement goals, and launch a process towards implementation. Outcomes on Article 2.1c should support maintaining fiscal space to invest in health-protective climate resilience in alignment with the human right to health and to a clean, healthy sustainable environment. Financial flows must be aligned with climate-resilient pathways, including through redirecting fossil fuel subsidies to actions to protect the planet and people's health, addressing debt, and making links to a new UN Framework Convention on International Tax Cooperation⁵⁷.
- Market and crediting mechanisms should do no harm, leave no-one behind, and support just transitions. Human rights-based approaches should ensure transparency, accountability, and access to redress.
- Across finance rooms at COP30, decisions should promote financing which responds to the needs of and ensures access by the most vulnerable groups, while considering synergistic interventions for climate and health, such as those to reduce SLCPs, improve nutrition and water security, or promote physical activity, to increase returns on investment. Health may be considered as a guiding axis for the allocation of existing climate finance, with strategic allocation of finance to projects that optimise climate and health outcomes, due to improved physical and mental health and associated economic savings that offer high returns on investment.

Agriculture

Food and agriculture systems, and thus also nutrition security, are severely impacted by climate change. Meanwhile, agricultural systems, especially industrial agriculture, contribute between one quarter and one third of global emissions (including through land use change, livestock emissions, agrochemicals, waste, and fossil fuel powered vehicles and machinery) and are a major contributor to biodiversity loss. Industrial farming techniques harm the health of workers and local communities including through exposure to toxic pesticides and fertilisers, while overuse of antibiotics and encroachment on natural areas can lead to increased risk of antimicrobial resistance and zoonotic disease^{58,59,60,61}. Agroecological practices defined in the FAO's 10 elements of agroecology and the recommendations of the Committee on World Food Security⁶², are favoured by small-scale food producers⁶³. In contrast to techniques employed by agribusinesses, agroecology presents almost no trade-offs, with co-benefits for climate adaptation and mitigation, biodiversity, nutrition, and human and environmental health. Economic and social benefits of agroecology also promote food sovereignty, allow food producers to become more independent from costly and polluting chemical inputs, and make progress on gender equality in agricultural systems. Participatory local solutions that are shaped and funded equitably can promote resilient, autonomous, healthy and sustainable livelihoods and promote land use rights. Diets high in meat and processed foods, especially prevalent in high income countries, are associated with higher emissions and poor health outcomes. Meanwhile, delays in transitioning to low-carbon, healthy diets contributed to 11.8 million largely preventable deaths annually between 2021–2022, including 1.9 million deaths from excessive red meat and dairy intake. This delay was also linked to planet-heating greenhouse gas emissions from red meat and dairy production, which accounted for 55% of agricultural emissions in 2022⁴. The IPCC notes the role of reducing food loss and waste in reducing emissions, also reflected in target 16 of the Kunming-Montreal Global Biodiversity Framework to halving global food waste^{19,64}. Agriculture is the livelihood of over 2.5 billion people, with 48% of the world's population living in households linked to food and agricultural livelihoods. These populations face landgrabbing, sometimes in the context of the energy transition, for large-scale biomass or industrial biofuel production, or in the race for access to critical minerals, and must not be left behind in just transitions. Through planning with farmers and other community representatives, local, fresh, ethically-produced, affordable and plant-rich diets, with a significant reduction in meat consumption in the Global North, and a transition from industrial agriculture to agroecology with support for small scale producers has the potential to mitigate and adapt to climate change, protect health, restore biodiversity, and build resilience.

- Parties should place agroecology, including the phase-out of fossil-based fertilisers and pesticides, at the centre of the Sharm El-Sheikh joint work on implementation of climate action for agriculture and food security as a comprehensive and holistic approach to nutrition security and food systems that protects the climate and human health.
- At national level, governments should integrate agroecology, nutrition, and measures to reduce food loss and waste, in NDCs and adaptation plans, complemented by agricultural fiscal reform to redirect harmful subsidies towards equitable, humane and sustainable food systems.
- Small scale food producers and Indigenous peoples should be visible and be included in key discussions and initiatives, especially around finance for agriculture and food systems, to support just transitions.

Gender

The climate crisis has gender-differentiated impacts, including disproportionate health impacts on women and girls⁶⁵. It undermines sexual and reproductive health and rights (SRHR), including adverse pregnancy and birth outcomes and exacerbates gender-based violence^{66,67}. Placing gender considerations across the life course at the heart of climate decision-making and action is necessary to ensure that no one is left behind by actions that fail to consider and address gender inequalities.

- At COP 30, Parties must adopt an ambitious, robust, and intersectional Gender Action Plan (GAP) fit for the purpose of advancing gender equality within the UNFCCC.
- The GAP should address gendered health impacts of climate change by strengthening capacity on SRHR, gender-based violence, and unpaid care work including through dialogues, information exchange and leadership of women and girls in all their diversity.

Conflict of interest

The presence of lobbyists from health-harming and high-emitting industries whose core business is conflict with the Paris Agreement, including fossil fuels, petrochemicals and industrial agriculture, have increasingly infiltrated UNFCCC spaces^{68,69}. Undue influence by polluting industries has in many cases unduly influenced and undermined ambitious climate action. Polluting industries may gain access to information or audiences to further their own profits, influence decision texts, and seek to greenwash their image through participation on and access to official delegations, sponsorship, and via consultants and agencies which serve both COP hosts and polluting industries⁷⁰. At present, measures introduced by the UNFCCC Secretariat require disclosure of affiliation by all delegates, with additional optional disclosure by non-Party Stakeholders of funding and alignment to the Kyoto Protocol and Paris Agreement. However, limitations exist in the enforcement of such disclosures and subsequent response to identified conflicts of interests⁷¹. Rigorous protocols and guardrails have been developed by WHO and others to limit undue commercial influence from undermining protective policies with successful results, including conflict of interest disclosures and transparency mechanisms that could inform an enhanced Accountability Framework⁷² in the UNFCCC space^{73,74}.

- The UNFCCC Secretariat should enhance disclosure of affiliations and funding support by COP delegates on both Party and observer delegations, to increase transparency as part of a wider conflict of interest policy. In order to subsequently protect against undue influence from harmful polluters, transparency should be accompanied by measures to respond to identified conflicts of interest. The Secretariat should also introduce more stringent regulations pertaining to hosting and sponsorship of UNFCCC meetings.
- COP Presidencies should lead by example by committing to exclude representatives of polluting industries from their delegations and sponsorships, and to exclude the PR agencies which serve these industries from contracts and advisory roles.
- Parties should introduce more stringent regulations and enforcement under Arrangements for Intergovernmental Meetings, and should rigorously vet delegation members to prevent inclusion of high-emitting industry representatives.
- Presenters at UNFCCC meetings should provide public disclosures detailing financial ties, institutional affiliations, and advisory roles.

References

- ¹ Watts, et al, 2015. Health and climate change: policy responses to protect public health. *Lancet* 386 (10006): 1861-1914.
- ² COP30 Presidency, 2025. Third Letter from the Presidency.
- ³ IPCC, 2022. Climate Change 2022: Impacts, Adaptation and Vulnerability. Working Group II Contribution to the IPCC Sixth Assessment Report. Chapter 7: Health, Wellbeing and the Changing Structure of Communities.
- ⁴ Romanello et al, 2025. The 2025 report of the Lancet Countdown on health and climate change: climate change action offers a lifeline. Online, October 2025.
- ⁵ WHO and World Bank, 2023. Tracking Universal Health Coverage: 2023 Global monitoring report.
- ⁶ UNEP, 2023. Underfinanced. Underprepared. Inadequate investment and planning on climate adaptation leaves world exposed.
- ⁷ World Bank, 2024. The Cost of Inaction: Quantifying the Impact of Climate Change on Health in Low- and Middle-Income Countries.
- ⁸ UNFCCC, 2016. The Paris Agreement.
- ⁹ UNFCCC, 1992. United Nations Framework Convention on Climate Change.
- ¹⁰ WHO, n.d. COP26 Health Commitments.
- ¹¹ COP28 Presidency. COP28 UAE Declaration on Climate and Health.
- ¹² Government of Brazil. Belém Health Action Plan for the Adaptation of the Health Sector to Climate Change.
- ¹³ International Court of Justice, 2025. Obligations of States in Respect of Climate Change.
- ¹⁴ Inter-American Court of Human Rights, 2025. Climate Emergency and Human Rights
- ¹⁵ International Tribunal for the Law of the Sea, 2024. Request for an Advisory Opinion submitted by the Commission of Small Island States on Climate Change and International Law.
- ¹⁶ Whitmee, 2023. Pathways to a healthy net-zero future: report of the Lancet Pathfinder Commission
- ¹⁷ Hamilton 2021. The public health implications of the Paris Agreement: a modelling study. *Lancet Planetary Health* 5(2): e74-e83
- ¹⁸ Whitmee et al, 2024. Pathways to a healthy net-zero future: report of the Lancet Pathfinder Commission. *Lancet* 403 (10421) 67-110.
- ¹⁹ Convention on Biological Diversity, 2022. Kunming-Montreal Global Biodiversity Framework. CBD/COP/DEC/15/4.
- ²⁰ WHO, 2023. Operational framework for building climate resilient and low carbon health systems.
- ²¹ WHO, n.d. Biodiversity and human health.
- ²² UN Environment Programme, 2024. Adaptation Gap Report 2024: Come Hell and High Water.
- ²³ Care & Oxfam, 2025. Climate Finance Shadow Report 2025: Analysing progress on climate finance under the Paris Agreement.
- ²⁴ UNFCCC, 2025. NAP Central. [accessed 23 October 2025]
- ²⁵ Global Climate and Health Alliance, 2025. From Cradle to Grave: The Health Toll of Fossil Fuels.
- ²⁶ Jacobson, 2019. The health and climate impacts of carbon capture and direct air capture. *Energy Environ. Sci.* 12: 3567
- ²⁷ PSR, 2024. Danger Ahead: The Public Health Disaster That Awaits From Carbon Capture and Sequestration (CCS).
- ²⁸ Lelieveld et al, 2023. Air pollution deaths attributable to fossil fuels: observational and modelling study
- ²⁹ World Bank, 2022. The Global Health Cost of PM2.5 Air Pollution: A Case for Action Beyond 2021.
- ³⁰ Markandya et al, 2018. Health co-benefits from air pollution and mitigation costs of the Paris Agreement: a modelling study. *Lancet* 2 (3e): 126-e133.
- ³¹ Dreyfus et al, 2022. Mitigating climate disruption in time: A self-consistent approach for avoiding both near-term and long-term global warming. 119 (22) e2123536119 doi.org/10.1073/pnas.2123536119
- ³² Climate and Clean Air Coalition, n.d. Short Lived Climate Pollutants and Health.
- ³³ EDF, 2024. Methane and Health: Oil and Gas Sector.
- ³⁴ Griscom et al, 2017. Natural climate solutions. *PNAS* 114(44): 11645-11650.
- ³⁵ Convention on Biological Diversity, 2024. Biodiversity and Climate Change. CBD/COP/DEC/16/22
- ³⁶ Convention on Biological Diversity, 2024. Biodiversity and Health. CBD/COP/DEC/16/19
- ³⁷ Vora et al, 2024. Nature-based solutions are essential for climate and health action. *Lancet* 404(10456): 913-915
- ³⁸ Olivero et al, 2017. Recent loss of closed forests is associated with Ebola virus disease outbreaks. *Nature Scientific Reports* 7: 14291
- ³⁹ Global Climate and Health Alliance & Health Care Without Harm, 2023. COP28 Open Letter on fossil fuels from the Global Medical and Health Community.
- ⁴⁰ IEA, 2023. Net Zero Roadmap A Global Pathway to Keep the 1.5 °C Goal in Reach.
- ⁴¹ WHO, 2025. The State of Food Security and Nutrition in the World 2025.
- ⁴² Gould et al, 2023. Climate and health benefits of a transition from gas to electric cooking. *Proc Natl Acad Sci U S A.* 2023 Aug 15;120(34):e2301061120. doi: 10.1073/pnas.2301061120.
- ⁴³ Climate Action Network, 2025. Discussion Paper: The Belem Action Mechanism for a Global Just Transition: Why and How. October 2025
- ⁴⁴ UNFCCC, 2025. SBSTA 62 agenda item 8 / SBI 62 agenda item 8 United Arab Emirates just transition work programme.
- ⁴⁵ UNFCCC, n.d. Non-economic losses.
- ⁴⁶ UNFCCC, 2024. New collective quantified goal on climate finance. FCCC/PA/CMA/2024/L.22.
- ⁴⁷ World Bank Group, 2025. Financial Intermediary Funds (FIFs) - Fund for responding to Loss and Damage [accessed 16 October 2025].
- ⁴⁸ UN General Assembly, 1992. Rio Declaration on Environment and Development. A/CONF.151/26 (Vol. I).
- ⁴⁹ Stamp Out Poverty, 2024. The Climate Damages Tax.
- ⁵⁰ Global Solidarity Levies Task Force, 2024. About.
- ⁵¹ International Monetary Fund, 2023. IMF Fossil Fuel Subsidies Data: 2023 Update.
- ⁵² Health and Environment Alliance, 2018. Hidden Price Tags: How Ending Fossil Fuel Subsidies would Benefit Our Health.
- ⁵³ Moses et al, 2019. Funding and services needed to achieve universal health coverage: applications of global, regional, and national estimates of utilisation of outpatient visits and inpatient admissions from 1990 to 2016, and unit costs from 1995 to 2016. *Lancet Public Health* 4(1): e49-e73
- ⁵⁴ Clean Air Fund and Climate Policy Initiative, 2025. State of Global Air Quality Funding, 2025.
- ⁵⁵ Moreddu, 2011. Distribution of Support and Income in Agriculture. OECD Food, Agriculture and Fisheries Papers, No. 46.
- ⁵⁶ Bridgetown Initiative. Final Draft Bridgetown Initiative: 3.0
- ⁵⁷ UN DESA, 2025. Intergovernmental Negotiations for UN Framework Convention on International Tax Cooperation.
- ⁵⁸ Curl et al, 2021. Synthetic Pesticides and Health in Vulnerable Populations: Agricultural Workers. *Curr Environ Health Rep.* 7(1) :13-29
- ⁵⁹ WHO, 2024. Preventing suicide by phasing out highly hazardous pesticides.
- ⁶⁰ Graham et al, 2025. Unseen Drivers of Antimicrobial Resistance: The Role of Industrial Agriculture and Climate Change in This Global Health Crisis. *Challenges* 2025, 16(2), 22. doi.org/10.3390/challe16020022
- ⁶¹ Jones et al, 2013. Zoonosis emergence linked to agricultural intensification and environmental change. *Proc Natl Acad Sci USA.* 110(21): 8399-8404
- ⁶² Committee on World Food Security, 2021. Agroecological and Other Innovative Approaches for Sustainable Agriculture and Food Systems that Enhance Food Security and Nutrition.
- ⁶³ FAO, 2018. The 10 elements of agroecology: Guiding the transition to sustainable food and agricultural systems
- ⁶⁴ IPCC, 2019. Special Report on climate change and land, chapter 5.
- ⁶⁵ UN Women, 2025. How gender inequality and climate change are interconnected.
- ⁶⁶ IISD, NAP Global Network, Women Deliver, n.d. Climate Change and Sexual & Reproductive Health & Rights (SRHR).
- ⁶⁷ Desai and Mandal, 2021. Role of Climate Change in Exacerbating Sexual and Gender-Based Violence against Women: A New Challenge for International Law. *Environmental Policy and Law* 51 (2021) 137-157. doi 10.3233/EPL-210055 .
- ⁶⁸ Kluger, 2023. There Are More Fossil Fuel Lobbyists Than Ever at COP28. *Time*.
- ⁶⁹ Sherrington et al, 2023. Big meat and dairy lobbyists turn out in record numbers at COP28. *Guardian*.
- ⁷⁰ The Intercept, 2018. Shell Oil Executive Boasts That His Company Influenced the Paris Agreement
- ⁷¹ UNFCCC, 2023. Changes to the registration system and process.
- ⁷² Corporate Accountability, 2022. Joint civil society submission on establishing a UNFCCC Accountability Framework to protect against undue influence.
- ⁷³ WHO Framework Convention on Tobacco Control, 2003. WHO Framework Convention on Tobacco Control (Article 5.3)
- ⁷⁴ WHO, 2013. Guidelines for implementation of Article 5.3

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