The health case for scaling quality adaptation finance and integrating agendas

A critical opportunity for action

2026 presents a critical opportunity to advance investment in adaptation, both in the healthcare sector and across sectors to protect health and lives. As Parties meet at SB64 to discuss the financing and implementation of adaptation action, the convergence with the 2026 UN High-Level Meeting on Pandemic Prevention, Preparedness and Response, the 2027 UN High-Level Meeting on Universal Health Coverage, Green Climate Fund replenishment discussions, and ongoing global health architecture reforms creates a unique window to better align climate and health financing. This briefing summarizes key findings and recommendations from the SSRN preprint Financing Climate-Resilient Health Systems: A Case for Scaling Quality Financing and Integrating Agendas (also attached) and highlights opportunities for negotiators to strengthen the integration of health within climate adaptation and finance processes.

Climate change threatens public health and health systems

Climate change impacts sectors including agriculture, water and sanitation, and housing, driving the burden of disease and injury on health systems while damaging vital health infrastructure and the moment it is most needed.

- An estimated 3.6 billion people worldwide live in climate-vulnerable settings, enduring health harms including heat stress, malnutrition, infectious disease such as malaria and cholera, and mental health impacts.
- Adaptation across sectors promotes healthy and resilient societies, and reduces the burden of disease and injuries that ultimately fall on health systems
- Strong and resilient health systems able to withstand climate stressors and shocks will protect core services while meeting growing healthcare needs.
- Health itself is also a pillar of resilience - healthier populations are more able to withstand and recover from climate shocks.

The financing gap remains substantial

Despite global commitments, financing for climate adaptation and health remains insufficient and fragmented. Limited fiscal space, declining development assistance for health (and climate), and rising debt burdens reduce countries' ability to invest in climate resilient health systems.

- Adaptation requirements for developing countries are ~US$310–365 billion annually.
- Africa alone needs $7–15 billion to strengthen climate-resilient health systems.
- Adaptation finance declined from 2022-2023: only US$26 billion in adaptation finance was provided to developing countries in 2023.

Fragmented financing undermines progress

Climate adaptation and health financing operates in siloes across global and national levels.

- Fewer than half of costed NAPs and NDCs quantify estimates for health adaptation.

- While many health strategies may recognize climate resilience as a priority, they do not usually include adaptation costing, budget tagging, or resilience indicators.
- Siloed governance between health security, universal health coverage, and climate adaptation has repeatedly undermined coherent responses to overlapping crises
- Healthier populations and resilient systems generate economic growth and expand fiscal space. Effective use of available resources in public budgets can yield long-term dividends.
- Limited resources can be maximized by directing scaled adaptation finance toward adaptation actions that optimize health benefits, including nutrition, water security, reliable access to safe and affordable energy, and resilient housing.

Country experience: integrated climate-health approaches in practice

- Mozambique developed a National Health Adaptation Plan to Climate Change with multistakeholder input across environment, meteorology, and agriculture sectors – departing from disease-specific approaches in favor of integrated, cross-ministerial coordination on climate-health risks.
- Bangladesh's National Adaptation Programme of Action explicitly links climate resilience to community health infrastructure and its network of over 13,000 community clinics, which helped maintain essential primary health care services during Cyclone Amphan and recurrent flooding and served as frontline coordination points for emergency response.

Key recommendations

Governments, development partners, climate funds, and multilateral institutions should:

- Scale financing for adaptation through increased grant-based public finance.
- Integrate health system strengthening into climate adaptation frameworks, NAPs, NDCs, and adaptation investment plans.
- Expand fiscal space through debt relief, innovative financing mechanisms, and just and equitable fossil fuel subsidy reform.
- Improve alignment between climate, health, and development financing streams.
- Consider adaptation interventions which optimize health security, and universal health coverage simultaneously, including resilient agriculture and sanitation, primary health care, disease surveillance, and climate-resilient health infrastructure.

Scaling up and aligning climate and health financing is essential to achieving climate resilience, health security, and universal health coverage. Governments must urgently expand fiscal space and translate existing climate and health commitments into investment, drawing on opportunities presented by SB64, global financing reforms, debt restructuring efforts, fossil fuel subsidy reform, and innovative financing mechanisms. Doing so will be critical to building equitable and resilient health systems capable of withstanding growing climate-related health risks while safeguarding progress toward universal health coverage.