A Common Mission for COP31



Protecting health and lives through ambitious negotiation outcomes

October 2026

About this document

This document outlines the links between health and key areas of work under the UNFCCC, and has been prepared with input from partners from across the international health and climate community, convened by the Global Climate and Health Alliance. Organisations which endorse the executive summary are listed below. The detailed content in the latter sections of this document reflects extensive consultation with partners and allies but is not necessarily individually endorsed by all signatories. Additional content is also contained in the World Health Organization COP31 messages.

Organisations Endorsing the Executive Summary

As of 8 November 2026

1. Action for Global Health
2. Africa Climate and Health Alliance (ACHA)
3. Agile innovators
4. Agrifund International
5. Alliance of Nurses for Healthy Environments
6. Amaclare Connect and Development Initiative
7. Amref Health Africa
8. Aniedi Inyang Foundation - Anif
9. Association for the Right to Clean Air
10. Association Française de Pédiatrie Ambulatoire
11. Bangladesh Unnayan Parishad (BUP)
12. Banka Earth Foundation
13. Barcelona Institute for Global Health
14. Barokupot Ganochetona Foundation - BGF
15. Beyond Sweat Foundation
16. Canadian Association of Physicians for the Environment
17. Canadian Medical Association
18. Canadian Partnership for Women and Children's Health (CanWaCH)
19. Centre For Climate Action (CCA)
20. Centre on Climate Change and Planetary Health, London School of Hygiene & Tropical Medicine
21. Charity Foundation For Livelihood Support (CFLS)
22. Cimilo iyo Caafimaad
23. Climate KIC
24. Climate Psychiatry Alliance
25. Climate Resilience Action Group (CRAG) - Kano Independent Research Centre Trust
26. Community Action for Health and Development
27. Danish Family Planning Association
28. DASTAK Foundation
29. Department of Psychiatry Universitat Autonoma Barcelona
30. Development Initiative for Community Impact
31. Doctors for the Environment Australia
32. Dutch Green Health Alliance
33. Eco-Accord
34. ECODES
35. ECOMIND
36. Emonyo Yefwe International
37. European Confederation of Primary Care Pediatricians ECPCP
38. European Respiratory Society
39. Friends of Vulnerable Village Children Uganda
40. Global Emerging Pathogens Treatment Consortium (GET)
41. Global Health Advocates
42. Global Leadership Initiative for Education, Health and Social Development (GLIEHSD)
43. Global Mental Health Action Network (including the COP31 Short-Term Action Group)
44. Global Youth Strategy (GYS) on Air Pollution and Climate Health
45. GreenLight Initiative
46. Hacettepe University
47. Health Action International
48. Health and Global Policy Institute
49. Health Care Without Harm
50. Human Network for Health and Humanitarian Affairs
51. Imperial College London Faculty of Public Health
52. Institute for Sustainable Development of Lenca Women in Honduras IDESMULH
53. Institute of Environment and Eco Development (IEED)
54. Instituto Arvores Vivas para Conservacao e Cultura Ambiental
55. Instituto Mexicano del Seguro Social para el Bienestar
56. InterAmerican Heart Foundation (IAHF / FIC)
57. International Federation of Environmental Health
58. International Federation on Ageing
59. International Federation of Medical Student Associations (IFMSA)
60. International Medical Corps
61. International Pharmaceutical Federation (FIP)
62. International Society for Environmental Epidemiology ISEE
63. Isfahan University of Medical Sciences
64. Judgment UN Skills Development
65. Kanindé
66. Kebibetkache Women Development and Resource Centre
67. KLUG - Deutsche Allianz Klimawandel und Gesundheit e.V.
68. LifeLine International
69. Ludwig Maximilians Universität
70. Medecins du Monde International
71. Médecins Sans Frontières
72. Medical Society Consortium on Climate and Health
73. MMBSHS Trust
74. Mongolian Anti-TB Coalition
75. National Youth Network on Climate Change - Malawi
76. NCD Alliance
77. Neuro Climate Working Group
78. NH Healthy Climate
79. Nurses Across the Borders Humanitarian Initiative
80. Pan African Health Professionals Organisation - PAHPO
81. Physicians for Social Responsibility
82. Planetary Health Equity Hothouse
83. Population, Health and Environment Ethiopia Consortium
84. Probha Aurora Foundation
85. Projeto Saude e Alegria/ Amazonia Brasil
86. Prevention United
87. Providence Whole Care International
88. Psychology for a safe Climate.
89. Red de Acceso a Medicamentos
90. Rede Saúde e Clima Brasil
91. Regenerate Africa
92. Resilient Cities Network (R-Cities)
93. Results International (Australia)
94. Ryan Institute, University of Galway
95. SeeChange Initiative
96. Seed Global Health
97. Society of Nigerian Doctors for the Welfare of Mankind (IPPNW Nigeria)
98. SONSIEL - Society of Nurse Scientists, Innovators, Entrepreneurs, & Leaders
99. Soulbeegood
100. Sathya Sai International Organisation of Malaysia
101. Suraksha
102. Sustentabilidad Sin Fronteras
103. The Empowerment Circle Inc.
104. The George Institute for Global Health
105. The Lancet Countdown on Health and Climate Change
106. The Lancet Countdown Oceania Regional Centre
107. Tree Adoption Uganda
108. Türk Toraks Dernegi
109. UK Faculty of Public Health
110. UK Working Group on NCDs
111. United for Global Mental Health
112. University of Global Health Equity, Kigali, Rwanda
113. UNU CRIS
114. Vokkaligara Sangha Dental College and Hospital
115. Yeapugama Women for Community Empowerment and Development
116. Young Think Tank Uganda
117. YOUNGO Health

Executive Summary

Climate change is a leading threat to health of the current era, driving health harms due to heat, infectious disease, malnutrition, poor mental health, and impacts on sexual and reproductive health and rights. Meanwhile, climate action reduces these health impacts and also offers additional co-benefits, such as a decrease in non-communicable disease. Ambitious outcomes across climate decisions at COP31 are a health imperative. Delivery of health-protecting climate action can be supported through coordination between ministries including those responsible for climate, energy, agriculture, health, finance and beyond, coupled with inclusion of health experts and advisors in UNFCCC decisionmaking. Furthermore, meaningful engagement and empowerment of rightsholders who are most vulnerable to the health and wider impacts of climate change is essential for equitable climate action. As the global climate and health community, we call on Parties at COP31 to recognise and act to protect and promote health across negotiations, including:

Global stocktake Integrate health considerations throughout the second Global Stocktake, as an outcome of all pillars of climate action. Ensure that the second Global Stocktake is informed by the best available science, particularly the work of the IPCC.

Adaptation Triple adaptation finance to at least US$ 120 billion well in advance of 2035 to enable health protective adaptation across sectors including through implementation of national adaptation plans. Make progress towards full and timely operationalisation of the Belém Adaptation Indicators.

Mitigation Prioritise renewable energy-based electrification, expanding access to safe, reliable affordable energy as part of a just and equitable transition away from fossil fuels, and guarding against repeated health harms of extractivism when procuring transition minerals. Ensure that the mandate of an extended MWP is strengthened and supports implementation. Recognise and act on the significant and rapid gains for the climate and for human health of reducing short-lived climate pollutants (SLCPs).

Just transition Establish the Just Transition Mechanism, and include health in its scope, reflecting that protection of human health is a prerequisite for a just transition. Include health experts in any new just transition entities established, to offer technical support, including for Parties seeking to conduct health impact assessments of potential transition pathways.

Loss and damage Drastically scale up new and additional grants-based finance for addressing loss and damage including health-related loss and damage, in alignment with the International Court of Justice Advisory Opinion on the Obligations of States in respect of Climate Change. Build on existing technical work and support to address health related losses and damages through inclusion of health experts in the expert groups of the Warsaw International Mechanism Executive Committee, and the Santiago Network on Loss and Damage.

Finance Scale up the provision of public grant-based and highly concessional finance through the Climate Finance Work Programme, to enable life-saving climate action across sectors, without exacerbating cycles of debt, poverty and disease driven by high-interest loans. Consider innovative sources of climate finance, by implementing fiscal policies for polluting commodities which are commensurate with the cost of associated health harms.

Science COP31 should promote the inclusion of the best available science, particularly the work of the IPCC, to inform negotiations, with formal recognition of Indigenous and local knowledge alongside peer-reviewed research, to guide ambitious and health-protective climate action.

Agriculture Support a shift to implementation in future work on agriculture and food security under the UNFCCC, including support for scaling up agroecological approaches and in alignment with a One Health and wider planetary health-informed approach, to improve nutrition and human health.

Gender Ensure funding for the operationalisation of the Belém gender action plan and additionally mainstream gender, sexual and reproductive health and rights, and related health considerations across negotiations and climate action.

Conflict of interest COP Presidencies, the UNFCCC Secretariat, and Parties should adopt measures to disclose and address conflicts of interest, commensurate with the health burden caused by polluting industries, and in line with Party obligations concerning the right to health as recognised in the Paris Agreement.

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Introduction

Climate change is poised to undermine decades of progress in global health[1] and development, and exacerbates inequities. In 2026, climate change, compounded in some regions by a strong El Niño, has had devastating effects. The health costs of climate-related events have included over 1400 deaths and over 6,100 missing in Nepal alone[2], an additional 8 million children at risk of hunger in Eastern and Southern Africa[3], over 35,000 deaths during heatwaves in Europe[4], and the long term health impacts of air pollution from over 5,400 wildfires in Canada[5]. As recognised by the COP31 Presidency in its third letter, "rising temperatures, deteriorating air quality, changing disease patterns and more frequent extreme weather events are placing growing pressure on health systems worldwide"[6]. Every increment of overshoot beyond of the 1.5°C target is highly detrimental to human health[7].

Ambitious climate outcomes from both the negotiations and the Action Agenda are 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.

Climate change undermines the human right to health and the human right to a clean, healthy and sustainable environment. The IPCC and the Lancet Countdown on Health and Climate Change[8,9] find that climate change drives injury, disease and deaths from hazards such as heatwaves, wildfires and their resulting smoke, floods, droughts, storms, and displacement. Health impacts range from vector-borne and water-borne disease, pandemic risk, malnutrition, non-communicable diseases (NCDs), mental health impacts, adverse maternal-child health outcomes and threats to sexual and reproductive health and rights (SRHR). Costs are mounting, with labour capacity reduction due to heat exposure resulting in 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 GDP[9]. It is challenging for health systems to deliver universal health coverage even at current levels of global heating, and the majority of countries experienced worsening or no significant improvement in health service coverage since the launch of the Sustainable Development Goals (SDGs)[10]. Projections indicate that many health-related SDG indicators will require a concerted shift towards multisectoral, prevention-oriented policy action and investments to achieve SDG aims. Notably, several targets, if they are to be met by 2030, demand a pace of progress that no country has achieved in the recent past[11]. The cost of adaptation in the health sector alone is estimated to reach US$ 11.1 billion per year in 2030 for developing countries[12], with finance from developed countries being vital for implementation. These costs will

continue to rise without accelerated emissions reductions, with the highest emitting countries taking responsibility to act most rapidly. Climate-related health risks are strongly shaped by conditions outside the health sector, including housing, water and sanitation, food and nutrition security, livelihoods and working environments, energy access, transport and environmental quality. Climate-health action must therefore address prevention and resilience across these underlying determinants, rather than relying primarily on additional capacity within already overstretched health systems. Without investment in climate action, by 2050, the costs of climate-related health impacts could reach up to US$ 20.8 trillion in low- and middle-income countries (LMICs) alone[13].

Climate change disproportionately affects the health of populations in vulnerable situations. 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, including the lived experience and locally generated evidence of communities and practitioners in climate-vulnerable countries of the Global South. COP31 must ensure 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. Children, adolescents, and young people, who will live longest with the consequences of today's decisions and are already driving climate and health solutions, must be engaged as partners and agents of change, in keeping with the intergenerational equity recognized in the Paris Agreement's preamble.

Health is embedded in Articles 1.1 and 4.1.f of the UNFCCC, the preamble of the Paris Agreement, and paragraph 108 of the decision on the adoption of the Paris Agreement[14,15]. It has gained increasing traction in the action agenda, including through the adoption of the COP26 Health Commitments[16] (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, the Belém Health Action Plan, and the Antalya Initiative for Resilient Health Systems[17,18]. Health impacts, healthcare sector planning, and health-promoting actions across sectors feature widely in NDCs 3.0[19,20], but alignment of NDC emissions reduction targets to minimise overshoot of 1.5°C and finance for implementation will be critical for health-protecting actions. Health has also been gaining traction in the negotiations: The outcome of the first global stocktake (1/CMA.5) highlighted the human right to a clean, healthy and sustainable environment, alongside the right to health. The Global Mutirão 1/CMA.7 refers to the economic and social benefits and opportunities of climate action, including improved public health. The UAE Framework for Global Climate Resilience (2/CMA.5) includes a target on attaining resilience against climate-related health impacts, and health indicators are included in the Belém Adaptation Indicators (12/CMA.7). On Just transition, references to health and clean cooking, as well as health and low-carbon technologies (2/CMA.7). To translate this growing momentum into life-saving action, the potential of climate action to protect and improve health must now be fully holistically addressed in, and streamlined throughout, UNFCCC negotiations, moving from mention of health to fully scaled health-protecting climate action.

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, quality employment, sustainable energy security, ecosystem services and social protection, with associated returns on investment[21,22,23,24]. This should be embedded both in UNFCCC decision-making and the development and implementation of national climate plans such as nationally determined contributions (NDCs) and national adaptation plans (NAPs).

Global stocktake

Background

The second Global Stocktake (GST2) will formally begin in Antalya. GST2 is a defining process in the COP ambition cycle. With the implementation of the Paris Agreement defining the health of populations around the world, GST2 is thus a pivotal enabler of health promoting climate action. Informed by the latest available science, and national implementation including progress recorded in Biennial Transparency Reports (BTR)s, the outcome of GST2 at COP33 will provide vital recommendations for Parties to consider both in the implementation of NDCs 3.0, and a preparations begin for NDCs 4.0.

Recommendations

Integrate health considerations throughout the second Global Stocktake, as an outcome of all pillars of climate action. Ensure that the second Global Stocktake is informed by the best available science, particularly the work of the IPCC.

- COP31 must demonstrate that GST1 commitments are translating into real-world implementation. This must go beyond reiteration of transitioning away from fossil fuels, halting and reversing deforestation, adaptation, finance and loss and damage in COP decisions, with reports of concrete national action.
- GST2 should assess collective progress, including on GST1 outcomes, with equal robustness across mitigation, adaptation, loss and damage, and means of implementation.
- The GST2 process should reflect the importance of IPCC reports in informing policy.
- The GST2 process should consider how physical and mental health gains of climate action can be most effectively implemented and monitored as part of the Paris Agreement's ambition cycle. Parties should consider links between health and climate action and share national good practice and experience on integrating health and climate action in submissions, technical dialogues and negotiations throughout the GST2 process, spanning links with mitigation, adaptation, loss and damage, and means of implementation. These inputs should inform cross cutting sections on health in the GST2 technical dialogue reports and the GST final outcome.
- The appointment of strong, organized, and inclusive co-facilitators, who support negotiators to identify common ground and advance negotiations at a steady pace, and ensure meaningful participation of civil society, will be vital to ensure the smooth progression of the GST2 negotiations.

Adaptation

Background

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, which arise due to insufficient adaptation across health-determining sectors from agriculture to sanitation to buildings to urban planning. Adaptation in the healthcare sector in line with the UAE Framework for Global Climate Resilience and the Belém Health Action Plan requires reliable health surveillance systems and response mechanisms to climate threats[25]. The UAE Framework for Global Climate Resilience placed strong emphasis on adaptation as guiding efforts towards the collective well-being of all people and the protection of livelihoods and economies, and underscoring the need for a social determinants of health approach.

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. Climate-related disruption of water availability, quality and sanitation services amplifies infectious disease risk, malnutrition and displacement, and compounds existing inequities in access.

As per the 2025 UNEP Adaptation Gap Report, developing-country adaptation finance needs are projected to rise to US$ 310 billion per year in 2035, but adaptation finance fell from US$ 28 billion in 2022 to US$ 26 billion in 2023[26]. According to the 2025 Climate Finance Shadow Report, despite the immediate need for adaptation finance for communities already faced with climate impacts, adaptation received a little over half of the level of public climate finance allocated to mitigation in 2021-22.[27] Lack of finance for adaptation undermines health protecting adaptation across sectors. Between 2021 and 2022, the Green Climate Fund provided US$ 166 million for health-focussed adaptation (US$ 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 US$ 84 million[9].

Adaptation actions should be detailed in NAPs, of which 81 have been submitted to the UNFCCC to date by developing country Parties[28]. NAPs must be 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. Further, they must be delivered in ways that are accessible to developing countries, including through simplified, predictable and locally responsive financing mechanisms. Finance presents a further barrier to implementation even following development of a NAP. Implementation should recognise that adaptation solutions cannot be uniformly applied across countries or communities and should allow sufficient flexibility for locally appropriate approaches. Locally led adaptation ensures that adaptation interventions respond to community needs, including those related to health, and are tailored to local context.

Recommendations

Triple adaptation finance to at least US$ 120 billion well in advance of 2035 to enable health protective adaptation across sectors including through implementation of national adaptation plans. Make progress towards full and timely operationalisation of the Belém Adaptation Indicators.

- Parties must reiterate their commitment to triple adaptation finance, reaching at least US$ 120 billion well in advance of 2035.
- Parties should prepare to follow up with a robust, needs-based adaptation finance commitment that reflects the full scale and costs of delivering the GGA and scaling up adaptation action on the ground.
- Through the BAR, Parties should operationalise paragraph 28(d) of decision 12/CMA.7, particularly on the provision of adaptation finance, including how the GEF, GCF and Adaptation Fund will support developing countries to achieve the United Arab Emirates Framework for Global Climate Resilience (FGCR) targets, and provision of finance to developing countries to be able to implement and test the Belem Adaptation indicators (as per paragraph 11 of decision 12/CMA.7).
- Parties must urgently agree on composition of the technical task force of the Belém-Addis Vision (BAV) to progress work on methodologies and metadata for the Belém Adaptation Indicators, balancing expert and Party roles based on past experience, and adopt its modalities and outcomes, ensuring alignment with GST inputs so that progress made towards the GGA can inform the GST. In order to demonstrate progress by the 2030 timelines set out in the UAE Framework for Global Climate Resilience, the indicators must be fully operationalised by CMA9 in 2027, to enable tracking of baselines and subsequent progress by 2030.
- Work on methodologies should be complemented by drawing from local and Indigenous knowledge systems and experiences to better reflect how adaptation works in practice. Testing is a crucial component for informing work on metrics. The testing and refinement of the Belém Adaptation Indicators should account for differing national circumstances, capacities and adaptation priorities, avoid disproportionate reporting burdens, and be supported by adequate finance and technical assistance for developing countries.
- At the same time, elements such as the review of progress toward the Global Stocktake (GST), including aggregation, are substantive issues that need to be defined and key pieces of the outcomes.
- As far as possible, methodologies and metadata developed for the Belém Adaptation Indicators should encompass health-related dimensions of adaptation, extending beyond healthcare to water and sanitation, food and nutrition security, and the health implications of climate-related forced mobility.
- COP31 must agree to the Adaptation Fund's transition to serve the Paris Agreement, including access to Article 6.4 resources, while preserving predictable grant-based finance, developing-country representation and governance, and avoiding new access barriers or disruption.
- Parties should integrate health and health promotion adaptation across sectors including climate-resilient WASH systems, resilient agriculture, and responses to displacement, into future NAPs, NDCs and adaptation monitoring.

Mitigation

Background

Mitigation, with highest emitters taking responsibility to act most rapidly and effectively, is a prerequisite to avoid increasingly severe health hazards that exceed the limits of adaptation in the healthcare sector and across sectors. Growing risks of 1.5°C overshoot reinforce the urgency of deeper emissions reductions to limit its magnitude and duration and bring temperatures back below 1.5°C as rapidly as possible to avoid exceeding the limits of adaptation and exposing populations to new and irreversible health threats.

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 production[29]. Addressing deforestation and unsustainable agricultural practices also optimise the health gains of biodiversity protection.

The ICJ Advisory Opinion clarified that "Failure of a State to take appropriate action to protect the climate system from GHG emissions — including through 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"[30]. Nevertheless, governments are pouring vast sums into fossil fuel subsidies, recently driven by geopolitical turmoil and overreliance on fossil fuels, while also not adequately accounting for externalised costs which keeps prices artificially low. In 2023, countries allocated a net total of US$ 956 billion in fossil fuel subsidies, diverting funds from clean energy and health. Notably, 15 countries out of 87 assessed spent more on net fossil fuel subsidies than on their national health budgets[9]. Failure to truly phase out fossil fuels and overreliance on technologies which are highly costly and are currently unproven at scale (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[31,32]. Meanwhile, biofuels can perpetuate polluting emissions and related air pollution, further deplete carbon sinks, have long-term harmful environmental impacts and divert much needed finance and focus from proven and scalable technologies like wind and solar energy. They also increase competition for land, putting the right to food at risk, and can deepen global inequalities by driving the exploitation of the Global South for raw materials while accelerating deforestation through the expansion of monoculture plantations, with severe social and environmental consequences.

Fossil fuel phase-out provides the opportunity to save millions of lives annually[9,33], generating associated cost savings[34]. 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 2022[9]. Energy efficiency saves costs while simultaneously lowering both air pollution and greenhouse gases. New power generation should be focused on clean renewable electricity, supported by necessary infrastructure. According to the 2026 Healthy NDC Scorecard, 43% of NDCs specifically mention improved air quality as a co-benefit, but barriers to implementation are hindering reductions in air pollution mortality in some settings[35].

Economic savings due to health benefits of mitigation can exceed the costs of implementation[36]. 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[37,38,39]. Action in sectors producing high levels of SLCPs, combustion of wood, waste and fossil fuels for black carbon; and agriculture, waste and energy for methane; as well as transport and energy for other precursors of tropospheric ozone; deliver the most substantial benefits[40,41]. Many actions to reduce fossil fuel emissions, from clean renewable power, active modes of transport to more sustainable diets and reduced reliance on 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, as essential contributions to emissions reductions[42]. Implementation of these solutions, including in coordination with key decisions under the Convention for Biological Diversity[43,44], 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[45,46].

Recommendations

Prioritise renewable energy-based electrification, expanding access to safe, reliable affordable energy as part of a just and equitable transition away from fossil fuels, and guarding against repeated health harms of extractivism when procuring transition minerals. Ensure that the mandate of an extended MWP is strengthened and supports implementation. Recognise and act on the significant and rapid gains for the climate and for human health of reducing short-lived climate pollutants (SLCPs).

- COP31 should protect and build on the gains made at COP28 and COP30 with regard to a just, orderly and equitable transition away from fossil fuels, reinforcing existing commitments, closing accountability gaps and sustaining political momentum towards stronger ambition. Highest historical and present emitters should reduce emissions most rapidly.
- Parties must ensure the continuation of the Mitigation Work Programme, a dedicated space for discussing mitigation is essential in the UNFCCC, while strengthening its mandate to align with GST and NDC cycles, and connecting to other processes such as the Global Implementation Accelerator, Belém Mission to 1.5C, and the Just Transition Work Programme. Its implementation should also be strengthened by establishing a MWP Implementation Synthesis Report for GST2, a Voluntary Partnership Tracking Mechanism, adoption of multi-year roadmaps, and through international cooperation and CBDR-RC. Outputs from dialogues are more formally linked to the negotiations, to support implementation to prevent escalating health risks.
- COP31 should establish a global target of 35% electrification of final energy demand by 2035, built on renewables, displacing the use of fossil fuels as a leading driver of climate change and its health harms. Fair electrification must deliver universal energy access, affordability and reliability to communities who do not yet have access, as a major social determinant of health, while protecting public and community ownership and sovereignty. Safeguards must be implemented to protect against repeating the health and wider harms of extraction when procuring transition minerals.
- SLCPs, including black carbon, hydrofluorocarbons, tropospheric ozone and methane should be specifically addressed under the mitigation work programme or other mitigation related items. SLCPs could be integrated into a workshop under the MWP in 2027, with a focus on implementation of action.
- At national level, dedicated targets on SLCPs should be included in national energy roadmaps and other climate policies.
- Parties must exclude technologies, infrastructure and market mechanisms that delay emission reductions and prolong fossil-fuel dependence and its health harms by diverting finance from renewable energy and other true solutions.
- Parties should reflect themes emerging from the workshop under response measures on the health co-benefits of NDC implementation in September 2026 in negotiated outcomes at COP31, as appropriate.
- Parties - starting with developed countries and major emitters, including linked to the First Conference on Transitioning Away from Fossil Fuels in Santa Marta, and the COP30 Presidency's Roadmaps on Transitioning Away from Fossil Fuels Roadmap - must adopt funded, transparent, trackable national transition plans to demonstrate their transition away from fossil fuel (TAFF) implementation pathways with milestones, sectoral pathways, enabling policies, and accountability. These transition plans must have equity and differentiated timelines with developed countries moving first and fastest, in accordance with equity and CBDR-RC, while removing financial and legal barriers, and providing public finance, technology and capacity support for developing countries.
- Delivering on the GST1 commitment to halt and reverse deforestation and forest degradation by 2030 will require aligning economic and financial systems with this 2030 commitment, focusing action on the direct, indirect, and structural drivers of forest loss including agricultural expansion, commodity production and supply chains, harmful fiscal and financial incentives, environmental crime and forest degradation, and supporting a transition towards resilient, nature-positive food systems while supporting practical, rights-based implementation on the ground. These efforts must also recognise the role of forest-connected communities in protecting forests and respect the rights of Indigenous Peoples to their lands, territories and resources, including their role in forest governance.
- In implementing the COP30 Presidency Roadmaps on Transition Away from Fossil Fuels, and on Deforestation, the health opportunities and risks of different energy transition pathways should be carefully assessed. National plans must respect Indigenous Peoples' rights, including their right to free, prior and informed consent (FPIC), and ensure their meaningful participation in decisions affecting their lands, territories and resources.
- Article 6 implementation should support high-integrity, rights-based approaches to forest protection including with regards to the human right to health and the human right to a clean, healthy sustainable environment. This includes jurisdictional programmes and results-based finance, while ensuring robust safeguards, transparency, and benefits for Indigenous Peoples and local communities. Furthermore, Article 6 Mechanisms should consider the avoided health costs and opportunities of health savings from co-benefit actions.

Just transition

Background

Transitions which fail to protect health, or harm it, are inherently unjust. Just transitions towards sustainable practices are an opportunity to build resilience and promote health, justice and social equity. Just transitions may only be considered as such if they protect and promote health and its determinants, including poverty eradication, decent jobs, clean energy access, and debt relief.

Current systems across sectors do not serve health: for example, 655 million people globally still lack access to electricity, and two billion use polluting fuels and technologies for cooking, putting their health and well-being at risk.[47] The use of biomass and fossil fuels for household cooking, cleaning and lighting caused 2.9 million deaths from household air pollution alone in 2021[48]. Meanwhile, food systems leave 673 million people undernourished[49], while one-third of food produced for human consumption is lost or wasted globally, contributing to 10% of global emissions[50]; and transport systems which prioritize private cars over safe active travel lead to high incidences of road traffic accidents.

The transition to renewable energy to date has been deeply unjust – renewables, which can help tackle energy poverty and its associated health harms, only account for 3.5% of the energy in countries with a low human development index (HDI), which are most affected by energy poverty[9]. In contrast, renewables contribute to over 13% of energy in countries with a very high HDI[9]. 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 food systems, and healthcare are three sectors where interventions to reduce emissions can also improve health and resilience. Just transitions planned in coordination with communities, workers and health stakeholders offer many opportunities for health. These gains are possible through clean, safe, affordable energy enabling clean cooking and improved household and ambient air quality[51], more resilient health systems, and improved access to education; nutrition security, resilient food supply chains and reduced pollution from agrochemicals; safe, ethical and prosperous employment, training for re-employment new jobs; and reduced burden on healthcare professionals. At COP30, Parties decided to develop a Just Transition Mechanism, to enhance international cooperation, technical assistance, capacity-building and knowledge sharing, and enable equitable, and inclusive just transitions. Discussions at COP31 will focus on the operationalisation of the Mechanism.

Recommendations

Establish the Just Transition Mechanism, and include health in its scope, reflecting that protection of human health is a prerequisite for a just transition. Include health experts in any new just transition entities established, to offer technical support, including for Parties seeking to conduct health impact assessments of potential transition pathways.

- COP31 should establish the Just Transition Mechanism (JTM) and agree a clear timeline for its full operationalisation. The JTM should translate agreed principles into practical support for national transition pathways, integrating human rights, decent work, social protection, environmental safeguards and meaningful participation.
- Health should be included in the scope of the Mechanism's functions, supported by inclusion of health experts on any technical entities established as part of the Mechanism.
- Parties should undertake health impact assessments to understand the potential health impacts and opportunities when comparing different transition pathways, especially for populations in vulnerable situations, and making sure to account for health-determining factors including energy access. National transition plans must take into account determinants of health including income and occupational safety as they relate to changes in jobs.
- The evaluation of the just transition work programme should consider the contributions of civil society voices in negotiations.
- A 2027 just transition work programme dialogue could focus on health as a key element of just transitions across sectors.

Loss and damage

Background

Insufficient action on climate mitigation and adaptation leads to loss and damage, including health impacts. In addition to the grave health impacts of climate change described in the introduction of this paper, in recent years, an average of 546,000 annual deaths occur from heat; and a record 154,000 from wildfire-derived air pollution in 2024[9] and are projected to continue rising and global heating worsens. These and other health impacts of climate change are classified as non-economic losses and damages[52]: Though their economic costs to communities and governments are significant[13], these may be challenging to wholly quantify. Climate-related shocks can simultaneously increase health and adaptation costs, reduce public revenues and increase debt burdens, creating a cycle in which countries are forced to borrow to respond to climate impacts while having fewer resources available for prevention and resilience. Health harms are also exacerbated by other losses and damages, such as ecosystem services, biodiversity, and cultural heritage.

The Barbados Implementation MechanBIM has a total funding envelope of US$ 342 million. However, the demand has far surpassed the resources available: 119 countries have submitted 176 funding requests worth US$ 2.8 billion. The ICJ Advisory Opinion states that developed country Parties have a legal responsibility to finance loss and damages[30]. The NCQG outcome acknowledges the significant gaps that remain in responding to the increased scale and frequency of loss and damage[53]. Meanwhile, as of 3 November 2026, contributions paid into the Fund for Responding to Loss and Damage (FRLD) totalled US$ 719 million[54], less than 0.2% of the estimated baseline of US$ 400bn annual need[55].

At COP 30, Parties completed the third review of the Warsaw International Mechanism, setting out a number of areas where its work should be strengthened and better implemented. Parties also deferred the outstanding question of WIM governance to COP 31. At COP 31, Parties should build on progress in implementing the third WIM review and strengthen efforts to translate its outcomes into concrete action and support for developing countries for loss and damage, including health.

As of September 2026, the Santiago Network on Loss and Damage had received more than 40 technical assistance requests. Adequate financial resources are necessary to mobilise the right technical expertise and deliver timely, high-quality support for health and other losses and damages.

Technical assistance through the Santiago Network is needed to quantify physical and mental health losses and damages and their associated economic costs. Such approaches should also recognise that many health losses and damages, particularly at the community level, cannot be fully captured through monetary valuation alone, including loss of wellbeing, cultural practices, social cohesion, care burdens and dignity.

Recommendations

Drastically scale up new and additional grants-based finance for addressing loss and damage including health-related loss and damage, in alignment with the International Court of Justice Advisory Opinion on the Obligations of States in respect of Climate Change. Build on existing technical work and support to address health related losses and damages through inclusion of health experts in the expert groups of the Warsaw International Mechanism Executive Committee, and the Santiago Network on Loss and Damage.

- The Executive Committee should ensure its forthcoming knowledge product on methodologies for assessing economic and non-economic loss and damage provides practical guidance that countries can use to assess their needs. It must also inform requests for technical assistance through the Santiago Network and funding proposals to the Fund for Responding to Loss and Damage (FRLD).
- Parties should consider using the Warsaw International Mechanism Executive Committee's voluntary guidelines[56] to strengthen reporting on health-related losses and damages in BTRs due by December 2026, as well as their associated economic costs. These same considerations can also be embedded in NDCs and NAPs.
- Parties should highlight health losses and damages in their submissions during the information collection and preparation phase of the GST.
- Parties should discuss sources and instruments to generate new, additional, predictable, grant-based and adequate financial resources in the range of hundreds of billions, prioritising public grant-based support and based on the polluter pays principle[57] such as a Climate Damages Tax on fossil fuels[58], air travel surcharge, shipping levies,

or currency transaction fee to fill the FRLD, and properly resourcing the WIM ExCom and Santiago network for Loss and Damage - thus directing funds from health harming industries to health protective action.

- Parties should drastically scale up, new and additional, grants-based finance for addressing loss and damage to meet the US$ 2.8 billion requested by 119 developing countries under the BIM. Swift conversion of outstanding pledges into contributions is essential to ensure predictability.
- The FRLD should be equipped to respond to the needs communicated by developing countries including simplified, expedited and direct access, to disburse funds to those on the front lines of the climate crisis to address economic and non-economic damages, including physical and mental health. This would be supported by expediting the work on a small grants access modality (as in the governing instrument) to ensure community access.
- Forthcoming State of Loss and Damage Reports should consider the economic costs associated with non-economic losses and damages. For instance, in the case of health, this includes costs of lost labour productivity, premature mortality, healthcare costs, and damage to healthcare infrastructure. COP 31 must encourage various stakeholders, including donors to provide additional financial and technical support, including for translation and dissemination, to deliver a comprehensive and credible report.
- Health experts should be included in the development of technical guidance on loss and damage and support integration into national climate plans, including through representation of Party 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.

Finance

Background

Climate action at the pace and scale sufficient to protect the human right to health and to a clean, healthy and sustainable environment is not feasible without finance for mitigation, adaptation and addressing loss and damage, across sectors. Current levels of climate finance fall far short of the levels needed, and was estimated at US$ 132.8 billion in 2023 and US$ 136.7 billion in 2024 by OECD, (but as low as US$ 28–35 billion in 2022 and based heavily on loans according to civil society estimates), and stand to be further jeopardised by cuts to international financial support[59,60]. Meanwhile, access to climate funds by countries most in need of it is furthermore highly limited due to resource and time intensive application processes. Fragmented, short-cycle project grants raise administrative costs for governments on account of intensive reporting, procurement and audit procedures. These challenges impede 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 ICJ Advisory Opinion 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 Agreement[30]. Finance which is based on loans reinforces cycles of debt, poverty and disease. 3.4 billion people live in countries that spend more on interest than on health or education[61].

Between 2021 and 2022, the Green Climate Fund provided US$ 166 million for health-focused adaptation (US$ 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 US$ 84 million[4]. The World Bank's financing for climate change and health adaptation reached US$ 1.12 billion in 2024, 221% more than in 2023, but still falling short of global needs. The designation of WHO as an Accredited Entity of the GCF will facilitate applications for climate finance for health related projects across sectors[62]. However, overall climate finance must be scaled, and access must be improved, to ensure that climate action across sectors can be implemented to ensure that the limits of adaptation in the healthcare sector are not exceeded.

Finance should be directed away from health and climate harming activities to finance climate action. Notably, fossil fuel subsidies by G20 countries cause health impacts six times greater than the cost of the subsidies themselves[63], and universal health coverage could be achieved with approximately one seventh of the value of implicit and explicit fossil fuel subsidies

worldwide[64,65]. 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 harms[66]. Reallocation of these funds to limit health harms and promote health protecting climate action can be achieved through various pathways, including levies on fossil fuels, maritime shipping, aviation, and financial transactions, as supported by the Global Solidarity Levies Task Force[67]. Pricing fossil fuels according to their true external costs could avoid 1.6 million deaths from air pollution annually[64]. Meanwhile, annual international development funding for clean air efforts fell 20% to US$ 3.7 billion in 2023[68]. Similarly, in the agriculture sector, large-scale agribusinesses commonly receive the majority of subsidies, exacerbating income disparities between industrial and smallholder farmers[69]. In addition to increasing overall levels of climate finance, climate finance must be optimised for health gains, and health finance must reciprocally be optimised for climate gains, for example through multisectoral collaboration and allocations across climate- and health-determining sectors..

Recommendations

Scale up the provision of public grant-based and highly concessional finance through the Climate Finance Work Programme, to enable life-saving climate action across sectors, without exacerbating cycles of debt, poverty and disease driven by high-interest loans. Consider innovative sources of climate finance, by implementing fiscal policies for polluting commodities which are commensurate with the cost of associated health harms.

- The Climate Finance Work Programme should serve as the primary delivery vehicle for operationalizing the NCQG and should clarify the public provision component of the US$ 300 billion goal, and its relation with Article 9.1. A clear focus on Article 9.1 is vital to support public provision of climate finance by developed countries, thus complementing the Veredas dialogue. While private finance plays a role in certain circumstances, we note that the private sector is not accountable under the Paris Agreement, and further that private finance is typically not well suited to adaptation and loss and damage on account of low returns for external investors. As such, private finance cannot substitute the fulfillment of legal obligations under Article 9.1. The Climate Finance Work Programme must deliver concrete pathways to scale grant-based and concessional finance, improve quality, transparency and accountability, and explore equitable additional sources including progressive polluter taxes.
- Developed countries and other contributors should announce post-2025 multi-year climate finance to build confidence around the delivery of climate finance commitments including the New Collective Quantified Goal and the Baku to Belém Roadmap, and reassurance that developing countries may accelerate implementation.
- Parties should fully operationalise paragraph 16 of the New Collective Quantified Goal, to at least triple annual outflows from those Funds from 2022 levels by 2030 at the latest.
- The SCF should prepare 2028 reports, strengthen Biennial Assessment on qualitative reporting, and reinforce operating-entity guidance, in line with the commitment of tripling UNFCCC funds by 2030.
- In the Veredas Dialogue on Article 2.1c, Parties must ensure that finance flows can deliver on the Paris Agreement goals, and launch a process towards implementation. Financial flows must be aligned with climate-resilient pathways, including through redirecting fossil fuel subsidies (especially production subsidies) to actions that protect the planet and people's health. The Veredas dialogue should furthermore address debt and climate-debt cycles, and promote tax justice including progressive polluter taxation. Outcomes of the Veredas dialogue 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.
- Explore pathways to improve access to climate finance entities, and ensure access to grant-based, direct access for community-centered solutions and locally-led climate action, including to community-based organizations, grassroots groups, and Indigenous Peoples, which are critical for the implementation of cross-cutting climate action responding to health needs and other community priorities.
- Across finance rooms at COP31, 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.
- Parties should consider health as a guiding axis in applications for climate finance, seeking to optimise climate and health outcomes, due to improved physical and mental health and associated economic savings that offer high returns on investment. Climate actions with recognised large-scale health co-benefits could be linked to concessional finance.

Science

Background

Research and the best available science, through IPCC reports, academic institutions, and civil society, has been a cornerstone of UNFCCC negotiations. Recent efforts to weaken the use of and the creation of this science, particularly as it relates to fossil fuels, threatens to undermine effective policymaking vital for protecting health. Ensuring the most up to date, rigorous, and accurate scientific information continues to inform the Global Stocktake, Research and Systematic Observation, and other negotiations including on mitigation, adaptation, and loss and damage, allows for evidence-based policymaking and supports pursuit of ambitious action sufficient to protect and promote human health. It also ensures health research, whether on health impacts, co-benefits, air pollution, or resilience planning among others, is integrated in international policymaking.

The erosion of the science-policy interface disproportionately harms countries with the least capacity to generate their own evidence. Locally generated data on climate-related health impacts, including from small island and other climate-vulnerable states, remains scarce and is often excluded from global assessments. Strengthening climate-health monitoring and early warning capacity in developing countries is essential to closing this gap. Traditional knowledge systems and practices offer valuable sources of evidence for health-protective climate decision-making.

Recommendations

COP31 should promote the inclusion of the best available science, particularly the work of the IPCC, to inform negotiations, with formal recognition of Indigenous and local knowledge alongside peer-reviewed research, to guide ambitious and health-protective climate action.

- The UNFCCC and its constituted bodies should safeguard the independence and integrity of the science that informs negotiations, and resist efforts to weaken or delay the use of best available science, particularly on fossil fuels and technologies which unnecessarily perpetuate their use, with resulting health harms. Attempts to weaken references to science or the 1.5°C limit must be resisted.
- Parties must ensure that all three upcoming IPCC AR7 working group reports are fully integrated into the 2nd Global Stocktake.
- Fair share literature should be reflected in expected distribution of mitigation effort and costs across climate policy processes.
- Indigenous and local knowledge should be formally recognised alongside peer-reviewed research as a valid source of evidence for health-protective climate decision-making, with dedicated modalities for its inclusion in GST2 and other technical processes.
- Text references to the best available science in UNFCCC processes should directly refer to the IPCC as the leading source of best available science.

Agriculture

Background

Food and agriculture systems, and by extension nutrition security, are severely impacted by climate change. Meanwhile, current food production and consumption models, contribute between one quarter and one third of global emissions, especially due to industrial agriculture, including through land use change, livestock emissions, agrochemicals, waste, and fossil fuel-powered vehicles and machinery, and 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[70,71,72,73]. Agroecological practices defined in the FAO's 10 elements of agroecology and the recommendations of the Committee on World Food Security[74], are favoured by small-scale food producers[75]. In contrast to techniques employed by agribusinesses, agroecology presents few trade-offs in many contexts, 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. For agroecology to scale up and feed the world, land access and land rights for smallholders, women, youth and other vulnerable groups must be secured, grant-based finance must be made accessible, political support must be strengthened, agroecological practices must be rooted in local knowledge, and current food loss and waste must be addressed. 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 and increasingly adopted in low-to-middle income countries, are associated with higher emissions and poor health outcomes. Meanwhile, delays in transitioning to low-carbon, healthy and plant-rich 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 also resulted in higher greenhouse gas emissions from red meat and dairy production, which accounted for 55% of agricultural emissions in 2022[9]. The IPCC notes the role of addressing food loss and waste in reducing emissions, which is also reflected in target 16 of the Kunming-Montreal Global Biodiversity Framework to halving global food waste[19,76]. Meanwhile, the Planetary Health Diet developed by international experts of the EAT-Lancet Commission demonstrates that a flexitarian, predominantly plant-based reference diet is associated with substantially lower mortality across global populations and contexts while keeping food production within sustainable environmental boundaries.[77]

Almost half of the world's population - 3.83 billion people - live in households linked to food and agricultural livelihoods[78]. 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. A transition from industrial agriculture, including industrial animal 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. It can also increase the availability of local, fresh, ethically-produced, affordable and plant-rich diets. These processes should always be informed through planning with industrial workers, farmers, pastoralists and other community representatives.

Recommendations

Parties should support a shift to implementation in future work on agriculture and food security under the UNFCCC, including support for scaling up agroecological approaches and in alignment with a One Health and wider planetary health-informed approach, to improve nutrition security and human health.

- The agriculture and food security negotiations must reach conclusions on the 2025 and 2026 workshop reports, the synthesis report, and the future of the work - while also further refining the role of the online portal. Agreement on how negotiations can shift to enabling delivery will be necessary to improve in the implementation component of the work called for by Parties at SB64.
- Building on the consultations held throughout the year, governments should provide clarity on the future of food and agriculture in the UNFCCC beyond COP31. Any new workstream should take a whole-food-systems approach, support the integration of food and agriculture into national climate plans, and focus on increasing finance for healthy, resilient and equitable food systems.
- Parties should promote agroecology in 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 protect the climate and human health. This may mutually reinforce a One Health and wider planetary health-

informed approach, recognising the interconnectedness of human, animal, ecosystem and environmental health is vital to protect the health of people and the planet.

- Parties should consider holistic and systemic approaches, which include the "post-farm gate" activities required to advance food systems adaptation and resilience. This includes strengthening food value chains, addressing food loss and waste, encouraging shifts to nutritious and safe diets, and allocating funding according to policy priorities across agricultural development, trade, environment, biodiversity, and health.
- Small scale food producers, pastoralists and Indigenous peoples should be visible and be included in key discussions and initiatives, with particular attention to women farmers, agricultural workers and other groups whose livelihoods and food security are disproportionately vulnerable to climate impacts, especially around finance for agriculture and food systems, to support just transitions.
- Work through the Global Climate Action Agenda and Presidency programmes should showcase food systems approaches that are yielding positive outcomes across health, environmental sustainability, resilience, and prosperity.

Gender

Background

The climate crisis has gender-differentiated impacts, including disproportionate health impacts on women and girls[79]. It undermines sexual and reproductive health and rights (SRHR), including adverse pregnancy and birth outcomes, such as those associated with extreme heat and air pollution, and exacerbates gender-based violence[80,81], which in turn profoundly impacts mental health. Household air pollution from fossil fuels and biomass disproportionately impact women and girls[82], who spend more hours in the home and are burdened with the time-costs of retrieving fuel. Women are also disproportionately impacted during heatwaves, potentially due to differences in physiology[83,84]. Climate-related disruption of health systems, extreme weather events and displacement further increase barriers to accessing SRHR services, particularly for women and adolescent girls and for populations experiencing displacement or other forms of mobility. Climate-related disruption can also increase unpaid care and domestic work, disproportionately affecting women and girls and limiting their access to education, livelihoods, healthcare and participation in climate decision-making. Placing gender and related health 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. Conflict-of-interest safeguards should address not only direct industry participation and lobbying, but also the wider networks of public relations, advertising, consulting and other intermediaries through which polluting industries seek to influence climate policy and public discourse.

Recommendations

Parties should ensure funding for the operationalisation of the Belém Gender Action Plan and additionally mainstream gender, sexual and reproductive health and rights, and related health considerations across negotiations and climate action.

- Ensure funding for the operationalisation of the Belém Gender Action Plan, and mainstream gender across climate finance to ensure gender responsive climate action, and direct and grant-based funding for women-led and community-led organisations.
- Prepare to submit findings from national assessments on health, violence against women and girls, and care work in the context of gender and climate change.
- Leverage national implementation of the Belém Gender Action Plan to integrate gender and related health considerations into national coordination mechanisms for climate planning, policymaking, and programming.
- Recognise the protection and continuity of SRHR as a core component of gender-responsive climate adaptation, particularly where climate hazards, displacement and disruption of essential services increase barriers to access.

Conflict of interest

Background

The presence of lobbyists from health-harming and high-emitting industries whose core business is incompatible with the Paris Agreement, including profit from fossil fuels, petrochemicals and industrial agriculture, have increasingly infiltrated UNFCCC and IPCC spaces[85,86,87]. Products produced by these same industries cause millions of deaths annually, undermining the right to health as recognised in the Paris Agreement. Undue influence by polluting industries has in many cases undermined ambitious climate action. Polluting industries may gain access to information or audiences to further their own profits by influencing decision texts through participation on and access to official delegations, sponsorship, and via consultants and agencies which serve both COP Presidencies and polluting industries[88]. Beyond direct lobbying and influence over negotiations, polluting industries have also used misinformation, disinformation, greenwashing and misleading public relations campaigns to undermine scientific consensus, shape public narratives and delay climate action[89,90,91]. These practices pose a significant threat to information integrity and public health. Climate disinformation can undermine trust in science and public institutions, distort public understanding of the health harms associated with fossil fuels, and weaken support for policies that would protect people from air pollution and climate change.[92] It can also interfere with access to accurate, timely and reliable information during climate-related emergencies, putting lives at risk. Safeguarding information integrity must therefore be recognized as an essential component of protecting the right to health and ensuring the integrity of climate governance. 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 interests[93]. During SB64, the "COP 30 Presidency's Open Dialogue with NGO Constituencies and Parties: Enhancing transparency of participation and integrity in the UNFCCC process" was convened, with commitments by the Secretariat and the COP30 Presidency to continue to engage. 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, such as the WHO Framework Convention on Tobacco Control. These should inform an enhanced Accountability Framework[94] in the UNFCCC space[95,96].

Recommendations

COP Presidencies, the UNFCCC Secretariat, and Parties should adopt measures to disclose and address conflicts of interest, commensurate with the health burden caused by polluting industries, and in line with Party obligations concerning the right to health as recognised in the Paris Agreement.

- Parties and the UNFCCC Secretariat should develop a conflict of interest policy to address the influence of polluting industries, commensurate with their level of harm to health.
- The UNFCCC Secretariat, in coordination with the COP30 and COP31 Presidencies and other leading voices, should continue to create opportunities for discourse with Parties, Constituencies, and other UNFCCC observers on how to manage conflict of interest and promote transparency.
- 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.
- COP Presidencies should publish a declaration of interests for all members of the COP Presidency team and negotiators, disclosing any financial, political, or organisational affiliations that may pose a conflict with the goals of the UNFCCC or the Paris Agreement.
- COP Presidencies should maintain a public lobbying register documenting all meetings between the Presidency and external stakeholders, including industry representatives, lobbyists, and consulting firms, throughout COP planning and implementation, detailing organisations met, topics discussed, summaries of outcomes, and dates.
- COP Presidencies should appoint an independent ethics adviser or panel to oversee implementation of integrity measures, provide guidance, and act on transparency and accountability concerns.
- The UNFCCC Secretariat should disclose COP delegates' principal affiliation on their badges, instead of only the organisation on whose delegation they are participating. In order to subsequently protect against undue influence from harmful polluters, this transparency should be accompanied by measures to respond to identified conflicts of interest.

- 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.
- At the start of formal interventions, and during side events, Party representatives and non-State Actors should provide public disclosures detailing any affiliations, or lack thereof, to polluting industries, including financial ties, institutional affiliations, and advisory roles.
- COP Presidencies, the UNFCCC Secretariat and Parties should recognize information integrity as an essential safeguard for public health and climate governance, and adopt measures to prevent and address climate misinformation, disinformation and greenwashing by polluting industries and their intermediaries.

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