# POLICY BRIEF

Scaling Up the Health Response to Climate Change: Highlights from the World Health Organization Executive Board's 156th Meeting on the Global Action Plan on Climate Change and Health

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## ABSTRACT

The Executive Board of the World Health Organization (WHO), during its 156th meeting held from 3-11 February 2025, discussed a draft Global Action Plan on Climate Change and Health (2025 – 2028) (EB156/40). This policy brief explains the content of the draft Global Action Plan and summarises the feedback provided by Member States during the Executive Board meeting.

Member States at the 156th WHO Executive Board meeting made recommendations for the Global Action Plan, including to ensure that equity remains central, to foster collaboration across sectors, and to enhance support mechanisms—both technical and financial—for developing countries addressing the intersection of climate change and health challenges. Member States also called for more consultations before the draft Global Action Plan is considered for adoption at the 78th World Health Assembly in May 2025.

**KEYWORDS:** Global Action Plan on Climate Change and Health, Health, Climate Change, World Health Organization (WHO), WHO Executive Board, World Health Assembly (WHA)

Le Conseil exécutif de l'Organisation mondiale de la santé (OMS), lors de sa 156e réunion qui s'est tenue du 3 au 11 février 2025, a examiné un projet de plan d'action mon-

#### **KEY MESSAGES**

• Climate change is a global health crisis.

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- Developing countries at the 156th WHO Executive Board meeting called for strengthening equity in the Global Action Plan on Climate Change and Health, mirroring the principle of common but differentiated responsibilities and respective capabilities.
- After more consultations, a revised Global Action Plan should be presented for adoption by the World Heatlh Assembly in May 2025.

dial sur le changement climatique et la santé (2025 - 2028) (EB156/40). Ce rapport sur les politiques explique le contenu du projet de plan d'action mondial et résume les commentaires fournis par les États membres lors de la réunion du Conseil exécutif.

Lors de la 156e réunion du Conseil exécutif de l'OMS, les États membres ont formulé des recommandations pour le plan d'action mondial, notamment pour que l'équité reste au centre des préoccupations, pour favoriser la collaboration entre les secteurs et pour renforcer les mécanismes de soutien - technique et financier - aux pays en développement qui s'attaquent à l'intersection du changement climatique et des problèmes de santé. Les États membres ont également appelé à de nouvelles consultations avant que le projet de plan d'action mondial ne soit examiné en vue de son adoption lors de la 78e Assemblée mondiale de la santé, en mai 2025.

**MOTS-CLÉS:** Plan d'action mondial sur le changement climatique et la santé, changement climatique, santé, Organisation mondiale de la santé (OMS), Conseil exécutif de l'OMS, Assemblée mondiale de la santé (AMS)

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En su 156<sup>a</sup> reunión, celebrada del 3 al 11 de febrero de 2025, el Consejo Ejecutivo de la Organización Mundial de la Salud (OMS) debatió un proyecto de Plan de acción mundial sobre cambio climático y salud (2025-2028) (EB156/40). En este informe sobre políticas se explica el contenido del proyecto de Plan de Acción Mundial y se resumen las observaciones formuladas por los Estados Miembros durante la reunión del Consejo Ejecutivo.

En la 156<sup>a</sup> reunión del Consejo Ejecutivo de la OMS, los Estados Miembros formularon recomendaciones para el Plan de Acción Mundial, en particular para: garantizar que la equidad sea una consideración central, fomentar la colaboración intersectorial y mejorar los mecanismos de apoyo -tanto técnicos como financieros- para los países en desarrollo que abordan la intersección entre el cambio climático y los problemas de salud. Los Estados miembros también pidieron más consultas antes de que el proyecto de Plan de Acción Mundial sea considerado para su adopción en la 78<sup>a</sup> Asamblea Mundial de la Salud en mayo de 2025.

**PALABRAS CLAVES:** Plan de acción mundial sobre cambio climático y salud, cambio climático, salud, Organización Mundial de la Salud (OMS), Consejo Ejecutivo de la OMS, Asamblea Mundial de la Salud (AMS)

# I. Overview of the Global Action Plan on Climate Change and Health

The 77th World Health Assembly (WHA) held in May 2024 approved the first resolution on Climate Change and Health, proposed by Barbados, Brazil, Chile, Ecuador, Fiji, Georgia, Kenya, Moldova, Monaco, Netherlands (Kingdom of the), Panama, Peru, Philippines, Slovenia, United Arab Emirates and United Kingdom of Great Britain and Northern Ireland (<u>https://apps.who.int/gb/ebwha/pdf\_files/WHA77/A77\_ACONF7-en.pdf</u>).

The draft resolution called upon Member States to commit to strengthen the implementation of the World Health Organization (WHO)'s global strategy on health, environment and climate change, adopting a health-in-all policies approach, without diverting resources meant for primary health care, and to consider engaging constructively in the forthcoming global plan of action.

The WHA 77.14 resolution on Climate Change and Health was adopted in June 2024, calling Member States to scale up their response to climate change. The resolution commits to "strengthen the implementation of WHO's global strategy on health, environment and climate change, adopting a health-in-all policies approach, without diverting resources meant for primary health care, and consider engaging constructively in the forthcoming global plan of action."

Additionally, the Plan must be coherent with the text of the United Nations Framework Convention on Climate Change (UNFCCC) and the Paris Agreement, strongly integrating climate across the technical work of the WHO at all levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate.

# II. Strategic Areas of the Global Action Plan on Climate Change and Health

The Global Action Plan on Climate Change and Health proposes three strategic areas: I) Leadership, Coordination and Advocacy; II) Evidence and Monitoring; III) Country-level action and Capacity building. Each of these action areas includes at least one global target, with multiple stated objectives, as well as proposed actions for Member States, the WHO Secretariat and other stakeholders.

The global target of the leadership, coordination and advocacy action area is to advocate for the integration of health in national and global climate agendas. Among the proposed actions for Member States in this action area are:

• Strengthening the implementation of WHO's Global Strategy on Health, Environment and Climate Change, adopting a Health in All Policies approach, without diverting resources meant for primary prevention and primary healthcare;

• Supporting efforts to mobilize resources from all sources for an integrated action on climate and health and consider expanding opportunities for multilateral funding from multilateral development banks and funds, climate funds, health funds and others, with a focus on funding for developing countries, especially those that are particularly vulnerable to the adverse effects of climate change;

• Strengthening healthy and sustainable behaviour and health consciousness through promoting health education on climate change, while addressing practices that are harmful to human health;

• Limiting or reduce actions that cause emissions in other countries through manufacturing, shipping or energy production;

• Mitigating climate change, as agreed under the United Nations Framework Convention on Climate Change, in such a way as to also promote and protect human health, through stronger engagement in the circular economy and through the reduction of greenhouse gas emissions and other climate-changing pollutants, such as black carbon, through more sustainable energy-use choices, agricultural practices, transport options, reduced food loss and waste, city densification and use of industrial technology and practices, as well as through support for healthier diets in low-income populations, with special attention to women of reproductive age, while promoting a shift to healthier and more environmentally sustainable diets among higher-income groups.

The global target of the second area of action, Evidence and Monitoring, is to create a robust and relevant evidence base that is available and connected directly to policy, implementation and monitoring. Some of the proposed actions for Member States in this action area are: • Promoting research and development to detect, prevent, test for, treat and respond to climate-sensitive diseases and health outcomes, including those related to climate-forcing pollutants, and support affected communities in efforts to adapt to climate impacts;

• Supporting research that explores connections between climate change and health determinants, universal health coverage (including primary healthcare) and health emergencies (notably pandemic prevention, preparedness and response, health security, antimicrobial resistance and zoonotic disease);

• Contributing to regional and global research priority--setting, focusing on identifying the evidence gaps that are most relevant to policy-making and implementation, considering the populations most at risk;

• Developing and supporting the implementation of national research agendas to advance the evidence base for action on climate change and health, aligned with relevant regional agendas and informed by the WHO's Research for Action on Climate Change and Health (REACH) agenda;

• Building capacity at national level to monitor progress on health and climate change, including the impact of interventions and financing;

• Mobilizing investment in infrastructure, human resources and information management systems to enable sustained collection and application of meteorological, health and other relevant data and to inform and track progress on climate and health.

The global target of the third area of action, Country-level Action and Capacity Building, is to promote climate change adaptation efforts that address health risks, and to support mitigation actions that maximize health benefits. Some of the proposed actions for Member States in this action area are:

• Promoting a coherent and holistic One Health approach to building resilience and addressing the root causes of climate change and climate-sensitive determinants of health by supporting intersectoral and multisectoral cooperation among health ministries and relevant national authorities, including those responsible for environment, economy, nutrition, water and sustainable development;

• Conducting assessments of the health benefits, as well as any risks or trade-offs, of mitigation and adaptation actions in other sectors, to inform and drive climate action;

• Ensuring the health sector is meaningfully engaged in climate change processes and plans at national level, while also engaging environment and climate actors in health planning;

• Ensuring health effects are considered across sectors

in the development of national climate plans and strategies;

• Integrating health in national climate plans and strategies, including the health components of national adaptation plans (NAPs), nationally determined contributions (NDCs) and long-term low-emissions development strategies (LT-LEDS) and integrate climate in national health policies, strategies and plans (NHPSPs);

• Expanding opportunities and access to finance, with a focus on vulnerable populations, for multilateral funding, through multilateral development banks, foundations, governments and other existing multilateral funds, such as those dedicated to climate, health or innovation;

• Conducting iterative climate change and health vulnerability and adaptation assessments towards the development of health-focused national adaptation plans or other adaptation planning strategies, as appropriate and according to national contexts;

• Investing in climate adaptation measures that proactively address climate-related health impacts, including early warning systems for climate-related health impacts, including disease outbreaks and pandemics, while enhancing emergency preparedness and response;

• Reducing greenhouse gas emissions from healthcare facilities through the development of improvement plans to target identified key greenhouse gas hotspots, including those transitioning to renewable energy in buildings, transportation and other operations, and through development of green supply chains.

### **III. Member State Interventions**

Member States during the 156th Executive Board meeting discussed and provided comments on the draft Global Action Plan on Climate Change and Health.

**Brazil** underscored that climate change poses a major threat to global health, particularly for populations in developing countries. It suggested that the Global Action Plan should focus on addressing structural inequalities, ensuring the meaningful participation of vulnerable communities in decision making processes and increasing the direct access to financial resources, technical assistance and capacity building programs. It also highlighted that it is vital to integrate health into national, regional and global climate policies, included under the UNFCCC, and that strengthening health systems resilience to climate impacts and reducing greenhouse gas emissions within the health sector must remain priorities supported by regular risk assessment and tangible intervention.

**Barbados** endorsed the smart hospital initiative aimed at making healthcare facilities greener and more resilient to natural disasters. It expressed regret that Barbados is adversely affected by inadequate access to internationally available financial and technical support mechanisms for climate change, while it continues to be at the forefront of the deleterious effects of climate change. It supported the consultative process on the draft global action plan on climate change and health.

**Brunei** supported the draft global action plan as a roadmap for coordinated multi sectoral action. Brunei Darussalam appreciates the inclusive and consultative process that informed the draft plan, bringing together inputs from Member States, civil society and other stakeholders. Brunei emphasized the importance of capacity building initiatives tailored to nations with limited resources, enabling them to participate actively in climate health action. Brunei also highlighted the role of digital health in addressing climate change, which can enhance the efficiency and reach of health services while minimizing environmental impact. It also stressed the need to integrate mental health support into climate adaptation strategies, noting the rising burden of climate-related psychological distress.

**China** fully supported the three action areas outlined in the report, namely, leadership, coordination, advocacy, evidence, monitoring, country level action and capacity building. It called to attention that the draft action plan fails to adequately reflect the principles of common but differentiated responsibilities, equity and respective capabilities.

**Costa Rica** stressed the importance of the Global Action Plan to focus on vulnerable groups, the necessity of specific indicators to measure the impact of climate change in health and pointed out the need to better structure resource mobilizations. It also emphasized the need for specific indicators that can be used to measure the health impact of climate change in practical terms.

**Maldives** agreed there is the urgent need for coordinated global action to address the health impacts of climate change, and highlighted the strengthening of health systems for climate resilient health facilities and sustainable financing for climate and health. Climate and health investments must be integrated into international health budgets and supported through innovative mechanisms. Country specific approaches must advance equity. Maldives strongly supported the adoption of the global action plan on climate change and health 2025-2028 and urged WHO to ensure its full implementation with clear accountability mechanisms.

**Somalia** emphasized the urgent need for climate-resilient health systems, enhanced international cooperation, and equitable access to financial and technical resources for low-income countries disproportionately affected by climate change. It emphasised that environmental shocks exacerbate existing health challenges, including malnutrition, infectious disease, water borne illnesses. Somalia urged the international community to prioritize climate resilient health systems and to strengthen global cooperation to address the health impacts of climate change.

**Thailand** advanced that the Action Plan will play a critical role in harmonizing efforts across sectors to address climate change and its impact on health. Success in implementing a global action plan lies with effective implementation at country level. Translating a global action plan into national action requires setting a national target and indicator for monitoring progress. There must also be technical support and support for mobilizing resources to implement national actions to advance climate resilient health systems.

#### **IV. Conclusion**

The Executive Board examined the draft Global Action Plan on Climate Change and Health (2025 – 2028) and provided the Secretariat with recommendations that included establishing a balance between adaptation and mitigation actions, addressing inequalities, access to financial resources and technical assistance, and the participation of vulnerable communities. The Executive Board decided that informal intersessional consultations on the draft global action plan on climate change and health (2025–2028) would continue to be facilitated by the Secretariat with a view to enabling the adoption of the global action plan at the Seventy-eighth World Health Assembly. The Global Action Plan on Climate Change and Health (2025–2028) will be an agenda item for the 78th World Health Assembly in May 2025.

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