World Health Organization
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MINISTRY OF INDUSTRY

Ministry of National Development Planning/Bappenas Republic of Indonesia



POLICY BRIEF

COP31 · ANTALYA 2026

COP32 · ADDIS ABABA 2027

30 Years of COP

and Climate Change and Health

A Way Forward

CONCISE POLICY BRIEF FOR POLICYMAKERS · 1995–2025

Thirty COPs, 740 decisions, and health in only 21. This concise brief accompanies the comprehensive COP-by-COP report, with ten recommendations for COP31 Antalya and COP32 Addis Ababa, Ethiopia (November 2027).



HOST AND PRESIDENCY COUNTRIES OF THE CONFERENCES OF THE PARTIES, 1995–2026 · NOVEMBER 2026

Key messages

Health has moved from the margins to the centre of the COP agenda. Finance, measurement and accountability have not followed.

#	Key message
1	**Thirty COPs, 740 decisions — health in 21.** A review of every COP and CMA decision from Berlin (1995) to Belém (2025) finds explicit health language in 21 decisions (2.8%), and operative health provisions in only nine. The first came in 2001 (5/CP.7); the first health target in 2023 (2/CMA.5, para. 9(c)); the first health indicators in 2025 (12/CMA.7).
2	**Recognition is now near-universal.** 91% of NDCs reference health, 151 countries have endorsed the COP28 UAE Declaration on Climate and Health, and the Belém Health Action Plan is the first international adaptation plan dedicated to health.
3	**The toll is rising fast.** Heat kills an average of 546,000 people a year and fossil-fuel air pollution 2.52 million; 2024 was the first calendar year above 1.5°C.
4	**Finance is the binding constraint.** Only 0.5% of multilateral climate finance and 2% of adaptation finance reach health, against health adaptation needs above US$22 billion a year by 2035. No COP decision has ever created a dedicated health finance stream.
5	**Burdens are unequal.** The WHO African Region carries 95% of global malaria deaths, 56% of its public health events are climate-related, and Africa receives about a quarter of the climate finance it needs.
6	**COP31 can be the delivery COP for health** — by operationalising the eight Belém health indicators, setting a health floor within the tripling of adaptation finance, and creating an annual climate–health accountability cycle to 2035.

Figure 1. Three eras of health in the COP process

1995–2008

Science-building era

COP1–COP14

Health in the Convention and IPCC reports; first decision-text references (12/CP.5, 5/CP.7, 5/CP.9). Health actors almost absent.

2009–2020

Evidence and advocacy era

COP15–COP25

Lancet Commissions; Cancún Adaptation Framework lists health (1/CP.16); Nairobi work programme on health; Paris "right to health"; WHO–UNFCCC MoU.

2021–2025

Institutionalisation era

COP26–COP30

COP26 Health Programme, ATACH, first Health Day and Declaration, GGA health target 9(c), eight Belém health indicators, Belém Health Action Plan.

HEALTH ACTORS AT THE COPS

COP1 Berlin, 1995 — **17 participants**

COP28 Dubai, 2023 — **1,612 participants**

52 health ministers attended COP28 alone — almost as many as all previous COPs combined (53). Source: van Daalen et al., BMJ Global Health 2024.

Why health matters to the negotiations

Health is the most powerful argument for ambition. Meeting the Paris goals could save about one million lives a year by 2050 through cleaner air alone, with health gains roughly double the cost of mitigation (WHO, 2018). Tackling climate change could be "the greatest global health opportunity of the 21st century" (Lancet Commission, 2015).

The numbers at a glance

Twelve indicators frame the climate–health agenda heading into COP31: a mounting toll, a wide finance gap and a recognition that has outpaced implementation.

THE TOLL ON HEALTH

546,000
heat-related deaths a year on average, 2012–2021
Lancet Countdown 2025

2.52 M
deaths from fossil-fuel PM2.5 air pollution, 2022
Lancet Countdown 2025

1.55°C
2024: the first calendar year above 1.5°C
WMO

14.5 M
additional deaths and US$12.5 tn in losses by 2050
WEF / Oliver Wyman 2024

THE FINANCE GAP

0.5%
of multilateral climate finance goes to health
WHO

2%
of adaptation finance targets health
WHO COP30 Special Report

12–14×
adaptation needs (US$310–365 bn) vs flows (US$26 bn)
UNEP Adaptation Gap 2025

1 in 12
hospitals at risk of climate-related shutdown
WHO 2025

THE POLICY RESPONSE

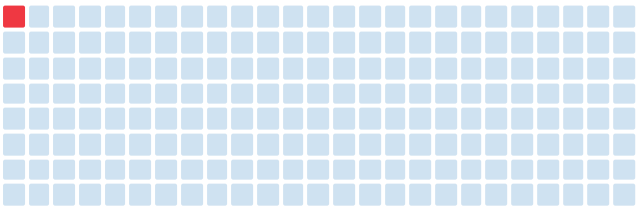
21 of 740
COP/CMA decisions, 1995–2025, mention health explicitly
Authors' review of UNFCCC decisions

91% vs 29%
of NDCs mention health vs allocate finance to it
WHO NDC review 2023

151
countries endorse the COP28 Declaration on Climate and Health
COP28 Presidency

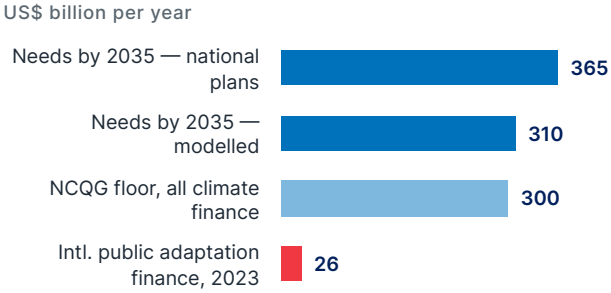
9 of 95
countries include mental health in climate–health plans
WHO 2022

Figure 2. US$1 in every US$200 reaches health



One red cell = 0.5% of multilateral climate finance. Source: WHO COP26 and COP30 Special Reports.

Figure 3. The adaptation finance gap



Source: UNEP Adaptation Gap Report 2025; decision 1/CMA.6.


Illustrative image

Five persistent gaps

Five structural gaps explain why three decades of recognition have not yet translated into protection for the people most exposed.

0.5%
of multilateral climate finance reaches health

01 Chronic underfunding of health adaptation

Health remains the least-financed major adaptation sector: 2% of adaptation finance against roughly 7% of needs (above US$22 billion a year by 2035). Multilateral climate funds contributed only US$23 million of the US$7.1 billion in international climate–health finance in 2022. The NCQG's US$300 billion floor contains no health reference and no guaranteed adaptation share; no finance decision has referred to health since 2003.

ADDRESSED BY RECOMMENDATIONS 2 AND 9

91% vs 29%
of NDCs mention health vs allocate finance

02 Weak integration of health in NDCs and NAPs

WHO's review of 193 NDCs found health content in 91% (up from 70% in 2019) but finance for health in only 29%. Around 60% of countries report a health national adaptation plan, yet only a quarter had fully implemented them in 2021 and 70% cited insufficient finance as the main barrier. Health care itself emits 4–5% of global greenhouse gases.

ADDRESSED BY RECOMMENDATIONS 1 AND 3

56%
of public health events in the WHO African Region are climate-related

03 Fragmented surveillance for climate-sensitive diseases

The Marrakesh Accords called in 2001 for better monitoring of diseases and vectors and related early-warning systems. A quarter-century later, climate, environmental and disease data still sit in separate institutions, and few countries routinely link forecasts to malaria, cholera, dengue or heat-mortality surveillance. Outbreaks are detected, not anticipated.

ADDRESSED BY RECOMMENDATIONS 4, 5 AND 6

9 of 95
countries include mental health support in climate plans

04 Neglected mental health

The IPCC finds with very high confidence that climate change is harming mental health. In a ten-country survey of 10,000 people aged 16–25, 59% were very or extremely worried about climate change and 45% said it affected daily life. Access to mental health and psychosocial support is now a Belém indicator — a first reason to measure it.

ADDRESSED BY RECOMMENDATION 7

11 M
projected global health-worker shortfall by 2030 (6.1 M in Africa)

05 Inequities in workforce and youth capacity

The shortfall is concentrated in low- and lower-middle-income countries. Few medical, nursing or public-health curricula include climate competencies, and young professionals from the most affected regions are under-represented in COP delegations.

ADDRESSED BY RECOMMENDATIONS 8 AND 10

The cost of inaction

Climate change could cause 14.5 million additional deaths and US$12.5 trillion in economic losses by 2050, including US$1.1 trillion in extra health-care costs. Climate-related health impacts could push 44 million people into extreme poverty by 2030.

Fiscal space exists — it is being spent elsewhere. Fossil-fuel subsidies reached US$7 trillion in 2022, and 15 of 87 countries spent more on them than on their national health budgets.

ADDITIONAL DEATHS BY 2050, BY HAZARD



14.5 M
additional deaths by 2050

US$1.1 tn
extra burden on health systems

US$7 tn
fossil-fuel subsidies, 2022 (IMF)

Sources: WHO COP30 Special Report; WHO NDC review 2023; WHO/AFRO; IPCC AR6; Lancet Countdown 2025; WEF / Oliver Wyman 2024; World Bank; IMF 2023.

Ten recommendations

Implementation-ready actions for COP31 negotiators, ministries of health, MDBs and academic networks.

1 Adopt an Antalya health outcome that makes target 9(c) operational

COP31 NEGOTIATORS · COP31 PRESIDENCY

Request SBSTA and SBI guidance for the eight Belém health indicators (12/CMA.7), with Parties reporting in BTRs and Adaptation Communications from 2028, feeding the second Global Stocktake.

Evidence: only 9 of 740 decisions contain operative health provisions.



2 Set a health floor within the tripling of adaptation finance

COP31 NEGOTIATORS · CLIMATE FUNDS · CONTRIBUTORS

Commit at least 7% of tripled adaptation finance to health, up from 2%. Create health windows in the GCF, Adaptation Fund and Fund for Responding to Loss and Damage.

Evidence: health gets 2% of adaptation finance but ~7% of needs (>US$22 bn/yr).



3 Put a costed health component in every NDC 3.0 and NAP

MINISTRIES OF HEALTH, ENVIRONMENT AND FINANCE

Close the 91% vs 29% gap by costing health actions and linking them to H-NAPs and investment plans. Target: all LDCs and SIDS with a costed, finance-ready H-NAP by 2028.

Evidence: 91% of NDCs mention health; only 29% allocate finance.



4 Build climate-informed early-warning and surveillance systems

MINISTRIES OF HEALTH · WHO · WMO · NMHSS

Link forecasts to malaria, cholera, dengue and heat surveillance in a One Health framework under Early Warnings for All, with regional observatories — starting with the WHO African Region — by 2027.

Evidence: 56% of AFRO public health events are climate-related.



5 Make health facilities climate-resilient and low-carbon

MINISTRIES OF HEALTH · MDBS · ATACH

Assess every hospital for climate risk; prioritise solar electrification of primary facilities, safe water and sanitation, and net-zero roadmaps consistent with ATACH and WHA77.14.

Evidence: 1 in 12 hospitals at risk of climate-related shutdown.



6 Protect people from extreme heat

MINISTRIES OF HEALTH AND LABOUR · CITIES · EVENT ORGANISERS

Heat-health action plans in all high-risk cities over one million people by 2030, occupational heat standards for outdoor workers and heat protocols for mass gatherings.

Evidence: 546,000 heat deaths a year; 639 billion labour hours lost in 2024.



7 Integrate mental health and psychosocial support

MINISTRIES OF HEALTH · WHO · UNICEF

Move from 9 of 95 to all countries including MHPSS in health–climate plans; report against the Belém MHPSS indicator; include climate distress in post-disaster needs assessments.

Evidence: 59% of young people very or extremely worried about climate.



8 Invest in a climate-ready health workforce and youth capacity

UNIVERSITIES · UNESCO CHAIRS · PROFESSIONAL BODIES

Embed climate–health competencies in curricula; launch a South–South Climate–Health Fellowship linking Africa, MENA and Asia; guarantee youth a place in COP delegations.

Evidence: 11 M health-worker shortfall by 2030, 6.1 M in Africa.



9 Align MDB, IMF and fiscal instruments with health

MDBS · IMF · MINISTRIES OF FINANCE

Track health co-benefits in MDB reporting; integrate health resilience in IMF RSF arrangements; pilot debt-for-health-resilience swaps; redirect fossil-fuel subsidy savings to health.

Evidence: US$7 tn in fossil-fuel subsidies in 2022.



10 Create an annual climate–health accountability cycle to 2035

COP PRESIDENCIES · WHO · LANCET COUNTDOWN · ACADEMIA

Institutionalise the Presidencies Continuity Coalition and publish an annual, independently reviewed Climate–Health Progress Report at each COP.

Evidence: COP28 Declaration and BHAP pledges are not tracked on a common basis.



The test for COP31 is not whether it adds another declaration on health, but whether it funds, measures and delivers the ones already made.

From declarations to delivery

Thirty years ago, health was a clause in the Convention. Today it has a Health Day, a Declaration endorsed by 151 countries, an alliance of more than 100, a negotiated adaptation target with eight indicators and the first adaptation plan devoted to health. What it does not yet have is the money, the measurement and the accountability to match.

Figure 4. Climate–health delivery roadmap, 2026–2035

2026
COP31 ANTALYA
Antalya health outcome; health floor in adaptation finance; Continuity Coalition renewed

2027
COP32 ADDIS ABABA · WHA80
WHO progress report on WHA77.14; regional climate–health observatories

2028
GLOBAL STOCKTAKE 2
First reporting on 8 health indicators; costed H-NAPs in LDCs and SIDS

2030
SDG DEADLINE
Target 9(c) resilience goal; heat-health plans; MHPSS in all plans

2035
NCQG HORIZON
Adaptation finance tripled, with at least 7% for health

Calls to action for COP31 Antalya

Negotiators	Adopt reporting guidance for the eight health indicators and a health floor in adaptation finance.
COP31 Presidency	Carry the Continuity Coalition forward and launch an annual Climate–Health Progress Report.
Ministries of health	Submit costed health components in NDC 3.0 and finance-ready health national adaptation plans.
MDBs, IMF, academia	Tag health co-benefits, integrate health in RSF arrangements, and build South–South climate–health capacity.

A TWO-PART PUBLICATION

This policy brief is part of a two-part publication prepared for COP32, which will take place in Addis Ababa, Ethiopia, in November 2027:

1. **Comprehensive report** — *30 Years of COP and Climate Change and Health: A Way Forward*, documenting the evolution of climate and health discussions across successive COPs, from Berlin (1995) to Belém (2025).
2. **Concise policy brief for policymakers** — this document, distilling the report's key findings, persistent gaps and ten recommendations.

ABOUT THIS BRIEF

This brief and its companion report are a joint publication of the UNESCO Chair on Education for Sustainable Development, Green Skills and Climate Actions; the WHO Regional Office for Africa Climate Change, Health and Environment team; the Kalbunyan Child Care Association (KCCA); and TALGA. It rests on a decision-by-decision review of the official UNFCCC session reports for COP1–COP30 and CMA1–CMA7 (592 COP and 148 CMA decisions), with statistics from WHO, the Lancet Countdown, UNEP, WMO, the World Bank, IMF and IPCC current to 3 October 2026. Full references are in the main report.

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