
POLICY FOR STRENGTHENING EQUITY-ORIENTED HEALTH SECTOR ACTION ON CLIMATE CHANGE AND HEALTH

Introduction

1. Climate change is a major global health threat, affecting health, well-being, and health equity both directly and indirectly (1). The Americas is one of the most vulnerable regions because of its susceptibility to extreme weather events, economies dependent on climate-sensitive sectors such as agriculture and tourism, and high levels of social inequality. Yet progress toward addressing climate change and its health impacts has been uneven across the Region of the Americas. Only a few countries are implementing essential health adaptation and mitigation measures, and most such efforts have given insufficient consideration to health equity.
2. The health sector needs to take immediate and decisive action on climate change and health, with specific efforts to integrate equity into adaptation and mitigation measures. Barriers to more effective action by the health sector include insufficient knowledge and awareness of the magnitude of climate change impacts on health and health equity; limited capacity and resources; lack of engagement with other sectors on this issue; and the traditional biomedical approach, present in many ministries of health, which tends to downplay the importance of environmental and social determinants. It is important to address these barriers and scale up financing for these efforts from all sources. This policy provides strategic and technical guidance to Member States of the Pan American Health Organization (PAHO) on ways to overcome these barriers and strengthen the health sector's capacity to address current and future threats posed by climate change to health, well-being, and health equity, supporting the goal of achieving health for all.

Background

3. This policy builds upon international and regional commitments aimed at decreasing greenhouse gas emissions and adapting to climate change. They include commitments in the World Health Organization (WHO) Resolution WHA77.14 on climate change and health (2), the WHO global strategy on health, environment, and climate change of 2019 (3), the United Nations Framework Convention on Climate Change (4), the Declaration on Climate and Health of the 28th United Nations Climate Change Conference (COP28) in 2023 (5), the 2030 Agenda for Sustainable Development (6), the Agenda for the Americas on Health, Environment, and Climate Change 2021–2030 (7), PAHO's Plan of Action for Disaster Risk Reduction 2016–2021 (8), and other relevant agreements, strategies, and initiatives (9–12). These commitments also include efforts under the Paris Agreement (13), particularly Article 2, paragraphs 1 and 2. Article 2, paragraph 1 provides that the Paris Agreement, in enhancing the implementation of the United Nations Framework Convention on Climate Change, including its

objective, aims to strengthen the global response to the threat of climate change, in the context of sustainable development and efforts to eradicate poverty. Article 2, paragraph 2 provides that the Agreement will be implemented to reflect equity and the principle of common but differentiated responsibilities and respective capabilities, in the light of different national circumstances.

4. Additional documents provide broad frameworks for improving health and reducing inequities through intersectoral action and social participation, emphasizing the determinants of health, gender equality, respect for cultural diversity, and human rights. They include the Sustainable Health Agenda for the Americas 2018–2030 (14), the PAHO Strategic Plan 2020–2025 (15), the Policy for Recovering Progress toward the Sustainable Development Goals with Equity through Action on the Social Determinants of Health and Intersectoral Work (16), the Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019–2030 (17), and other documents (18–21).

Situation Analysis

5. Climate change affects population health through more frequent and severe weather events such as floods, droughts, and storms, as well as slow-onset events such as steadily increasing temperatures and rising sea levels. Moreover, the hurricane season has been starting earlier with more intensity. For instance, Hurricane Beryl hit the Region in July 2024 and was the earliest Category 5 Atlantic hurricane ever recorded (22). Heat waves have resulted in a 160% increase in heat-related deaths in South America over the past two decades (23). In 2023 and 2024, wildfires due to rising temperatures caused displacement and property loss across the Region, and the smoke degraded air quality for millions. In 2024, floods in the Region have resulted in the loss of lives, livelihoods, and increased risk for water borne diseases. At the same time, vector-borne diseases like dengue, malaria, chikungunya, oropouche (24), and zoonoses are rising due to the expansion of disease vectors into new areas and altitudes resulting from increasing temperatures and longer active seasons. For instance, climatic suitability for dengue transmission has steadily increased in South America since 1951 (23). 2023 set a record for dengue in the Americas with over 4.6 million cases, and the number of cases during the first half of 2024 was already twice as high (25). Under severe climate change scenarios by 2050, over 185 million people will be at risk for vector borne disease in the Region (26). All of these can harm physical and mental health and cost lives (1).

6. Climate change also threatens societal foundations by restricting access to clean air, water, food, and livelihoods, exacerbating inequities. It can increase tensions and conflicts that give rise to political instability (27). For both reasons, climate change—combined with socioeconomic factors, political crises, humanitarian situations, and violence—can drive displacements and migration.

7. The effects of climate change are not equal for everyone due to vulnerability from intersecting social conditions related to sex, gender, socioeconomic status, ethnicity, age, disability, migration status, type of employment, and geographic location, among others (28, 29). For instance, individuals experiencing homelessness or precarious housing have greater exposure to extreme weather, as do certain workers such as first responders. Climate change threatens the ways of life of Indigenous Peoples and other ethnic groups due to their close relationship to the environment and exacerbates the difficulties already faced, including loss of land and resources, human rights abuses, and discrimination (30). Future generations will face increased climate risks: compared to people born in 1960, those born in 2020 will likely experience twice as many wildfires, 2.8 times more crop

failures, 2.6 times more droughts, and 6.8 times more heat waves (31, 32). This unfair reality underscores the need for urgent action on adaptation and mitigation to advance health equity.

8. Vulnerability is likewise uneven across countries and territories in the Region, with higher mortality from disasters caused by natural hazards such as hurricanes in certain areas, including the Caribbean and Central America (10). Climate change may even pose potential threats to the existence of small island developing States that are affected by sea level rise.

9. Extreme weather events can damage health care infrastructure, hindering service delivery. PAHO assessments indicate that over 88% of 20 396 evaluated hospitals are at risk of environmental hazards (33). Hurricane Otis, the strongest storm to hit the Eastern Pacific since the 1960s, damaged over 120 hospitals and clinics in Mexico (34).

10. To move forward, it is important to address both mitigation and adaptation. The current development model is based on the extraction of resources and overconsumption of goods. Polluting energy and transport systems, uncontrolled deforestation, and poor land-use management contribute to emissions and intensify the impact of climate change on ecological degradation and the loss of biodiversity. Implementing mitigation policies through effective coordination across sectors can reduce greenhouse gas emissions while promoting health co-benefits and health equity. Examples include sustainable transport interventions, which enhance physical activity and air quality while reducing road traffic injuries.

11. The health sector contributes a significant 3%–8% of a country's greenhouse gas emissions (35). Health care infrastructure and service delivery account for 30%–40% of health sector emissions, while the supply chain—encompassing manufacturing, transport, distribution, use, and disposal—contributes about 70% (35). The COP28 Declaration (5), endorsed by over 150 countries, urges health to be taken into account, as appropriate, in designing the next round of nationally determined contributions (NDCs)¹ (36, 37), aiming to curb health sector emissions and reduce waste, setting decarbonization goals and procurement standards, including for supply chains.

12. While mitigation is crucial, countries must also adapt to the impacts of climate change by developing climate-resilient health systems that can effectively anticipate, prepare for, respond to, and recover from climate-induced shocks and stressors. Greening the health sector and expanding primary health care is imperative. These actions must address the unmet health needs of about 30% of people living in the Region, especially underserved communities and populations living in situations of vulnerability, including Afro-descendants, Indigenous Peoples, and migrants, among others (38). Given the impact of climate change on food production systems and the environment, adaptation and mitigation efforts should be grounded in a Health in All Policies and One Health approach, which recognizes the interconnection between people, animals, plants and their shared environments, and in the essential public health functions framework (12).

¹ Nationally determined contributions are at the heart of the Paris Agreement and the achievement of its long-term goals, and embody efforts by each country to reduce national emissions and adapt to the impacts of climate change.

13. Challenges for building resilient health systems include the scarcity of data on how climate change affects health. Furthermore, existing data often lacks the disaggregation to reveal differential effects among specific populations and territories. The lack of integration between health and other data systems hampers the provision of timely, tailored, and effective information on current and forecasted climate impacts.

14. Planning tools such as vulnerability and adaptation assessments (V&As) (39), and health national adaptation plans (HNAPs) (40), as well as similar instruments at national and subnational levels, are crucial for strengthening climate-related programs in health. Yet only 12 countries in the Region have developed HNAPs.² Even fewer have subnational plans that align with national priorities and that emphasize health equity or involve community participation in their development. Despite the recognition of health as a climate action priority, 70% of countries globally lack sufficient funds to implement their health adaptation plans, and national and international funding for health projects represents a small percentage of global climate finance (41). Therefore, it is important to scale up financing for these efforts from all sources. Effective HNAPs and local plans are vital for guiding investments to create sustainable, climate-resilient, and low-carbon health systems to improve health and reduce inequities.

Proposal

15. This policy is structured in five lines of action to enable the health sector to address current and future hazards posed by climate change to health, well-being, and health equity.

Line of Action 1: Strengthen the health sector's capacity for adaptation to anticipate, prevent, prepare for, respond to, and recover from the impacts of climate change while reducing health inequities

16. Developing and implementing equity-oriented health sector action on climate and health adaptation programs, plans, and policies demands bold leadership and political commitment. The health sector must reassess, reorient, and adapt its strategies to tackle changing disease patterns and increasing health inequities. Planning tools, such as V&As, and HNAPs and equivalent national and subnational plans, need a stronger health focus. They are more effective when they are developed and implemented jointly by health and other sectors and in alignment with other plans, such as emergency management and response. National governments should take health into consideration in designing the next round of NDCs (37), as appropriate, as well as long-term low-emission development strategies (42), national adaptation plans, and adaptation communications under the Paris Agreement (13). Engaging communities and ensuring social participation with an intercultural approach at every planning stage is key to addressing the unique needs of diverse populations, especially those most impacted and in situations of vulnerability. Completed climate change planning tools and existing health programs should be revisited with an inclusive, participatory, intersectional, and intersectoral approach, with strong focus on implementation at subnational and local levels.

² HNAPs are national strategies outlining how a country's health sector will adapt to the impacts of climate change. They serve as strategic planning tools that include V&As and that delineate roles, responsibilities, and budgeting for health initiatives (e.g., occupational health, health promotion, mental health programs) and cross-sectoral efforts. Effectively developed HNAPs and related plans support the preparation of country investment strategies aimed at fostering low-carbon and climate-resilient health systems.

17. Health facilities must be strengthened against climate hazards to ensure continuous emergency and routine physical and mental health care. This requires proper assessment of health and other critical infrastructure, such as water, sanitation, roads, and energy. Preparedness and response efforts for emergency and slow-onset events should prioritize health equity, rolling out social protection measures swiftly. Capacity building for health care personnel, including community health workers and first responders, is essential for effective preparation, response, and recovery from climate events. Capacities for advocacy and health diplomacy should also be strengthened. Additionally, the health sector must address social determinants of health, develop and monitor health inequality indicators, and evaluate the health equity impact of adaptation measures.

Line of Action 2: Strengthen the capacities of the health sector for mitigation to build low-carbon health systems and societies, aimed at achieving health co-benefits and reducing health inequities

18. Effective mitigation involves simultaneously greening the health sector and crafting policies to cut societal greenhouse gas emissions while generating health co-benefits.

19. The health sector must enhance its capacity to deliver and maintain health services amid rising climate-related challenges while at the same time reducing carbon emissions. Toward this end, the health sector requires capacities, tools, resources, and partnerships with the private sector and others to measure and reduce emissions in health facilities and their supply chains. Health priorities, especially strengthening of primary health care, must be included in mitigation actions, plans, or instruments to mobilize resources for effective implementation. Mechanisms to build these necessary capabilities and resources in a climate-friendly manner include the WHO Alliance for Transformative Action on Climate and Health, and the Smart Hospitals Initiative (43).

20. Policies and interventions aimed at reducing societal carbon emissions should be developed through intersectoral action and with active social participation to enhance health co-benefits, reduce health inequities, and protect populations in situations of vulnerability. Local actions like developing green spaces, encouraging active transportation, and promoting climate-conscious and nutritious diets can enhance health, well-being, and health equity if they involve the community in their design, implementation, and monitoring. Effective intersectoral collaboration is crucial to reduce emissions and promote health benefits and health equity. Health diplomacy skills are needed for working with other sectors, including finance, energy, transport, and agriculture, to develop and prioritize climate policies that maximize health co-benefits. This requires a Health in All Policies approach applied at national and local levels. Tools and capacities for national and subnational health impact assessment and cost-benefit analyses are needed for strong advocacy.

Line of Action 3: Create awareness and strengthen community and civil society participation on climate change and health, using an equity- and human rights-oriented approach

21. Policies should prioritize the needs of communities in situations of vulnerability and safeguard human rights while acknowledging the impacts of historical and ongoing patterns of inequity (6). To foster engagement among health sector personnel, policy makers, and communities, it is vital to design and implement health training programs and educational tools related to health promotion, prevention, and climate change that articulate scientific knowledge with accessible and culturally appropriate information for meaningful participation.

22. Social participation is key to promoting effective climate action. Community and civil society engagement is important in all stages of policymaking, from formulation to evaluation. This includes valuing and integrating Indigenous knowledge and practices, which can strengthen policymaking with diverse cosmovision and cultural perspectives. Participation must consider the population's location, ethnicity, gender, sexual orientation, age, beliefs, socioeconomic status, social class, migration status, type of work, employment conditions, or disability, and their intersection.

23. Effective community participation depends on accessible, understandable, and culturally appropriate information, which in turn requires communication strategies that ensure responsible media use and prevent misinformation. Meaningful engagement also demands mechanisms to allow all voices to be heard and to influence decision-making, policy development, and implementation. These mechanisms include legal frameworks, where appropriate, that ensure public transparency, accountability, and empowerment of communities and that support lasting, respectful relationships between the health sector, communities, and civil society through engagement strategies such as public consultations and intercultural dialogues.

Line of Action 4: Improve the surveillance of climate change and health, and the generation and use of evidence, for the design and implementation of adaptation and mitigation strategies that protect health and reduce health inequities

24. Climate-related health outcomes, including those derived from slow-onset events, extreme weather, environmental contamination, and biodiversity loss, could be tracked in health surveillance systems. Application of these intersectoral systems contributes to understanding the pathways through which climate affects human, animal, and environmental health. The data produced can improve comprehensive, coordinated and continued responses to climate impacts and guide efficient health planning, resource allocation, and policy implementation and monitoring, with a view to protecting health and reducing health inequities in the response to climate change.

25. These advanced and complex surveillance systems rely on intersectoral cooperation mechanisms to incorporate data from meteorology, environment, energy, agriculture, labor, social services, and urban planning, among other sectors. They also require information technology infrastructure and capacity building for health personnel to improve data collection, data quality, disaggregation, standardization, analysis, and use. Additionally, developing a set of core indicators would both facilitate valuable information sharing and leverage collaboration efforts across countries. Collaborations among government, academia, and research institutions are key to developing innovative data solutions and translating data into timely, quality, comprehensive information to support evidence-based decision-making in the design and implementation of adaptation and mitigation strategies.

26. Integrated surveillance systems should involve communities early on to ensure relevance, appropriateness, and acceptable data governance, fostering an effective collective response. Applying these systems requires close collaboration between various levels of government to strengthen regulatory frameworks and enhance system interoperability across all levels. This requires commitments that transcend political and administrative boundaries to promote health equity.

Line of Action 5: Increase health sector financing for climate change adaptation and mitigation with an emphasis on populations in situations of vulnerability

27. Limited funding for climate change and health significantly hinders mitigation and adaptation efforts. To address this challenge, it will be important to scale up financing for climate change and health from all sources, taking into account existing commitments and mechanisms. Prioritizing funding for climate change and health in national and local budgets and guaranteeing the health sector's engagement in national intersectoral climate mechanisms, strategic planning, and investment programming is essential to ensure funds and the continuity of dedicated programs and policies, in line with national priorities. Efforts to foster public-private partnerships and access external funds from development banks, the Green Climate Fund, and the private sector need to be intensified. This requires strengthening of competencies within the health sector for health diplomacy, advocacy, estimation of the costs of climate change impacts, resource mobilization, and collaboration between countries.

28. The mobilization of resources for these efforts should prioritize populations most affected by climate change, particularly those in situations of vulnerability, including women and girls in all their diversity. This requires engagement of communities, civil society, the private sector, and other partners in budget design, implementation, and monitoring. To ensure the sustainability of health sector investments in climate change adaptation and mitigation, it is important to improve staff skills and technological resources in the sector.

Monitoring and Evaluation

29. Monitoring and assessment of this policy will be aligned with the results-based management frameworks of both PAHO and WHO and with their performance monitoring and assessment processes. PAHO Governing Bodies will be informed of the progress made and challenges faced in the implementation of the policy through a progress report in 2029 and a final report in 2034.

Financial Implications

30. Member States should prioritize the allocation of resources toward the implementation of this policy, as appropriate. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this policy to support Member States (see Annex B).

Action by the Directing Council

31. The Directing Council is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

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Proposed Resolution

POLICY FOR STRENGTHENING EQUITY-ORIENTED HEALTH SECTOR ACTION ON CLIMATE CHANGE AND HEALTH

The 61st Directing Council,

(PP1) Having considered the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health* (Document CD61/6);

(PP2) Bearing in mind Member States' commitments to the implementation of adaptation and mitigation actions to protect the health of populations from the impacts of climate change;

(PP3) Recognizing that climate risks threaten societal foundations in the Region of the Americas, and considering the urgent need to implement adaptation and mitigation measures that can anticipate, respond to, cope with, recover from, and adapt to climate-related shocks and improve the health of the population;

(PP4) Understanding that health sector emissions also contribute to climate change and acknowledging the need to curb emissions and reduce waste in the health sector, with decarbonization targets and procurement standards for national health systems, including supply chains;

(PP5) Considering that policies and interventions on adaptation and mitigation must be designed with social participation and should aim to reduce health inequities and protect those in situations of vulnerability, including women and girls in all their diversity;

(PP6) Recognizing the cross-cutting nature of this policy, which serves as a bridge between the agendas of climate change and health, sustainable development, biodiversity protection, conservation, social determinants of health, and health equity, building upon global and regional agreements, strategies, and initiatives,

Resolves:

(OP)1. To approve the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health* (Document CD61/6).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) promote the implementation of the lines of action contained in the *Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health*;

- b) strengthen the health sector's capacity for adaptation to anticipate, prevent, prepare for, respond to, and recover from the impacts of climate change while reducing health inequities;
- c) strengthen the capacities of the health sector for mitigation to build low-carbon health systems and societies, aimed at achieving health co-benefits and reducing health inequities;
- d) create awareness and strengthen community and civil society participation on climate change and health, using an equity- and human rights-oriented approach;
- e) improve the surveillance of climate change and health, and the generation and use of evidence to inform the design and implementation of adaptation and mitigation strategies that protect health and reduce health inequities;
- f) increase health sector financing for climate change adaptation and mitigation with emphasis on populations in situations of vulnerability.

(OP)3. To request the Director to:

- a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the policy;
- b) report to the Governing Bodies of the Pan American Health Organization on the progress made and challenges faced in the implementation of this regional policy and its adaptation to specific contexts and needs, through a progress report in 2029 and a final report in 2034.

Analytical Form: Programmatic and Financial Implications

1. Agenda item: 4.3 - Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health
2. Responsible unit: Climate Change and Environmental Determinants of Health
3. Preparing officers: Gerry Eijkemans and Daniel Buss
4. List of collaborating centers and national institutions linked to this Agenda item: <ul style="list-style-type: none">• CC USA-465: National Institute for Occupational Safety and Health• CC USA-260: Great Lakes Center for Occupational & Environmental Safety & Health, School of Public Health, University of Illinois at Chicago
5. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030: <p>Goal 1: Equitable access to health services: Expand equitable access to comprehensive, integrated, quality, people-, family-, and community-centered health services, with an emphasis on health promotion and illness prevention.</p> <p>Goal 3: Human resources for health: Strengthen the management and development of human resources for health with skills that facilitate a comprehensive approach to health.</p> <p>Goal 4: Health financing: Achieve adequate and sustainable health financing with equity and efficiency, and advance toward protection against financial risks for all persons and their families.</p> <p>Goal 7: Evidence and knowledge in health: Develop capacity for the generation, transfer, and use of evidence and knowledge in health, promoting research, innovation, and the use of technology.</p> <p>Goal 8: Outbreaks, emergencies, and disasters: Strengthen national and regional capacities to prepare for, prevent, detect, monitor, and respond to disease outbreaks and emergencies and disasters that affect the health of the population.</p> <p>Goal 9: Noncommunicable diseases and mental health: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.</p> <p>Goal 11: Inequalities and inequities in health: Reduce inequality and inequity in health through intersectoral, multisectoral, regional, and subregional approaches to the social and environmental determinants of health.</p>
6. Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020–2025: <p>Outcome 18: Social and environmental determinants</p> <p>Outcome 19: Health promotion and intersectoral action</p> <p>Outcome 26: Cross-cutting themes: equity, ethnicity, gender, and human rights</p>

7. Time frame for implementation and evaluation: 2024–2033

Implementation and evaluation of this policy will be aligned with results-based management frameworks of both PAHO and WHO and with their performance, monitoring, and assessment processes, as well as with PAHO’s strategic and operational planning—including the biennial program budgets approved by the Governing Bodies.

8. Financial implications:

- a) **Total estimated cost for implementation over the life cycle of the resolution (including staff and activities):** \$14.7 million.

Area	Estimated cost (US\$)
Human resources	8 250 000
Training	1 000 000
Consultants/service contracts	4 000 000
Travel and meetings	1 000 000
Publications	250 000
Supplies and other expenses	200 000
Total	14 700 000

- b) **Estimated cost for the 2024–2025 biennium (including staff and activities):**

The estimated cost of implementing this policy over the 2024–2025 biennium is US\$ 1 716 000. This estimate includes expenditures for technical and administrative staff as well as for direct technical cooperation activities to support the implementation of the policy. Meeting the goals of this regional policy will require Member States’ commitment and investment in its implementation, together with support from collaborating centers and relevant partners.

- c) **Of the estimated cost noted in b) above, what can be subsumed under existing programmed activities?**

Of the estimated cost, approximately 50% can be subsumed under existing programmed activities. The remaining amount will be mobilized through voluntary contributions.