A Real Mosaic of Solutions to Respond to Loss and Damage from Climate Change

Health

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Introduction

This publication is part of a series of briefs unpacking the pieces of a fit for purpose "mosaic of solutions" to respond to loss and damage from climate change. This series expands on our earlier work which presented a five-year vision for Loss and Damage under the United Nations Framework Convention on Climate Change (UNFCCC) to look beyond the international climate regime at catalysing a wider mosaic of solutions.

In the flagship paper of the series, we unpack the pieces of the mosaic. In these thematic briefs we dive deeper into existing solutions and how they can be strengthened. We also consider any reforms needed and explore emerging solutions.

This brief unpacks responses to loss and damage to health. It provides a short introduction to how climate change is impacting health, highlights a number of the challenges that developing countries face in implementing responses, and how these challenges can be addressed.

What is the problem?

The climate crisis is a health crisis.[1] Loss and damage to health is taking place in a myriad of ways. This includes deaths and illness from intensified extreme weather events, the disruption of food systems, and a marked increase in the incidence of diseases such as cholera, malaria, and dengue fever.[2] Loss and damage to health also includes mental health impacts such as post-traumatic stress disorder, anxiety, chronic stress, and depression.[3]

The health impacts of climate change are worsening.[4] The rate of heat-related mortality has increased 23 percent since the 1990s. This has pushed total heat-related deaths to an average 546,000 deaths per year.[5] The global average transmission potential of dengue has risen by up to 49 percent since the 1950s.[6] Costs to address climate-related health impacts could exceed 21 trillion USD by 2050 in low- and middle-income countries alone.[7]

Loss and damage is eroding development gains in developing countries, undermining many of the social determinants for good health, including livelihoods, access to health care and social support structures.[8] This, alongside other factors, has resulted in progress on Goal 3 (Good health and well-being) of the Sustainable Development Goals (SDGs) slowing after decades of gains.[9] The drivers of climate change are also severely impacting health, leading to increased vulnerability to loss and damage. As a result of delayed climate action, millions of people die needlessly each year due to fossil fuel dependence, growing greenhouse gas emissions, and the failure to adequately adapt to climate change.[10] The burning of fossil fuels alone is responsible for excess deaths estimated to be between 5[11] and 8.7[12] million globally every year. Significant health risks are being identified as a result of the production, use, recycling and disposal of plastics[13] —98 percent of which are oil-based products. Researchers have also identified that a loss of biodiversity and environmental degradation can affect mental health.[14,15,16,17]

Climate-sensitive health risks, and risks associated with the drivers of climate change, are disproportionately felt by the most vulnerable people and disadvantaged groups. This includes women, children, Indigenous Peoples, migrants, refugees and displaced persons, older persons, and those with underlying health conditions.[18]

Globally, many health systems are underprepared. An estimated 11 billion USD is needed each year to strengthen the resilience of health systems to climate change in developing countries alone.[19] One in twelve hospitals worldwide face the risk of total shutdown due to extreme weather events if emissions are not reduced.[20]

The reduction of Official Development Assistance (ODA)[21] has created gaps in health coverage by leaving international non-governmental organisations (NGOs) unable to deliver life saving medical assistance.[22] The withdrawal of 1 billion USD of funding by the United States has severely crippled the World Health Organization's (WHO) health programs, forcing the closure of health facilities in over 70 countries.[23]

Under the UNFCCC, the primary focus of health initiatives has been on building the resilience of the health sector, reducing its emissions, and increasing the evidence base on climate impacts to health, and the responses needed to address them. While this is critical, there has been little or no focus on increasing support, including finance, capacity building, and technology transfer to address loss and damage to health. At the same time, limited capacity, finance, data, coordination, and technical constraints in developing countries make it more difficult to include health in National Determined Contributions (NDC), National Adaptation Plans (NAP), and to prepare Health National Adaptation Plans (HNAPs).[24]

What are the existing solutions?

The World Health Organization (WHO) acts as the primary orchestrator of global action on climate change and health, guiding national governments through frameworks that link climate action with public health protection. The World Health Assembly (WHA) is the supreme decision-making body of the WHO, tasked with tackling global healthcare challenges and deciding how best to overcome them.[25]

In 2025, the WHA adopted the Global Action Plan on Climate Change and Health,[26] which acknowledges the urgent need to address the health impacts of climate change and positions the health systems as part of the climate solution.[27] The WHO also leads the Alliance for Transformative Action on Climate and Health (ATACH), which brings together a range of health and development partners to support countries in achieving their commitments to climate-resilient and low carbon health systems.[28]

Under the UNFCCC, countries are encouraged to include health in their NDCs and NAPs and to develop HNAPs.[29] For some developing countries, their Loss and Damage commitments within NDCs contain costed health components. For example, Vanuatu's NDC 3.0 includes ensuring access to health care for displaced populations, which requires 16.7 million USD to implement, ensuring life saving health care after a loss and damage event which requires 32.77 million USD, and developing tailored mental health care, which requires 1.75 million USD.[30]

A number of dedicated health initiatives have also been launched under the UNFCCC. Notably, the COP 26 Health Programme, the COP 27 Initiative on Climate Action and Nutrition, the COP 28 Declaration on Climate and Health and the Guiding Principles for Financing Climate and Health Solutions, the Baku COP Presidencies Continuity Coalition for Climate and Health launched at COP 29, and the Belém Health Action Plan launched at COP 30.

On the ground, protecting health is a key part of the humanitarian response to loss and damage events. International NGO actors, including the International Committee of the Red Cross (ICRC), Médecins Sans Frontières (MSF), and the International Rescue Committee (IRC) provide emergency medical response after loss and damage events occur.

What do we need to see?

This finance gap must be closed to enable resilient health systems in developing countries and scaled up emergency health responses in the aftermath of a loss and damage event. Developing countries must receive scaled up finance, technical assistance, and capacity building to integrate health into NDCs and NAPs and prepare and implement HNAPs.

The WHO's Global Action Plan on Climate Change and Health 2025–2028 must address health risks from loss and damage and drive up ambition to scale up support from developed to developing countries. Table 1 highlights existing solutions to loss and damage to health that can be strengthened.

Table 1 : **Strengthening existing solutions to loss and damage to health.**

CURRENT SOLUTIONS	HOW DOES IT WORK?	WHAT ARE THE ISSUES?	WHAT NEEDS TO CHANGE?
Emergency Health Response	Emergency health responses provided by NGOs such as MSF, IFRC, and IRC are key to addressing immediate needs, helping to prevent and reduce further loss and damage to health.	The reduction of ODA[31] has had a significant impact on international NGOs delivering life saving medical assistance creating gaps in health coverage.[32]	Developed countries must re-prioratise ODA and leverage innovative sources to meet the target of 0.7 percent of gross national income (GNI).
World Health Organisation (WHO)	The WHO responds to international public health issues and emergencies including loss and damage to health. The WHO's response to climate change centers around three main objectives:[33] 1. Promoting actions that both reduce carbon emissions and improve health; 2. Building better, more climate-resilient and environmentally sustainable health systems; and 3. Protecting health from the wide range of impacts of climate change. Of these three objectives, the first is relevant to avoiding and reducing loss and damage, while the second and third objectives are relevant to reducing loss and damage.	The withdrawal of roughly 1 billion USD in funding by the US in early 2025 has triggered severe financial instability and forced the WHO to consider 25 percent budget cuts. This has severely crippled health programs, causing widespread medication stockouts, forcing health facilities in over 70 countries to close, and disrupting vital services for HIV, polio, malaria, and child health.[34]	The US and other developed countries must re-prioritise health and leverage innovative sources to meet the WHO's funding needs via ODA.

CURRENT SOLUTIONS	HOW DOES IT WORK?	WHAT ARE THE ISSUES?	WHAT NEEDS TO CHANGE?
World Health Assembly (WHA)	The WHA is the decision-making body of WHO, consisting of delegates from all 194 WHO Member States. Its work includes tackling the global healthcare challenges, including climate change, pandemics, and conflict, deciding how best to overcome them.	Impacted by the US funding cuts, the WHA faces the challenge of navigating geopolitical divides to maintain multilateral health response.[35]	Health funding must be re-prioritised. Rising geopolitical tensions and the escalating conflict in the Middle East must not be allowed to affect coordinated response to global health challenges that increase vulnerability to loss and damage. Developed countries must meet ODA targets.
Global Action Plan on Climate Change and Health 2025–2028	The Global Action Plan on Climate Change and Health 2025–2028, includes two explicit sub-objectives for actions to be carried out by member states on loss and damage: 1. To "address health risks from loss and damage."; and 2. To "improve climate resilience of healthcare facilities and ability to address the impacts of loss and damage". The Global Plan also aims to increase access to finance for climate change and health including through climate funds such as the Fund for Responding to Loss and Damage (FRLD).	Despite Loss and Damage being included, the focus of the Global Action Plan is on mitigation and adaptation actions. The plan also fails to mention fossil fuels, despite the significant impacts of air pollution.[36] Although the plan includes efforts to improve climate resilient health care to address loss and damage, there is a significant risk the plan will not translate into concrete action if funding is not increased.	It will be critical to ensure that the Global Plan informs loss and damage finance, capacity building, technical assistance and technology needs, and drives up ambition to scale up support. Developed countries must ensure that the implementation of the Global Plan in developing countries is fully funded.
Health National Adaptation Plans (HNAPs)	HNAPs are standalone health-specific components of NAPS. The WHO provides technical assistance to develop HNAPS.[37]	Limited capacity, finance, data, coordination and technical constraints in developing countries continue to impact the preparation of NAPs and HNAPs.[38]	Support, including finance, capacity building, and technology transfer, must be scaled up by developed countries to enable developing countries to prepare and implement HNAPs.

CURRENT SOLUTIONS	HOW DOES IT WORK?	WHAT ARE THE ISSUES?	WHAT NEEDS TO CHANGE?
Alliance for Transformative Action on Climate and Health (ATACH)	The Alliance for Transformative Action on Climate and Health (ATACH) is a WHO-led programme for action on climate and health to create climate resilient and low carbon sustainable health systems.	The focus of the ATACH is on building up climate resilient and sustainable health systems only. Increasing response to health related loss and damage is not included at all.	The ATACH should establish another working group to ensure that the loss and damage goals of the Global Action Plan on Climate Change and Health 2025–2028 are met.
Plastic Treaty	Negotiations are under way to produce a legally binding agreement on plastics. This treaty can help to reduce the health impacts of plastic, which increase vulnerability to loss and damage.[39]	Negotiations face a deadlock over whether to cap plastic production, regulate toxic chemicals, or focus on recycling. Key challenges include opposition from oil-producing nations, plastic industry lobbying, and funding disparities. This risks a weak agreement that fails to address the full, hazardous lifecycle of plastics.[40]	A plastic treaty must be agreed in 2026 that will implement immediate action to cap plastic production to align with climate and health goals. Recycling alone is insufficient.[41] The treaty must govern the entire lifecycle of plastics, not just waste management. It must enforce mandatory identification and elimination of toxic chemicals and additives in plastic production to protect health. The treaty must establish legally binding, enforceable international obligations, rather than voluntary national plans.[42] A robust conflict of interest policy must be put in place to restrict industry influence, limit lobbying, and ensure an independent scientific advisory body to prevent the treaty from being undermined by profit motives.[43]

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