World Health Organization

Seventy-eighth World Health Assembly

Provisional agenda item 18.3 A78/4 Add.2

15 May 2025

Climate change and health

Draft Global Action Plan on Climate Change and Health

Introduction

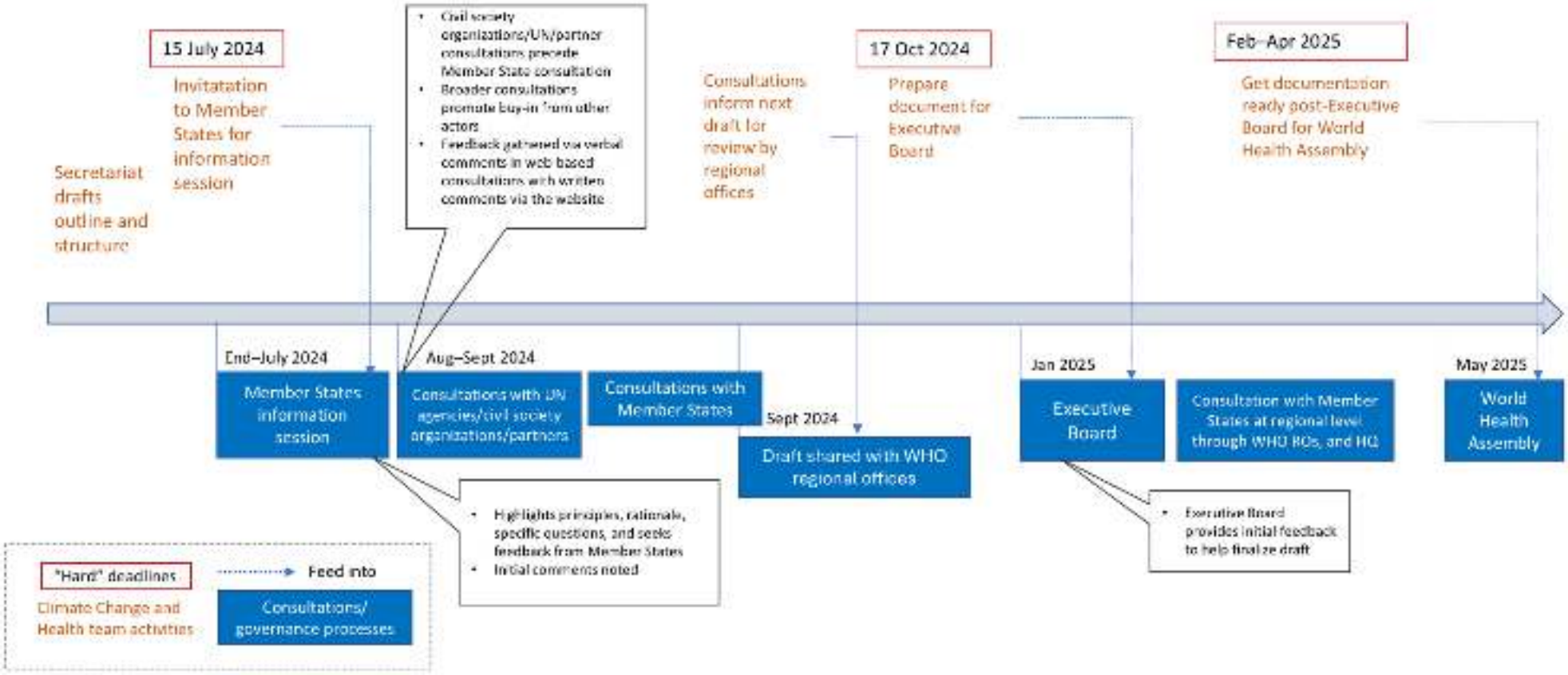
The climate crisis is a global health crisis, with human-induced climate change leading to extreme weather events, disease outbreaks and the undermining of health systems and determinants. Despite increases in climate finance since 2020, funding remains inadequate – especially for developing countries – and less than 1% is directed towards health protection. The disconnect between climate change policy and health leaves populations vulnerable and misses opportunities for creating a healthier, more sustainable future.

In response, the Seventy-seventh World Health Assembly adopted resolution WHA77.14 (2024) calling for a "global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Change (UNFCCC) and the Paris Agreement for consideration by the Seventy-eighth World Health Assembly in 2025, firmly integrating climate across the technical work of WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate". The implementation of the draft Global Action Plan on Climate Change and Health allows WHO to strengthen its ongoing work and mandate, in line with the WHO Global Strategy on Health, Environment and Climate Change, as well as the Fourteenth General Programme of Work, 2025–2028 (GPW 14), adopted in resolution WHA77.1 (2024).

Consultative process

The draft Global Action Plan was developed through an extensive consultative process (Fig. 1) involving Member States, civil society organizations, partners, technical experts and staff participating at the three levels of WHO.

Fig. 1. Draft global action plan on climate change and health: consultation process



Guiding frameworks and principles

As in resolution WHA77.14, the draft Global Action Plan aligns with the UNFCCC and the Paris Agreement. It recalls Article 2, paragraph 1, of the Paris Agreement, which provides that the Agreement, in enhancing the implementation of the UNFCCC, 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; and Article 2, paragraph 2, of the Paris Agreement, which 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. In addition, other relevant frameworks and principles help establish a supporting political environment for the launch and operationalization of this work (Table 1).

Table 1. Additional frameworks and principles that can support implementation

Recognized frameworks to be considered in implementing the draft Global Plan of Action	
– Sustainable Development Goals – Health in All Policies – One Health – Planetary health – Global health security – Sendai Framework for Disaster Risk Reduction	
Principles	
– Adaptability – Baku Guiding Principles on Human Development for Climate Resilience – Community orientation – Equity – Evidence-based practice – Financial efficiency – Gender equality/gender inequalities and differences in needs and opportunities – Local and regionally led strategies	– Holistic approaches and collaboration – Human rights – Innovation, creativity and technology-based – Multisectoral and multidisciplinary partnerships – Social determinants of health – Traditional and indigenous knowledge – Vulnerable populations – South–South and triangular cooperation – Leave no one behind

Structure

The draft Global Action Plan is organized into three action areas: (i) leadership; coordination and advocacy; (ii) evidence and monitoring; and (iii) country-level action and capacity-building. Each includes at least one global target, with stated objectives for adaptation and mitigation efforts, and proposed actions for Member States, the WHO Secretariat and other stakeholders. Recognizing that the impacts of climate change on health are context-specific, the proposed actions for Member States should be implemented, as appropriate, in line with national circumstances, priorities and needs.

Action area: Leadership, coordination and advocacy

Global target: Advocate for the integration of health in national and international climate agendas and vice versa

Objective A: Foster integrated and coherent action on climate change and health at national and international scales, with WHO guiding overall implementation of the draft Global Action Plan

- Proposed actions for Member States:
  - Support the implementation of this draft Global Action Plan and coordinate with WHO and other stakeholders;
  - 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 prevention and primary healthcare;
  - Mobilize high-level attention and action to climate and health and related aspects within multilateral forums, to help to ensure sustained, effective, efficient and concrete political visibility and momentum, and explore ways to integrate health into climate actions towards adaptation, mitigation and other relevant areas;
  - Support efforts to mobilize resources for integrated action on climate and health, and consider expanding opportunities, with a focus on developing countries, especially those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks and funds, climate funds, health funds and innovative sources, among others;
  - Ensure the health sector is meaningfully engaged in climate change processes and plans at the national level, while also engaging environment and climate actors in health planning;
  - Develop and implement a national strategy for climate change and health to help set out a whole-of-government plan and stimulate countries to make climate and health part of government-wide policy and decision-making.
- Proposed actions for the WHO Secretariat:
  - Support the implementation of the draft Global Action Plan and coordinate with Member States and other stakeholders;
  - Create a cross-Organizational strategic mechanism on climate and health, emphasizing cooperation between the health sector and other sectors, with a strong influence on human health and climate change adaptation and mitigation;
  - Collaborate with the wider UN system and other relevant partners at the national, regional and multilateral levels to strengthen intersectoral collaboration, facilitate the effective integration of climate mitigation and adaptation strategies into health sector initiatives and vice versa and advance equity in order to promote synergy and coherence with other relevant international organizations and forums, in particular with the UNFCCC and Paris Agreement processes and the Sustainable Development Goals;

  - Continue promoting and strengthening the consideration of health within the Conferences of the Parties to the UNFCCC, including by supporting the Baku COP Presidencies Continuity Coalition for Climate and Health;
  - Provide technical leadership and strategic guidance in the field of climate change and health for other stakeholders, while continuing to identify country needs for technical and financial support on climate change and health;
  - Convene, facilitate and contribute to discussions on financing mechanisms for national and subnational implementation of recommended policy actions, including engagement with multilateral development banks and funds, climate funds, health funds, the private sector and others;
  - Coordinate with civil society organizations via the WHO–Civil Society Working Group for Action on Climate Change and Health;
  - Promote and develop the Alliance for Transformative Action on Climate Change and Health (ATACH) as a key voluntary platform to support the implementation of the Global Plan of Action on climate change and health;
  - Support the design of climate and health initiatives through an equity lens, ensuring prioritized resource allocation for communities most at risk from climate impacts.

- Proposed actions for stakeholders:

  - Support the implementation of this draft Global Action Plan and coordinate with WHO Member States and the Secretariat;
  - Strengthen international, regional and national collaborations and emphasize the links between climate change and health supporting cross-sectoral cooperation;
  - Prioritize, as appropriate, investments in health and climate action, for example through the Development Banks' Joint Roadmap for Climate-Health Finance and Action;
  - Promote, as appropriate, better integration of health considerations into climate policy agendas and vice versa;
  - Advocate for ongoing capacity-building, leadership and implementation of approaches to ensure health issues are effectively addressed, including, as appropriate, through the inclusion of health in climate-related agendas.

Objective B: Lead by example through actions that improve health while also mitigating and adapting to climate change

- Proposed actions for Member States:

  - Identify and promote actions that enhance health while also mitigating climate change, including, inter alia, healthier and more sustainable energy, urban planning, transport and food systems, reducing emissions of black carbon and other climate-changing pollutants, and promoting healthier and more environmentally sustainable diets, as appropriate to national, local and individual circumstances;
  - Limit or reduce actions that cause unnecessary emissions of greenhouse gases and other climate pollutants throughout domestic and international healthcare supply chains, through manufacturing, shipping or energy use;

  - Identify and implement actions to improve the climate resilience of health systems and support health-promoting adaptation measures in other key sectors, including water and sanitation, food and agriculture, energy and housing;
  - Promote demand-side mitigation and adaptation and address health risks from loss and damage associated with adverse climate change effects.

- Proposed actions for the WHO Secretariat:

  - Continue technical and political leadership in the field of climate change and health, including, inter alia, within available resources, establishing a WHO road map to net zero by 2030 for the WHO Secretariat and implementing more sustainable approaches, in line with the UN Global Roadmap.

- Proposed actions for stakeholders:

  - Support the connection of health and climate strategies, contribute to the design and implementation of government policies, mitigation and adaption targets, and bolster technical expertise and capacity towards aligned health and climate objectives.

Objective C: Empower, inform and effectively engage the health community to support climate and health action

- Proposed actions for Member States:

  - Promote awareness among the public and health community on the health impacts of climate change and the impact of healthcare delivery on climate change, as well as engagement in the development of climate and health policies, fostering recognition of health co-benefits of mitigation and adaptation actions, as well as any risks or trade-offs;
  - Identify and promote evidence-based actions to enhance healthy and sustainable behaviour, while addressing practices that are harmful to both human health and climate goals.

- Proposed actions for the WHO Secretariat:

  - Raise awareness on climate change and health through advocacy campaigns, key messages, reports, communication materials, publications and policy briefs;
  - Develop a detailed WHO plan on partnerships and advocacy on climate change and health;
  - Continue collaboration and support to the World Meteorological Organization (WMO)–WHO Joint Office for Climate and Health;
  - Actively participate in relevant climate forums, including virtually and as resources allow, to disseminate information, advocate for health integration and support action;
  - Strengthen and create effective alliances and networks at the global, regional and national levels supporting resource mobilization, policy development and implementation for climate change and health.

- Proposed actions for stakeholders:
  - Support the representation of health actors in climate forums through, for example, the inclusion of health expertise in UNFCCC delegations;
  - Contribute to scaling up national, regional and global promotional campaigns on climate change and health, including those led by WHO;
  - Support the implementation of communications campaigns, including WHO key messages, to promote awareness on the connections between climate and health and the health co-benefits of climate action;
  - Ensure that engagement and awareness efforts include diverse communities, particularly those historically marginalized or disproportionately affected by climate-related health challenges.

Action area: Evidence and monitoring

Global target: Create a robust and relevant, evidence base that is available and connected directly to policy, implementation and monitoring

Objective A: Strengthen the scientific and traditional knowledge evidence base through scientifically-sound research and empirical evidence on the connections between climate change, climate action and health

- Proposed actions for Member States:
  - Encourage multidisciplinary cooperation and collaboration between policy-makers, researchers, practitioners and citizens in order to accelerate the translation of evidence to policy and innovation;
  - Promote research and development in order 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;
  - Create an enabling environment to facilitate equitable access to health tools, particularly by those hit hardest by climate-related health impacts;
  - Build research capacity to address the research priorities identified in national, regional and global research agendas, in particular through WHO's Research for Action on Climate Change and Health (REACH) agenda;
  - Support integrated climate and health data and surveillance systems and identify gaps for integrating climate and weather information into country-level health information systems, including by working through the WMO–WHO Joint Office for Climate and Health to build collaborative partnerships among national meteorological and hydrological services and national ministries of health;
  - Support research on climate change and health determinants in the context of universal health coverage (including primary healthcare) and health emergencies (notably pandemic prevention, preparedness and response, health security, antimicrobial resistance and zoonotic disease).

- Proposed actions for the WHO Secretariat:
  - Develop and synthesize evidence for key climate and health risks, the health and economic benefits and costs of climate action, and effective policy interventions;
  - Develop a list of region-specific yet globally relevant health risks and diseases that are particularly sensitive to climate change, in support of national efforts to detect, prevent, prepare for and respond to climate-sensitive health outcomes, and of the development of national adaptation plans, which should be reviewed and updated periodically;
  - Provide best-practice methods, technical guidance, tools and case studies to evaluate the health effects of policy scenarios (such as the expected lives saved by improvements in air quality associated with nationally determined contributions) or specific policy interventions;
  - Promote cross-border cooperation in research, monitoring and sharing of best-practice to tackle transnational health impacts of climate change;
  - Provide policy and technical support to, and facilitate international collaboration among, Member States in integrating climate and health data and surveillance systems, including early warning systems.
- Proposed actions for stakeholders:
  - Conduct and support research on priorities identified in national, regional and global research agendas, including the effects of climate change on health and health systems and the effectiveness of climate mitigation and adaptation interventions and their health benefits, as well as any risks or trade-offs;
  - Build, support and fund research networks to advance efficient implementation of the regional and global research agendas, including the creation of regional climate-health research networks in low- and middle-income countries that are cross-sectoral.

Objective B: Shape the global research agenda

- Proposed actions for Member States:
  - Contribute 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;
  - Develop and support the implementation of national research agendas to advance the evidence base for action on climate change and health, informed by the above, and the outcomes of the REACH process.
- Proposed actions for the WHO Secretariat:
  - Identify knowledge gaps and co-develop the REACH agenda at global and regional levels, with particular emphasis on implementation research on the effectiveness of interventions;
  - Horizon-scanning for emerging issues and summarize the current state of knowledge for policy-makers;

  - Work with funders to fill critical evidence gaps and innovation partners to develop new solutions;
  - Track research outputs by global research priorities identified under the REACH agenda;
  - Support countries in developing national research agendas;
  - Build more effective connections between researchers and national policy-makers.

- Proposed actions for stakeholders:

  - Contribute to global, regional and national research priority-setting, ensuring the inclusion of high-risk geographies and vulnerable populations;
  - Advocate for the mobilization of resources and capacity for addressing regional and global research agendas;
  - Invest in local studies on impacts and existing and novel interventions, particularly for generating real-world evidence on vulnerable populations;
  - While promoting North–South research collaboration, ensure research in low- and middle-income countries is led or has significant engagement by researchers from the countries in which the research takes place, to ensure localization and capacity-strengthening.

Objective C: Monitor progress on global and national targets

- Proposed actions for Member States:

  - Build capacity at the national level to monitor progress on health and climate change, including the impact of interventions and financing;
  - Mobilize investment in infrastructure, human resources and information management systems to enable sustained collection and application of meteorological, health and other data that informs and tracks progress on climate and health.

- Proposed actions for the WHO Secretariat:

  - Monitor the progress of countries towards global and national targets on climate and health by continuing to collect information with time-bound indicators through the WHO global survey on climate change and health, and align this with monitoring under the UNFCCC;
  - Build synergies with monitoring mechanisms within the UN system, including on the Sustainable Development Goals and the UNFCCC, as well as with other relevant international monitoring initiatives and partners;
  - Design an indicator framework that complements high-level indicators, including those agreed for the Sustainable Development Goals on climate change (Goal 13) and health (Goal 3), with more detailed information on metrics and indicators for health risks, impacts, benefits of action and country progress;
  - Track the contribution of the WHO Secretariat, including the regional and country offices, to climate change mitigation and adaptation efforts through GPW 14 indicators and independent assessments, such as through the Multilateral Organisation Performance Assessment Network and the Joint Inspection Unit of the UN system;

  - Enhance the relevance and accessibility of WHO's evidence and data from the WHO global survey and for the WHO/UNFCCC climate and health country profiles, through publicly accessible databases and dashboards;
  - Establish a mid-term (2027) and final (2029) review framework to identify measurable progress on both national and global targets, with publicly accessible reporting mechanisms.

- Proposed actions for stakeholders:
  - Contribute to the development of climate change and health indicators and tools for monitoring within and beyond existing frameworks and systems;
  - Support capacity-building through increased expertise and human, financial and technical resources for monitoring at the national level;
  - Support the organizations tracking progress on climate and health commitments, including those made under the UNFCCC.

Action area: Country-level action and capacity-building

Global target: Promote climate change adaptation efforts to address health risks and support mitigation efforts that maximize health benefits

Objective A: Include health in global and national climate policies and activities

- Proposed actions for Member States:
  - Promote a coherent and holistic One Health approach for 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 authorities, including those responsible for environment, economy, food systems and nutrition, water, infrastructure, disaster preparedness and sustainable development;
  - Promote policies for urban and rural climate resilience as they relate to health;
  - Conduct assessments of the health benefits, as well as any risks or trade-offs, of mitigation and adaptation actions in other sectors, in a nationally determined manner, to inform and drive coherent health and climate action;
  - Conduct regular (ideally every five years) national health vulnerability assessments, to inform country-level health national adaptation plans, including through engagement with national meteorological and hydrological services, national statistics offices and other entities collecting and analysing relevant data;
  - Integrate disaster risk reduction, response and management with climate adaptation strategies in order to support health system resilience, including through enhanced early warning systems, emergency preparedness and rapid response mechanisms.

- Proposed actions for the WHO Secretariat:
  - Strengthen the capacity of all levels of WHO to provide technical guidance, support and capacity-building tools for assessing the health effects of adaptation and mitigation action in health and other sectors;
  - Continue supporting Member States and other stakeholders in sharing knowledge, facilitating access to technical assistance and financing, providing quality assurance and monitoring, and helping to drive a global shift on climate and health action, including via the WHO-led ATACH.
- Proposed actions for stakeholders:
  - Ensure a synergistic and balanced approach to adaptation and mitigation in national and regional climate-health policies by assessing the health benefits, risks and trade-offs of intervention options;
  - Facilitate collaboration between the health sector, key infrastructure sectors (including energy, water and sanitation, housing and transport) and the education and other social sectors in order to integrate health benefits, avoid health risks and optimize trade-offs through climate action;
  - Collaborate on the provision of data through research, case studies and best practices to maximize health benefits of climate adaptation and mitigation;
  - Support the development and implementation of indicator tracking of global and national climate and health policy, aligned with efforts under the UNFCCC, and make recommendations for continued optimization;
  - Facilitate the active involvement of local communities in designing and implementing climate and health plans.

Objective B: Integrate health into relevant national-level climate plans and strategies, including those under the UNFCCC; integrate climate in national health policies, strategies, and plans

- Proposed actions for Member States:
  - Ensure 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;
  - Ensure health is considered across sectors in the development of national climate plans and strategies, including but not limited to national adaptation plans;
  - Consider the integration of 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 the integration of climate in national health policies, strategies and plans (NHPSPs).

- Proposed actions for the WHO Secretariat:
  - Support Member States, upon request, in developing national strategies for sustainable and climate-resilient health systems through capacity-building of health professionals, including through training;
  - Provide technical assistance and support to Member States to integrate health in national climate plans and strategies and integrate climate into national health policies, strategies and plans;
  - Convene countries to share experiences, best practices and challenges in integrating health in national climate plans and strategies;
  - Develop technical guidance and capacity-building tools to support Member States and health professionals to integrate health in national climate plans and strategies, including online and face-to-face training materials and courses;
- Proposed actions for stakeholders:
  - Support the creation of indicators to measure the effectiveness of climate-related health interventions and promote their integration into relevant national climate plans and strategies to track progress;
  - Support the development of competency-based training programmes and capacity-building initiatives for health professionals and other groups and institutions in order to ensure meaningful engagement in climate change processes and plans;
  - Enable healthcare professionals engagement with policy-makers to integrate health services into national climate plans and strategies, in alignment with global health and climate goals.

Objective C: Increase access to finance for climate change and health

- Proposed actions for Member States:
  - Support efforts to mobilize resources for integrated action on climate and health;
  - Expand access to finance, with a focus on vulnerable populations, for domestic, bilateral and multilateral funding, through governments, multilateral development banks, foundations, private finance (including the healthcare industry) and existing multilateral funds.
- Proposed actions for the WHO Secretariat:
  - Support Member States to access finance for climate change and health by identifying and promoting funding opportunities and increasing the efficiency and efficacy of funding access;
  - Develop technical guidance, tools and capacity-building materials and deliver training in order to support Member States in accessing finance for climate change and health;
  - Support Member States to develop climate change and health proposals for submission to relevant multilateral or bilateral donors, private finance and other opportunities.

- Proposed actions for stakeholders:
  - Expand advocacy efforts for increased financing for climate change and health, including at the national, regional and global levels within and beyond the health sector;
  - Support the development of proposals to access finance.

Global target: Ensure health systems and healthcare facilities are climate-resilient, low-carbon and environmentally sustainable

Objective D: Conduct periodic assessments of health risks of climate change and greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:
  - Conduct iterative climate change and health vulnerability and adaptation assessments towards the development of health-focused national adaptation plans or other adaptation planning strategies;
  - Assess the greenhouse gas emissions from the health sector towards the development of national decarbonization and "net zero" strategies or action plans;
  - Conduct climate change vulnerability assessments at the healthcare facility level towards the development of relevant improvement plans in order to enhance resilience.
- Proposed actions for the WHO Secretariat:
  - Provide technical support to Member States to conduct climate change and health vulnerability and adaptation assessments at the population and healthcare facility levels and assess greenhouse gas emissions of health systems, including technical guidance and tools, and training materials and delivery;
  - Promote and support climate-resilient health systems including, through the ATACH.
- Proposed actions for stakeholders:
  - Evaluate health risks associated with climate change and greenhouse gas emissions, using the results to develop recommendations for improving health system resilience, while building local capacity for effective interventions;
  - Create and disseminate knowledge-sharing materials for the health workforce and policy-makers based on successful programmes and case studies addressing health risks from climate change, and greenhouse gas emissions;
  - Advocate for and contribute to the development of standard guidelines and procedures for periodic assessments of health risks and greenhouse gas emissions within health systems and facilities, in collaboration with other stakeholders;
  - Provide funding, technical assistance and innovative solutions to address health challenges related to climate change and to reduce greenhouse gas emissions, promoting collaboration between the private and public sector where possible.

Objective E: Implement climate change and health interventions to increase climate resilience and reduce greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:
  - Invest 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;
  - Improve climate resilience of healthcare facilities and ability to address the impacts of loss and damage arising from climate change;
  - Support the development and implementation of national action plans, in accordance with national context and priorities, working towards the reduction of greenhouse gas emissions and ensuring environmentally sustainable health systems, in line with relevant WHO guidance;
  - Develop and implement relevant programmes for health professionals linked to climate change impacts on health;
  - Reduce greenhouse gas emissions from healthcare facilities through the development of plans to target identified key greenhouse gas hotspots, including through transitioning to renewable energy in buildings, transportation and other operations, and through development of green supply chains;
  - Explore and invest in health promotion and prevention measures to reduce the demand and pressure on health systems and reduce greenhouse gas emissions and the negative impact of health systems on climate change and the environment.
- Proposed actions for the WHO Secretariat:
  - Provide technical assistance and capacity-building to support Member States' implementation of national action plans for building climate-resilient and low-carbon health systems;
  - Promote dialogue with private health sector organizations to reduce greenhouse gas emissions and implement climate-smart industrial practices;
  - Provide technical and capacity-building support to Member States for the integration of climate change considerations in vertical health programmes;
  - Provide technical assistance and capacity-building for Member States to implement climate change and health interventions, including through establishing climate-informed health surveillance and climate-informed health early warning systems, climate-resilient and environmentally sustainable healthcare facilities, and climate change and health education and capacity-building;
  - Work with partners to deliver training to health professionals to support implementation of climate change and health interventions;
  - Strengthen the implementation of the ATACH as a voluntary platform for countries to share experiences, best practices and challenges in implementation of climate change and health interventions;

  - Work to elevate and prioritize interventions that simultaneously contribute to both adaptation and mitigation and/or health co-benefits, such as resilient health infrastructure powered by sustainable energy and climate-smart healthcare supply chains;
  - Provide technical assistance and capacity-building on climate-resilient and low-carbon healthcare facilities to stakeholders engaged in the design, construction, operation and maintenance of healthcare facilities.

- Proposed actions for stakeholders:

  - Develop and integrate climate change considerations into health professional curriculums, as well as ongoing graduate, postgraduate and professional training of healthcare workers;
  - Build a compendium of effective, sustainable health products and services for healthcare professionals that can be used as substitutes for high-carbon health products and services;
  - Support non-government healthcare facilities in becoming climate-resilient and environmentally sustainable;
  - Support and stimulate governments, companies and health facilities to move towards net zero goals;
  - Support the promotion of actions to address health and climate goals in the funding portfolios of multilateral development banks, regional development banks, climate finance institutions, global health initiatives, regional and bilateral donors, as appropriate.

Coordination, monitoring and evaluation of the draft Global Action Plan

Coordination and monitoring of this draft Global Action Plan will be internally implemented and tracked across the three WHO levels, with senior management oversight via a dedicated Climate Change and Health Steering Group. The Steering Group will meet regularly to ensure that climate change is mainstreamed and coordinated throughout WHO's work, and will allocate resources to WHO programmes and regional and country offices in order to best leverage capacities towards effective overall contributions, as defined within this draft Global Action Plan and the GPW 14. To ensure broad representation and oversight, the Steering Group is anticipated to include representatives from WHO headquarters, regional and country offices, and will ensure connections with partners, including funding organizations, the WHO–Civil Society Working Group for Action on Climate Change and Health and the WHO Youth Council.

WHO will convene regular meetings with leading international health agency management in order to promote a continued and coherent response to the climate and health crisis. These meetings should be held with the aim of achieving strategic alignment on advocacy and awareness-raising, provision of country support and mobilization of finance.

Indicators for measuring progress towards defined targets are to be developed with partners, aligning with other relevant ongoing processes, including the GPW 14, the UNFCCC Global Goal on Adaptation, the Sustainable Development Goals and other processes, as relevant.

World Health Organization

Seventy-eighth World Health Assembly

Provisional agenda item 18.3 A78/4 Add.2

15 May 2025

Climate change and health

Draft Global Action Plan on Climate Change and Health

Introduction

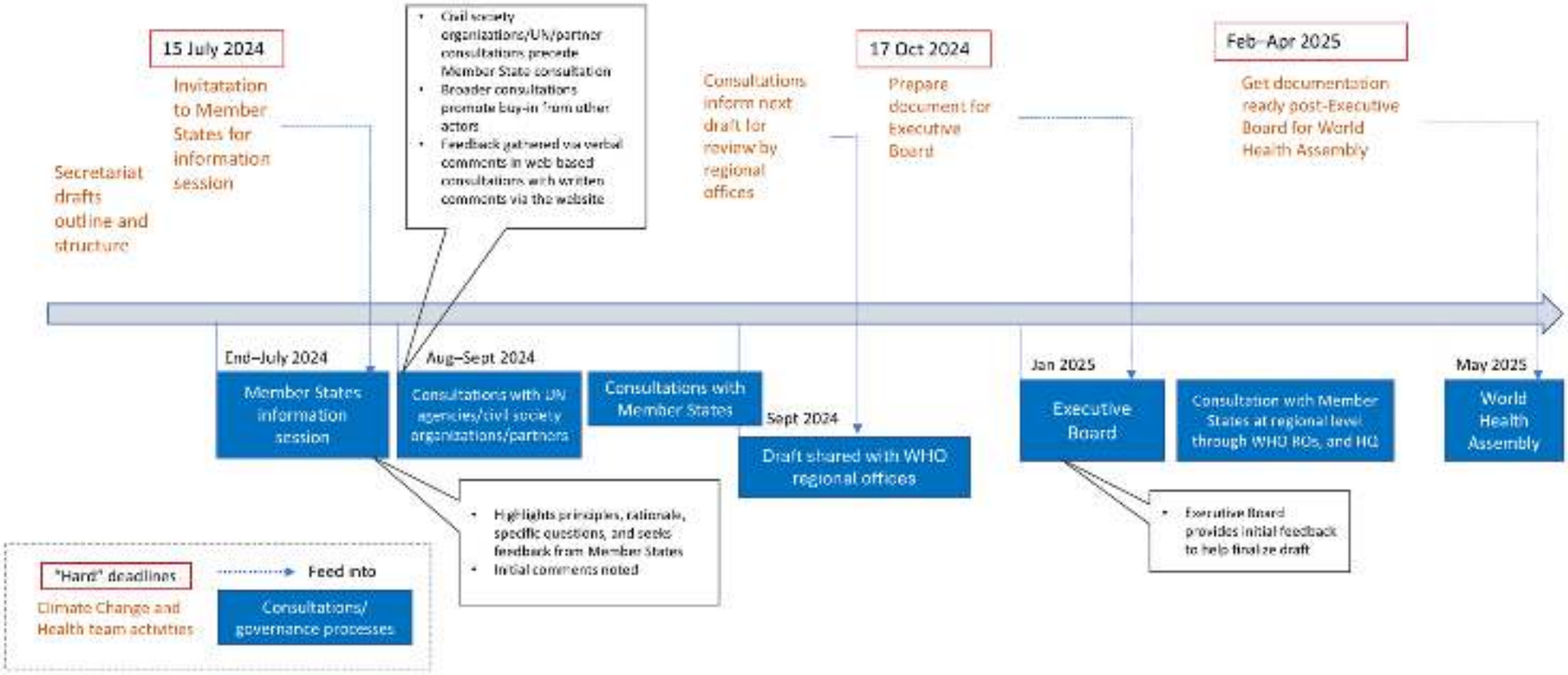
The climate crisis is a global health crisis, with human-induced climate change leading to extreme weather events, disease outbreaks and the undermining of health systems and determinants. Despite increases in climate finance since 2020, funding remains inadequate – especially for developing countries – and less than 1% is directed towards health protection. The disconnect between climate change policy and health leaves populations vulnerable and misses opportunities for creating a healthier, more sustainable future.

In response, the Seventy-seventh World Health Assembly adopted resolution WHA77.14 (2024) calling for a "global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Change (UNFCCC) and the Paris Agreement for consideration by the Seventy-eighth World Health Assembly in 2025, firmly integrating climate across the technical work of WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate". The implementation of the draft Global Action Plan on Climate Change and Health allows WHO to strengthen its ongoing work and mandate, in line with the WHO Global Strategy on Health, Environment and Climate Change, as well as the Fourteenth General Programme of Work, 2025–2028 (GPW 14), adopted in resolution WHA77.1 (2024).

Consultative process

The draft Global Action Plan was developed through an extensive consultative process (Fig. 1) involving Member States, civil society organizations, partners, technical experts and staff participating at the three levels of WHO.

Fig. 1. Draft global action plan on climate change and health: consultation process



Guiding frameworks and principles

As in resolution WHA77.14, the draft Global Action Plan aligns with the UNFCCC and the Paris Agreement. It recalls Article 2, paragraph 1, of the Paris Agreement, which provides that the Agreement, in enhancing the implementation of the UNFCCC, 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; and Article 2, paragraph 2, of the Paris Agreement, which 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. In addition, other relevant frameworks and principles help establish a supporting political environment for the launch and operationalization of this work (Table 1).

Table 1. Additional frameworks and principles that can support implementation

Recognized frameworks to be considered in implementing the draft Global Plan of Action	
– Sustainable Development Goals – Health in All Policies – One Health – Planetary health – Global health security – Sendai Framework for Disaster Risk Reduction	
Principles	
– Adaptability – Baku Guiding Principles on Human Development for Climate Resilience – Community orientation – Equity – Evidence-based practice – Financial efficiency – Gender equality/gender inequalities and differences in needs and opportunities – Local and regionally led strategies	– Holistic approaches and collaboration – Human rights – Innovation, creativity and technology-based – Multisectoral and multidisciplinary partnerships – Social determinants of health – Traditional and indigenous knowledge – Vulnerable populations – South–South and triangular cooperation – Leave no one behind

Structure

The draft Global Action Plan is organized into three action areas: (i) leadership; coordination and advocacy; (ii) evidence and monitoring; and (iii) country-level action and capacity-building. Each includes at least one global target, with stated objectives for adaptation and mitigation efforts, and proposed actions for Member States, the WHO Secretariat and other stakeholders. Recognizing that the impacts of climate change on health are context-specific, the proposed actions for Member States should be implemented, as appropriate, in line with national circumstances, priorities and needs.

Action area: Leadership, coordination and advocacy

Global target: Advocate for the integration of health in national and international climate agendas and vice versa

Objective A: Foster integrated and coherent action on climate change and health at national and international scales, with WHO guiding overall implementation of the draft Global Action Plan

- Proposed actions for Member States:
  - Support the implementation of this draft Global Action Plan and coordinate with WHO and other stakeholders;
  - 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 prevention and primary healthcare;
  - Mobilize high-level attention and action to climate and health and related aspects within multilateral forums, to help to ensure sustained, effective, efficient and concrete political visibility and momentum, and explore ways to integrate health into climate actions towards adaptation, mitigation and other relevant areas;
  - Support efforts to mobilize resources for integrated action on climate and health, and consider expanding opportunities, with a focus on developing countries, especially those that are particularly vulnerable to the adverse effects of climate change, for multilateral funding, including through multilateral development banks and funds, climate funds, health funds and innovative sources, among others;
  - Ensure the health sector is meaningfully engaged in climate change processes and plans at the national level, while also engaging environment and climate actors in health planning;
  - Develop and implement a national strategy for climate change and health to help set out a whole-of-government plan and stimulate countries to make climate and health part of government-wide policy and decision-making.
- Proposed actions for the WHO Secretariat:
  - Support the implementation of the draft Global Action Plan and coordinate with Member States and other stakeholders;
  - Create a cross-Organizational strategic mechanism on climate and health, emphasizing cooperation between the health sector and other sectors, with a strong influence on human health and climate change adaptation and mitigation;
  - Collaborate with the wider UN system and other relevant partners at the national, regional and multilateral levels to strengthen intersectoral collaboration, facilitate the effective integration of climate mitigation and adaptation strategies into health sector initiatives and vice versa and advance equity in order to promote synergy and coherence with other relevant international organizations and forums, in particular with the UNFCCC and Paris Agreement processes and the Sustainable Development Goals;

  - Continue promoting and strengthening the consideration of health within the Conferences of the Parties to the UNFCCC, including by supporting the Baku COP Presidencies Continuity Coalition for Climate and Health;
  - Provide technical leadership and strategic guidance in the field of climate change and health for other stakeholders, while continuing to identify country needs for technical and financial support on climate change and health;
  - Convene, facilitate and contribute to discussions on financing mechanisms for national and subnational implementation of recommended policy actions, including engagement with multilateral development banks and funds, climate funds, health funds, the private sector and others;
  - Coordinate with civil society organizations via the WHO–Civil Society Working Group for Action on Climate Change and Health;
  - Promote and develop the Alliance for Transformative Action on Climate Change and Health (ATACH) as a key voluntary platform to support the implementation of the Global Plan of Action on climate change and health;
  - Support the design of climate and health initiatives through an equity lens, ensuring prioritized resource allocation for communities most at risk from climate impacts.

- Proposed actions for stakeholders:

  - Support the implementation of this draft Global Action Plan and coordinate with WHO Member States and the Secretariat;
  - Strengthen international, regional and national collaborations and emphasize the links between climate change and health supporting cross-sectoral cooperation;
  - Prioritize, as appropriate, investments in health and climate action, for example through the Development Banks' Joint Roadmap for Climate-Health Finance and Action;
  - Promote, as appropriate, better integration of health considerations into climate policy agendas and vice versa;
  - Advocate for ongoing capacity-building, leadership and implementation of approaches to ensure health issues are effectively addressed, including, as appropriate, through the inclusion of health in climate-related agendas.

Objective B: Lead by example through actions that improve health while also mitigating and adapting to climate change

- Proposed actions for Member States:

  - Identify and promote actions that enhance health while also mitigating climate change, including, inter alia, healthier and more sustainable energy, urban planning, transport and food systems, reducing emissions of black carbon and other climate-changing pollutants, and promoting healthier and more environmentally sustainable diets, as appropriate to national, local and individual circumstances;
  - Limit or reduce actions that cause unnecessary emissions of greenhouse gases and other climate pollutants throughout domestic and international healthcare supply chains, through manufacturing, shipping or energy use;

  - Identify and implement actions to improve the climate resilience of health systems and support health-promoting adaptation measures in other key sectors, including water and sanitation, food and agriculture, energy and housing;
  - Promote demand-side mitigation and adaptation and address health risks from loss and damage associated with adverse climate change effects.

- Proposed actions for the WHO Secretariat:

  - Continue technical and political leadership in the field of climate change and health, including, inter alia, within available resources, establishing a WHO road map to net zero by 2030 for the WHO Secretariat and implementing more sustainable approaches, in line with the UN Global Roadmap.

- Proposed actions for stakeholders:

  - Support the connection of health and climate strategies, contribute to the design and implementation of government policies, mitigation and adaption targets, and bolster technical expertise and capacity towards aligned health and climate objectives.

Objective C: Empower, inform and effectively engage the health community to support climate and health action

- Proposed actions for Member States:

  - Promote awareness among the public and health community on the health impacts of climate change and the impact of healthcare delivery on climate change, as well as engagement in the development of climate and health policies, fostering recognition of health co-benefits of mitigation and adaptation actions, as well as any risks or trade-offs;
  - Identify and promote evidence-based actions to enhance healthy and sustainable behaviour, while addressing practices that are harmful to both human health and climate goals.

- Proposed actions for the WHO Secretariat:

  - Raise awareness on climate change and health through advocacy campaigns, key messages, reports, communication materials, publications and policy briefs;
  - Develop a detailed WHO plan on partnerships and advocacy on climate change and health;
  - Continue collaboration and support to the World Meteorological Organization (WMO)–WHO Joint Office for Climate and Health;
  - Actively participate in relevant climate forums, including virtually and as resources allow, to disseminate information, advocate for health integration and support action;
  - Strengthen and create effective alliances and networks at the global, regional and national levels supporting resource mobilization, policy development and implementation for climate change and health.

- Proposed actions for stakeholders:
  - Support the representation of health actors in climate forums through, for example, the inclusion of health expertise in UNFCCC delegations;
  - Contribute to scaling up national, regional and global promotional campaigns on climate change and health, including those led by WHO;
  - Support the implementation of communications campaigns, including WHO key messages, to promote awareness on the connections between climate and health and the health co-benefits of climate action;
  - Ensure that engagement and awareness efforts include diverse communities, particularly those historically marginalized or disproportionately affected by climate-related health challenges.

Action area: Evidence and monitoring

Global target: Create a robust and relevant, evidence base that is available and connected directly to policy, implementation and monitoring

Objective A: Strengthen the scientific and traditional knowledge evidence base through scientifically-sound research and empirical evidence on the connections between climate change, climate action and health

- Proposed actions for Member States:
  - Encourage multidisciplinary cooperation and collaboration between policy-makers, researchers, practitioners and citizens in order to accelerate the translation of evidence to policy and innovation;
  - Promote research and development in order 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;
  - Create an enabling environment to facilitate equitable access to health tools, particularly by those hit hardest by climate-related health impacts;
  - Build research capacity to address the research priorities identified in national, regional and global research agendas, in particular through WHO's Research for Action on Climate Change and Health (REACH) agenda;
  - Support integrated climate and health data and surveillance systems and identify gaps for integrating climate and weather information into country-level health information systems, including by working through the WMO–WHO Joint Office for Climate and Health to build collaborative partnerships among national meteorological and hydrological services and national ministries of health;
  - Support research on climate change and health determinants in the context of universal health coverage (including primary healthcare) and health emergencies (notably pandemic prevention, preparedness and response, health security, antimicrobial resistance and zoonotic disease).

- Proposed actions for the WHO Secretariat:
  - Develop and synthesize evidence for key climate and health risks, the health and economic benefits and costs of climate action, and effective policy interventions;
  - Develop a list of region-specific yet globally relevant health risks and diseases that are particularly sensitive to climate change, in support of national efforts to detect, prevent, prepare for and respond to climate-sensitive health outcomes, and of the development of national adaptation plans, which should be reviewed and updated periodically;
  - Provide best-practice methods, technical guidance, tools and case studies to evaluate the health effects of policy scenarios (such as the expected lives saved by improvements in air quality associated with nationally determined contributions) or specific policy interventions;
  - Promote cross-border cooperation in research, monitoring and sharing of best-practice to tackle transnational health impacts of climate change;
  - Provide policy and technical support to, and facilitate international collaboration among, Member States in integrating climate and health data and surveillance systems, including early warning systems.
- Proposed actions for stakeholders:
  - Conduct and support research on priorities identified in national, regional and global research agendas, including the effects of climate change on health and health systems and the effectiveness of climate mitigation and adaptation interventions and their health benefits, as well as any risks or trade-offs;
  - Build, support and fund research networks to advance efficient implementation of the regional and global research agendas, including the creation of regional climate-health research networks in low- and middle-income countries that are cross-sectoral.

Objective B: Shape the global research agenda

- Proposed actions for Member States:
  - Contribute 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;
  - Develop and support the implementation of national research agendas to advance the evidence base for action on climate change and health, informed by the above, and the outcomes of the REACH process.
- Proposed actions for the WHO Secretariat:
  - Identify knowledge gaps and co-develop the REACH agenda at global and regional levels, with particular emphasis on implementation research on the effectiveness of interventions;
  - Horizon-scanning for emerging issues and summarize the current state of knowledge for policy-makers;

  - Work with funders to fill critical evidence gaps and innovation partners to develop new solutions;
  - Track research outputs by global research priorities identified under the REACH agenda;
  - Support countries in developing national research agendas;
  - Build more effective connections between researchers and national policy-makers.

- Proposed actions for stakeholders:

  - Contribute to global, regional and national research priority-setting, ensuring the inclusion of high-risk geographies and vulnerable populations;
  - Advocate for the mobilization of resources and capacity for addressing regional and global research agendas;
  - Invest in local studies on impacts and existing and novel interventions, particularly for generating real-world evidence on vulnerable populations;
  - While promoting North–South research collaboration, ensure research in low- and middle-income countries is led or has significant engagement by researchers from the countries in which the research takes place, to ensure localization and capacity-strengthening.

Objective C: Monitor progress on global and national targets

- Proposed actions for Member States:

  - Build capacity at the national level to monitor progress on health and climate change, including the impact of interventions and financing;
  - Mobilize investment in infrastructure, human resources and information management systems to enable sustained collection and application of meteorological, health and other data that informs and tracks progress on climate and health.

- Proposed actions for the WHO Secretariat:

  - Monitor the progress of countries towards global and national targets on climate and health by continuing to collect information with time-bound indicators through the WHO global survey on climate change and health, and align this with monitoring under the UNFCCC;
  - Build synergies with monitoring mechanisms within the UN system, including on the Sustainable Development Goals and the UNFCCC, as well as with other relevant international monitoring initiatives and partners;
  - Design an indicator framework that complements high-level indicators, including those agreed for the Sustainable Development Goals on climate change (Goal 13) and health (Goal 3), with more detailed information on metrics and indicators for health risks, impacts, benefits of action and country progress;
  - Track the contribution of the WHO Secretariat, including the regional and country offices, to climate change mitigation and adaptation efforts through GPW 14 indicators and independent assessments, such as through the Multilateral Organisation Performance Assessment Network and the Joint Inspection Unit of the UN system;

  - Enhance the relevance and accessibility of WHO's evidence and data from the WHO global survey and for the WHO/UNFCCC climate and health country profiles, through publicly accessible databases and dashboards;
  - Establish a mid-term (2027) and final (2029) review framework to identify measurable progress on both national and global targets, with publicly accessible reporting mechanisms.

- Proposed actions for stakeholders:
  - Contribute to the development of climate change and health indicators and tools for monitoring within and beyond existing frameworks and systems;
  - Support capacity-building through increased expertise and human, financial and technical resources for monitoring at the national level;
  - Support the organizations tracking progress on climate and health commitments, including those made under the UNFCCC.

Action area: Country-level action and capacity-building

Global target: Promote climate change adaptation efforts to address health risks and support mitigation efforts that maximize health benefits

Objective A: Include health in global and national climate policies and activities

- Proposed actions for Member States:
  - Promote a coherent and holistic One Health approach for 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 authorities, including those responsible for environment, economy, food systems and nutrition, water, infrastructure, disaster preparedness and sustainable development;
  - Promote policies for urban and rural climate resilience as they relate to health;
  - Conduct assessments of the health benefits, as well as any risks or trade-offs, of mitigation and adaptation actions in other sectors, in a nationally determined manner, to inform and drive coherent health and climate action;
  - Conduct regular (ideally every five years) national health vulnerability assessments, to inform country-level health national adaptation plans, including through engagement with national meteorological and hydrological services, national statistics offices and other entities collecting and analysing relevant data;
  - Integrate disaster risk reduction, response and management with climate adaptation strategies in order to support health system resilience, including through enhanced early warning systems, emergency preparedness and rapid response mechanisms.

- Proposed actions for the WHO Secretariat:
  - Strengthen the capacity of all levels of WHO to provide technical guidance, support and capacity-building tools for assessing the health effects of adaptation and mitigation action in health and other sectors;
  - Continue supporting Member States and other stakeholders in sharing knowledge, facilitating access to technical assistance and financing, providing quality assurance and monitoring, and helping to drive a global shift on climate and health action, including via the WHO-led ATACH.
- Proposed actions for stakeholders:
  - Ensure a synergistic and balanced approach to adaptation and mitigation in national and regional climate-health policies by assessing the health benefits, risks and trade-offs of intervention options;
  - Facilitate collaboration between the health sector, key infrastructure sectors (including energy, water and sanitation, housing and transport) and the education and other social sectors in order to integrate health benefits, avoid health risks and optimize trade-offs through climate action;
  - Collaborate on the provision of data through research, case studies and best practices to maximize health benefits of climate adaptation and mitigation;
  - Support the development and implementation of indicator tracking of global and national climate and health policy, aligned with efforts under the UNFCCC, and make recommendations for continued optimization;
  - Facilitate the active involvement of local communities in designing and implementing climate and health plans.

Objective B: Integrate health into relevant national-level climate plans and strategies, including those under the UNFCCC; integrate climate in national health policies, strategies, and plans

- Proposed actions for Member States:
  - Ensure 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;
  - Ensure health is considered across sectors in the development of national climate plans and strategies, including but not limited to national adaptation plans;
  - Consider the integration of 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 the integration of climate in national health policies, strategies and plans (NHPSPs).

- Proposed actions for the WHO Secretariat:
  - Support Member States, upon request, in developing national strategies for sustainable and climate-resilient health systems through capacity-building of health professionals, including through training;
  - Provide technical assistance and support to Member States to integrate health in national climate plans and strategies and integrate climate into national health policies, strategies and plans;
  - Convene countries to share experiences, best practices and challenges in integrating health in national climate plans and strategies;
  - Develop technical guidance and capacity-building tools to support Member States and health professionals to integrate health in national climate plans and strategies, including online and face-to-face training materials and courses;
- Proposed actions for stakeholders:
  - Support the creation of indicators to measure the effectiveness of climate-related health interventions and promote their integration into relevant national climate plans and strategies to track progress;
  - Support the development of competency-based training programmes and capacity-building initiatives for health professionals and other groups and institutions in order to ensure meaningful engagement in climate change processes and plans;
  - Enable healthcare professionals engagement with policy-makers to integrate health services into national climate plans and strategies, in alignment with global health and climate goals.

Objective C: Increase access to finance for climate change and health

- Proposed actions for Member States:
  - Support efforts to mobilize resources for integrated action on climate and health;
  - Expand access to finance, with a focus on vulnerable populations, for domestic, bilateral and multilateral funding, through governments, multilateral development banks, foundations, private finance (including the healthcare industry) and existing multilateral funds.
- Proposed actions for the WHO Secretariat:
  - Support Member States to access finance for climate change and health by identifying and promoting funding opportunities and increasing the efficiency and efficacy of funding access;
  - Develop technical guidance, tools and capacity-building materials and deliver training in order to support Member States in accessing finance for climate change and health;
  - Support Member States to develop climate change and health proposals for submission to relevant multilateral or bilateral donors, private finance and other opportunities.

- Proposed actions for stakeholders:
  - Expand advocacy efforts for increased financing for climate change and health, including at the national, regional and global levels within and beyond the health sector;
  - Support the development of proposals to access finance.

Global target: Ensure health systems and healthcare facilities are climate-resilient, low-carbon and environmentally sustainable

Objective D: Conduct periodic assessments of health risks of climate change and greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:
  - Conduct iterative climate change and health vulnerability and adaptation assessments towards the development of health-focused national adaptation plans or other adaptation planning strategies;
  - Assess the greenhouse gas emissions from the health sector towards the development of national decarbonization and "net zero" strategies or action plans;
  - Conduct climate change vulnerability assessments at the healthcare facility level towards the development of relevant improvement plans in order to enhance resilience.
- Proposed actions for the WHO Secretariat:
  - Provide technical support to Member States to conduct climate change and health vulnerability and adaptation assessments at the population and healthcare facility levels and assess greenhouse gas emissions of health systems, including technical guidance and tools, and training materials and delivery;
  - Promote and support climate-resilient health systems including, through the ATACH.
- Proposed actions for stakeholders:
  - Evaluate health risks associated with climate change and greenhouse gas emissions, using the results to develop recommendations for improving health system resilience, while building local capacity for effective interventions;
  - Create and disseminate knowledge-sharing materials for the health workforce and policy-makers based on successful programmes and case studies addressing health risks from climate change, and greenhouse gas emissions;
  - Advocate for and contribute to the development of standard guidelines and procedures for periodic assessments of health risks and greenhouse gas emissions within health systems and facilities, in collaboration with other stakeholders;
  - Provide funding, technical assistance and innovative solutions to address health challenges related to climate change and to reduce greenhouse gas emissions, promoting collaboration between the private and public sector where possible.

Objective E: Implement climate change and health interventions to increase climate resilience and reduce greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:
  - Invest 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;
  - Improve climate resilience of healthcare facilities and ability to address the impacts of loss and damage arising from climate change;
  - Support the development and implementation of national action plans, in accordance with national context and priorities, working towards the reduction of greenhouse gas emissions and ensuring environmentally sustainable health systems, in line with relevant WHO guidance;
  - Develop and implement relevant programmes for health professionals linked to climate change impacts on health;
  - Reduce greenhouse gas emissions from healthcare facilities through the development of plans to target identified key greenhouse gas hotspots, including through transitioning to renewable energy in buildings, transportation and other operations, and through development of green supply chains;
  - Explore and invest in health promotion and prevention measures to reduce the demand and pressure on health systems and reduce greenhouse gas emissions and the negative impact of health systems on climate change and the environment.
- Proposed actions for the WHO Secretariat:
  - Provide technical assistance and capacity-building to support Member States' implementation of national action plans for building climate-resilient and low-carbon health systems;
  - Promote dialogue with private health sector organizations to reduce greenhouse gas emissions and implement climate-smart industrial practices;
  - Provide technical and capacity-building support to Member States for the integration of climate change considerations in vertical health programmes;
  - Provide technical assistance and capacity-building for Member States to implement climate change and health interventions, including through establishing climate-informed health surveillance and climate-informed health early warning systems, climate-resilient and environmentally sustainable healthcare facilities, and climate change and health education and capacity-building;
  - Work with partners to deliver training to health professionals to support implementation of climate change and health interventions;
  - Strengthen the implementation of the ATACH as a voluntary platform for countries to share experiences, best practices and challenges in implementation of climate change and health interventions;

  - Work to elevate and prioritize interventions that simultaneously contribute to both adaptation and mitigation and/or health co-benefits, such as resilient health infrastructure powered by sustainable energy and climate-smart healthcare supply chains;
  - Provide technical assistance and capacity-building on climate-resilient and low-carbon healthcare facilities to stakeholders engaged in the design, construction, operation and maintenance of healthcare facilities.

- Proposed actions for stakeholders:

  - Develop and integrate climate change considerations into health professional curriculums, as well as ongoing graduate, postgraduate and professional training of healthcare workers;
  - Build a compendium of effective, sustainable health products and services for healthcare professionals that can be used as substitutes for high-carbon health products and services;
  - Support non-government healthcare facilities in becoming climate-resilient and environmentally sustainable;
  - Support and stimulate governments, companies and health facilities to move towards net zero goals;
  - Support the promotion of actions to address health and climate goals in the funding portfolios of multilateral development banks, regional development banks, climate finance institutions, global health initiatives, regional and bilateral donors, as appropriate.

Coordination, monitoring and evaluation of the draft Global Action Plan

Coordination and monitoring of this draft Global Action Plan will be internally implemented and tracked across the three WHO levels, with senior management oversight via a dedicated Climate Change and Health Steering Group. The Steering Group will meet regularly to ensure that climate change is mainstreamed and coordinated throughout WHO's work, and will allocate resources to WHO programmes and regional and country offices in order to best leverage capacities towards effective overall contributions, as defined within this draft Global Action Plan and the GPW 14. To ensure broad representation and oversight, the Steering Group is anticipated to include representatives from WHO headquarters, regional and country offices, and will ensure connections with partners, including funding organizations, the WHO–Civil Society Working Group for Action on Climate Change and Health and the WHO Youth Council.

WHO will convene regular meetings with leading international health agency management in order to promote a continued and coherent response to the climate and health crisis. These meetings should be held with the aim of achieving strategic alignment on advocacy and awareness-raising, provision of country support and mobilization of finance.

Indicators for measuring progress towards defined targets are to be developed with partners, aligning with other relevant ongoing processes, including the GPW 14, the UNFCCC Global Goal on Adaptation, the Sustainable Development Goals and other processes, as relevant.

World Health Organization

Executive Board
156th session

Agenda item 22 EB156(40)

11 February 2025

Draft Global Action Plan on Climate Change and Health

The Executive Board, having considered the report by the Director-General,[1]

Decided that informal consultations on the draft Global Action Plan on Climate Change and Health (2025–2028) will continue to be facilitated by the Secretariat in an inclusive and transparent manner prior to the Seventy-eighth World Health Assembly with a view to enabling the following draft decision to be submitted to the Seventy-eighth World Health Assembly for adoption:

> The Seventy-eighth World Health Assembly, having considered the report by the Director-General,
>
> Decided:
>
> (1) to adopt the Global Action Plan on Climate Change and Health (2025–2028);
>
> (2) to request the Director-General to submit a progress report on the implementation of the Global Action Plan to the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

Nineteenth meeting, 11 February 2025
EB156/SR/19

---

[1] Document EB156/25.

World Health Organization

Executive Board
156th session

Provisional agenda item 22 EB156/25

9 January 2025

Climate change and health

Draft Global Action Plan on Climate Change and Health

Report by the Director-General

1. In May 2024, the Seventy-seventh World Health Assembly considered a report on climate change and health and adopted resolution WHA77.14 on the same topic. In the resolution, the Health Assembly requested the Director-General, inter alia, to develop a results-based, needs-oriented and capabilities-driven global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Change and the Paris Agreement, for consideration by the Seventy-eighth World Health Assembly in 2025.

2. The draft global action plan on climate change and health (see Annex) was developed through a consultative process with Member States, over 50 civil society stakeholders, and staff from WHO and across the United Nations system. The process involved countries from all WHO regions and levels of development, as well as the financing community and the private sector.

Action by the Executive Board

3. The Board is invited to note the report and to consider the following draft decision:

> The Executive Board, having considered the report by the Director-General,[1]
>
> Decided to recommend that the Seventy-eighth World Health Assembly adopt the following decision:
>
> > The Seventy-eighth World Health Assembly, having considered the report by the Director-General,

[1] Document EB156/25.

Decided:

(1) to adopt the Global Action Plan on Climate Change and Health (2025–2028);

(2) to request the Director-General to submit a progress report on the implementation of the Plan to the Eightieth World Health Assembly in 2027 and the Eighty-second World Health Assembly in 2029.

Annex

Draft Global Action Plan on Climate Change and Health

Introduction

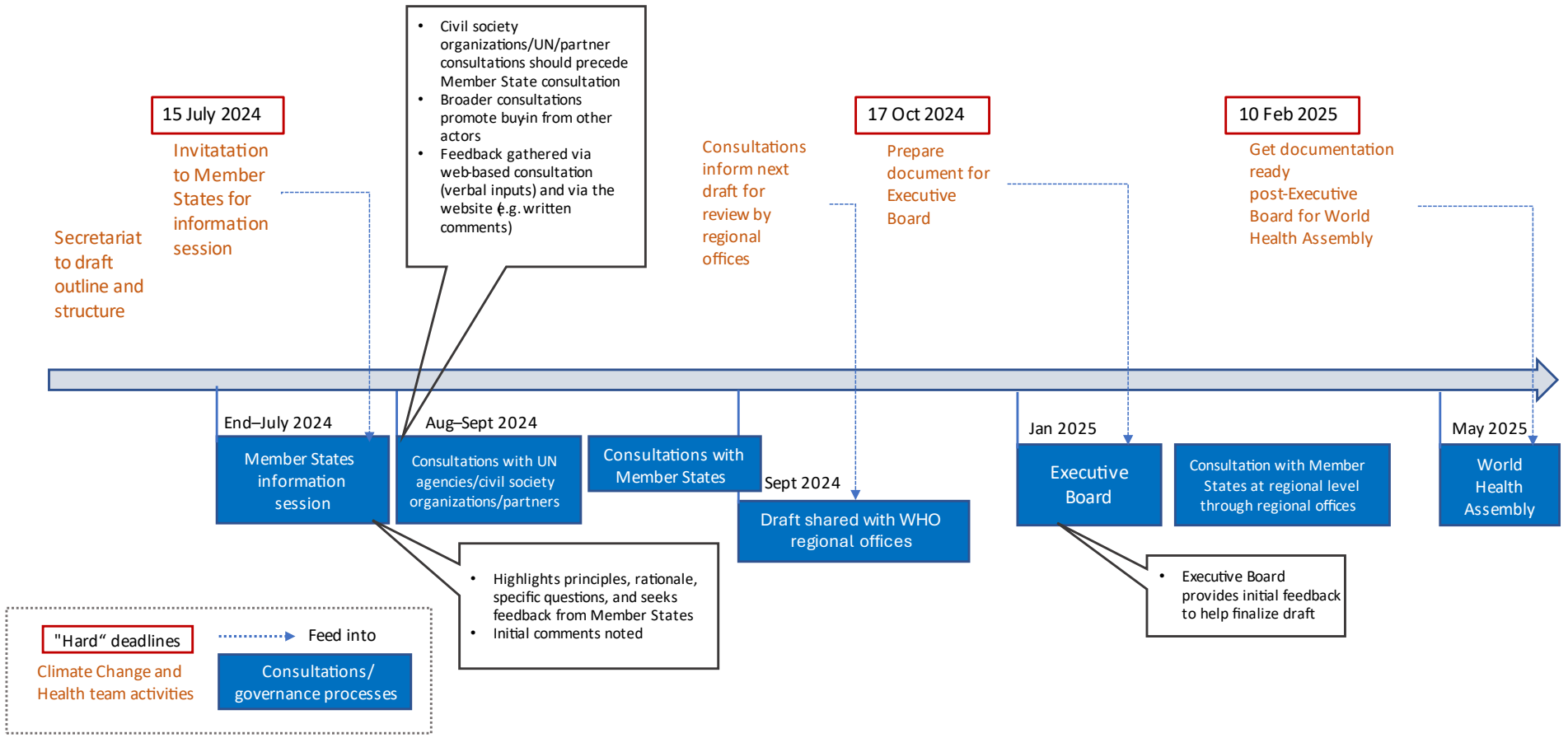
The climate crisis is a global health crisis, with human-induced climate change leading to extreme weather events, disease outbreaks and the undermining of health systems and determinants. Despite the Paris Agreement goal to limit global warming to 1.5°C, current trends suggest this threshold may be exceeded as early as the 2030s. While climate finance recently reached the US$ 100 billion/year target, less than 1% is allocated to health protection. This disconnect between climate change policy and health leaves populations vulnerable and misses opportunities for creating a healthier, more sustainable future. Recent developments, such as the first dedicated Health Day and the Declaration on Climate and Health adopted at the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (COP28) in 2023, have set a comprehensive agenda for action.

In response to the climate change crisis, the Seventy-seventh World Health Assembly adopted resolution WHA77.14 (2024) on climate change and health, calling for the development of a "global WHO plan of action on climate change and health within existing resources, as feasible, that is coherent with the text of the United Nations Framework Convention on Climate Change and the Paris Agreement for consideration by the Seventy-eighth World Health Assembly in 2025, firmly integrating climate across the technical work of WHO at all three levels of the Organization and emphasizing the need for cross-sectoral cooperation, as appropriate". The implementation of the draft Global Action Plan on Climate Change and Health will allow WHO to strengthen its ongoing work and mandate, in line with the WHO Global Strategy on Health, Environment and Climate Change, as well as the Fourteenth General Programme of Work, 2025–2028 (GPW 14), which was adopted by the Health Assembly in resolution WHA77.1 (2024).

Consultative process

The creation of this draft Global Action Plan on Climate Change and Health reflects the global consensus that climate change poses a profound threat to human health. The draft Global Action Plan has been developed through an extensive consultative process, involving Member States, civil society organizations/partners, technical experts and staff participating at the three levels of WHO. The consultation process, which was launched in July 2024, is outlined in the Figure below.

Fig. Draft global action plan on climate change and health: consultation process



Guiding frameworks and principles

The draft Global Action Plan builds on and aligns with the agreements reached by Parties to the United Nations Framework Convention on Climate Change, and the Paris Agreement of 2015, and by WHO Member States under resolution WHA77.14.

Other relevant frameworks have helped to establish a supporting political environment for the launch and operationalization of this work. Key principles have also been identified that run throughout the draft Global Action Plan and that are contextually important for continued growth and dissemination. These include, but are not limited to:

Recognized frameworks to be considered in implementing the draft Global Plan of Action	
Sustainable Development Goals	
Health in All Policies	
One Health	
Planetary Health	
Principles	
Adaptability	Holistic approaches and collaboration
Community orientation	Human rights
Environmental justice	Innovation, creativity and technology-based
Evidence-based practice	Multisectoral partnerships
Financial efficiency	Social determinants of health
Gender equality/Gender inequalities and differences in needs and opportunities	Traditional and indigenous knowledge
Local and regionally led strategies	Vulnerable populations
Health equity	

Structure

The draft Global Action Plan is organized into three primary action areas: (i) leadership; coordination and advocacy; (ii) evidence and monitoring; and (iii) country-level action and capacity-building. Each action area includes at least one global target, with multiple stated objectives, as well as proposed actions for Member States, the WHO Secretariat and other stakeholders.

Action area: Leadership, coordination and advocacy

Global target: Advocate for the integration of health in national and global climate agendas and vice versa

Objective A: Foster integrated and coherent action on climate change and health at a global scale, with WHO guiding overall implementation of the draft Global Action Plan

- Proposed actions for Member States:
  - Support the implementation of this draft Global Action Plan and coordinate with WHO and other stakeholders;

  - 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 prevention and primary healthcare;
  - Mobilize high-level attention and action to climate and health and related aspects within multilateral forums, in line with the Health Day and the COP28 Declaration on climate and health, to help to ensure sustained and concrete political visibility and momentum, and explore ways to integrate health into climate actions towards adaptation, mitigation and other areas to be determined;
  - Support efforts to mobilize resources from all sources for 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.

- Proposed actions for the WHO Secretariat:

  - Support the implementation of the draft Global Action Plan and coordinate with Member States and other stakeholders;
  - Create a cross-Organizational mechanism for the implementation of the climate change and health priority, as included in the GPW 14, emphasizing links between health and other sectors and the need for cross-sectoral cooperation;
  - Collaborate with the wider United Nations system and other relevant partners at the national, regional and multilateral levels to foster action on climate change and health that is more integrated and coherent and advances equity, in line with the Sustainable Development Goals, in order to promote synergy and coherence with other relevant international organizations and forums, in particular the United Nations Framework Convention on Climate Change and Paris Agreement processes;
  - Promote the consideration of health within the Conferences of the Parties to the United Nations Framework Convention on Climate Change, including supporting the Baku COP Presidencies Continuity Coalition for Climate and Health;
  - Provide technical leadership in the field of climate change and health for other stakeholders, while continuing to identify country needs for technical and financial support on climate change and health;
  - Convene, facilitate and contribute to global and regional discussions on potential financing mechanisms for national and subnational implementation of recommended policy actions, in alignment with WHO strategies;
  - Coordinate with civil society organizations via the WHO–Civil Society Working Group for Action on Climate Change and Health;
  - Promote and develop the Alliance for Action on Climate Change and Health (ATACH) as a key voluntary platform to support the implementation of climate change and health interventions.

- Proposed actions for stakeholders:

  - Support the implementation of this draft Global Action Plan and coordinate with WHO Member States and the Secretariat;

- Strengthen international collaborations and emphasize the links between health and other sectors and the need for cross-sectoral cooperation;
- Prioritize, as appropriate, investments in health and climate action, for example through the Multilateral Development Bank Joint Roadmap for Climate-Health Finance and Action;
- Promote better integration of health considerations into climate policy agendas processes and the integration of climate considerations across health policy agendas and processes;
- Advocate for ongoing capacity-building, leadership and implementation of knowledge and approaches to promote the inclusion of health in climate-related agendas.

Objective B: Lead by example in reducing emissions

- Proposed actions for Member States:
  - Mitigate 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;
  - Limit or reduce actions that cause emissions in other countries through manufacturing, shipping or energy production;
  - Include and strengthen the health component and health sector in nationally determined contributions under the Paris Agreement, as appropriate;
  - Promote demand-side mitigation that encompasses changes in infrastructure use, end-use technology adoption, and sociocultural and behavioural changes.
- Proposed actions for the WHO Secretariat:
  - WHO to continue technical and political leadership in the field of climate change and health, including among others and where feasible, within available resources, by establishing a WHO road map to net zero by 2030 for the WHO Secretariat, in line with the United Nations Global Roadmap.
- Proposed actions for stakeholders:
  - Actively respond to and support sustainable government policies, link and strengthen climate strategies, including specific emission reduction targets, bolster technical expertise and capacity, and aid in the local execution of national policy objectives.

Objective C: Empower, inform and effectively engage the health community to support climate and health action

- Proposed actions for Member States:
  - Promote awareness among the public and health community on the health impacts of climate change, as well as engagement in the development of climate and health policies, fostering recognition of health co-benefits of mitigation and adaptation actions, as well as any risks or trade-offs;
  - Strengthen healthy and sustainable behaviour and health consciousness through health promotion education on climate change, while addressing practices that are harmful to human health.
- Proposed actions for the WHO Secretariat:
  - Raise awareness on climate change and health through advocacy campaigns, key messages, reports, communication materials, publications and policy briefs;
  - Develop a detailed WHO plan on partnerships and advocacy on climate change and health;
  - Continue collaboration and support to the World Meteorological Organization–WHO Joint Office for Climate and Health;
  - Participate in relevant climate forums, including virtually and as resources permit;
  - Create effective alliances and networks at global, regional and national levels to support resource mobilization, policy development and national implementation on climate change and health.
- Proposed actions for stakeholders:
  - Support the representation of health actors in climate forums through, for example, the inclusion of health expertise in United Nations Framework Convention on Climate Change delegations;
  - Contribute to the scaling up of national, regional and global promotional campaigns on climate change and health, including those led by WHO;
  - Support national and subnational implementation of communications campaigns and dissemination of WHO key messages to promote awareness on the climate-health associations and health co-benefits of climate action.

Action area: Evidence and monitoring

Global target: Create a robust and relevant, evidence base that is available and connected directly to policy, implementation and monitoring

Objective A: Strengthen the scientific and traditional knowledge evidence base through scientifically-sound research and empirical evidence on the connections between climate change, climate action and health

- Proposed actions for Member States:
  - Encourage collaboration between policy-makers, researchers and practitioners in order to accelerate the translation of evidence to policy and climate health innovation;
  - Build capacity for integrating emerging evidence in practice through evidence-based decision-making and targeted interventions related to climate change and health;
  - Promote 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;
  - Create an enabling environment to facilitate equitable access to health tools by those hit hardest by climate-related health impacts;
  - Build and support research capacity to address research priorities identified in national, regional and global research agendas, in particular through WHO's Research for Action on Climate Change and Health (REACH) agenda;
  - Support integrated climate and health data and surveillance systems and identify gaps for the integration of climate and weather information into country-level health information systems by building collaborative partnerships among national meteorological and hydrological services and national ministries of health;
  - Support 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).
- Proposed actions for the WHO Secretariat:
  - Develop and synthesize evidence for key climate and health risks, health and economic benefits and costs of climate action, and develop a compendium of effective policy interventions;
  - Provide best practice methods, technical guidance, tools and case studies to evaluate the health effects of policy scenarios (such as the expected lives saved by improvements in air quality associated with nationally determined contributions to the Paris Climate Agreement), or specific policy interventions (such as provision of clean household energy, fossil fuel subsidy reform or carbon pricing);
  - Promote cross-border cooperation in research and monitoring to tackle transnational health impacts of climate change;
  - Provide policy and technical support to, and facilitate international collaboration among, Member States in integrating climate and health data and surveillance systems.
- Proposed actions for stakeholders:
  - Conduct and support research on priorities identified in national, regional and global research agendas, including with respect to the effects of climate change on health and health systems and the effectiveness of climate mitigation and adaptation interventions and their health benefits, as well as any risks or trade-offs;

- Build research networks to advance efficient implementation of the regional and global research agendas;
- Support and fund the creation of regional climate-health research networks in low- and middle-income countries that are cross-sectoral and include expertise in fields that include health, data, weather/meteorology and climate.

Objective B: Shape the global research agenda

- Proposed actions for Member States:
  - Contribute 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;
  - Develop and support 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 REACH agenda.
- Proposed actions for the WHO Secretariat:
  - Identify knowledge gaps and co-develop the REACH agenda at global and regional levels, with particular emphasis on implementation research on the effectiveness of interventions;
  - Carry out horizon-scanning for emerging issues and summarize the current state of knowledge for policy-makers;
  - Work with research funders to fill critical evidence gaps and with innovation partners to develop new solutions;
  - Track research outputs by global research priorities identified under the REACH agenda;
  - Support countries in developing national research agendas.
- Proposed actions for stakeholders:
  - Contribute to global, regional and national research priority-setting, while ensuring the inclusion of high-risk geographies and vulnerable populations in research agendas;
  - Advocate for the mobilization of resources and capacity for addressing regional and global research agendas;
  - Support tracking research outputs;
  - Invest in local-level studies on impacts and on existing and novel interventions, with a particular focus on generating real-world evidence on vulnerable populations;
  - Ensure research in low- and middle-income countries is led or has significant engagement by researchers from the countries in which the research takes place to ensure localization and capacity-strengthening.

Objective C: Monitor progress on global and national targets

- Proposed actions for Member States:
  - Build capacity at national level to monitor progress on health and climate change, including the impact of interventions and financing;
  - Mobilize 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.
- Proposed actions for the WHO Secretariat:
  - Monitor the progress of countries towards global and national targets on climate and health by continuing to collect information through the WHO global survey on climate change and health;
  - Build synergies with other monitoring mechanisms within the United Nations system, including on the Sustainable Development Goals and the United Nations Framework Convention on Climate Change, as well as with other relevant international monitoring initiatives and partners;
  - Design an indicator framework that connects high-level indicators, including those for Sustainable Development Goals on climate change (Goal 13) and on health (Goal 3), with more detailed information on metrics and indicators for health risks, impacts, benefits of action and country progress;
  - Track the contribution of the WHO Secretariat to climate change mitigation through GPW 14 indicators and independent assessments, such as through the Multilateral Organisation Performance Assessment Network and the Joint Inspection Unit of the United Nations system;
  - Enhance the relevance and accessibility of WHO's evidence and data from the WHO global survey and for the WHO/United Nations Framework Convention on Climate Change climate and health country profiles into publicly accessible databases and dashboards;
  - Build more effective connections between researchers and national policy-makers, such as through supporting regional and national climate change observatories and policy platforms.
- Proposed actions for stakeholders:
  - Contribute to the development of indicators and tools for monitoring;
  - Support capacity-building for monitoring at the national level;
  - Support the organizations tracking progress on climate and health commitments, including the commitments made under the United Nations Framework Convention on Climate Change COP26 health programme and COP28 Declaration on climate and health.

Action area: Country-level action and capacity-building

Global target: Promote climate change adaptation efforts to address health risks and support mitigation efforts that maximize health benefits

Objective A: Include health in global and national climate policies and activities

- Proposed actions for Member States:
  - Promote 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;
  - Promote policies for urban and rural climate resilience as they relate to health;
  - Conduct 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;
  - Conduct regular national health vulnerability assessments, to inform country-level health national adaptation plans, including through engagement with national meteorological and hydrological services, national statistics offices and other entities collecting and analysing relevant data.
- Proposed actions for the WHO Secretariat:
  - Strengthen the capacity of all levels of WHO to provide technical guidance, support and capacity-building tools for assessing the health effects of adaptation and mitigation action in health and other sectors;
  - Continue supporting Member States and other stakeholders in sharing knowledge, facilitating access to technical assistance and financing, providing quality assurance and monitoring, and helping to drive a global shift on climate and health action, including via the WHO-led Alliance for Transformative Action on Climate and Health.
- Proposed actions for stakeholders:
  - Facilitate collaboration between health, education, infrastructure and social services to integrate health benefits, avoid health risks and optimize trade-offs through climate action;
  - Collaborate on the provision of data through research, case studies and best practices to maximize health benefits of climate adaptation and mitigation;
  - Support the development and implementation of indicator tracking of global and national climate and health policy and make recommendations for continued optimization;
  - Facilitate the active involvement of local communities in designing and implementing climate and health plans.

Objective B: Integrate health into national-level climate plans and strategies, including those under the United Nations Framework Convention on Climate Change; integrate climate in national health policies, strategies, and plans

- Proposed actions for Member States:
  - Ensure 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;
  - Ensure health effects are considered across sectors in the development of national climate plans and strategies;
  - Integrate 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).
- Proposed actions for the WHO Secretariat:
  - Support Member States, upon request, in the development of national strategies for sustainable and climate-resilient health systems through capacity-building of health professionals and providing training to health professionals on climate change and health;
  - Provide technical assistance and support to Member States to integrate health in national climate plans and strategies and integrate climate into national health policies, strategies and plans;
  - Convene countries to share experiences, best practices and challenges in integrating health in national climate plans and strategies;
  - Develop technical guidance and capacity-building tools to support Member States to integrate health in national climate plans and strategies, including online and face-to-face training materials and courses; and
  - Work with partners to deliver training to health professionals to support integration of health in national climate plans and strategies.
- Proposed actions for stakeholders:
  - Support the creation of indicators to measure the effectiveness of climate-related health interventions, and promote their integration into relevant national climate plans and strategies to track progress;
  - Support the development of competency-based training programmes and capacity-building initiatives for health professions, including community health workers, nongovernmental organizations, youth groups and academic institutions, to ensure they are meaningfully engaged in climate change processes and plans at national level;
  - Enable healthcare professionals to address climate-related health impacts, and to engage with policy-makers to ensure that health services are integrated into national climate plans and strategies, while advocating for approaches that align with global health and climate goals.

Objective C: Increase access to finance for climate change and health

- Proposed actions for Member States:
  - Support efforts to mobilize resources for integrated action on climate and health;
  - Expand 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.
- Proposed actions for the WHO Secretariat:
  - Support Member States to access finance for climate change and health by identifying and promoting opportunities within health, climate and development funds, while increasing the efficiency and efficacy of access to funding;
  - Develop technical guidance and tools and capacity-building materials and delivery of training to support Member States in accessing finance for climate change and health;
  - Support Member States to develop climate change and health proposals for submission to relevant multilateral or bilateral donors.
- Proposed actions for stakeholders:
  - Expand advocacy efforts for increased financing for climate change and health, including at national, regional and global levels;
  - Support the development of proposals to access climate change and health finance.

Global target: Ensure health systems and healthcare facilities are climate-resilient, low-carbon and environmentally sustainable

Objective D: Conduct periodic assessments of health risks of climate change and greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:
  - Conduct 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;
  - Assess the greenhouse gas emissions from the health sector towards the development of national decarbonization and “net zero” strategies or action plans;
  - Conduct climate change vulnerability assessments at the healthcare facility level towards the development of relevant improvement plans.
- Proposed actions for the WHO Secretariat:
  - Provide technical assistance and support to Member States to conduct climate change and health vulnerability and adaptation assessments at the population and healthcare facility levels and assess greenhouse gas emissions of health systems, including technical guidance and tools and training materials and delivery of training;

  - Promote and support climate-resilient health systems through the Alliance for Action on Climate Change and Health.

- Proposed actions for stakeholders:

  - Evaluate health risks associated with climate change and greenhouse gas emissions, using the results to develop recommendations for improving health system resilience, while building local capacity for effective interventions;
  - Create and disseminate knowledge-sharing materials for the health workforce and policy-makers based on successful programmes and case studies addressing health risks from climate change and greenhouse gas emissions;
  - Advocate for the establishment of standard guidelines/procedures for periodic assessments of health risks and greenhouse gas emissions within health systems and facilities, in collaboration with other stakeholders;
  - Support and/or provide funding, technical assistance and innovative solutions to address both health challenges related to climate change and greenhouse gas emissions, promoting collaboration between the private and public sector where possible.

Objective E: Implement climate change and health interventions to increase climate resilience and reduce greenhouse gas emissions of health systems and facilities

- Proposed actions for Member States:

  - Invest 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;
  - Support the development and implementation of national action plans, in accordance with national context and priorities, working towards decarbonization and ensuring environmentally sustainable health systems, in line with relevant WHO guidance;
  - Develop and implement relevant programmes for health professionals linked to climate change impacts on health;
  - Reduce 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;
  - Explore and invest in health promotion and prevention measures to reduce pressure on health systems and reduce greenhouse gas emissions and the negative impact of health systems on climate change and the environment.

- Proposed actions for the WHO Secretariat:

  - Provide technical assistance and capacity-building to support Member States' implementation of national action plans for building climate-resilient and low-carbon health systems;

  - Promote dialogue with private sector organizations to reduce greenhouse gas emissions and implement climate-smart industrial practices;
  - Provide technical and capacity-building support to Member States for the integration of climate change considerations in vertical health programmes;
  - Provide technical assistance and capacity-building for Member States to implement climate change and health interventions, including through establishing climate-informed health surveillance and climate-informed health early warning systems, climate-resilient and environmentally sustainable healthcare facilities, and climate change and health education and capacity-building;
  - Work with partners to deliver training to health professionals to support implementation of climate change and health interventions;
  - Strengthen the implementation of the Alliance for Action on Climate Change and Health as a voluntary platform for countries to share experiences, best practices and challenges in implementation of climate change and health interventions.

- Proposed actions for stakeholders:

  - Develop and integrate climate change considerations and health professional curriculums, as well as ongoing graduate, postgraduate and professional training of healthcare workers;
  - Build a compendium of effective, low-carbon health products and services for healthcare professionals that can be used as substitutes for high-carbon health products and services;
  - Support non-government healthcare facilities in becoming climate-resilient, low-carbon and environmentally sustainable;
  - Support and stimulate governments, companies and health facilities to move towards net zero goals;
  - Support the promotion of climate-health issues in the funding portfolios of multilateral development banks, regional development banks, climate finance institutions, global health initiatives, regional and bilateral donors, as appropriate.

Coordination, monitoring and evaluation of the draft Global Action Plan

Coordination and monitoring of this draft Global Action Plan will be internally implemented and tracked across the three WHO levels, with senior management oversight via a dedicated Climate Change and Health Steering Group. The Steering Group will meet regularly to ensure that climate change is mainstreamed and coordinated throughout WHO's work, and will allocate resources to WHO programmes and regional and country offices in order to best leverage capacities towards effective overall contributions, as defined within this draft Global Action Plan and the GPW 14. To ensure broad representation and oversight, the Steering Group is anticipated to include representatives from WHO headquarters, regional and country offices, and will ensure connections with partners, including funding organizations, the WHO–Civil Society Working Group for Action on Climate Change and Health and the WHO Youth Council.

WHO will convene regular meetings with leading international health agency management in order to promote a continued and coherent response to the climate and health crisis. These meetings should be held with the aim of achieving strategic alignment on advocacy and awareness-raising, provision of country support and mobilization of finance.

Indicators for measuring progress towards defined targets are to be developed with partners, aligning with other relevant ongoing processes, including the GPW 14, the United Nations Framework Convention on Climate Change Global Goal on Adaptation, the Sustainable Development Goals and other processes, as relevant.

World Health Organization

Seventy-eighth World Health Assembly

Provisional agenda items 11.1, 13.1, 13.2, 13.3, 13.4, 13.5, 13.6, 13.7, 13.8, 13.9, 17.4, 17.5, 18.1, 18.2, 18.3, 23.2, 23.3, 24.1, 24.2, 24.3

A78/4

13 May 2025

Consolidated report by the Director-General[1]

Pillar 4: More effective and efficient WHO providing better support to countries

11. Review of and update on matters considered by the Executive Board

11.1 Governance reform

- Secretariat implementation plan on reform (decision WHA75(8) (2022))

1. The Executive Board at its 156th session noted the report on the Secretariat implementation plan on reform[2] and the report of the 41st meeting of the Programme, Budget and Administration Committee,[3] including relevant recommendations. Following on from the reports and discussions, Board members called for: (a) the implementation of remaining open actions – recognizing resource constraints, the need to prioritize and to ensure sustainability of gains achieved; (b) action to strengthen impact at the country level; (c) conducting regular assessments of outcomes and impact of reforms; (d) inclusion of reform results in subsequent progress reports through online progress tracking; (e) implementing prioritization strategies to optimize the use of resources and maximize synergies across existing reform workstreams; and (f) ensuring the participation of Member States in the assessment and priority-setting processes.

[1] In the present document the texts under each agenda item should be read in conjunction with the corresponding reports considered by the Executive Board at its 156th session. The summary records of those sessions are available at the following link: https://apps.who.int/gb/or/e/e_156-PSR.html.

[2] Document EB156/32; see also the summary records of the Executive Board at its 156th session, second meeting, section 4.

[3] Document EB156/4; see also the summary records of the Executive Board at its 156th session, second meeting, section 3.

Pillar 1: One billion more people benefiting from universal health coverage

13. Review of and update on matters considered by the Executive Board

13.1 Follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

- Reducing the burden of noncommunicable diseases through strengthening prevention and control of diabetes (resolution WHA74.4 (2021))
- Oral health (resolution WHA74.5 (2021))
- Comprehensive mental health action plan 2013–2030 (resolution WHA77.3 (2024) and decision WHA74(14) (2021))
- Global strategy to accelerate the elimination of cervical cancer as a public health problem and its associated goals and targets for the period 2020–2030 (resolution WHA73.2 (2020))

2. The Executive Board at its 156th session noted the report on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.[4] It adopted decisions EB156(18) on a dedicated report on mental health for WHO's governing bodies, EB156(19) on promoting and prioritizing an integrated lung health approach, EB156(20) on reducing the burden of noncommunicable diseases through promotion of kidney health and strengthening prevention and control of kidney disease, EB156(21) on primary prevention and integrated care for sensory impairments including vision impairment and hearing loss, across the life course, and EB156(22) on World Cervical Cancer Elimination Day.

3. In the discussions, Board members appealed for further action on health promotion and noncommunicable diseases prevention, including in the context of climate change. They noted that the forthcoming fourth high-level meeting would provide an opportunity to call for multisectoral action to accelerate progress on noncommunicable diseases and mental health. They further acknowledged the action taking place in countries and requested additional support for sustaining multisectoral approaches to prevent and control noncommunicable diseases. This was in line with the findings and recommendations of the mid-term evaluation of the Global coordination mechanism on the prevention and control of noncommunicable diseases[5] and its role in multisectoral action.

[4] Document EB156/7; see also the summary records of the Executive Board at its 156th session, fifth meeting, section 2, sixth meeting, section 1, and eighteenth meeting, section 3.

[5] Document A78/INF./2.

13.2 Mental health and social connection

4. The Executive Board at its 156th session noted the report on mental health and social connection.[6] It also considered the text of a draft resolution proposed by Member States on fostering social connection for global health: the essential role of social connection in combating loneliness, social isolation and inequities in health. The Board agreed that consultations on the draft resolution would continue during the intersessional period. In the discussions, Board members highlighted the importance of social connection for mental and physical health and the growing burden of loneliness and social isolation. They recognized the need for evidence- and equity-based policies, multisectoral collaboration, improved data and research and the importance of taking local contexts and cultural values into account when integrating social connection into policies and strategies.

13.3 Universal health coverage

- Primary health care

5. The Executive Board at its 156th session noted the report on universal health coverage.[7] It adopted decisions EB156(14) on strengthening national capacities in evidence-based decision-making for the uptake and impact of norms and standards, EB156(15) on rare diseases: a global health priority for equity and inclusion, EB156(16) on strengthening health financing globally, and EB156(17) on strengthening medical imaging capacity.

6. Board members expressed concern at the limited and inequitable progress towards universal health coverage and the need to accelerate progress. They identified key priorities for the Secretariat to support in the road map towards the high-level meeting on universal health coverage in 2027. Those priorities included health systems reforms through a primary healthcare approach, health financing and financial protection, addressing the health and care workforce gap and leveraging data, digital health and artificial intelligence, and tailored approaches, particularly in fragile, conflict-affected and vulnerable settings.

13.4 Communicable diseases

7. The Executive Board at its 156th session noted the report on communicable diseases.[8] It adopted decisions EB156(23) on accelerating the eradication of dracunculiasis and EB156(24) on skin diseases as a global public health priority. In the discussions, Board members highlighted the importance of detection and response to clusters and outbreaks, of integrated activities and of capacity-building for frontline workers to improve management, surveillance and data.

[6] Document EB156/8; see also the summary records of the Executive Board at its 156th session, sixth meeting, section 2, and seventh meeting, section 1.

[7] Document EB156/6; see also the summary records of the Executive Board at its 156th session, fourth meeting, section 3, fifth meeting, section 1, and eighteenth meeting, section 2.

[8] Document EB156/9; see also the summary records of the Executive Board at its 156th session, seventh meeting, section 2, eleventh meeting, section 2, and eighteenth meeting, section 4.

- Global road map on defeating meningitis by 2030

8. The Executive Board at its 156th session noted the report on the global road map on defeating meningitis by 2030.[9] In the discussions, Board members emphasized the importance of early detection and outbreak minimization. The Secretariat was requested to focus efforts on areas such as equitable vaccine access, rapid diagnostics, treatment and care, as well as on raising awareness.

13.5 Substandard and falsified medical products

9. The Executive Board at its 156th session noted the report on substandard and falsified medical products containing the reports of the twelfth and thirteenth meetings of the Member State mechanism on substandard and falsified medical products,[10] and the report on the evaluation of the Member State mechanism.[11] It also adopted decision EB156(25) in which it requested the submission of the report of the fourteenth meeting of the Member State mechanism to the Seventy-ninth World Health Assembly through the Executive Board at its 158th session. During the discussions, Board members considered the evaluation report recommendations put forward to strengthen the Member State mechanism and highlighted the need for enhanced capacity-building, regional engagement, reporting mechanisms and alert systems.

13.6 Standardization of medical devices nomenclature

10. The Executive Board at its 156th session noted the report on standardization of medical devices nomenclature.[12] In the discussions, Board members recognized the benefits of standardizing medical devices nomenclature and welcomed the Secretariat's efforts to that end. They requested the Secretariat to regularly update medical device information systems and to ensure that coding was up to date in WHO publications and databases.

13.7 Health and care workforce

- WHO Global Code of Practice on the International Recruitment of Health Personnel

11. The Executive Board at its 156th session noted the report on the WHO Global Code of Practice on the International Recruitment of Health Personnel.[13] It also adopted decision EB156(26) on the interim report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel, in which the Director-General was requested to facilitate regional consultations with Member States to review the interim report of the Expert Advisory Group in advance of its finalization and submission to the Seventy-ninth World

[9] Document EB156/10; see also the summary records of the Executive Board at its 156th session, seventh meeting, section 2, eleventh meeting, section 2, and eighteenth meeting, section 4.

[10] Document EB156/11 see also the summary records of the Executive Board at its 156th session, eleventh meeting, section 3, and eighteenth meeting, section 5.

[11] Document EB156/12; see also the summary records of the Executive Board at its 156th session, eleventh meeting, section 3, and eighteenth meeting, section 5.

[12] Document EB156/13; see also the summary records of the Executive Board at its 156th session, eleventh meeting, section 4, and twelfth meeting, section 1.

[13] Document EB156/14; see also the summary records of the Executive Board at its 156th session, twelfth meeting, section 2, and eighteenth meeting, section 6.

Health Assembly through the Executive Board at its 158th session. Following the submission of additional reports by Member States – reaching a total of 105 national reports – the Secretariat updated relevant paragraphs of the report on the WHO Global Code of Practice on the International Recruitment of Health Personnel. The updates are available in the Annex to the present document.

- Global strategy on human resources for health: workforce 2030

12. The Executive Board at its 156th session noted the report on the global strategy on human resources for health: workforce 2030.[14] It also adopted decision EB156(27) on accelerating action on the global health and care workforce by 2030. In the discussions, Board members, Member States and non-State actors underscored the urgent need to match investment in education and employment of health and care workers to the growing demand and to address shortages, gender disparities and the inequitable distribution of the workforce, and highlighted the importance of safeguarding the rights, working conditions and the mental health and well-being of the health workforce. They also welcomed improvements in data availability and reporting as essential for workforce development and planning.

13.8 Draft global traditional medicine strategy 2025–2034

13. The Executive Board at its 156th session noted the report on the draft global traditional medicine strategy (2025–2034) and adopted decision EB156(28).[15] In response to comments in the discussion, the Secretariat confirmed that further consultations on the draft strategy would be organized for Member States during the intersessional period leading up to the Health Assembly. Feedback from Member States would be incorporated into the final draft strategy submitted to the Seventy-eighth World Health Assembly.[16]

13.9 Global strategy for Women's, Children's and Adolescents' Health

14. The Executive Board at its 156th session noted the report on the Global Strategy for Women's, Children's and Adolescents' Health.[17] It also adopted decisions EB156(29) on incorporation of the World Prematurity Day into the WHO calendar, to strengthen approaches to prevent preterm births and treat and care for preterm infants, and EB156(30) on regulating the digital marketing of breast-milk substitutes. In the discussions, Board members highlighted the importance of data to monitor progress, cooperation with other relevant United Nations agencies, updated guidance, access to best practice interventions, and sexual and reproductive health. They emphasized the need for special approaches to women's, children's and adolescents' health for fragile, conflict and vulnerable settings. They also discussed challenges associated with the digital marketing of breast-milk substitutes.

[14] Document EB156/15; see also the summary records of the Executive Board at its 156th session, twelfth meeting, section 2, and eighteenth meeting, section 6.

[15] Document EB156/16; see also the summary records of the Executive Board at its 156th session, twelfth meeting, section 3, thirteenth meeting, section 1, and eighteenth meeting, section 7.

[16] See document A78/4 Add.1.

[17] Document EB156/17; see also the summary records of the Executive Board at its 156th session, thirteenth meeting, section 2, fourteenth meeting, section 1, and eighteenth meeting, section 8.

Pillar 2: One billion more people better protected from health emergencies

17. Review of and update on matters considered by the Executive Board

17.4 Universal Health and Preparedness Review

15. The Executive Board at its 156th session noted the report on the Universal Health and Preparedness Review.[18] In the discussions, Board members recognized that the Universal Health and Preparedness Review initiative had demonstrated a unique capacity to elevate health security preparedness to a national strategic and political priority, engaging country leadership, decision-makers and partners. The Board called on the Secretariat to systematically document national experiences and best practices to facilitate peer learning and promote broader participation in the Review, which should remain voluntary, including clear messaging about benefits. Board members underscored the need to ensure complementarity with existing review mechanisms and to avoid duplication of work. They also called for enhanced multisectoral engagement and collaboration to support the Review and country priorities. Considering current budgetary challenges, the Board expressed support for WHO's efforts to ensure that the Universal Health and Preparedness Review remained an agile and cost-efficient mechanism to achieve a tangible return on investment for enhanced national and global health security preparedness.

17.5 Poliomyelitis

16. The Executive Board at its 156th session noted the report on poliomyelitis.[19] In the discussions, Board members highlighted the importance of strong surveillance and sustainable financing. They called for context-specific strategies to improve vaccination coverage and for measures to reach zero-dose children, in particular in vulnerable communities.

Pillar 3: One billion more people enjoying better health and well-being

18. Review of and update on matters considered by the Executive Board

18.1. The impact of chemicals, waste and pollution on human health

17. The Executive Board at its 156th session noted the report on the impact of chemicals, waste and pollution on human health.[20] It adopted decision EB156(32) on galvanizing global support for a lead-free future. It also considered the text of a draft resolution introduced by Member States on [effects of [nuclear weapons and] nuclear war on health and [health] services, and agreed that consultations on the draft resolution would continue during the intersessional period. In the discussions, Board members underscored the need for greater urgency to reduce lead exposure. They welcomed the next steps for WHO's engagement in international chemicals management and the proposed updates to the WHO's chemicals road map described in the report and called for Member States' participation in the updating exercise.

[18] Document EB156/21; see also the summary records of the Executive Board at its 156th session, tenth meeting, section 2.

[19] Document EB156/22; see also the summary records of the Executive Board at its 156th session, tenth meeting, section 3, and eleventh meeting, section 1.

[20] Document EB156/23; see also the summary records of the Executive Board at its 156th session, fourteenth meeting, section 2, and eighteenth meeting, section 10.

18.2 Updated road map for an enhanced global response to the adverse health effects of air pollution

18. The Executive Board at its 156th session noted the report on the updated road map for an enhanced global response to the adverse health effects of air pollution.[21] It also adopted decision EB156(33) in which the Health Assembly was recommended to adopt the road map for an enhanced global response to the adverse health impacts of air pollution and the Director-General requested to report on progress in its implementation to the Eighty-third World Health Assembly in 2030. In the discussions, Board members appreciated the establishment of a global voluntary target and highlighted the need for further progress in addressing air pollution and for the road map to be implemented on the basis of country and regional contexts. They called for further collaboration within the United Nations system and with relevant sectors and stakeholders and encouraged a focus on interlinkages between climate, environment and air quality.

18.3 Climate change and health

19. The Executive Board at its 156th session noted the report on climate change and health – draft global action plan on climate change and health.[22] It also adopted decision EB156(40), in which it decided that informal consultations on the draft Global Action Plan on Climate Change and Health (2025–2028) would continue to be facilitated by the Secretariat in an inclusive and transparent manner in the intersessional period, with a view to enabling the adoption of the global action plan at the Seventy-eighth World Health Assembly.[23] In the discussions, Board members called for a sustainable, strategic approach to address the significant health impact of climate change and for the integration of health into climate policies, based on country context. They requested the Secretariat to work across relevant programmes in a coordinated and efficient manner.

Pillar 4: More effective and efficient WHO providing better support to countries

23. Staffing matters

23.2 Amendments to the Staff Regulations and Staff Rules

20. The Executive Board at its 156th session noted the report on amendments to the Staff Regulations and Staff Rules.[24] It adopted resolutions EB156.R4 and EB156.R7, and recommended to the Health Assembly the adoption of resolutions EB156.R5 and EB156.R6.

[21] Document EB156/24; see also the summary records of the Executive Board at its 156th session, fourteenth meeting, section 3, fifteenth meeting, section 1, and eighteenth meeting, section 11.

[22] Document EB156/25; see also the summary records of the Executive Board at its 156th session, fifteenth meeting, section 2, eighteenth meeting, section 12, and nineteenth meeting, section 3.

[23] See document A78/4 Add.2.

[24] Document EB156/50 Rev.1; see also the summary records of the Executive Board at its 156th session, seventeenth meeting, section 5.

23.3 Report of the International Civil Service Commission

21. The Executive Board at its 156th session noted the report of the International Civil Service Commission.[25]

24. Review of and update on matters considered by the Executive Board

24.1 Prevention of sexual exploitation, abuse and harassment

22. The Executive Board at its 156th session noted the report on prevention of sexual exploitation, abuse and harassment.[26] In the discussions, Board members welcomed WHO's commitment to zero tolerance to sexual exploitation, abuse and harassment and called for sustained efforts to ensure effective prevention and response efforts at all three levels of WHO. They discussed some of the challenges that remained and highlighted the importance of aspects such as robust accountability mechanisms. In that context, Board members welcomed the proposed non-binding accountability framework for joint operations and called on the Secretariat to provide support to Member States in its implementation. Furthermore, they called for continued work to enhance internal oversight and organizational culture, and to improve victim support at the country level. The Secretariat was requested to strengthen preventive measures, especially in emergency contexts, and to continue its transparency and accountability efforts through more detailed metrics on the management of incidents of misconduct.

24.2 Global strategies and plans of action that are scheduled to expire within one year

- Global strategic directions for nursing and midwifery 2021–2025

23. The Executive Board at its 156th session noted the report on global strategic directions for nursing and midwifery 2021–2025.[27] It also adopted decision EB156(34) in which it recommended to the Health Assembly the extension of the global strategic directions until 2030, reaffirming prior commitments to invest in decent work, education, employment, retention and nursing leadership as essential to advancing access to health services and achieving universal health coverage.

- Global strategy on digital health 2020–2025

24. The Executive Board at its 156th session noted the report on the global strategy on digital health 2020–2025.[28] It also adopted decision EB156(35) in which it recommended to the Health Assembly the extension of the global strategy to 2027 and the development of a new global strategy on digital health for the period 2028–2033.

---

[25] Document EB156/51; see also the summary records of the Executive Board at its 156th session, seventeenth meeting, section 5.

[26] Document EB156/28; see also the summary records of the Executive Board at its 156th session, seventeenth meeting, section 3.

[27] Document EB156/34; see also the summary records of the Executive Board at its 156th session, fifteenth meeting, section 3, sixteenth meeting, section 2, and eighteenth meeting, section 13.

[28] Document EB156/35; see also the summary records of the Executive Board at its 156th session, fifteenth meeting, section 3, sixteenth meeting, section 2, and eighteenth meeting, section 13.

- Global action plan on the public health response to dementia 2017–2025

25. The Executive Board at its 156th session noted the report on the global action plan on the public health response to dementia 2017–2025.[29] It also adopted decision EB156(36) in which it recommended to the Health Assembly the extension of the global action plan on the public health response to dementia 2017–2025 to 2031, in line with the intersectoral global action plan on epilepsy and other neurological disorders 2022–2031.

- Comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025

26. The Executive Board at its 156th session noted the report on the comprehensive implementation plan on maternal, infant and young child nutrition 2012–2025.[30] It also adopted decision EB156(37) in which it requested the Director-General, in consultation with Member States, to further develop operational targets on the comprehensive implementation plan on maternal, infant and young child nutrition and recommended to the Health Assembly, inter alia, the extension of the comprehensive implementation plan to 2030. An informal consultation with Member States on the proposed operational targets was held on 14 April 2025, and no changes to targets proposed by the Secretariat in its report to the Executive Board were requested.

27. Further to Action 1 under the comprehensive implementation plan, on 24 March 2025 the United Nations General Assembly adopted a resolution to extend the United Nations Decade of Action on Nutrition (the Nutrition Decade), originally from 2016–2025, to 2030. The Paris Nutrition for Growth Summit in March 2025 showed strong support for and commitments to actions on improving nutrition.

24.3 International Health Regulations (2005): proposed procedure for the correction of errors in the text of the instrument

28. The Executive Board at its 156th session noted the report on the International Health Regulations (2005): proposed procedure for the correction of errors in the text of the instrument.[31] Through decision EB156(38) it recommended that the Seventy-eighth World Health Assembly adopt the proposed correction procedure and initiate it as soon as possible after the closure of the Health Assembly with respect to the corrections presented in the relevant information document.[32]

[29] Document EB156/36; see also the summary records of the Executive Board at its 156th session, fifteenth meeting, section 3, sixteenth meeting, section 2, and eighteenth meeting, section 13.

[30] Document EB156/37; see also the summary records of the Executive Board at its 156th session, fifteenth meeting, section 3, sixteenth meeting, section 2, and eighteenth meeting, section 13.

[31] Document EB156/40; see also document EB156/INF./2 the summary records of the Executive Board at its 156th session, seventeenth meeting, section 2, and eighteenth meeting, section 14.

[32] Document A78/INF./5.

Action by the Health Assembly

29. The Health Assembly is invited to note this report. The Health Assembly is further invited:

- under item 13.1, to adopt the decision recommended by the Executive Board in decision EB156(18), and the resolutions recommended by the Executive Board in decisions EB156(19), EB156(20), EB156(21) and EB156(22);
- under item 13.3, to adopt the resolutions recommended by the Executive Board in decisions EB156(14), EB156(15), EB156(16) and EB156(17);
- under item 13.4, to adopt the resolutions recommended by the Executive Board in decisions EB156(23) and EB156(24);
- under item 13.5, to adopt the decision recommended by the Executive Board in decision EB156(25);
- under item 13.7, to adopt the decision recommended by the Executive Board in decision EB156(26) and the resolution recommended by the Executive Board in decision EB156(27);
- under item 13.8, to adopt the decision recommended by the Executive Board in decision EB156(28);
- under item 13.9, to adopt the resolutions recommended by the Executive Board in decisions EB156(29) and EB156(30);
- under item 18.1, to adopt the resolution recommended by the Executive Board in decision EB156(32);
- under item 18.2, to adopt the decision recommended by the Executive Board in decision EB156(33);
- under item 18.3, conditional on the outcome of continuing consultations, to adopt the decision recommended by the Executive Board in decision EB156(40);
- under item 23.2, to adopt the resolutions recommended by the Executive Board in resolutions EB156.R5 and EB156.R6;
- under item 24.2, to adopt the decisions recommended by the Executive Board in decisions EB156(34), EB156(35) and EB156(36), and the resolution recommended by the Executive Board in decision EB156(37);
- under 24.3, to adopt the decision recommended by the Executive Board in decision EB156(38).

Annex

Updates to the report on the WHO Global Code of Practice on the International Recruitment of Health Personnel[1]

Fifth round of reporting: Process and results

Paragraphs 4 and 5 and Tables 1–2 have been updated, to read as follows:

4. The fifth round of reporting commenced in November 2023. As at 28 April 2025, 176 Member States (91%) had notified the Secretariat of their designated national authorities (see Table 1).

Table 1. Number of designated national authorities, by WHO region as at 10 February 2025

Region	First round (2012–2013)	Second round (2015–2016)	Third round (2018–2019)	Fourth round (2021–2022)	Fifth round (2024–2025)
Africa (n=47)	13	14	17	24	35
The Americas (n=35)	11	15	15	28	34
South-East Asia (n=11)	4	7	10	9	10
Europe (n=53)	43	43	42	49	50
Eastern Mediterranean (n=21)	8	14	20	21	20
Western Pacific (n=27)	6	24	18	26	27
Total (n=194)[a]	**85**	**117**	**122**	**157**	**176**

[a] The totals represent the consolidated number of designated national authorities that were nominated during the current and/or previous rounds of reporting.

5. As at 28 April 2025, 105 countries, representing 64% of the world's population and comprising nine of the 10 major destination countries, submitted a national report, a record level of Member State engagement (see Table 2). Fifteen countries submitting a report in 2021–2022 did not do so in 2024, while 40 countries not reporting in 2021–2022 did so in the fifth round. The reporting rate by countries in the WHO Health Workforce Support and Safeguards List 2023 remains low (22 of 55 countries (40%)).

[1] Document EB156/14.

Table 2. National designated authorities reporting to the Secretariat, by WHO region and World Bank income group as at 28 April 2025

	First round (2012–2013)	Second round (2015–2016)	Third round (2018–2019)	Fourth round (2021–2022)	Fifth round (2024–2025)
By WHO region					
Africa (n=47)	2	9	7	8	18
The Americas (n=35)	4	9	8	13	21
South-East Asia (n=11)	3	6	9	6	6
Europe (n=53)	40	31	31	24	32
Eastern Mediterranean (n=21)	3	7	15	17	14
Western Pacific (n=27)	4	12	10	12	14
By World Bank income group[a]					
High-income countries (n=62)	30	35	39	38	41
Upper middle-income countries (n=54)	17	17	18	15	27
Lower middle-income countries (n=49)	7	17	18	17	26
Low-income countries (n=26)	2	4	5	9	9
Total	**56**	**74**	**80**	**80**	**105**

[a] World Bank Group country classification by income level for the fiscal year 2025.

In paragraph 6, subsections (a), (b), (c), (d) and (g) have been updated, to read as follows:

(a) 100 of 105 Member States (95%) stated they were taking measures for health workforce sustainability and to address the geographical maldistribution and retention of health and care workers;

(b) 80 of 104 Member States (77%) indicated that international recruitment of, or reliance on, foreign-trained health personnel is an issue of national concern;[2]

(c) 60 of 104 Member States (58%) indicated that migration has been increasing in intensity in the past three years;

(d) 44 of 105 Member States (42%) indicated they had entered into bilateral agreements related to health personnel migration and mobility; 118 agreements were reported, with six countries having at least 10 agreements.[3]

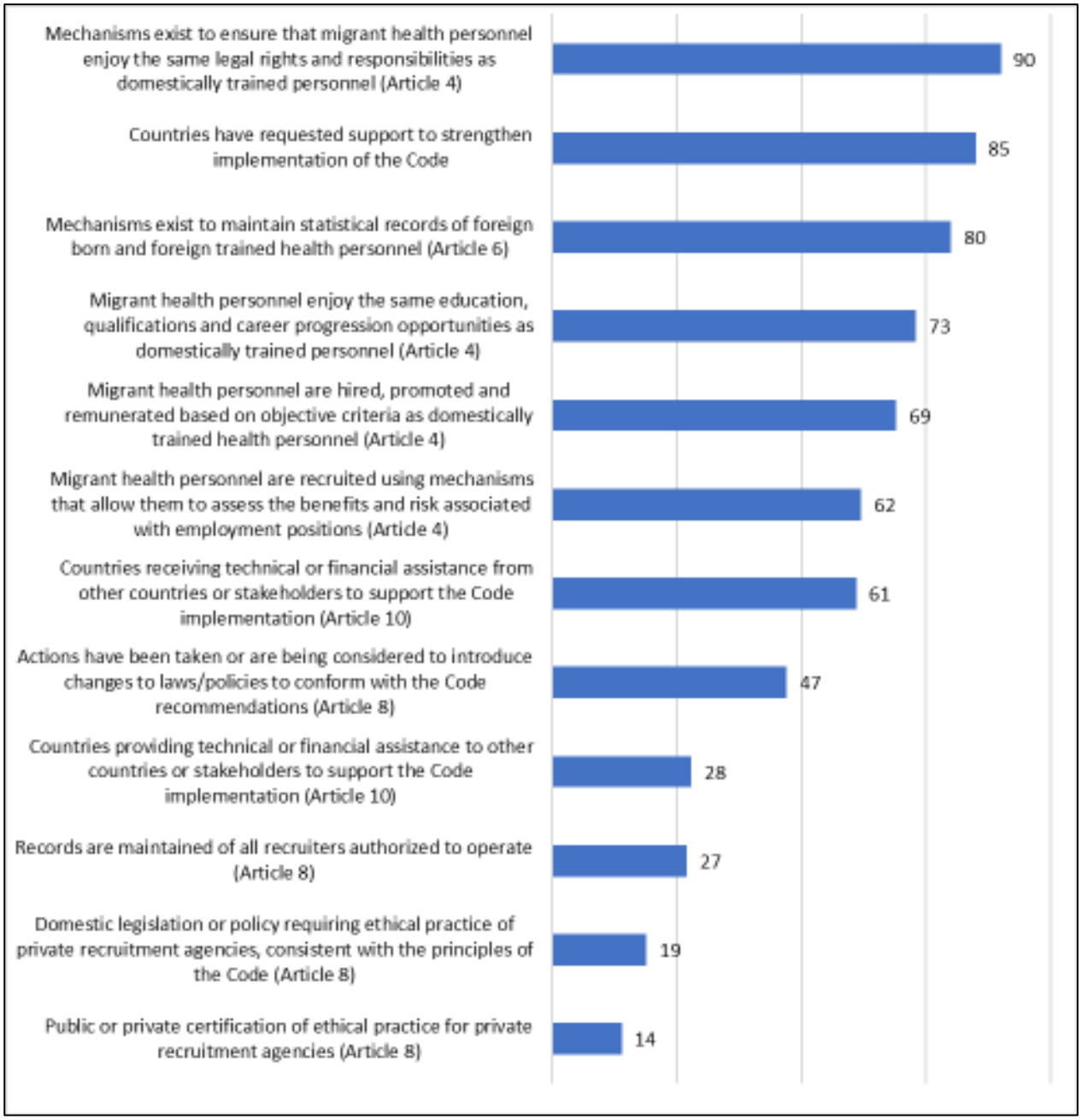
(g) 14 Member States – predominantly source countries – recommended that the Code should be updated to improve data sharing, including on return migration, incorporate lessons from the coronavirus disease (COVID-19) pandemic, and address the escalating recruitment drives for care jobs, and emerging issues such as technological advances in health.

[2] Among the reporting countries, 82% of the countries in the Support and Safeguards List 2023 and 81% of the small island developing States responded that the international migration of health personnel was an issue of concern.

[3] Cuba, Germany, the Philippines, the Russian Federation, Saudi Arabia and the United Kingdom of Great Britain and Northern Ireland.

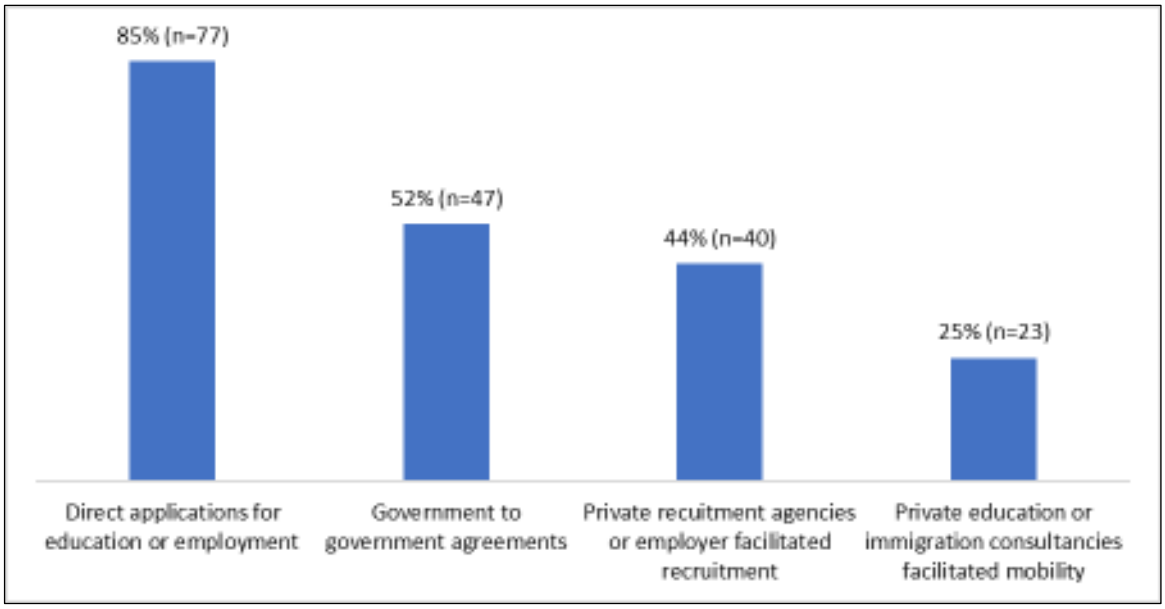
The following updates have been made to Figs. 1, 2 and 3:

Fig. 1. Key findings from national reports of 105 Member States as at 29 April 2025



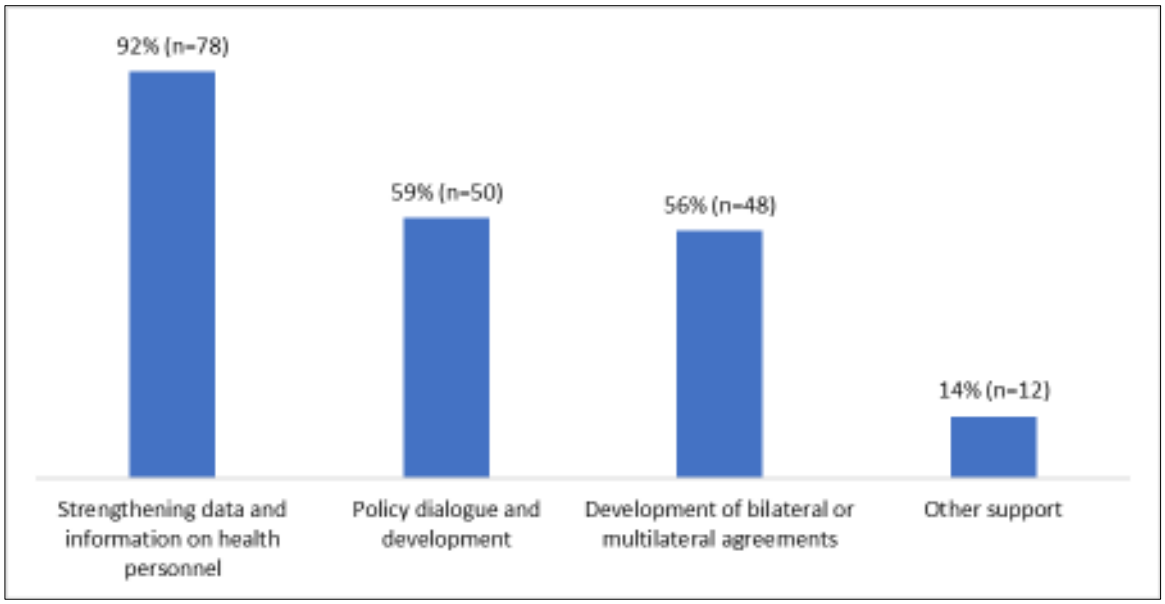
Note: Responses to the National Reporting Instrument are voluntary. The number of countries responding to each question may vary.

Fig. 2. Mobility pathways for international health personnel reported by 91 Member States



Note: Of the 91 Member States, 58 indicated the existence of more than one mobility pathway for international health personnel to their country.

Fig. 3. Support requested by 85 Member States to strengthen implementation of the Code



Note: Of the 85 Member States, 60 requested more than one type of support to strengthen Code implementation

Other selected Code-related activities

Paragraph 14 has been updated, to read as follows:

14. Regional consultations, in the second half of 2025, would be in line with the procedure agreed on by the Board at its 124th session in January 2009.[4] The outcome of the regional discussions would inform the Group's final report.

[4] See document EB124/2009/REC/2, eleventh meeting, section 1.

Appendix

Updates to the WHO Expert Advisory Group's Interim Report on the Third Review of the WHO Global Code of Practice on the International Recruitment of Health Personnel

Legal effectiveness

Reporting compliance (Article 7)

Paragraphs 23 and 24, and relevant footnotes, have been updated, to read as follows:

23. A record level of Member State engagement was observed in the fifth round of reporting on the Code's implementation.[37] A total of 176 Member States (91%) notified the Secretariat of their designated national authority responsible for the exchange of information; more than half of these (105 designated national authorities) had submitted a report by 28 April 2025.[38] Compared with the fourth round, this represents a 12% and 30% increase in nominations of designated national authorities and report submissions, respectively. The reporting rate among OECD member countries remains high, while the reporting rate among countries in the WHO Health Workforce Support and Safeguards List and small island developing States remains low. The reporting from the African Region and the Region of the Americas has increased significantly compared with previous rounds.

24. The Code is a voluntary instrument with no dedicated funding. Reporting compliance is lower for voluntary instruments than for legally binding instruments, which can be attributed to the compulsory reporting requirements and availability of dedicated financial resources and secretariats. After 15 years, national reporting on the Code has crossed 50%; 76% of Member States have reported at least once. By comparison, reporting on the International Health Regulations (2005) had reached 99%, 18 years after its adoption.[39] Reporting compliance from the Parties to the WHO Framework Convention on Tobacco Control reached 74% after 18 years.[40]

Bilateral agreements

In paragraph 29, footnote 21 has been deleted and the figures updated, to read as follows:

29. The reporting on bilateral agreements related to health worker migration and mobility has also strengthened. In the first four rounds of reporting, 49 Member States had reported the existence of 283 separate bilateral agreements related to international mobility and migration of health workers. In the fifth round of reporting, 118 agreements were reported, with six countries

[37] Evidence brief No. 3a: Key findings from the fifth round of national reporting on the WHO Global Code of Practice on the International Recruitment of Health Personnel.

[38] The deliberations of the EAG were informed by data as of 30 September 2024. The figures from the fifth round of reporting on the Code implementation have been updated to reflect the additional reports submitted to the Secretariat until 28 April 2025.

[39] See document A77/8, Implementation of the International Health Regulations (2005).

[40] 2023 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2023 (accessed 11 December 2024).

having at least 10 agreements. For the first time, countries reported on the implementation of the agreements, although quantitative data on the movements of health workers as a result of such agreements was reported only for 39 agreements.

Behavioural effectiveness

Health workforce development and health systems sustainability (Article 5)

Paragraph 34 has been updated, to read as follows:

34. Out of 100 reporting countries, 93 indicated that they had taken steps to ensure health workforce sustainability and 78 reported taking measures to address the maldistribution and retention of health workers through measures related to education, regulation, incentives and/or support to health workers. Some countries offer pathways for permanent residency or citizenship for international health workers as incentives for working in rural areas.

Implementation of the Code (Article 8)

Paragraphs 42 and 43 have been updated, to read as follows:

42. In the fifth round of reporting, 71 Member States indicated taking steps to implement at least one of the following Code recommendations: adoption of measures to consult stakeholders in decision-making processes, introduction of changes to laws or policies consistent with the Code, and information sharing across sectors and publicizing the Code among relevant stakeholders.

43. Forty-seven countries reported having laws or policies on health personnel aligned with the Code's recommendations.

Need for revision of the text for effective application in future (Article 9 and paragraph 3(4) of resolution WHA63.16)

Paragraphs 50, 51 and 52 have been updated, to read as follows:

50. In the fifth round of reporting, 14 Member States, predominantly low- and middle-income countries, mentioned in their reports the need to update the Code.

51. Twenty-six Member States suggested updating the process of reporting on Code implementation to include: clarification on the definition of terms; streamlining the national reporting instrument to make it shorter and tailored to specific groups of countries; use of the submitted national reporting instruments by WHO to provide necessary support; and a separate data set of international students pursuing health professional education who mostly return to their country after completion of training.

52. Eighty-five Member States requested support to strengthen Code implementation, most of which related to strengthening data and information on health personnel, policy dialogue on the health workforce and migration, and the development of bilateral agreements.
