



WHA78 and the Climate-Health Intersection: Progress, Gaps, and Way Forward

Insights from the Global Climate and Health
Alliance(GCHA) Members

Photo: WHO/Christopher Black



Introduction

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The Climate Crisis is a health crisis

Health professionals have long warned that climate-related events such as extreme heat, heavy precipitation, flooding, and poor air quality are projected to intensify- leading to worsening health outcomes, ultimately driving higher rates of morbidity and mortality.



Photo: GCHA

Historically, global health and environmental policymaking have operated in silos. But this has started to shift. Recent milestones, from the UAE Declaration on Climate and Health at COP28, endorsed by over 120 countries, to the landmark climate and health resolution at WHA77, signal growing political will to address the health dimensions of the climate crisis.

At WHA78 in May 2025, climate change and health also emerged as an important focus. What were the key discussions and outcomes? What areas have gained momentum over the years? Members of the GCHA network share their reflections- helping to unpack the progress made, the gaps that remain, and what's needed to move this agenda forward.

*The Climate Crisis
is a Health Crisis*

1. The Climate and Health agenda has broadened



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At WHA78, the health community observed that the space for climate and health dialogue has continued to expand. Events focusing on climate change, air pollution, extreme heat, just transition, and chemicals and plastics pollution have increased in number, offering a growing space for dialogue among governments, civil society, youth, researchers, and academics.

Dr. Iris Blom (London School of Hygiene and Tropical Medicine), shares that the youth engagement at WHA has transformed significantly from **'symbolic representation towards substantive leadership'**. She adds that youth are now speaking at plenaries— notably delivering remarks immediately after the adoption of the Pandemic Treaty, co-organizing high-level events, delivering formal interventions, and actively engaging with Member States.

Fiona Lawless (Sightsavers) adds that persons with disabilities and other vulnerable populations have been central to discussions at WHA and beyond in recent years. “This was really brought to public attention with the adoption at WHA74 a resolution on [The highest attainable standard of health for persons with disabilities](#) which led to the development of the [Global Report on Health Equity for Persons with disabilities.](#)” She explains, **“What has really stood out is that discussions about structural barriers and the need for inclusion is being mainstreamed across all discussions at WHA.”**

Mental health has also gained significant visibility and political attention at recent WHAs. **Alessandro Massazza (United for Global Mental Health)** shared that **more than 40 countries this year either hosted or engaged in mental health events, or met with advocates to reinforce their commitment to prioritizing mental health in policy and practice at WHA.** He added that mental health now has its own separate agenda item at WHAs, which ensures member states provide a yearly update on progress on mental health.



2. Policy wins

Photo: WHO/Pierre Albouy

A) Adoption of the Historic Pandemic Agreement

WHA78 marked the adoption of the world's first pandemic agreement, outlining how member states will prevent, prepare for, and respond to pandemics. While this is a major milestone, the real challenge lies in implementation.

Hannah Marcus, (World Federation of Public Health Associations (WFPHA)), stresses that to be truly effective, the Pandemic Treaty must embed climate resilience, acknowledging how climate change contributes to heightened risks of zoonotic and vector borne diseases, and weakens health system capacity.

“Investments in early warning systems, resilient health infrastructure, and health workforce training can serve dual goals” she notes, adding that pandemic preparedness can drive climate and health action.

She also stresses the importance of disease surveillance using climate-informed models, decarbonizing health systems, and integrating climate and health financing streams- all of which can support pandemic preparedness.

B) Adoption of the Global Action Plan on Climate and Health (GAP)

One of the key moments from WHA78 for the climate and health community was the adoption of the [Global Action Plan on Climate and Health \(GAP\)](#). This signals that WHO and Member States are now moving into the implementation phase of the landmark [resolution on climate change and health](#), adopted during WHA77 in 2024. Structured around three core action areas of leadership, coordination, and advocacy, evidence and monitoring, and country-level action and capacity-building, the GAP sets out global targets including objectives for adaptation and mitigation efforts, and proposed actions for member states, the WHO secretariat, and other stakeholders.

C) The updated air pollution roadmap and the landmark resolution on Lung health

Another key highlight was that the governments set the first voluntary global target: halve air-pollution health impacts by 2040. Additionally, member States also unanimously adopted the Integrated Lung Health Resolution, a groundbreaking policy on improving lung health, and the first comprehensive commitment from the World Health Organization (WHO) to address the full spectrum of respiratory diseases.

Looking ahead for the air pollution roadmap, **Dr. Aoife Kirk (Irish Doctors for the Environment)** shares,

“ **Next steps would be ensuring that countries begin to commit to updating and including within NDCs, ensuring a clear comprehensive roadmap, collaborating across sectors to ensure a just transition and we all continue to advocate for clean air to remain high on policymakers agenda.**

Kirk also urges medical schools to recognise air pollution as a pressing issue and the need for its inclusion in medical curriculums globally.

It is also important to recognize that air pollution is not only an environmental issue but also a critical driver of non-communicable diseases such as strokes, heart disease, lung cancer and chronic respiratory diseases.

Rachael Stanton (NCD Alliance) highlights that the adoption of the air pollution roadmap and lung health resolution at WHA reflects a commitment by member states to act on air pollution as the leading environmental risk factor for non-communicable diseases. Stanton stresses that while awareness and education about the links between climate change and NCDs is growing, it remains insufficient. She notes,

“ **Greater understanding is needed across the climate and health sectors to pursue co-benefits and ensure health is adequately integrated into climate processes and vice versa - including Nationally Determined Contributions (NDCs) and Health National Adaptation Plans (HNAPs) - and that climate change and air pollution considerations are embedded in non communicable disease policies.**

\$ 1.25

CPC Per Campaign

\$ 625

D) Adoption of resolution on Neglected Tropical Diseases

WHA78 also took a significant step forward in the fight against neglected tropical diseases (NTDs) by adopting two resolutions that call for stronger global action: “[Accelerating the eradication of dracunculiasis \(Guinea-worm disease\)](#)” and “[Skin diseases as a global public health priority](#)”.

Rittika Dutta (Drugs for Neglected Disease Initiative) shares that several of the skin NTDs such as cutaneous leishmaniasis, lymphatic filariasis, eumycetoma and Onchocerciasis are climate sensitive. She adds that the resolution on skin diseases promotes research and equitable access to prevention, diagnostics, and treatment. It aligns with the WHA’s broader climate-health resolution by encouraging R&D for climate-sensitive diseases and supporting equitable access to health tools.

Dutta also emphasizes the need for an integrated approach, including surveillance, early warning systems, diagnostics, vaccines, and vector control, to protect the most vulnerable and strengthen health systems. She urges investment in R&D for neglected diseases, driven by endemic countries’ priorities and leveraging Global South capacity. She adds,

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Public leadership from high-burden countries is especially vital, given their expertise in managing climate-sensitive infectious diseases and their understanding of the unique needs of their populations and health systems.”



Photo: GCHA

3. Global Action Plan on Climate and Health (GAP): Progress & shortcomings

A. Political Pushback

The journey to the adoption of GAP wasn't short of hurdles. Several member states, including Saudi Arabia, Egypt, Russia, Bahrain, Venezuela, supported by other countries from the WHO's Eastern Mediterranean called for the plan's postponement, citing the need for additional time to allow for further consultations and to ensure the plan more fully reflects equity considerations, financial feasibility, and the diversity of national contexts.

Additionally, a small number of high-income countries, including the UK, Germany, Australia and Japan, supported the action plan as a whole, but officially noted their objections to language on Common But Differentiated Responsibilities and Respective Capacities (CBDR-RC), a concept included in the Paris Agreement.

B. Implementation Uncertainty

One of the recurring concerns raised by the health community was how the ambitious goals of the Global Action Plan (GAP) will actually translate into tangible action at national and local levels. Many health ministries lack jurisdiction over key mitigation sectors like energy or transport, making inter-ministerial coordination essential- but often inadequate and complex. Questions also remain around the resources needed to implement the GAP. While a budget of \$161 million was referenced, its allocation- whether minimum or maximum, and over what timeframe- still remains vague.

C. Missing Priorities

Despite progress, WHA78 outcomes left critical gaps, notably, the absence of any mention of phasing out fossil fuels, the main driver of the climate crisis.

Dr. Abi Deivanayagam (UK Faculty of Public Health) calls fossil fuel harm a human rights issue.

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The right to health is violated through the unequal health impacts of fossil fuel burning (e.g. air pollution) affecting countries in the Global South and minority, frontline communities, and vulnerable populations.”

She advocates for a human rights-based climate-health response, grounded in existing UN legal obligations, to improve accountability, access to justice, and inclusive decision-making.

She shares that working in partnership with communities from areas where the economy has moved away from fossil fuels successfully should form a key part of planning for a just energy transition. “We need to highlight the positive opportunities a transition offers for health justice, when implemented in partnership with workers and communities most impacted by the transition.” She stresses.

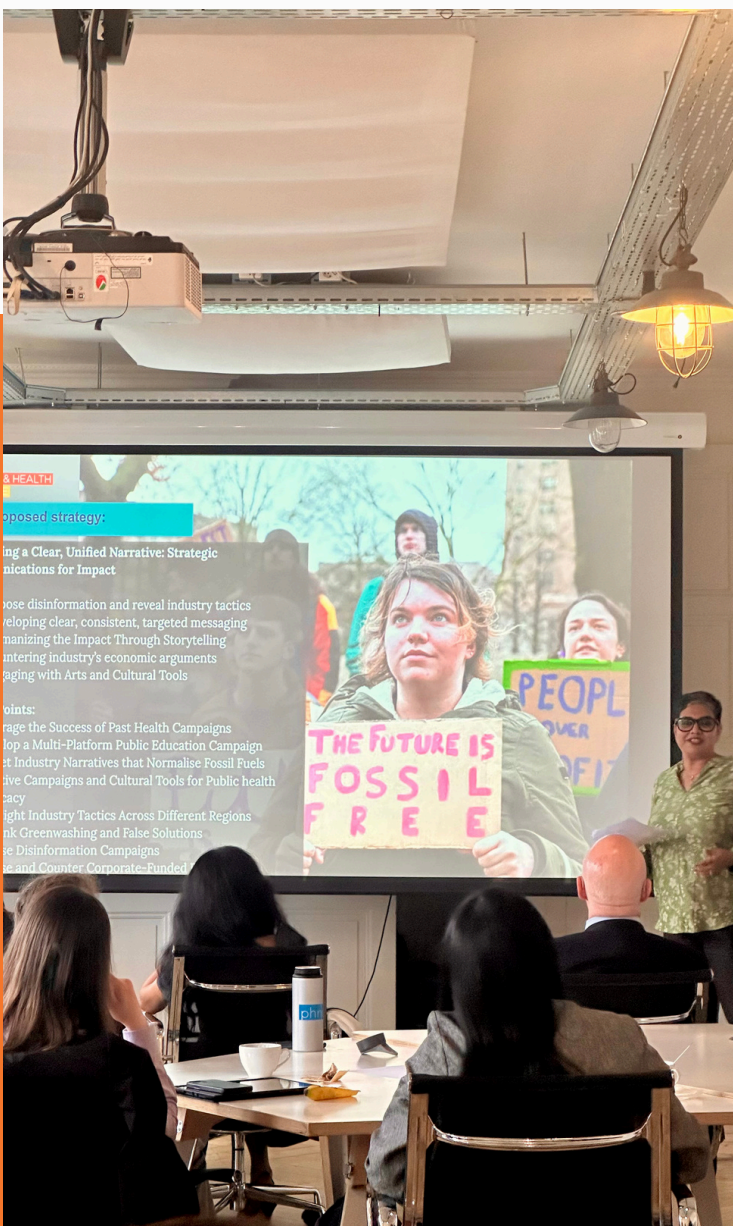


Photo: GCHA

4. The way forward: Shifting the narrative



Photo: GCHA

A. From Cost to Investment

A major shift in mindset and messaging is needed: climate action must not be seen as a cost, but as a strategic investment that delivers social, economic, and health returns. For instance, designing urban spaces that reduce emissions also reduces respiratory diseases and supports mental well-being. Investing in clean energy, public transport, and resilient food systems not only protects planetary health but also improves the daily lives of communities - especially the most vulnerable

Chhavi Bhandari (George Institute for Global Health) stresses that climate and health spending can be positioned as a catalyst for progress across multiple sectors including education, livelihoods, agriculture, urban development. She adds that it is essential to frame health outcomes as a success metric for climate action, helping climate actors see health not as a competing priority, but as a powerful indicator of impact and equity.

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Just as vaccines save future treatment costs, climate and health investments reduce long-term economic and social losses, saving billions in reactive spending on extreme weather events and displacements

B. Positive Messaging and Co-benefits

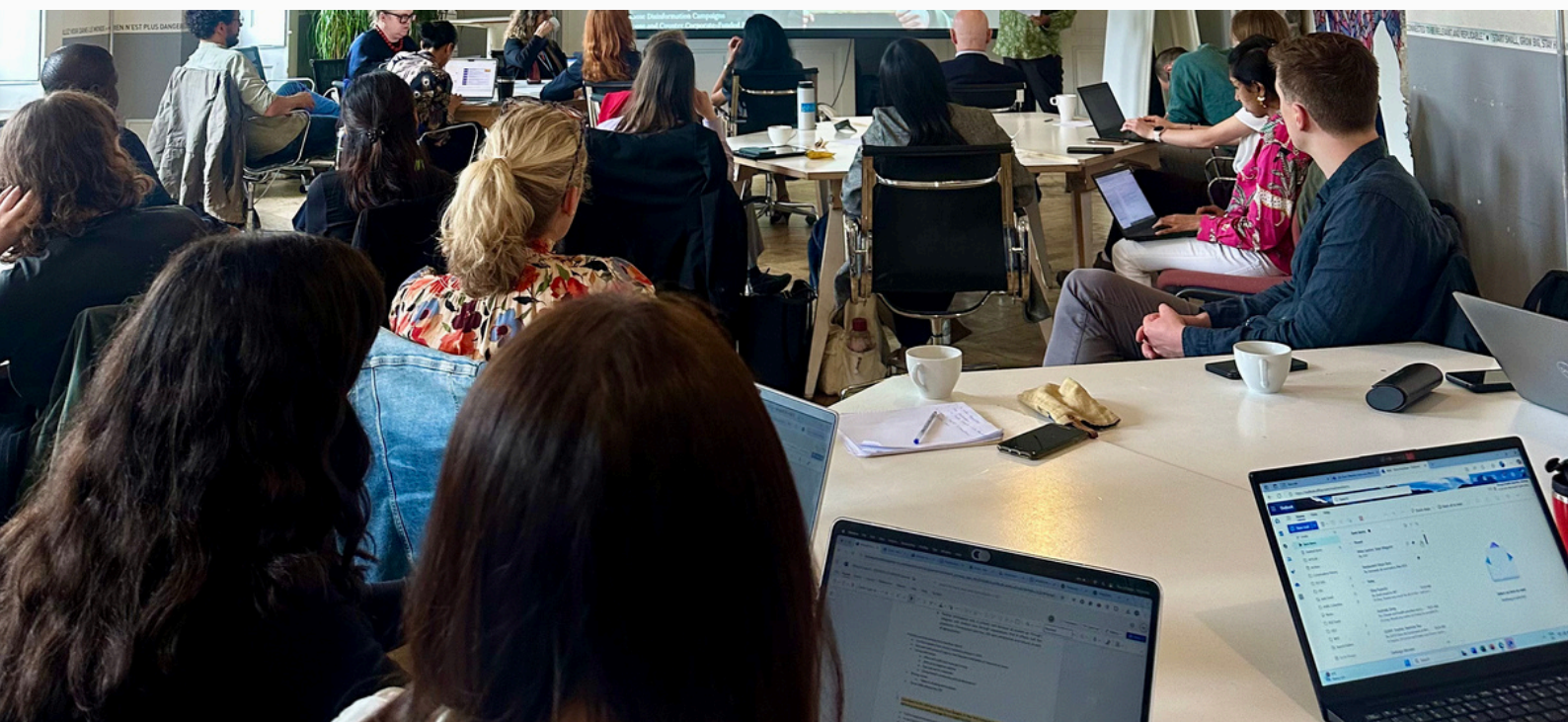
It is crucial to highlight success stories and positive actions already taking place. Interventions that reduce emissions have helped boost economies, create jobs, and improve public health outcomes. As noted by Maria Neira, Director, Public Health, Environment and Social Determinants of Health Department (PHE), World Health Organization, in remarks in various panels at WHA78, a striking example came from the vice-minister of China's National Health Commission, [Chinese data](#) show air-pollution falls while GDP keeps growing (WHO Clean-Air Conference).

Moreover, sustainability is not only about protecting the planet, but also about sustaining the capacity of systems and businesses to function. In parts of the US, for instance, [some insurance companies are now refusing to cover homes](#) due to rising climate risks- a warning sign that inaction is becoming more costly than action.

Highlighting such stories shifts the narrative from fear to opportunity, building public support for climate- and health-friendly decisions.

C. Civil Society Coordination During Key Advocacy Moments

A louder, unified civil-society voice can counter misinformation and spotlight the true costs of inaction including rising health-care bills, lost productivity, food-water insecurity, deeper inequities. **Bhandari (George Institute for Global Health)** urges sharing case studies, lived experience, and economic evidence at key policy moments to accelerate momentum for climate-health action.



D. Centering Diverse Populations and Prioritizing Underrepresented Areas

Lawless (SightSavers) stresses the need for targeted actions to address how persons with disabilities are uniquely affected by climate change and face barriers to health services. **“we need to see commitments to making the consultations accessible and ensure that all information provided, both in the development of the strategies and any health and climate information produced, is available in accessible formats, including easy-read formats.”**

Massazza (United for Global Mental Health) underscores the need to align strategies like the GAP with WHO’s **full definition of health**: “While it is disappointing that mental health is not explicitly mentioned in the context of GAP, there are multiple entry points for its inclusion... **Mental health must be part of a comprehensive response.**” He cites the **COP28 UAE Declaration on Climate and Health** as a key opportunity to embed psychosocial support in policies like NAPs and NDCs.

Additionally, **Blom (London School of Hygiene and Tropical Medicine)** says that **youth must be involved not just as stakeholders, but as rights-holders and co-creators in governance processes.**

Young people must have access to climate and health information in formats they can understand and use. This includes child- and youth-friendly summaries of reports, wide language translation efforts, and co-development of curricula with youth organizations to reach students and those outside formal education systems. She also stresses that youth engagement must be underpinned by long-term, equitable investment.

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Youth must not only be heard: they must be empowered and protected as co-creators of the solutions.



Photo: GCHA

Stanton (NCD alliance) also notes that global strategies must reflect priorities of Small Island Developing States(SIDS)- who often face the disproportionate impacts of climate change while contributing minimally to emissions.

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