

# —NDCs

# 3.0



## Supporting Health inclusive National Climate Plans: A Practical Guide

GLOBAL  
CLIMATE & HEALTH  
ALLIANCE

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## ABOUT THIS DOCUMENT

This year, governments are updating their national climate plans, referred to as “nationally determined contributions” (NDCs). This document provides guidance to members of the climate and health community seeking to support governments to embed health more deeply in their NDCs. This is a pivotal opportunity to protect and promote health, lives, livelihoods and economies for years to come through ambitious climate action.

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# INTRODUCTION

## *Ambition and opportunities*

NDCs are national climate action plans that set out how each country\* will deliver emission reductions in line with the Paris Agreement goal of limiting warming to 1.5°C above pre-industrial levels. All NDCs address mitigation action, but adaptation and responding to loss and damage are also vital components of an integrated climate plan, and many countries choose to include this information in their NDC. NDCs are updated every five years, with each new plan required to be more ambitious than the last - referred to as "ratcheting" up climate ambition each cycle. The third iteration of these plans, "NDCs 3.0", are due to be submitted in 2025, outlining the actions that will be taken until 2035.

Taken collectively, current national commitments to climate action are insufficient to secure a safe and healthy world. The Paris Agreement committed to limiting global warming to well below 2°C, while pursuing efforts to limit the temperature increase to 1.5°C. The world is not on track to meet this goal, with the World Meteorological Organization reporting that average global temperature rise in 2024 reached approximately 1.55°C for the first time<sup>1</sup>. Even if plans set out in the last round of NDCs were fully implemented, global temperatures would exceed the 2°C limit, reaching 2.1-2.8°C above pre-industrial levels by the year 2100<sup>2</sup>. The world must unite to reverse this trend. The International Court of Justice determines that "Parties are obliged to...ensure that their NDCs fulfil their obligations under the Paris Agreement"<sup>3</sup>.

High-emitting countries have a responsibility to lead the way in emissions reduction, reflecting their historic contribution to global greenhouse gas emissions and their greater capacity to deliver change.

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*"Done well, [NDCs] can serve as powerful blueprints, to propel each of your economies and societies forward, and drive more resilience, more opportunity, better human health and higher living standards"*

*- Simon Stiell, Executive Secretary, UNFCCC -*

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\* The 27 EU Member States submit a joint NDC. Other countries which are Party to the Paris Agreement submit their own NDCs.

# THE IMPORTANCE OF NDCS FOR HEALTH

*...and how health can strengthen NDCs*

Climate change drives injury, disease and deaths through extreme events like heatwaves, floods, prolonged droughts and wildfires. In turn, this causes increased risk of infectious disease including pandemics, food and water insecurity, poor non-communicable disease outcomes, threats to maternal-child health outcomes and sexual and reproductive health and rights, poor mental health, displacement, and direct damage to healthcare systems.

Every incremental increase in temperature compounds these health risks, with the potential to exceed the limits of adaptation in many settings. Health systems around the world are already under strain. The majority of countries (108/194) have experienced stagnant or reduced health coverage since the launch of the Sustainable Development Goals (SDGs) in 2015<sup>4</sup>. Climate change also impacts other sectors vital for human health, threatening nutrition and water security. The increased health burden that climate change will place on populations, alongside the damage to healthcare facilities caused by climate change, mean that healthcare systems may be stretched and overwhelmed at the very times they are needed most.

*Climate impacts in numbers<sup>5</sup>:*

- **151 million** more people are experiencing moderate or severe food insecurity across 124 countries assessed in 2022 compared to 1981-2010
- Heat-related mortality of people older than 65 years is **167%** higher than in the 1990s
- **48%** of global land area was affected by at least one month of extreme drought in 2023
- Extreme weather and climate change-related health impacts are also affecting labour productivity, with heat exposure leading to a record high loss of **512 billion** potential labour hours in 2023, worth **US\$ 835 billion** in potential income losses

Evidence repeatedly shows that the health of vulnerable populations and marginalised groups are disproportionately impacted by climate change, exacerbating existing inequalities. These populations often have reduced access to healthcare, face higher exposure to environmental hazards, while having fewer resources to adapt and recover. Placing health and human rights at the heart of climate action can reduce these health inequities and promote social justice.

Ambitious action to address climate change can prevent worsening health impacts while also tackling the root causes of socio-economic inequities. Action across sectors can yield physical and mental health gains reaped through clean air, nutrition security, physical activity, social protection, education, and healthy living environments.

Integrating health considerations in NDCs, including health impacts, and actions to address them, can also bolster climate action, by increasing public support<sup>6</sup>, and supporting healthy, resilient and economically productive populations more resilient and “productive” populations, and making the case for investment and implementation through economic returns on win-win actions for climate and health. In some settings, the health cost savings associated with air quality improvements from interventions in line with the Paris Agreement are greater than the costs of implementation<sup>7</sup>.

Over 150 countries recognised the interconnections between climate change and health by endorsing the COP28 UAE Declaration on Climate and Health<sup>8</sup>, committing to “take health into account, as appropriate, in designing the next round of nationally determined contributions.” Governments must now put those words into action with ambitious NDCs that protect and promote good health.



## Climate and health intersections

- [WHO COP29 Special Report](#)
- [GCHA Climate and Health Briefing](#)
- [GCHA ABCs of Healthy Climate Commitments \(in Spanish\)](#)
- [Climate Action Network infographic on health and climate interlinkages \(page 18 of the linked document\)](#)
- [Climate Action Network briefing on health and climate interlinkages \(recommended if you are approaching climate stakeholders\)](#)
- [Climate and Health Alliance of Australia Synthesis of Health Impacts in the IPCC Sixth Assessment Report](#)
- [Climate and Health Alliance of Australia & GCHA Synthesis of Health Benefits of Climate Mitigation in the IPCC Sixth Assessment Report](#)
- [IPCC Working Group 2 Contribution to the 6th Assessment Report - Impacts, Adaptation and Vulnerability, Chapter 7: Health](#)

## CURRENT STATUS OF NDCS

### *How does health feature in existing NDCs?*

As of the end of September 2025, 52 countries, responsible for 26% of global emissions, have submitted their NDCs, with 169 yet to submit<sup>9</sup>. While the timely updating of NDCs is important, quality should be prioritised over speed. This may be the final opportunity to protect the planet on which humanity and its health depends, and to maximise the opportunities of win-win actions for climate and health.

According to a 2023 WHO review of NDCs, **91%** of countries mentioned health<sup>10</sup>. The simple mention of health is, however, insufficient to guarantee its protection. Actions, accompanied by financial resources, timebound targets and monitoring, are vital to enable and track health promoting implementation. **63%** of NDCs included health-specific adaptation actions or plans, but only **29%** allocated climate finance to health actions and/or plans. NDCs should specify actions both in the health sector, and in other sectors which have a bearing on health - energy, agriculture, water, sanitation, transportation, waste management, forestry, urban planning, housing, labour, finance and beyond. **30%** of NDCs identified health co-benefits of climate mitigation, and just **10%** quantified or monitored these benefits.

# CRITERIA FOR HEALTH-INCLUSIVE NDCS

## *What makes a “healthy” NDC?*

In 2025 governments have an opportunity to increase their climate ambition and create the healthy environment necessary for populations, societies and economies to thrive. Health-inclusive NDCs are those which meet the seven criteria below. In the following pages, for each criterion, non-exhaustive examples are provided of actions which may be taken and of governments which have submitted information on these criteria in their NDCs, along with available resources.

- Alignment to limiting warming to 1.5°C
- Action in the healthcare sector
- Action in sectors determining health
- Reduction of superpollutants
- Financial considerations
- Timebound targets and indicators for implementation and health outcomes
- Address needs of most affected populations





## Alignment to limiting warming to 1.5°C

The primary purpose of an NDC is to set out a country's emissions reduction targets. This is also the foremost opportunity to protect health by reducing the health hazards caused by climate change and ensuring that the limits of adaptation are not exceeded. In any setting, the sectors responsible for the highest proportions of emissions should be the focus of action. Commitment to fossil fuel phase-out, and to end fossil fuel expansion, is imperative to deliver the Paris Agreement and protect health - the International Energy Agency states that all unabated coal and oil power plants should be decommissioned by 2040 and finds that new fossil fuel infrastructure is incompatible with a 1.5°C pathway<sup>11</sup>. Example actions include those to:

- Commit to timebound targets to transition away from fossil fuels and scale up renewable energy capacity;
- Reform fossil fuel subsidies;
- Install infrastructure to support safe walking and cycling, and zero-emission public transportation.
- Transition from industrial agriculture to agroecological practices;
- Halt deforestation and planning reforestation and ecological restoration.



**The Gambia:** The Gambia's 2021 NDC emissions reduction target (conditional on adequate finance) was assessed as being aligned with 1.5°C<sup>12</sup>, demonstrating The Gambia's commitment to healthy and ambitious climate action.



**United Kingdom:** The UK 2025 NDC includes a section on transitioning away from fossil fuels in energy systems, in a just, orderly and equitable manner. Rapid action to deliver this will be necessary to reflect the UK's fair share of emissions reductions in light of historical emissions.



## Checking 1.5°C alignment

- **Climate Action Tracker** provides information on select countries including whether their NDCs place them on track to deliver their fair share contributions to deliver the Paris Agreement temperature target.
- **Climate Equity Reference Project's** Climate Equity Reference Calculator provides information on emissions reductions targets that individual countries should meet to deliver the Paris Agreement.



## Action in the healthcare sector

With a heavy burden of climate impacts falling on the healthcare sector, all governments must develop healthcare sector adaptation plans (if not in the NDC, this should be included as part of national adaptation planning processes). Healthcare systems contributed to 4.6% of global greenhouse gas emissions in 2021, and installing renewable energy power for health systems also supports resilience, especially in rural and LMIC settings<sup>5</sup>. Governments should consider including measures to reduce healthcare sector emissions in their NDC, with higher emitting countries responsible for committing to the greatest emissions reductions and ensuring that quality of care is not compromised especially in more climate-vulnerable settings. Actions that countries may include in their NDC include:

- Baseline emissions footprinting and action plans or roadmaps for low carbon, resilient, sustainable health systems;
- Vulnerability and adaptation assessments for the healthcare sector, including supply chains outside the domestic boundaries of national health systems;
- Monitoring and surveillance of climate sensitive diseases, linking to climate information services for health.



**El Salvador:** In its 2022 NDC, El Salvador bridges both adaptation and mitigation action. El Salvador plans to improve epidemiological surveillance of climate-sensitive diseases, (especially arboviruses), and to develop a model for nutrition surveillance for populations affected or at risk of climate-related threats. The NDC refers to identification of technological changes in hospitals that allow significant reductions in energy consumption and mitigation of greenhouse gases.



**Eswatini:** Eswatini describes in its 2021 NDC how it plans to build capacity in the health sector through strengthening the capacity of healthcare workers, and educating and informing the public of the needed measures to protect health from the adverse impacts of climate change. The government plans to leverage the use of technologies to help the healthcare sector adapt to climate change through

- ⇒ Adopting sustainable climate-smart technologies to enhance the resilience of communities;
- ⇒ Establishing a multi-hazard early warning system and to enhance the adaptive capacity in the health sector;
- ⇒ Financing health actions to address inequities and climate-related vulnerabilities;
- ⇒ Promoting capacity building through research and development, education and awareness, and training in climate change-related issues;
- ⇒ Mainstreaming gender-responsive climate policies and emphasising special efforts to support vulnerable groups.



## Healthcare system actions

- **Climate Action Tracker** provides information on select countries including whether their NDCs place them on track to deliver their fair share contributions to deliver the Paris Agreement temperature target.
- **Climate Equity Reference Project's** Climate Equity Reference Calculator provides information on emissions reductions targets that individual countries should meet to deliver the Paris Agreement.
- **WHO** Operational Framework for building climate resilient and low carbon health systems
- **WHO** Target setting for low carbon sustainable health systems
- Health Care Without Harm **Global roadmap, Technical methodology and guidance** and **Key considerations for incorporation health into NDCs**
- Unitaid **Climate and Health strategy** (outlining a working definition of "climate-smart health products" also relevant for adaptation) and reports on GHG emissions associated with **HIV medication** and **other medical products**



## Action in sectors determining health

Many of the health benefits of more ambitious climate action fall outside of the healthcare sector. The WHO estimates that environmental risk factors play a role in over 1 in 5 deaths globally<sup>13</sup>. Ministries of Health can advance health contributions to NDCs and other relevant climate change processes, including through establishing climate and health steering committees and supporting health-determining sectors, such as energy, agriculture, water, sanitation, transportation, waste management, forestry, urban planning, housing, labour and finance to ensure health is duly protected and promoted by relevant mitigation and adaptation policies and programmes promoted by them<sup>14</sup>. Action across sectors can also support an integrated approach to addressing the triple crises of climate change, pollution, and biodiversity loss. Relevant actions include those to:

- Improve access to renewable energy to displace fossil fuels and biomass burning, improving both outdoor and household air quality;
- Subsidise farmers using agroecological approaches to improve agricultural resilience, increase access to healthy, fresh, affordable, locally grown produce and improve food sovereignty and nutrition security;
- Expand reliable access to potable water through improved infrastructure.
- Invest in active travel infrastructure and electric public transport to increase physical activity and improve urban air quality;
- Ensure coherence of actions across NDCs and national biodiversity strategy and action plans (NBSAPs).



**Burundi:** Health benefits of action across other sectors are well recognised in Burundi's 2021 NDC, including agriculture, energy, transport and water.



**Pakistan:** According to its 2021 NDC, Pakistan plans to adopt a Health in All Policies (HiAP) approach to energy policy and to manage targeted training of women in livestock management and agricultural practices under a OneHealth program.



## Quantifying health gains of action across sectors

### **WHO tools**

- Climate Change Mitigation, Air Quality and Health (**CLIMAQ-H**): This software can be used to estimate the health and related economic gains achieved by governments implementing actions and measures to reduce domestic carbon emissions.
- **AirQ+**: A health risk assessment and modeling tool that calculates the health effects of long-term exposure to different levels of ambient and household (indoor) air pollution.
- Health Economic Assessment Tool (**HEAT**) for walking and cycling: A web-based tool to estimate the health and economic impacts of increased walking and cycling.
- **iSThAT**: the Integrated Sustainable Transport and Health Assessment Tool: A simplified methodological framework and accompanying software tool for the evaluation of the health and economic benefits of carbon reduction measures in the context of urban transportation.
- **GreenUr**: the Green Urban spaces and health tool: A flexible Geographic Information System (GIS) plugin to calculate the impact of urban green spaces on health exposure, including cardiovascular disease.
- Benefits of action to reduce household air pollution (**BAR-HAP**) tool: A planning tool for assessing the costs and benefits of different interventions that aim to reduce cooking-related household air pollution.

### **Additional tools**

- **Stockholm Environment Institute** Low Emissions Analysis Platform (LEAP)
- **International Institute for Applied Systems Analysis** GAINS model



## Reduction of super-pollutants

Action on super-pollutants (also known as non-CO<sub>2</sub> pollutants or short-lived climate pollutants (SLCPs)), including methane, nitrous oxide, F-gases, black carbon (soot), and tropospheric ozone, allows countries to scale up mitigation action faster, and go further, than action on CO<sub>2</sub> alone. Action to reduce these pollutants can avoid four times more warming by 2050 than CO<sub>2</sub>-focused policies alone. These pollutants are associated with negative health outcomes like premature death, respiratory disease, cardiovascular disease, cancer, preterm birth and other developmental diseases. They also indirectly impact health through the disruption caused by monsoons, crop loss, and damage to ecosystems. The higher warming potential and shorter lifespan of many super-pollutants means reducing them can act as an 'emergency brake' on global warming, helping to temper health-damaging climate impacts over the next decade and avoid crucial tipping points. Countries can define actions in NDCs to:

- Identify main sectoral sources of different super-pollutants and actions in those sectors to reduce super-pollutant emissions;
- Involve the ministry of health in the development and implementation of SLCP strategies to ensure the health benefits and the economic co-benefits of good health are considered;
- Include quantified targets for reducing health damaging super pollutants, alongside ambitious CO<sub>2</sub>-focused targets.



**Chile:** Chile's 2020 NDC describes how reducing emissions of black carbon generates a series of important local co-benefits, including reduced respiratory disease and other health improvements.



**Ghana:** In its 2021 NDC, Ghana notes that measures including improved cookstoves and electric vehicles are expected to reduce black carbon emissions for better public health outcomes.



**Micronesia:** Micronesia's 2022 NDC acknowledges the importance of addressing air pollution to protect health and well-being. It refers to methane (including specific health impacts through generation of tropospheric ozone), hydrofluorocarbons, and black carbon.



## Reducing super-pollutants

- **Clean Air Fund** Benefits of Integrating Black Carbon into Enhanced NDCs
- **Climate and Clean Air Coalition** Guidance on integrating black carbon and air pollution into NDCs
- **Global Methane Pledge** Guidance on Including Methane in NDCs
- **WHO** Updated roadmap for an enhanced global response to the adverse health effects of air pollution



## Financial considerations

The health-related costs of climate inaction (for example healthcare costs due to severe air pollution, or lost labour productivity during periods of extreme heat) must be considered by governments when developing their NDC - recognising that when these health costs are considered, the cost of implementing climate actions is even cost neutral in some settings<sup>7</sup>. A quantification of returns on investment from health-related savings will support both the investment case for ambitious commitments, and implementation. Costings and budgetary allocations for health-related actions must also be included in the NDC, stating whether these actions are conditional (based on international climate finance) or unconditional (based on domestic resources). Relevant actions in NDCs include:

- Define budgetary requirements and allocations (both conditional and unconditional);
- Quantify healthcare costs due to severe air pollution;
- Quantify lost labour productivity costs during periods of extreme heat;
- Quantify health related savings from actions across sectors.

**Cambodia:** The economic impacts of reduced labour productivity due to heat stress are detailed in Cambodia's 2020 NDC, along with investment in and returns on investment from adaptation interventions in the healthcare sector (including translating national health policies to local administrations) and in health determining sectors.

**Colombia:** The government of Colombia worked with WHO and PAHO to produce a detailed report on the benefits of raising ambition in Colombia's 2020 NDC<sup>15</sup>. The analysis found that GHG emissions reductions would be accompanied by significant air quality improvements that could prevent more than 3,800 premature deaths annually from ambient air pollution in 2030, representing an annual savings of US\$1.9 billion (2017 prices) (0.64% of Colombia's projected GDP in 2030).



## Costings and investment cases

*(Additional economic co-benefit quantification tools are included in the previous section on actions across sectors)*

- **NDC Partnership** NDC Investment Planning Guide and Checklist
- **UNDP** Methodology for Developing Household and Ambient Air Pollution Investment Cases
- **World Bank and Climate Investment Funds** The Cost of Inaction: Quantifying the Impact of Climate Change on Health in Low- and Middle-Income Countries
- **World Bank** The Global Health Cost of PM2.5 Air Pollution A Case for Action Beyond 2021



## Timebound targets and indicators for implementation

Timebound targets for actions in the healthcare sector and other health determining sectors, together with indicators for health gains of action, will improve accountability and support implementation. Furthermore, developing and tracking indicators for the health-related benefits of these actions will help to demonstrate the health benefits of more ambitious climate action over time. Actions relating to with these criteria include:

- Setting targets for quantified reduction of super-pollutants by a given year
- Tracking the percentage of the population with access to a health promoting amenity (safe water, clean air, nutritious diet) by a given year
- Number of times the action is implemented (e.g number of retrofitted homes or hospitals with solar panels) by a given year
- Reduction in cases of health risks after a given intervention is implemented.



**Côte d'Ivoire:** In its 2022 NDC, Côte d'Ivoire includes targets to reduce black carbon emissions by 58% in 2030; PM emissions by 64% in 2030; and NOx by 42% in 2030.



**Pakistan:** According to its 2021 NDC, national policy in Pakistan for two and three wheelers as well as heavy vehicles will support a 30% shift in sales of EVs by 2030. The goal is to lower vehicular emissions from combustion and improve urban air quality.



## Addressing the needs of most affected populations

Populations including women, children, youth, older people, people with disabilities, the LGBTQIA+ community, low-income communities, Indigenous Peoples, people made vulnerable by their location, migrants, and other marginalised groups are most impacted at subnational level and often have developed solutions to address their specific needs. Tailored actions should be included in the NDC which reflect the knowledge and needs of these populations, such as:

- Implementing new worker regulations (such as more frequent breaks or free drinking water) to protect outdoor agricultural workers from the health impacts of extreme heat;
- Targeting infrastructure investments in communities whose sanitation systems are overwhelmed by flooding.

**Ghana:** In Ghana's 2021 NDC, a budget is included for managing gender-related and climate-induced health risks. Projections for the reduction of various air pollutants are included, and improved management of climate-induced and gender-related health risks are expected to benefit 31,500,000 people.

**Namibia:** The 2021 NDC of Namibia describes how climate change is already exacerbating infant and adult mortality, including due to diarrhoea, undernutrition, and malaria. The current burden of these diseases in children is quantified.



## Responding to population-specific needs

- **UNICEF** Nationally Determined Contributions 3.0: Ensuring they deliver for children
- **UNICEF** Youth-Friend NDC Tool Kit
- **UNICEF** The climate crisis is a child rights crisis: Introducing The Children's Climate Risk Index
- **UNICEF & NDC Partnership** Review of child-sensitive NDC commitments
- **ILO** Ensuring safety and health at work in a changing climate
- **ILO** Heat at work: Implications for safety and health
- **NAP Global Network & Women Deliver** Sexual and Reproductive Health and Rights (SRHR) in National Adaptation Plan (NAP) Processes

# FOUNDATIONS FOR HEALTH-INCLUSIVE NDCS

## *How can governments develop health-inclusive NDCs?*

To develop NDCs which meet the criteria above for health-inclusivity, governments can take practical steps to ensure NDCs are informed by national circumstances, the latest climate and health insights, and the expertise of key stakeholders. The health community has a role to play in encouraging governments to consider these steps.



### **Coordinate between climate- and health-determining ministries**

Since climate and health outcomes are both determined by action across sectors as described above, a coordinated approach across government ministries when preparing the NDC is essential, including the Ministry of Health and ministry responsible for climate, as well as Ministries of Economy and Finance. The participation of the Ministry of Health on NDC Coordination Committees or National Climate Councils can support the inclusion of health in national plans. This can reduce duplication of efforts and optimise benefits across both health and climate. In Lao PDR, The Department of Climate Change (operating under the Ministry of Natural Resources and the Environment) invited eight sectoral ministries to participate in the NDC development process, including the Ministry of Public Health. In the longer term, national multistakeholder coordination platforms, sectoral and intersectoral, and national and regional policies for climate and health can enable coordinated action. These mechanisms help to ensure that health is optimised in the implementation of the NDC and other national climate policies, as well as help to integrate climate into national health policies. In one example of coordination on a climate related national process, Malawi [launched a five-year Multisectoral Cholera Control Plan](#) in early 2025, jointly overseen by the Ministry of Health and the Ministry of Water and Sanitation.



### **Conduct a health vulnerability and adaptation assessment**

Carrying out a health vulnerability and adaptation assessment enables identification of current and future health risks in-country, as well as revealing which populations are especially vulnerable and require tailored measures to prevent severe health impacts.



### **Build expert capacity**

The appointment of a dedicated climate and health focal point in a relevant ministry can ensure that information is centralised and may also enable good practice sharing between counterparts in different countries. In Liberia, two NDC focal points working within the Ministry of Health of Liberia oversee the implementation of health-related NDC activities. These focal points should be nominated by the Ministers and have a long-term appointment, to be able to bridge the existing gaps and to coordinate future, long-term action at the nexus.



### Connect with relevant UN and regional agencies

Within the UN system, including WHO (which also hosts the Alliance for Transformative Action on Climate and Health), UNDP (with UNDP's Climate Promise being the umbrella of UN-wide NDC enhancement activities), NDC Partnership (which brings together more than 200 members, including more than 130 countries, developed and developing, and more than 100 institutions), UNICEF, UNEP, and UNFPA, World Bank and Multilateral Development Banks, much attention is being given to supporting governments to constructively embed health considerations in NDCs. Connecting with these agencies will yield access to increased technical assistance.



### Align with existing national and or regional climate and health strategies

If such strategies exist, this is indicative that necessary assessments have already been undertaken to ascertain key priorities and actions, and may provide relevant targets and actions for inclusion in the NDC. In some cases, integrating components of existing national health related strategies may also offer an opportunity to update and refine national plans. This can serve to strengthen coordination and buy-in across sectors, as well as supporting ongoing funding and implementation. In the case of Lao PDR described above, the stand-alone Health Adaptation Strategy (2018–2025) was included in the 2021 NDC at the recommendation of the Ministry of Public Health.



### Invest in climate services for health to ensure that health sector planning and actions are climate-informed

Using climate and health data and evidence can increase awareness and reporting on health and climate interlinkages and strengthen early warning systems. Existing climate and health data can build the case for inclusion of health actions and targets in the NDC. In addition, data can be incorporated in public awareness campaigns which can help to build public support for the implementation of ambitious climate actions<sup>6</sup>. Subsequently, collection of health-related data throughout NDC implementation can enhance monitoring and reporting under the UNFCCC's Enhanced Transparency Framework and demonstrate the success of NDC implementation.



### Conduct health impact assessments

While the majority of climate interventions are beneficial to human health, some may yield particularly high gains, and some may lead to adverse impacts on health, in particular for vulnerable populations. Conducting health impact assessments can help to ensure just transitions. These assessments can be conducted at the national and at the regional level, involving local stakeholders to assess current and potential future impacts.



## Create consultation opportunities on the NDC and seek guidance from local communities, vulnerable populations, civil society, and academia

Local community representatives are uniquely well-placed to advise on the origins of current challenges and context-appropriate solutions to address them. This could include civil society groups, local governments, residents, health centres, schools, and assisted care homes. Most vulnerable populations, including women, children, youth, older people, people with disabilities, the LGBTQIA+ community, low-income communities, Indigenous Peoples, people made vulnerable by their location, migrants, and other marginalised groups are especially key to consult to avoid widening inequalities and ensure tailored approaches are developed for those who need them most. The Environment Protection Authority of Liberia, in coordination with UNDP, organised a stocktaking exercise and carried out a stakeholder mapping as part of its NDC development. These exercises revealed how health is impacted by climate change. In Chile, a scientific committee was established, including representation from health experts, who were tasked with providing advice for the NDC and health sector adaptation and mitigation plans.



## Ensure that health-promoting actions in the NDC are funded

NDC actions are more likely to be funded if they have been well-costed and a budget is allocated. Calculating returns on investment can also help to make the case for budgetary allocations. Tools for quantifying returns on investment are included in the resources list below. [Colombia](#) and [Pakistan](#), in collaboration with WHO and PAHO, are among countries to have quantified the returns on investment from emissions reductions actions in their NDCs.



### Resources for governments

- [WHO](#) Quality criteria for integrating health into Nationally Determined Contributions (NDCs)
- [PAHO](#), Enhancing Health and Climate Change Commitments in Updated NDCs
- [WHO](#) Quality Criteria for health in NAPs (relevant for NDCs which include adaptation)
- [WHO](#) resources on health impact assessments
- [WHO](#) resources on vulnerability and adaptation assessments
- [UNDP](#) Implementing Nationally Determined Contributions (including health and beyond)
- WHO Reviews of Health In NDCs, [2020](#) and [2023](#), and [NAPs](#), for examples of good practice
- [United for Global Mental Health](#) information on current state of mental health in NDCs and opportunities for action.

# PRACTICAL STEPS TO SUPPORT GOVERNMENTS

*How can civil society and health stakeholders support NDC development?*



**Check if your country has submitted its NDC 3.0.** Tip: not all countries include "NDC 3.0" in the document title – NDCs 3.0 are those which have a timeline to 2035.



- [Climate Watch NDC Tracker](#) showcases detailed, up-to-date information on NDCs and allows comparisons of countries' climate goals, tracking of progress, and visualising key data on emissions reductions, adaptation plans, and more.
- [Climate Action Tracker NDC Update Tracker](#).

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**Read and evaluate your country's existing NDC.** Take note of how health is described, to see how this can be built on. Check whether adaptation measures or a section on impacts or loss and damage are included, as some countries focus exclusively on mitigation in their NDCs, and this may indicate whether you should focus your recommendations for the next NDC on mitigation alone or also adaptation. It may be relevant to also review other documents such as the long-term low emission development strategy (LT-LEDS / LTS), the national adaptation plan (NAP, or the health national adaptation plan (HNAP) if produced by your country, to inform you of your government's current thinking on climate-health planning and to help you tailor your engagement and asks. The resources below contain links to find your government's national climate plans, and analyses which may support your own.



- [UNFCCC NDC Registry](#) records NDCs communicated by Parties in a public registry maintained by the UNFCCC secretariat.
- The GCHA NDC Scorecards evaluate attention to of NDCs to health ([2021](#) and [2023](#)) and Clean Air ([2023](#)), followed by a 2025 [rapid assessment](#) of health considerations in NDCs 3.0.
- [UNFPA and Queen Mary University London](#) have conducted a review of sexual and reproductive health and rights in climate commitments.
- [Climate Watch NDC Tracker](#) enables [searching](#) NDCs for keywords.
- [Chat NDC](#) is an AI-powered platform designed to enhance access to and understanding of climate policy data information
- [Climate Action Tracker](#), the [Climate Equity Reference Calculator](#), and [Natural Resources Defence Council](#) provide national benchmarks to align with 1.5°C.
- [Climate Action Network](#) has published guidelines for NDCs 3.0, covering health and beyond.

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**Consult and build relationships with climate and health allies** at national and global level to ensure a coordinated and informed approach, with joint outreach if possible to avoid overwhelming government contacts with multiple priorities. Often, national climate organisations have invaluable insights into the NDC process and hold key relationships where they may be willing to channel health messaging.



**Identify who is responsible for preparing the NDC.** Most often, this will be the Ministry of Climate / Environment / Foreign Affairs. Contacts at the technical levels (e.g., Directorates for Climate, Adaptation, and/or Mitigation) are also useful contacts.



**Find out the timeline and process** at national level: When will the NDC be announced? Will there be a public or a closed consultation? Which government ministries will be involved? Confirm if possible whether the NDC will cover adaptation and loss and damage in addition to mitigation. If there will be opportunities to make submissions during the process, be sure to note the date(s) and process for doing so.



**Consider your target audience and national context** and how to frame your messaging accordingly. Be conscious of the remit of the ministry you are engaging with (for example, climate ministries are not responsible for implementing health sector actions, and health ministries cannot commit to country-wide fossil fuel phase-out, though they can help to make the case for this). If you are not based in the country that you are working with, ensure you are sensitive to priorities and limitations of low- and middle-income countries, who may need to prioritise adaptation and have lower resources for mitigation.



**Make contact** with the representatives in the Ministry of Health (or elsewhere) who have health and environment in their remit and ask how the climate and health community can be of support, for example through recommendations or technical assistance and sharing evidence, guidance, or resources.



**Formulate priorities** based on gaps you identified when evaluating health considerations in the previous NDC, and consider how to tailor international recommendations for the national context, for example

- ⇒ Look at where higher scores could have been gained based on GCHA scorecards
- ⇒ For developed countries - which sectors have highest emissions. Note that many developed countries submit separate adaptation plans, and do not include adaptation information in their NDCs - clarify if unsure, or use previous NDC as an indicator.
- ⇒ For developing countries - it is often inappropriate to suggest that very low emitting countries, which are already facing grave health hazards due to historical emissions of higher income countries, should mitigate rather than invest in adaptation.
- ⇒ For all countries that include adaptation in their NDCs - look at where greatest health burdens exist and how these are influenced by climate change / climate action.



**Collate relevant evidence** to substantiate your recommendations. The Lancet Countdown on Health and Climate Change [Data Platform](#) provides country data for many of its indicators.



- Lancet Countdown [data sheets](#) and [data platform](#)
- [WHO](#) Climate and Health Country Profiles
- [WHO](#) Health and Climate Change Survey Report
- [GCHA and partners](#) submissions to NDC consultations
- [Regenerate Africa](#) health considerations for Uganda's NDC 3.0
- [WHO](#) Triple Billion target data
- [World Bank](#) Climate Risk Country Profiles
- [Institute for Health Metrics and Evaluation](#) data
- [World Meteorological Organization](#) climate data

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**Deliver recommendations**, for example in person or via a letter or online submission, as appropriate. Invited submission opportunities are especially important to take advantage of, as these are moments when the government is explicitly seeking input.



**Advocate for and actively continue engagement in implementation.** Whether or not health-related actions or health gains of actions in health-determining actions are specified in the NDC, continuing to engage in the process of NDC implementation can help ensure that health gains are optimised in the interventions that are selected and implemented. This can be achieved through conducting health impacts assessments, accountability for implementation, and monitoring health outcomes.



**Raise wide public awareness on climate change and health issues to get public support for integration of health in NDCs.** This could be achieved through media or social media campaigns, partnerships with celebrities or respected experts, and developing platforms with public data on the health impacts of climate inaction or gains of action, raising public appetite for greater climate ambition<sup>6</sup>.

# BARRIERS AND ENABLERS

*What prevents integrated climate-health action and how can this be overcome?*

The table below outlines common barriers that governments experience in embedding health in climate policy planning and implementation. If governments are unable to take steps towards health inclusive NDCs, the table below highlights potential approaches that the climate and health community can employ to help overcome these barriers.

Barrier	Approach
Governments are faced with competing priorities and are already overburdened.	To encourage Ministries of Climate and Environment to consider health, or Ministries of Health to consider climate issues, frame climate and health messages in a way that links them to the government's existing priorities. It may be necessary to politely and constructively reiterate these messages more than once before they are fully understood and acted on.
Multiple asks from different civil society groups, can cause confusion, leading to disengagement.	Join with or form a coalition of actors to work together in partnership with the government to update NDCs and other climate policies and develop common positions/recommendations.
Lack of clarity on where to begin in addressing the intersection of climate and health.	Propose conducting a vulnerability and adaptation assessment related to climate impacts on human health and suggest seeking guidance or good practice from other countries in the region or from WHO to address identified challenges. Use a health narrative or framing to support recommendations already being made by the climate community.
Lack of evidence on the health impacts of climate change and the health gains of climate action, in both health and economic terms.	Where nationally gathered data is not available, share internationally developed data (examples are in the resources section) or data for another country in the region. Improving national climate and health data could itself be a potential NDC objective, focussing on specific indicators related to health outcomes (vector-borne diseases, air pollution, etc.). Clarify that lack of optimal data is not a reason for inaction, and that alternative information sources can be used while national data collection is strengthened. Promote available tools for economic quantification.

Barrier (cont.)	Approach (cont.)
Siloes across ministries, with each having a defined perception of its mandate or with a lack of common language, making it hard to establish common goals.	Use nationally relevant examples and terms from both the health and environment sectors, and clarify why addressing climate and health requires multisectoral action and interministerial coordination. Ensure the Ministry of Health understands the implications of climate and decisions taken by the Ministry of Climate for public health, and vice versa. Encourage developing national climate-health committees or coordination mechanisms, and joint action plans.
Disinformation campaigns and other interference by the fossil fuel industry, agri-businesses, and other polluting industries.	Develop a powerful and health centred counter-narrative. Highlight examples of disinformation by the fossil fuel industry and other high emitting or health harming actors to undermine their social license. Draw parallels with regulation of participation by other harmful industries at national level, such as tobacco, alcohol, or unhealthy foods and beverages.
Fragmented policy processes driving a lack of implementation.	Promote policy coherence, for example ensuring content from NDCs is also reflected in National Adaptation Plans (NAPs) and Health National Adaptation Plans (HNAPs), and Long-Term low-emission development Strategies (LT-LEDS/LTS). Advocate for coordination with existing and in-development legislation, ensuring political basis for implementation.
Lack of financial resources may present a barrier to ambitious planning, as well as to implementation.	Create a case for investment by quantifying the cost of inaction to health and lives, and quantifying returns on investments for action in climate and health-determining sectors, for example using tools included in the resources section below, and presenting this to the Ministry of Finance or national development banks. Explain how existing climate finance can be allocated in ways which maximise health gains (for example, active transport as part of mitigation strategies in the transport sector), and how health finance also benefits climate outcomes (for example, resilient, low-carbon sustainable health systems). For developing countries, if there are ambitions to take action which exceed current resource levels, then these can be included in the NDC, noting which portions, if any, can be pursued with domestic resources (unconditional) and which are conditional on international finance, thus strengthening the case for international finance.
Lack of human resources, or changes in human resources associated with a new government.	Present examples of countries where a climate and health unit has been established, and the benefits that ensued. Or demonstrate the value of previous staff structures by recalling how they contributed to national policymaking and improved health outcomes.
Politically challenging national environment for ambitious climate action.	Present health as a unifying priority where appropriate, to reduce polarisation. Advocate for health as a door-opener for climate-related actions, with potential to ensure tangible, short- and long-term benefits quantifiable in human lives and other health outcomes.

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