

# Consultation Submission on the Draft NDC of South Africa, August 2025

This submission has been prepared by the Global Climate and Health Alliance (GCHA), a network of 200+ organisations spanning every continent, with contributions from Doctors Without Borders (MSF) Southern Africa.

Climate change is already [undermining human health in South Africa](#). The IPCC makes it clear that climate induced hazards will worsen with every incremental increase in temperature. In 2024, global average temperature rise exceeded 1.5°C for the first time. It is vital to adapt to these growing risks, and also for all countries (with greatest reductions by highest emitters) to reduce emissions to ensure that the limits of adaptation in the health sector and others are not exceeded. Meanwhile, action on climate change offers significant public health opportunities, reducing future health hazards through emissions reductions, and adapting to ensure that systems can protect populations from health harming impacts. By taking action across sectors South Africa has an opportunity to improve air quality, access to reliable, safe and affordable energy, nutrition security, safe water, and active travel systems which promote physical activity.

Recognition of health linkages and actions to address them must be embedded in climate policymaking to support healthy, resilient and economically productive populations, while also maximising returns on investment due to health-related savings from the co-benefits described above.

In this submission we consider the following six elements, (1) Emissions reductions target; (2) Health losses and damages; (3) Actions in the healthcare sector; (4) Actions in health-determining sectors; (5) Economic and financial considerations; (6) Responding to the needs and priorities of most affected groups.

## **Emissions reduction target**

As recognised in the draft NDC, limiting global warming to 1.5°C is expected to substantially reduce damages to the South African economy, agriculture, human health, and ecosystems compared to higher levels of global warming. As [noted by the Presidential Climate Commission](#), fair share emissions reductions for South Africa by 2030 would be below 350 MtCo2. At present, the targets for 2026-2030 and 2031-2035 exceed this trajectory. This presents threats for the health of the South African population and globally. Bringing South Africa's emissions reductions targets into alignment with the 1.5C compatible trajectory outlined by the PCC would avoid these health hazards, and could offer additional health gains, as outlined below. Setting targets for the reduction of short lived climate pollutants, including methane, black carbon and tropospheric ozone, would offer significant [short term gains](#) in mitigating warming and avoiding health harms of air pollution.

## **Health losses and damages**

We commend the inclusion of a dedicated section on loss and damage in the NDC. To add additional weight to the case for loss and damage action, it may be helpful to consider quantifying health losses and damages, either using national sources, or with reference to working group 1 indicators by the Lancet Countdown on Health and Climate Change, which can be accessed via the "health hazards, exposure and impacts" data visualisations, accessible from the [Lancet Countdown website](#).

## **Actions in the healthcare sector**

The draft NDC highlights a lack of spatially and socially disaggregated data on experienced climate and weather impacts; we urge that improvements to these data gaps include the development of integrated surveillance systems that link climate and health data to improve monitoring, prediction and response to climate-sensitive diseases. We commend the prioritisation of early warning and impact climate information as one of the 7 adaptation goals. Improvements have been noted in expanding disaster early warning systems including the South African Weather Services' Impact-based Severe Weather Warning System launched in 2025, however coverage still remains uneven, especially in rural areas. We

recommend that progress indicators also include: the number of municipalities with actionable early warning response plans and the number of at-risk populations (disaggregated by age, gender and geographic location) reporting they were protected through receiving impact-based early warnings. To further build on the existing actions outlined in the NDC of improving health surveillance systems, and enhancing healthcare in informal settlements, we recommend referring to the [WHO Operational framework for building climate resilient and low carbon health systems](#).

### **Actions in health-determining sectors**

The draft NDC already refers to the links between human health and nutrition with adaptation actions in water, sanitation, agriculture and fisheries (adaptation goals 1 and 4). In addition, the NDC refers to the co-benefits of mitigation in improving air quality. We recommend including additional detail on mitigation actions, including in sectors where health gains can be maximised, such as energy and transport. A just transition from fossil fuels to renewable energy could avoid thousands of air pollution related deaths in South Africa, while also expanding energy access through local renewable energy grids. Annually, between [25,800](#) - [42,000](#) deaths, including over 1,200 deaths among children under five, 8% of all deaths estimated in the country in 2023. According to [analysis](#) by the Centre for Research on Energy and Clean Air and Greenpeace Africa, in 2023, particulate matter air pollution (PM2.5) exposure in South Africa led to an estimated 42,000 deaths, including over 1,200 deaths among children under five, 8% of all deaths estimated in the country in 2023. PM2.5 also leads to an estimated 47,000 underweight births and 43,000 preterm births each year, as well as to chronic diseases and disabilities, placing the healthcare system under increasing strain. Annual exposure to PM2.5 is associated with 26,000 years lived with disability (YLDs) due to chronic obstructive pulmonary disease; 20,000 YLDs due to stroke; 64,000 YLDs due to diabetes; and 19,000 due to Alzheimer and other dementias. PM2.5 in South Africa is estimated to lead to 30 million days of work absences due to pollution-related health issues, causing lost productivity, disrupted workflows, and reduced economic output across multiple sectors. Air pollution health costs total approximately USD 52 billion (R960 billion) annually due to loss of life and preterm births, equivalent to approximately 14% of South Africa's GDP. If South Africa were to meet its national air quality standard, this number would fall to 33,000 deaths, representing a 22% reduction and 9,300 lives saved each year. If South Africa were to further achieve the WHO guideline, deaths would decrease dramatically to 12,000 — a 72% reduction compared to current levels and an equivalent of saving 30,000 lives each year. Investments in public and active transport infrastructure both reduce air pollution and increase physical activity. We would also recommend that the Department of Health is engaged in the development, implementation, and monitoring of outcomes across health-determining sectors, to maximise health gains and track related cost savings.

### **Economic and financial considerations**

We propose including a budget / level of required investment for identified actions, including those related to health, as outlined in South Africa's 2021 NDC, to strengthen the case for climate finance. Data on returns on investment can also support implementation. Tools produced by the World Health Organization, including the [CLIMAQ-H](#) tool and the [HEAT](#) tool, support quantification of health and economic gains of mitigation interventions in energy and transport. The final NDC must specify the adaptation investments required for the 2026 - 2035 period and outline the sources of finance for each adaptation goal. Without this, progress on adaptation planning and implementation cannot be measured or held accountable.

### **Responding to the needs and priorities of most affected group**

DFFE has already organized comprehensive consultations to inform the NDC. In order to achieve the objective stated in the NDC of leaving no-one behind, in the context of a just transition, we recommend elaborating on plans for consultation with groups most impacted by climate change and the practices which drive it, as well as those placed at risk of unjust transitions, in the full implementation and evaluation of the NDC in the coming years.