Pan-European Commission on Climate and Health

Call to Action

The climate crisis is a threat to safety and security, social cohesion, human rights and health. For too long it has been seen as a problem for future generations.

H.E. Katrín Jakobsdóttir

Former Prime Minister of Iceland and Chair of the Pan-European Commission on Climate and Health

The pace of climate change has increased worldwide in the last decade, and the pan-European region is the fastest heating world region, with temperatures rising at about twice the global average rate in recent decades. Scientific advances make it ever more possible to attribute increases in health impacts to human-induced climate change.

This Call to Action is a powerful warning of the growing climate dangers confronting the region but also a vision that shows the potential of ambitious and timely action to protect and promote health in the face of these threats.

Climate action is not merely a necessity; it is a high-return investment for a more just and resilient society. It is also essential to addressing security concerns.

We call on political leaders around the globe to unlock the opportunities of positive action for climate and health.

I convened the Pan-European Commission on Climate and Health to move faster and act smarter, with courage, by delivering practical, actionable solutions that Member States and WHO can advance together to drive real change.

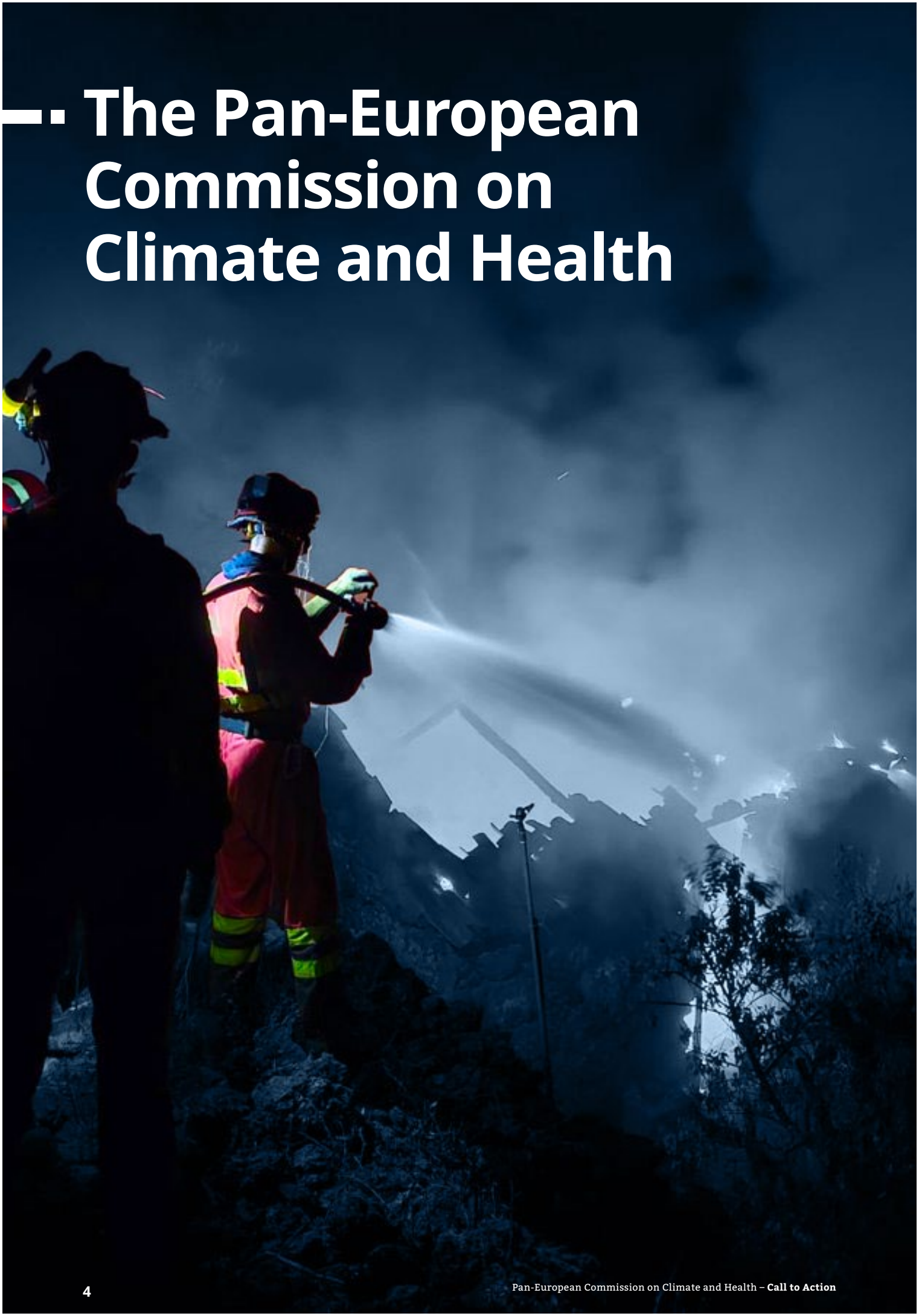
Dr Hans Henri P. Kluge

WHO Regional Director for Europe

At a time of profound uncertainty, when trust in science and shared values are being tested, bringing together evidence, expertise and political leadership is not optional. It is imperative. Climate change is already disrupting our societies and our health systems, and our response must ensure they are resilient, prepared and adaptive.

This Call to Action is our moment to turn evidence into influence and ambition into accountability. I am confident that the Commission's recommendations can guide inter-regional collaboration and country action, from small and island countries to the largest countries that WHO serves. Our citizens expect urgency from us. Let us meet that expectation by putting health at the centre of climate action.

The Pan-European Commission on Climate and Health



The Pan-European Commission on Climate and Health

We, the Pan-European Commission on Climate and Health are an independent advisory body convened by Dr Hans Henri P. Kluge, the WHO Regional Director for Europe, to raise the political profile, strengthen support and mobilize key actors for decisive, evidence-informed action on the health impacts of climate change.

Chaired by H.E. Katrín Jakobsdóttir, former Prime Minister of Iceland, our Commission brings together 11 Commissioners representing expertise and experience from science, public health, policy-making and civil society across the pan-European region. The Commission is supported by its Chief Scientific Advisor, Professor Sir Andy Haines, from the London School of Hygiene & Tropical Medicine, United Kingdom.

From June 2025 to May 2026, we sought out invaluable insights from 47 political leaders, scientists, practitioners and representatives of civil society through three public hearings, one consultation with pan-European ministers of health and two special consultations. A summary of these discussions has been published in a series of reports (Annex 1). Our recommendations, however, do not necessarily reflect the views and opinions of the experts or their institutions (listed in Annex 2). Our work has been guided by scientific integrity, climate justice and intergenerational solidarity, focusing on the most vulnerable to ensure no one is left behind in a climate-resilient future and addressing the sources of greenhouse gas emissions that are driving climate change.

Our journey

11 June 2025

Launch of the Commission and first hearing: Understanding the threats to health in the context of climate change.
Reykjavík, Iceland

1 September 2025

Second hearing: Opportunities and co-benefits of climate action for health and well-being.
Hybrid from Copenhagen, Denmark

2 October 2025

Third hearing: Mobilizing power and building political will for a healthy climate future.
Hybrid from Copenhagen, Denmark

28 October 2025

High-level technical briefing on climate and health at the 75th session of the WHO Regional Committee for Europe.
Copenhagen, Denmark

3 December 2025

Special consultation: Voices of European cities and regions on climate and health.
Hybrid from Copenhagen, Denmark

19 January 2026

Special consultation: Building resilient health systems for a changing climate.
Hybrid from Copenhagen, Denmark

10–11 February 2026

Meeting of the Commission to establish its recommendations.
London, United Kingdom

17 May 2026

Official launch of the Call to Action ahead of the 79th World Health Assembly.
Geneva, Switzerland

Members of the Commission

Chair of the Pan-European Commission on Climate and Health

H.E. Katrín Jakobsdóttir
Former Prime Minister of Iceland

Chief Scientific Advisor

Professor Sir Andy Haines
Professor of Environmental Change and Public Health, London School of Hygiene and Tropical Medicine, United Kingdom

Commissioners

Ms Majlinda Bregu
Former Secretary General of the Regional Cooperation Council and Minister of European Integration, Albania

Professor Hans Bruyninckx
Former Executive Director of the European Environment Agency

Ms Sandrine Dixson-Declève
Honorary President of the Club of Rome and Executive Chair, Earth4All

Dr Omnia El Omrani
Vice-Chair, The Global Climate and Health Alliance, Youth Envoy and Health Envoy to the 27th and 28th Conference of the Parties to the United Nations Framework Convention on Climate Change, respectively

Professor Enrico Giovannini
Former Minister of Sustainable Infrastructure and Mobility, Italy

Ms Khatuna Gogaladze
Former Minister of Environment and Natural Resources Protection, Georgia

Ms Connie Hedegaard
Professional board member, Chair of the European Union (EU) Mission on Adaptation to Climate Change, former Minister of Environment and Climate of Denmark and EU Commissioner for Climate Action

Professor Dr Ernst Kuipers
Chair, Board of Trustees, Technology University Delft and former Minister of Health, Welfare and Sport, Netherlands (Kingdom of the)

Professor Dr Karl Lauterbach
Chairman of the Committee of Research and Technology of the German Bundestag, former Federal Minister of Health, Germany

Mr Sulton Rahimzoda
Chairman of the State Committee on Investment and State Property Management, Tajikistan

Dr Hülya Şirin
Associate Professor, Department of Public Health, Gülhane School of Medicine, University of Health Sciences, Türkiye

For biographies of members of the Commission, see Annex 1.1.

Our Call to Action

Our recommendations are designed to help national, regional and local leaders deliver measurable health, social and economic gains.

We call on national and local decision-makers to take forward climate action that delivers benefits for human health, prioritizing the most vulnerable to climate change and reducing health inequity across generations. This is a moment of both urgency and opportunity. We call for transparent, evidence-informed leadership to overcome political inertia, systemic risks and the growing threat posed by climate dis-information. Drawing on insights from technical background documents, public hearings and consultations, our recommendations respond to the key themes that emerged, namely:

- *the urgency and scale of climate–health threats across the pan-European region;*
- *the deficiencies in current climate change adaptation and mitigation actions for health, and the integrated approaches needed to address them;*
- *the deep inequities in who bears the burden of climate change and the persistent gaps in governance, workforce capacity and financing; and*
- *the health and economic case for acting now rather than later, including the need for governments to be guided by indicators of human progress that reflect health, equity, climate and economic outcomes.*

Our recommendations articulate how accelerated action can be achieved, by capitalizing on the lessons we learned across the pan-European region and by amplifying what is already working, to expand political leadership, and support countries to act at the pace and scale required.

Our recommendations are designed to help national, regional and local leaders deliver measurable health, social and economic gains while supporting emission reductions and building resilience for decades and generations to come. Recognizing the varying capacities across the region, we acknowledge that implementation will require tailored support for countries with more limited resources.

1. Confronting climate change as a catastrophic threat to human health, security and social stability

We, the Commission, call on WHO to:

a. formally declare climate change as a public health emergency of international concern;

b. establish a climate–health information hub to provide countries with access to trusted resources for evidence-informed policies, advocacy, communications, fact-checking, myth-busting and trend analyses, based on the latest developments in science; and

c. strengthen WHO-led coordination on climate and health across the United Nations system in the WHO European Region.

We, the Commission, call on heads of government to:

d. bring climate change to the agenda of national security councils or equivalent bodies, engaging all relevant ministries, including ministries of health.

We, the Commission, call on heads of government and ministers of health to:

e. establish, within their ministries or cabinets, a sustainable mechanism with a specific mandate to support action on climate change and health.

2. Transforming health systems for people and climate

We, the Commission, call on ministries of health, health authorities and health-care institutions to:

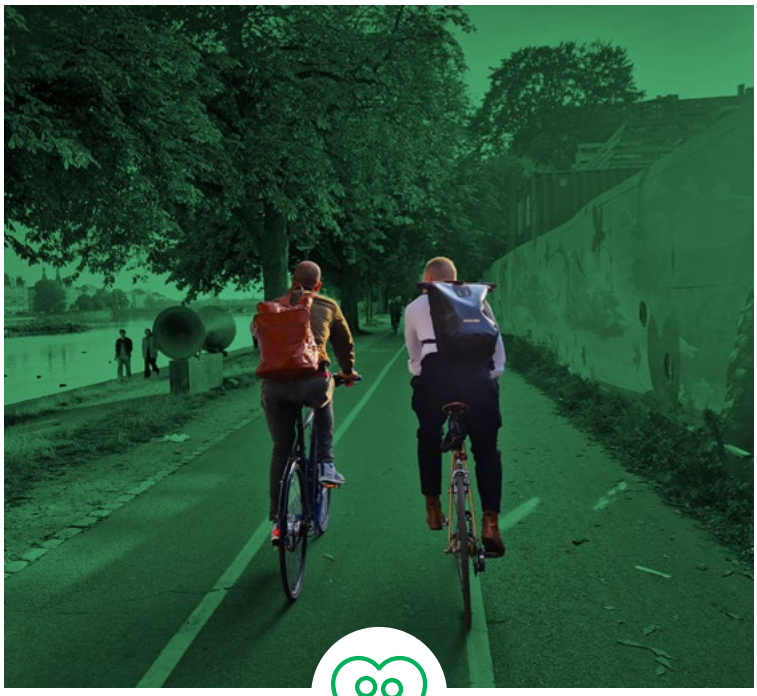
a. embed climate resilience and environmental sustainability capabilities into the education accreditation standards of health-care professionals;

b. harmonize sustainable and climate-resilient procurement standards across the pan-European region to send a consistent demand signal to suppliers;

c. transform how care is delivered to promote health, cut emissions and build climate resilience, while enhancing equity, quality and safety;

d. integrate mental health and psychosocial support across national climate–health planning and preparedness frameworks; and

e. integrate key environmental sustainability and climate indicators into national health system performance assessment or equivalent frameworks.



3. Scaling up local, community-based solutions for climate and health

We, the Commission, call on urban and regional networks to:

a. formalize climate change and health in their mandates and to take a collective commitment to evaluate, support and scale successful local, community-based climate and health initiatives.

We, the Commission, call on WHO to:

b. develop an accountability framework to monitor and evaluate progress in climate and health interventions for cities and regions, in partnership with urban and regional networks.

4. Reforming economic, financial and regulatory systems to drive climate–health progress

We, the Commission, call on national governments to:

a. reform subsidies and reallocate finance for climate–health action;

b. scale-up climate and health investment; and

c. strengthen air quality standards and implementation.

We, the Commission, call on WHO to:

d. establish a WHO European Region climate–health progress review.

We, the Commission, call on national governments and the international community to:

e. build indicators and monitoring systems for equitable health and broader societal progress and environmental sustainability beyond gross domestic product (GDP).

Introduction

We must move from the recognition of a problem to near and long-term protection and promotion of health, recognizing that health threats from climate change have reached unprecedented levels with many missed opportunities.

Our Commission was convened at an unprecedented point in history: a time when evidence of the health effects of climate change is growing but scientific knowledge about the links between climate change, environment and health is being denied by some influential voices, and growing mis- and dis-information erode public trust and support for climate action. We are witnessing mounting military tensions and economic pressures that are rapidly shifting political priorities across the pan-European region, with resources being redirected towards addressing concerns around security and competitiveness, and political attention shifting towards issues such as defence, artificial intelligence and geopolitics.

Yet climate change itself should be recognized as a systemic security threat.

Its risks are not a projection for a distant future. They are a present reality for the world and the entire pan-European region, where extreme weather events are already disrupting infrastructure and supply chains, and compromising water and food security, with major economic and social damage and loss of lives and livelihoods. Yet, millions of premature deaths could be averted worldwide annually from policies that reduce greenhouse gas emissions and deliver cleaner air from renewable energy, promote healthier plant-rich, more sustainable diets and increased physical activity from active travel and the use of public transport *(1)*.

We must move from the *recognition* of a problem to near and long-term *protection and promotion* of health, recognizing that health threats from climate change have reached unprecedented levels with many missed opportunities.

The Commission acknowledges the relevance of One Health and Planetary Health perspectives to understanding the links between climate change and health, and formulating appropriate responses. One Health recognizes the inter-relationships between human, animal and plant health *(2)*. Planetary Health recognizes that human health is affected by the transgression of planetary boundaries, including climate change, biodiversity loss, ocean acidification and land use change *(3)*. As seven of nine planetary boundaries have already been transgressed, mitigation and adaptation actions on climate change should consider impacts on the other planetary boundaries *(4)*.

European health systems face mounting pressure from ageing populations, changing disease patterns, workforce shortages and financial constraints.

The scientific evidence of the multiple, costly and far-reaching impacts of climate change on physical and mental health across and within European countries, and across generations, is rapidly growing and increasingly robust *(5–7)*, as summarized below. And yet, policy-makers, scientists and health professionals are confronted with a double challenge. On the one hand, climate and health science is developing very rapidly, making it challenging to follow advances in knowledge, capture local-level variations and translate evidence into clear policy action. On the other hand, there is mounting evidence of the manipulation of information on climate science and climate action, which fuels both climate denialism and hinders progress.

European health systems face mounting pressure from ageing populations, changing disease patterns, workforce shortages and financial constraints. At the same time, they must prepare for increasing climate-related disruptions and reduce their own emissions. Strengthening governance, workforce capacity and procurement systems will therefore be critical to enable health systems to respond effectively to climate risks while reducing their environmental impact. However, despite growing commitments to climate-resilient and sustainable health systems, implementation remains uneven *(8,9)* and investments into prevention remain a small fraction of health expenditures.

Regions, cities and communities are places where local climate–health action happens. Around three quarters of people in the pan-European region live in urban areas, meaning that decisions taken by city and regional authorities shape the environmental conditions that directly affect health. Cities and communities are therefore critical hubs of change for innovation and effective implementation. They offer inspiring examples of local practices coming from diverse urban and regional contexts. Many local authorities and communities are leading the way in climate change mitigation and adaptation, including building resilience against climate shocks, to provide healthier environments for the growing number of people living in cities.

Acting now delivers near-term and long-term benefits, including cleaner air, healthier diets, safer infrastructure and lower health-care costs, and these gains are within reach for all countries.

Underpinning these recommendations, however, is the necessity for governments to act upon the underlying economic approaches that shape policies. The prevailing model, focusing predominantly on GDP growth, is widening inequalities, driving climate change and placing unsustainable pressures on health systems across the pan-European region. Continued subsidies for high-emission sectors including greenhouse gas-intensive food production are effectively financing damage to both human health and the natural systems that sustain it. Evidence shows that delayed climate action will impose enormous health and economic burdens, yet public spending rarely accounts for these risks.

Acting now delivers near-term and long-term benefits, including cleaner air, healthier diets, safer infrastructure and lower health-care costs, and these gains are within reach for all countries. We need to shift resources toward prevention, clean environments and resilient systems, and adopt "beyond GDP" metrics that reflect mental and physical health as well as the integrity of the earth systems that underpin human societies. These measures are essential for safeguarding health, equity and sustainable prosperity.

Key evidence of the impacts of climate change on health, health systems and the economy

Unless urgent action is taken, the pan-European region will experience increasingly severe impacts.

The significant and increasing climate burden on health is unequally distributed among and within countries and cities. Recent evidence strengthens the case for urgent action: global temperature increase has accelerated significantly since 2015, attribution science can now quantify substantial death and disability caused by climate change, and climate impacts are increasingly linked to security risks and conflict *(10–12)*. Furthermore, it is estimated that timely action can prevent millions of premature deaths globally each year, while delayed action will compound health and economic costs *(1,13)*. Indeed, even without accounting for non-monetary damages or the co-benefits of mitigation, the global benefits of limiting the global temperature increase to well under 2°C exceed the cost of mitigation, and limiting the increase would further reduce impacts and adaptation needs *(14)*. Unless urgent action is taken, the pan-European region will experience increasingly severe impacts of climate and weather-related extremes, with vulnerable groups most affected.

Climate change is already driving a wide range of health impacts across the region, from cardiovascular and respiratory disease to adverse birth outcomes, infectious diseases, mental health effects and mortality from extreme weather events. Evidence is unavailable for parts of the region and the examples given below should therefore be considered as conservative estimates of impacts.

Health impacts

Extreme heat

63 000
people died from heat-related causes across Europe in 2024

- Extreme heat is taking a growing toll on health in the pan-European region; the fastest-heating region globally. In 2024, an estimated 63 000 people died from heat-related causes across the region (mainly EU and affiliated countries), and virtually all (99.6%) monitored subcountry regions experienced increased heat-related mortality *(15)*.
- A study of 854 cities within the EU and affiliated countries found climate change was responsible for nearly 70% of the approximately 24 000 summer heat deaths in 2025, by increasing temperatures by up to 3.6°C *(5)*.

640 billion
labour hours were lost due to heat exposure in 2024 globally

- An analysis of temperatures in 222 cities in Europe and central Asia shows that compared with 1970–1979, in 2015–2024 there had been, on average, 2.4 more heatwave events annually (5.8 versus 3.4) and more than double the number of heatwave days per year (51 versus 21), with an increase in heatwave duration. Southeastern Europe, the Western Balkans and Türkiye have experienced the largest increases *(16)*.
- An economic valuation of premature mortality from increasing heat exposure in European urban areas, estimated €90 billion in annual welfare economic costs by mid-century *(17)*.
- Heat exposure alone caused the loss of an estimated 640 billion labour hours globally in 2024 (a 98% increase compared with the yearly average for 1990–99), equivalent to more than 300 million full-time jobs *(7)*. In Europe, increased temperatures have already reduced labour supply by approximately 24 hours per outdoor worker per year *(15)*.

54%
of agricultural losses in the European Union are caused by drought

Food insecurity

- In 2023, over 1 million additional people in the pan-European region (mainly EU and affiliated countries) experienced moderate or severe food insecurity due to increased heatwave and drought exposure, with low-income households nearly 11 percentage points more likely to be affected *(15)*.
- Climate impacts on agriculture are already emerging. Droughts currently account for 54% of agricultural losses in the EU, amounting to around €28 billion annually, while projections suggest wheat yields in southern Europe could decline by up to 49% by 2050 under high emissions scenarios *(18)*.

Nearly 5 million
more people are at risk of infection from dengue and chikungunya each year

Infectious diseases

- Climate change is affecting the risk of infectious diseases, for example the rapid northward expansion of the range of *Aedes albopictus* – the vector mosquito for dengue and chikungunya – is increasing the population at risk of infection by nearly 5 million people per year in the pan-European region *(19)*.

600 000

premature deaths annually in the pan-European region can be attributed to air pollution from fossil fuel combustion

Air pollution

- The drivers of climate change are responsible for many deaths in the pan-European region. Air pollution from fossil fuel combustion is, for example, estimated to be responsible for over 600 000 premature deaths annually across the region, equivalent to roughly 1700 deaths every day *(6,54)*.

Challenges facing health systems

Despite the importance of investing in health promotion and disease prevention, EU countries allocated only about 5.5% of health spending to prevention in 2022 *(20)*.

Greenhouse gas emissions from health systems – including from health-care service provision, buildings, facilities and supply chains – are estimated at around 4–5% of the global total. Recent analysis by the Lancet Commission on Sustainable Health Care shows that more than three out of four countries in the pan-European region with available data lack national accountability mechanisms to monitor health system emissions. Only around one in five countries (among those with publicly available accreditation data) explicitly reference climate change, environment or planetary health in health professional education accreditation standards, as of February 2026 *(9)*.

4-5%

of total global greenhouse gas emissions come from health systems

Broader systemic impacts

To make matters worse, the exceedance of tipping points in the climate system could set off potentially irreversible, cascading effects.

One particularly worrisome example is a potential shutdown of the Atlantic Meridional Overturning Circulation (AMOC) – a key system of ocean currents whose weakening is driven by climate change-induced icesheet melting and ocean warming – which regulates climate in Europe and influences global weather patterns. Recent research estimates the risk of northern AMOC shutdown at 25%

Alarming evidence

of systemic challenges calls for restoring political attention

even under a low emission scenario compatible with the Paris Agreement *(21)*. Satellite observations now show a significant shift in the Gulf Stream, providing indirect evidence that the AMOC is already weakening and offering a potential early warning indicator of tipping *(22)*. An AMOC shutdown would result in a dramatic cooling of northwestern Europe and greatly reduce crop yields, threatening food security and societal stability over vast parts of the pan-European region. This poses an unacceptable risk to the region's future.

The AMOC is only one of several climate tipping points of concern for the region. Others include the accelerated loss of Arctic Sea ice, the collapse of the Greenland ice sheet and the destabilization of permafrost systems, each carrying cascading risks for health, ecosystems and livelihoods across the region.

Taken together this evidence is alarming and calls for restoring political attention and our collective efforts to address these systemic challenges.

Fossil fuel subsidies

€444 billion

is the estimated total cost of fossil fuel subsidies across Europe in 2023

The Lancet Countdown Europe estimates that the value of fossil fuel subsidies in Europe amounted to about €444 billion in 2023, in 43 countries for which data is available *(15)*. This estimate is for explicit subsides. i.e. when the retail price is below a fuel's supply cost. Even considering total carbon price revenues in the region of about €79 billion, net fossil fuel subsidies were €365 billion, despite commitments to phase out fossil fuel subsidies *(15)*. Globally, fossil fuel subsidies reached over €6 trillion in 2024, equivalent to 6.4% of global GDP *(23)*. This estimate comprises both explicit and implicit subsides, comprising undercharging for supply costs, health and environmental costs and foregone consumption taxes.

Equity, inclusion and co-design as the guiding principles of our recommendations

Evidence from across the pan-European region confirms that some of the most effective and durable climate–health interventions are those co-designed with the communities most affected.

Climate change does not affect people equally. Across the pan-European region, older adults, children and youth, women, disabled people, low-income households, outdoor workers, migrants, ethnic minorities and Indigenous peoples bear a disproportionate burden *(6)*, yet remain underrepresented in the research, surveillance systems and governance processes that shape the response. Many of these groups remain invisible in climate–health planning precisely when they should be central to it.

This is both a justice failure and a policy failure. Evidence from across the pan-European region confirms that some of the most effective and durable climate–health interventions are those co-designed with the communities most affected, from citizens' assemblies in Bologna, Italy, and Cork, Ireland, to Indigenous governance systems in the Arctic that embed long-term stewardship and community accountability (see Annex 1.3 and 1.8). Participatory processes do not merely improve legitimacy; they also improve outcomes, reduce the risk of maladaptation and build the social capital that protects communities when climate shocks strike.

We therefore call on all actors to apply three principles across every domain of this Call to Action:

- prioritize the most exposed, ensuring that climate–health planning, dedicated funding, resourcing and monitoring is explicitly oriented toward those at greatest risk;
- include and not merely consult civil society and social partners, children and youth, and Indigenous communities, moving from tokenistic engagement to shared decision-making authority, and recognize civil society as an indispensable partner, not only in shaping but in delivering these recommendations; and
- disaggregate by design, ensuring that data, indicators and accountability mechanisms can reveal, not conceal, differential impacts across population groups.

Our recommendations

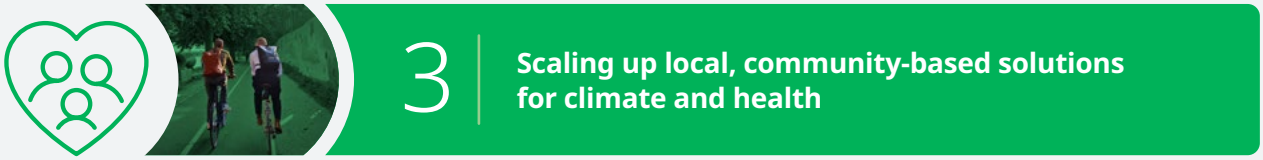
We hereby present our recommendations for urgent climate–health action, in four key domains.

These recommendations are grounded in the breadth of evidence, expertise and lived experience gathered throughout the Commission's work, spanning one background report, three technical briefings, ministerial consultation inputs, three hearing output reports and two consultation output reports (see Annex 1).

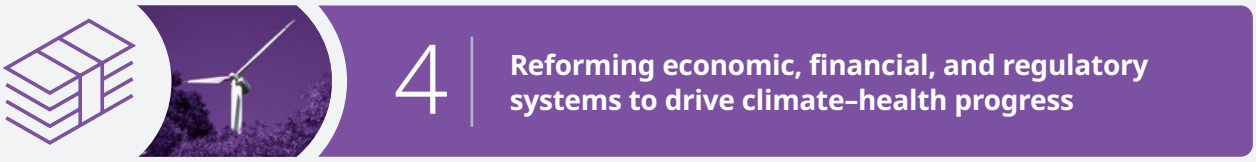
Each recommendation is accompanied, in the proposed Progress Measures Dashboard (Annex 1.10), by concrete progress measures and identifies the institutions and mechanisms responsible for tracking them. We invite readers to consult the Dashboard alongside these recommendations, as it reflects how we intend the Call to Action to be monitored, held to account and delivered over time.

1 Confronting climate change as a catastrophic threat to human health, security and social stability

2 Transforming health systems for people and climate



3 Scaling up local, community-based solutions for climate and health



4 Reforming economic, financial, and regulatory systems to drive climate–health progress

1. Confronting climate change as a catastrophic threat to human health, security and social stability

As set out in the Introduction, the evidence of far-reaching and intertwined climate impacts on health across the pan-European region is compelling and accelerating. There is an urgent imperative for governments and civil society to understand and affirm that, far from being a fading priority or fake news, climate change poses an immediate and long-term threat to health, economic, food, water, environmental, personal, community and national security. In summary, it constitutes a major threat to "human security" *(24)*. This assessment is reinforced by the 2025 Advisory Opinion of the International Court of Justice, which affirms the obligation of States to prevent significant climate-related harm to health and the environment, particularly in vulnerable countries and communities *(25)*.

We, the Commission, call on WHO:

a. *to formally declare climate change as a public health emergency of international concern*

The World Health Assembly "recognizes that climate change is one of the major threats to global public health" *(26)* and the scientific community has made repeated calls to WHO to act on climate change *(27–29)*. Nevertheless, existing frameworks have proven insufficient to trigger coordinated international health preparedness, disease surveillance and wider responses to climate hazards. WHO has a mandate and a unique responsibility "to take emergency measures within the functions and financial resources of the Organization to deal with events requiring immediate action," as per its Constitution *(30)*. The risks posed by climate change exceed the threshold criteria set by the International Health Regulations *(31)*: they are extraordinary in scale and acceleration; transboundary in their impacts on disease spread, food systems and the risk of climate disasters; and they require a coordinated international response. As a driver of escalating and cascading risks, climate change could trigger public health tipping points in addition to earth-system tipping points, whereby health effects increase rapidly. Climate change is already driving the international spread of disease, including the expansion of vector-borne diseases such as dengue into new countries with no prior transmission history. Extreme weather events often have cross-border health impacts, for example when floods or droughts affect transboundary water courses or when air pollutants caused by wildfires move across borders.

We recognize that, under the current provisions of the recently amended International Health Regulations, which now include pandemic emergencies as well as epidemics, climate change, given its systemic, and non–time-bound nature, does not meet the legal definition of an "International Health Regulations event". This should not, however, preclude WHO from formally recognizing climate change as an escalating threat to health security, and mobilizing coordinated national and international responses accordingly. Formal recognition would underscore the scale of the threats to health and the imperative for urgent action.

b. *to establish a climate–health information hub to provide countries with access to trusted resources for evidence-informed policies, advocacy, communications, fact-checking, myth-busting and trend analyses, based on the latest developments in science*

There is an urgent need to provide a user-friendly and trusted service that would turn information into insights, synthesizing the results of research at the international and national level. It would also strengthen capacities to recognize and address mis- and dis-information. The ultimate objective of a hub would be to support policy-making, including resource provision for scientific and professional climate–health communities to effectively operate, communicate and react in a complex and fast-paced digital and physical communication space.

The hub would turn scientific information into accessible briefing papers and fact sheets, facilitating the application of evidence to guide policy-making. It would also help by confronting mis- and dis-information, for example through myth-busting fact sheets and promoting best and promising communications practice. The hub would draw on already existing experiences and approaches developed by WHO *(32–34)* and develop partnerships with initiatives working in this space at global and regional levels. These include the Digital Evidence Synthesis Tool INnovation for Yielding Improvements in Climate & Health (known as DESTINY) and the Pathfinder Initiative *(1,35)*, which synthesize ongoing scientific evidence, and the Global Initiative for Information Integrity on Climate Change, led by the United Nations Educational, Scientific and Cultural Organization, which brings together leading international actors to investigate, expose and dismantle climate dis-information. Regionally, the hub can capitalize on the experience of the European Commission campaign #ClimateFactsMatter *(36)* as well as the work of the EU DisinfoLab *(37)* and of the Climate Action Against Disinformation Coalition *(38)*.

c. *to strengthen WHO-led coordination on climate and health across the United Nations system in the WHO European Region*

Climate and health action cannot be delivered by the health sector alone. It requires coordinated effort across the United Nations entities already operating across the region and cross-sectoral national action. Building on the informal convening model established by the WHO Regional Director for Europe, which brings together regional heads of United Nations entities around shared challenges that transcend country borders, WHO should deepen the links between health and well-being initiatives and those on environment and climate change and on sustainable food systems *(39)*. This is particularly urgent given that climate change is a primary driver of food and water insecurity across Europe and central Asia, disrupting supply chains, reducing agricultural yields and threatening freshwater availability, with direct consequences for nutrition and health *(40)*. Strengthening these connections at a regional level also supports advocacy and capacity-strengthening in countries where United Nations Country Teams have a presence.

We, the Commission, call on heads of government:

d. *to bring climate change to the agenda of national security councils or equivalent bodies, engaging all relevant ministries, including ministries of health*

Bold action and recognition of the threat posed by climate change to human security at the international level needs to be matched by equally bold, integrated action and recognition in countries. Such coordination mechanisms would convene actors across relevant sectors, such as health, environment, agriculture, water and sanitation, transport, energy and civil protection. They would increase both awareness within governments of the significance of climate change as a security threat and promote preparedness, coordination and communication among relevant actors for prevention and response, including through climate adaptation and mitigation strategies.

We, the Commission, call on heads of government and ministers of health:

e. *to establish, within their ministries or cabinets, a sustainable mechanism with a specific mandate to support action on climate change and health*

Equipped with the necessary capacities and resources, such a mechanism needs to be tasked with developing national climate–health impact assessments, building climate-resilient and sustainable health systems (see also recommendation 2 below), and integrating health into national mitigation and adaptation plans. Such plans include health national adaptation plans (known as HNAPs), which provide countries with a structured framework for prioritizing and implementing health-focused climate adaptation strategies, and Nationally Determined Contributions under the Paris Agreement. Ministries of health should ensure that national climate–health impact assessments are disaggregated by age, gender, disability, income and migration status, and that civil society and community representatives participate in their design and governance. They should also support national statistical offices to follow international best practice in the systematic monitoring of climate change and health outcomes *(41)*.

The proposed mechanism would oversee the operationalization and reporting on the commitments taken under the World Health Assembly resolution on Climate and Health *(26)* and through the actions proposed by the *WHO Global Action Plan on Climate Change and Health (42)* (implemented in part through the Alliance for Transformative Action on Climate and Health *(43)* to "explore ways to integrate health into climate action towards adaptation, mitigation and other relevant areas") *(42)*.

2. Transforming health systems for people and climate

Against mounting health system pressures, we highlight five system levers to turn commitments for health system transformation into routine practice: accountability, workforce capability, procurement, care pathways, and climate-focused mental health planning. Together, they embed health promotion, climate resilience and environmental sustainability into everyday health system practice, supporting integrated health system strengthening that delivers equitable, high-quality care.

These levers determine what systems prioritize and finance, what the workforce is enabled to deliver, what goods and services are purchased, and how well communities are supported to cope physically and mentally with multiple, overlapping crises. Strengthening these five levers together can shift health systems from commitments to measurable, system-wide delivery, in line with a systems thinking approach *(44)*.

We, the Commission, call on ministries of health, health authorities and health-care institutions:

a. *to embed climate resilience and environmental sustainability capabilities into the education accreditation standards of health-care professionals*

Education and professional development are pivotal. They shape the knowledge, values and everyday decisions of the workforce; the engine of any health system. Yet only around one in five European countries with available data explicitly reference climate change or planetary health in health professional education accreditation standards *(9)*, and lack integration into broader professional standards, licensure and continued professional development. Embedding these capabilities into education and accreditation standards is the most scalable way to move from ad hoc training to system-wide, consistent expectations for practice across the workforce. These capabilities should emphasize integrated, cross-disciplinary approaches, avoid content silos and draw on existing educational frameworks that foster analytical systems thinking, leadership and interprofessional collaboration, contributing to cultural shifts in health-care practice.

To accelerate progress, we recommend that all heads of health professional education institutions should integrate climate change and planetary health into undergraduate and postgraduate courses and participate in collaborative activities to develop and share resources and good practice, involving initiatives such as the education forum of the Planetary Health Alliance and its European Hub, and the European Network on Climate and Health Education.

b. *to harmonize sustainable and climate-resilient procurement standards across the pan-European region to send a consistent demand signal to suppliers*

With an estimated 70–80% of health-sector emissions originating from supply chains *(7,9)*, procurement is one of the most powerful levers to reduce the environmental footprint of health care while boosting system resilience. Countries across the region need to agree on a phased set of minimum environmental criteria and common supplier requirements for comparable climate risk and emission data, to shift markets toward products that lower greenhouse gas emissions across the system, cut waste and safeguard the continuity of supply during climate-related disruptions.

This requires:

- co-developing net zero emission transition pathways with suppliers;
- conducting life cycle assessments for priority products using existing assessments where available *(45)*;
- standardizing how environmental impacts are incorporated in health technology assessments and care pathway assessments; and
- developing evidence-based procurement tools focusing on re-use and phasing out single-use items as much as possible.

To achieve these goals, strengthening regional collaboration is essential, building on existing collaborative platforms and frameworks, including those developed by the EU, the WHO Alliance for Transformative Action on Climate and Health procurement task team *(43)*, and existing cross-country alliances. Embedding these standards into national procurement processes, applying best value-for-money principles while maintaining competition and managing supply risks can support implementation.

c. *to transform how care is delivered to promote health, cut emissions and build climate resilience, while enhancing equity, quality and safety*

European health systems need a sharper, more proactive clinical and public health approach: one that reduces unnecessary care, supports primary health care providers, strengthens preparedness and lowers environmental impact without compromising care quality.

This requires:

- the development of transparent, quality-assured platforms with fit-for-purpose environmental performance data, enabling clinicians and policy-makers to choose interventions that deliver high clinical value with a lower overall footprint;
- updating clinical guidelines to prioritize effective prevention and early intervention, including non-pharmacological interventions, reduce low-value care and choose lower-impact diagnostics and medicines where clinically appropriate; and
- embedding climate-hazard triggers (e.g. heat alerts) and protocols into guidelines, including for patient advice and through primary and community care, so care remains safe and reliable under growing climate pressures.

d. *to integrate mental health and psychosocial support across national climate–health planning and preparedness frameworks*

Climate change is not only a physical health emergency; it is an unfolding mental health crisis. Climate grief and trauma from extreme weather events, including in communities displaced by floods or wildfires, and those with pre-existing vulnerabilities, are affecting people across the pan-European region. The anxiety caused by living with mounting climate risks is also already affecting people across the region, particularly children and young people. Yet mental health remains largely absent from climate–health planning *(46)*, and the psychological consequences of inaction are rarely counted among its costs.

This must change. Governments need to explicitly integrate mental health and psychosocial support into national adaptation plans (NAPs), health national adaptation plans (HNAPS) and heat health action plans, not as an afterthought, but as a core component of climate resilience. This means investing in community-based and primary care mental health services with clear pathways for people affected by climate events. Preparedness systems should include psychological first aid and psychosocial support alongside physical emergency responses; and strengthening the social fabric, through schools, community services and civil society, that builds people's sense of agency and belonging when climate shocks hit.

Attention must be paid to vulnerable groups who have been historically marginalized in decision-making, particularly youth, for whom the longer-term outcomes of eco-/climate-anxiety are yet to be fully understood. Participatory local planning, designing responses with communities rather than for them, is both a mental health intervention and the foundation for durable climate resilience.

e. *to integrate key environmental sustainability and climate indicators into national health system performance assessment or equivalent frameworks*

The momentum for low-carbon, climate-resilient health systems is accelerating across the pan-European region, yet more than three quarters of countries in the region still lack clear strategies *(9)*, including timelines, targets and budgets, and routine performance measurement to track progress towards climate resilience and environmental sustainability.

Closing this gap requires countries to expand or establish user-friendly, publicly accessible health system performance assessment dashboards that routinely report a core set of policy-relevant indicators to strengthen transparency, comparability and evidence-informed decision-making. These should build on existing data sources and enable facility-level data collection to support feedback loops that strengthen clinical leadership, local ownership and continuous improvement; and draw on emerging measurement frameworks, including the health indicators developed under the Global Goal on Adaptation and the indicator framework developed by the Lancet Commission on Sustainable Health Care *(47)*.

3. Scaling up local, community-based solutions for climate and health

More than 70% of the population in the pan-European region lives in cities, and this figure is expected to exceed 80% by 2030. Urban populations experience the compound effects of urban heat islands, air pollution and dense living environments, with impacts on their physical and mental health.

Cities and communities play a central role in translating national commitments into visible, tangible change. Local climate action can be directly experienced and valued by people, through cleaner air, less noise, reduced heat exposure, more green spaces, better and affordable public transport, and safe conditions for walking and cycling. Such environments not only improve health but also bolster the attractiveness, competitiveness, and resilience of cities and communities. To maximize these benefits, effective local climate–health actions must be coordinated across several sectors and support mental health, as previously outlined.

While cities are already implementing a wide range of climate and health actions, increasing and interconnected risks are placing growing pressure on essential services and health systems. We call on urban and regional networks to support cities in strengthening the resilience and preparedness of critical systems, including health, infrastructure, water and energy, to ensure continuity of services during climate-related shocks, explicitly prioritizing vulnerable populations, for whom climate change acts as a risk multiplier that deepens existing inequalities.

Local community problems are not confined to cities. For example, the Arctic remains one of the most severely affected subregions, and the governance traditions of Indigenous peoples who have stewarded these environments across generations offer lessons that extend far beyond it. Indigenous governance systems, built on collective stewardship, observation-based monitoring and intergenerational accountability, offer models of anticipatory and participatory governance that national and regional policy-makers would do well to learn from, and to fund (see Annex 1.6).

We support the momentum led by mayors and heads of local government in driving an ambitious agenda...

... to improve urban health and well-being through key local climate solutions, namely to:

- establish and enforce clean-air, low-emission zones;
- build and maintain safe and accessible infrastructure for active travel and provide easily accessible and affordable public transport services;
- expand safe, high-quality green and blue spaces that everyone can easily access;
- develop and implement local heat health action plans with targeted protection for populations at increased risk;
- ensure adequate emergency planning and timely and coordinated response to other climate-induced extreme events such as flooding, heatwaves and wildfires;

- engage and empower communities through participatory mechanisms, such as citizens' assemblies, to co-design local climate–health interventions;
- make healthy, plant-rich and, where feasible, locally produced food, affordable and accessible in all public settings, including schools and workplaces;
- retrofit and climate-proof buildings, prioritizing public facilities and social housing;
- integrate biodiversity restoration and nature-based solutions, such as access to green space, to enhance ecosystem resilience and health benefits; and
- accelerate the uptake of renewable energy use across public and private buildings and by municipal services, including by removing unnecessary bureaucratic hurdles.

We, the Commission, call on urban and regional networks:

a. *to formalize climate change and health in their mandates and to take a collective commitment to evaluate, support and scale successful local, community-based climate and health initiatives*

Existing interurban networks offer valuable platforms for promoting the scaling up of successful climate and health initiatives. This is done by bringing local actors together to share knowledge and align local practices with national and international efforts. We call for such networks to formally include climate and health in their terms of reference and as a standing agenda item on all interurban regional meetings. WHO should convene urban and regional networks, such as the WHO Healthy Cities and Regions for Health Networks, C40 Cities, ICLEI – Local Governments for Sustainability, and United Cities and Local Governments. This will enable the collection, consolidation and proactive sharing of the best local practices in climate and health action, accelerating their adoption and facilitating the monitoring and assessment of progress at the city and regional levels. This will also strengthen political leadership for climate and health action and connect with other regional and global initiatives to promote and scale up local solutions. For example, the 11th Global Conference of the Alliance of Healthy Cities in September 2026 and the European Mayors Summit on Climate and Health, in Cork, Ireland, in October 2026, present opportunities to move this recommendation forward.

We, the Commission, call on WHO:

b. *to develop an accountability framework to monitor and evaluate progress in climate and health interventions for cities and regions, in partnership with urban and regional networks*

Local successes and innovations can serve as blueprints for replication and inform national policies. However, they appear unevenly implemented and scattered across the pan-European region. Clear mandates, stable political commitment and coordinated governance for urban transformation are indispensable to overcome barriers to scaling up successful solutions and to sustain progress. A climate–health accountability framework, co-designed with city networks to ensure metrics are built around high-impact policy pathways from the outset, will benchmark the progress of cities in implementing evidence-based interventions (some of which are listed above) to improve the health and well-being of urban populations. The framework should include equity-sensitive indicators and disaggregated data, while remaining feasible and adaptable to different city contexts and capacities. With the approval of mayors, the framework, accompanied by a reporting mechanism and independent verification mechanism, will foster an environment of accountability and transparency, encouraging cities to openly share achievements, challenges and solutions. WHO is well positioned to guide and oversee the development of the accountability framework. This results from its undisputed health mandate and extensive experience in coordinating city leadership via the Healthy Cities and Regions for Health Networks, in partnership with other city and regional networks.

4. Reforming economic, financial and regulatory systems to drive climate–health progress

Governments across the pan-European region continue to channel substantial public funds into high-emission sectors, entrenching the very systems that harm both human health and the environment, locking societies into supply chains that are vulnerable to disruption by climate disasters and conflicts. At the same time, widening inequalities and accelerating climate impacts reveal the limits of the prevailing economic approach. As the 2025 United Nations Development Programme Human Development Report confirms *(48)*: human development progress is now reversing in many countries. Recent evidence indicates that at 3°C of global heating, GDP losses could reach 10% globally and up to 17% in the most vulnerable low-latitude countries, while limiting heating to 1.5°C (now sadly virtually beyond reach) could reduce these economic costs by approximately two thirds *(49)*. The cost of inaction, or postponement, far exceeds the cost of early mitigation and adaptation. According to recent estimates produced by Oxford Economics for the Pan-European Commission on Climate and Health *(50)*, delayed action poses grave health and well-being consequences, with negative impacts on long-term economic prospects.

Current trends are driving up costs, deepening inequities and underscoring the need for a fundamental shift toward policies that protect and promote health while reducing greenhouse gas emissions and advancing resilience. Although promising initiatives exist across the region, they rarely match the speed and scale required by the escalating risks. This demands serious policy intention, resources and prioritization, as well as structured dialogue between governments, workers and employers to ensure the transition is just and equitable *(51)*. The Commission acknowledges the importance of learning from successful policies to address commercial determinants of health, including the marketing of ultra-processed foods, tobacco, sugar-sweetened beverages and alcohol. It supports integrating climate change and air pollution into WHO and other activities to address commercial determinants, such as through pricing and subsidy reform, advertising restrictions and stronger regulatory standards.

Redirecting resources toward prevention, clean environments and resilient systems would improve well-being while reducing long-term costs.

The limitations of GDP as a measure of human progress have been widely recognized *(52)*, although progress towards the use of other metrics reflecting health, equity and climate targets has been slow. A well-being economy centred approach, building on the work of the Wellbeing Economy Governments, the Organisation for Economic Co-operation and Development, and the EU Joint Research Centre, and reflected in emerging "beyond GDP" dashboards, is required for assessing societal progress within environmental limits. This shift is not cosmetic; it is essential *(53)*.

We, the Commission, call on national governments:

a. *to reform subsidies and reallocate finance for climate–health action*

Fossil fuel and agricultural subsidies directly finance health harms, from air pollution to water and soil contamination from intensive farming practices *(6,54)*. Net fossil fuel subsidies exceeded 10% of national health expenditure in 12 European countries in 2023 and exceeded the entire health budget in four countries *(15)*. Phasing out subsidies for fossil fuels and greenhouse gas-intensive red meat production can accelerate mitigation. Reallocating these subsidies, for example, to expand access to affordable renewable energy, public transport, energy-efficient housing and healthy, sustainable diets can

improve health and reduce inequities. Clear rules for subsidy reform and cross-sector allocation will ensure predictable and effective use of funds, including earmarking carbon tax revenues to build integrated, climate-resilient, low-emission health systems. Redirecting these resources is not only fiscally responsible, it is a moral imperative, and will reduce dependence on costly and unreliable fossil fuel imports by supporting growth in renewables and improved energy efficiency.

b. to scale up climate and health investment

Embedding climate and health assessment criteria into legislative budget processes strengthens accountability and aligns financial decisions with long-term societal goals. When governments systematically evaluate public spending based on its climate, health and equity impacts, they create a consistent evidence base that guides more coherent policy choices. This, in turn, enables development banks, investors and donors to support collaborative initiatives that assess the returns of climate–health investments and share findings across the region, improving the quality and comparability of evidence. Strengthening these efforts further requires standardizing metrics and methodologies through partnerships with the European Commission, the Organisation for Economic Co-operation and Development, WHO, the United Nations and other institutions, ensuring transparency and enabling wider regional and global uptake. It is expected that investments in climate mitigation and adaptation will yield substantial returns *(6,55,56)*.

The European Bank for Reconstruction and Development, whose mandate spans the full pan-European region and beyond, alongside other development banks including the Asian Development Bank and the Council of Europe Development Bank, should be primary partners in financing this investment agenda with monitoring support from the WHO Regional Office for Europe.

c. to strengthen air quality standards and implementation

Stronger, harmonized standards and more robust monitoring systems are essential to protect public health, reduce inequalities and guide effective mitigation policies. We call on countries to develop, where necessary, and update legally mandated national air quality standards aligned as closely as possible with the latest WHO Air Quality Guidelines *(57)*, and reinforce provisions for monitoring, modelling and air quality planning to support full and effective implementation. This includes expanding high quality monitoring networks and improving public access to real time data. Embedding air quality standards in State-level legislation is crucial for good national air quality governance *(58)*. While the EU has already taken steps in this direction through the new Ambient Air Quality Directive *(59)*, the continued exposure of an estimated 94% of the urban population to fine particulate matter (that is 2.5 um or less in diameter) above WHO guideline limits *(60)* demonstrates the urgency of accelerated action across the entire pan-European region.

We, the Commission, call on WHO:

d. *to establish a WHO European Region climate–health progress review*

The Commission calls on the WHO Regional Office for Europe to convene and publish a biennial Climate–Health Progress Review covering all 53 countries of the WHO European Region. Drawing on existing databases and WHO's global indicator mapping *(61)* (to which few European Region countries have contributed), each review would assess countries' progress on:

- estimating and addressing health effects of climate change;
- fossil fuel subsidy phase-out, reallocation of revenues to health and climate adaptation and mitigation actions;
- inclusion of health in national adaptation plans and Nationally Determined Contributions and "beyond-GDP" indicator adoption (see below); and
- climate–health investment levels, disaggregated by income group between countries to reflect the heterogeneity of the Region.

The Review would be presented to the WHO Regional Committee for Europe, giving it political visibility across all 53 governments. This mechanism builds on existing WHO infrastructure and its convening authority across the whole Region. It provides an identifiable, public and politically anchored accountability process.

We, the Commission, call on national governments and the international community:

e. *to build indicators and monitoring systems for equitable health and broader societal progress and environmental sustainability beyond GDP*

Developing national monitoring systems that track progress on inclusive, equitable and sustainable well-being, beyond GDP, places health, societal and climate outcomes at the core of decision-making. When these high-quality indicators are actively used to guide policy choices, shape investment priorities and inform public communication, they shift the measure of success toward health and well-being within planetary boundaries, rather than economic output alone. Embedding intergenerational impact assessments into this framework strengthens accountability and ensures that today's policies support the health and prosperity of future generations. The United Nations High-Level Expert Group on Beyond GDP has now identified health as a core domain of inclusive and sustainable well-being, a finding that directly validates and strengthens our Call to Action and a call by the United Nations Statistical Commission *(62)*. Relevant indicators should explicitly be part of national reporting frameworks.

Our urgent Call to Action

Today, we are faced by unprecedented societal and environmental pressures exacerbated by climate change. Even amid overlapping crises and shifting priorities, acting on climate and health cannot be sidelined. Without decisive action now, climate change will undermine health and other dimensions of societal progress. Climate action is not merely a necessity; it is a high-return investment for a more just society. Far from competing with security and economic concerns, climate–health action is essential to addressing them: the costs of inaction, in lives, economic stability and social cohesion, will only compound in future. Geopolitical tensions and energy crises make systemic, integrated policy-making more urgent, not less.

We propose realistic and feasible recommendations that will spur a significant step forward in climate action with far-reaching and long-term implications for protecting and promoting health.

In taking these recommendations forward, we recognize the substantial body of work already undertaken by WHO in many of the fields addressed in our Call to Action, for example, in the areas of air quality guidelines and implementation, and heat health action plan guidance, among others. Our recommendations build on and complement this existing work.

Although we acknowledge that adaptation and resilience are essential, we cannot ignore the vital role of climate mitigation, which will also have near-term as well as long-term health benefits and underpin efforts across all domains of action.

A window of preventive action still exists but is rapidly narrowing. We all have a political and moral responsibility to act now. We can still prevent the worst impacts of climate change and achieve a future where health, well-being, community resilience and equity are the cornerstones of societies living amidst a changing climate.

It is time we urgently start to deliver. Together.

Chair of the Commission
H.E. Katrín Jakobsdóttir

Chief Scientific Advisor to the Commission
Professor Sir Andy Haines

Commissioners
Ms Majlinda Bregu
Professor Hans Bruyninckx
Ms Sandrine Dixson-Declève
Dr Omnia El Omrani
Professor Enrico Giovannini
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Ms Connie Hedegaard
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Annex 1. Pan-European Commission on Climate and Health publications

1. **Members of the Pan-European Commission on Climate and Health**

   https://www.who.int/docs/librariesprovider2/default-document-library/pecch-members.pdf

First hearing: Understanding the threats to health in the context of climate change

2. Output report of the first hearing on 11 June 2025, which laid the foundation for shaping ambitious and actionable recommendations for governments, institutions and communities.

   https://www.who.int/europe/publications/m/item/first-hearing-of-the-pan-european-commission-on-climate-and-health--understanding-the-threats-to-health-in-the-context-of-climate-change---output-report

3. Thematic brief on the climate threats to human health, including climate-induced health risks, the implications of reaching climate tipping points and the health implications of inaction.

   Understanding climate-related threats to health in the WHO European Region – Pan-European Commission on Climate and Health Information Series. 10 June 2025

   https://www.who.int/europe/publications/m/item/understanding-climate-related-threats-to-health-in-the-who-european-region-pecch-series

Second hearing: Opportunities and co-benefits of climate action for health and well-being

4. Output report of the second hearing on 1 September 2025, which explored actionable strategies for building climate-resilient, equitable and sustainable health systems.

   https://www.who.int/europe/publications/m/item/second-hearing-of-the-pan-european-commission-on-climate-and-health--opportunities-and-co-benefits-of-climate-action-for-health-and-well-being---output-report

5. Thematic brief on the opportunities and co-benefits of addressing climate threats to human health through adaptation and mitigation measures.

   Realizing the health potential of climate action: adaptation and mitigation opportunities in the WHO European Region – Pan-European Commission on Climate and Health Information Series. 29 August 2025

   https://www.who.int/europe/publications/m/item/realizing-the-health-potential-of-climate-action--adaptation-and-mitigation-opportunities-in-the-who-european-region--pan-european-commission-on-climate-and-health-information-series

Third hearing: Mobilizing power and building political will for a healthy climate future

6. Output report of the third hearing on 2 October 2025, which addressed challenges for governance to accelerate the implementation of effective climate and health policies.

   https://www.who.int/europe/publications/m/item/third-hearing-of-the-pan-european-commission-on-climate-and-health--mobilizing-power-and-building-political-will-for-a-healthy-climate-future---output-report

7. Thematic brief on considerations for improving the uptake of evidence on climate change and health into policy and practice through strengthening governance to address barriers to action.

   Governing for climate–health action in the WHO European Region – Pan-European Commission on Climate and Health Information Series. 29 September 2025

   https://www.who.int/europe/publications/m/item/governing-for-climate-health-action-in-the-who-european-region---pan-european-commission-on-climate-and-health-information-series

First consultation: Voices of European cities and regions on climate and health

8. Output report of the consultation on 3 December 2025, which illuminated the challenges local authorities face, while also showcasing examples of innovative practice.

   https://www.who.int/europe/publications/m/item/special-consultation-with-the-pan-european-commission-on-climate-and-health--voices-of-european-cities-and-regions-on-climate-and-health---output-report

Second consultation: Building resilient health systems for a changing climate

9. Output report of the consultation on 19 January 2026, presenting high-level framing and practical examples from health system leaders, clinicians, policy-makers and supply-chain actors.

   https://www.who.int/europe/publications/m/item/special-consultation-with-the-pan-european-commission-on-climate-and-health--building-resilient-health-systems-for-a-changing-climate---output-report

Progress measures dashboard

10. A preliminary long list of potential measures for tracking progress against the Pan-European Commission on Climate and Health's recommendations.

    https://www.who.int/europe/publications/m/item/pan-european-commission-on-climate-and-health--call-to-action---progress-measures-dashboard

The climate and health nexus in Europe and central Asia: a technical brief

11. A summary of the key evidence on the current knowledge about climate-related health effects.

    https://www.who.int/europe/publications/m/item/the-climate-and-health-nexus-in-europe-and-central-asia-a-technical-brief

Open letters from the Pan-European Commission on Climate and Health

12. Extreme weather events in the European Region are a health emergency not just a climate one. 13 August 2025

    https://www.who.int/europe/publications/m/item/extreme-weather-events-in-the-european-region-are-a-health-emergency-not-just-a-climate-one

13. The Pan-European Commission on Climate and Health calls on leaders at COP30 to put health at the heart of climate action. 13 November 2025

    https://www.who.int/europe/publications/m/item/the-pan-european-commission-on-climate-and-health-calls-on-leaders-at-cop30-to-put-health-at-the-heart-of-climate-action

Annex 2. Contributors to the Pan-European Commission on Climate and Health

Three hearings and two special consultations of the Pan-European Commission on Climate and Health brought together an extraordinary constellation of expertise, leadership and lived experience from across the WHO European Region. We heard from 47 representatives of a range of stakeholders, including political leaders, ministers of health, representatives of subnational and local authorities, finance institutions, regional networks, scientists, health systems experts, civil society representatives, youth champions and voices from communities on the front lines of climate related health impacts.

Ms Rosamund Adoo-Kissi-Debrah, CBE FBSA
Founder, Director and Trustee of the Ella Roberta Foundation, United Kingdom

Dr Fiona Adshead
Chair, Sustainable Healthcare Coalition, United Kingdom

H.E. Leyla Aliyeva
Vice-President of the Heydar Aliyev Foundation and Founder of International Dialogue for Environmental Action, Azerbaijan

Dr Josep Maria Antó Boqué
Senior Research Professor at the Barcelona Institute for Global Health, Spain; Emeritus Professor of Medicine at Pompeu Fabra University, Spain; and Co-Chair of the Lancet Countdown in Europe

Mr Has Bakker
Regional Minister, Province of Utrecht, Netherlands (Kingdom of the)

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Director of the Health Practice Team, Human and Social Development Sector Office, Asian Development Bank

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Lord Mayor of Cork, Ireland

Dr Dilorom Fayzieva
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Dr Mónica García Gómez
Minister of Health, Ministry of Health, Spain

Professor Anna Gilmore
Professor of Public Health, Co-Director of the Centre for 21st Century Public Health and founding Director of the Tobacco Control Research Group, University of Bath, United Kingdom

Ms Ganna Goloktionova
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Mr Chris Gormley
Chief Sustainability Officer, National Health Service, United Kingdom

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Mayor of the City of Cesena, Italy

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C40 Cities Regional Director for Europe, Spain

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Dr Alma D. Möller
Minister of Health, Iceland

Mr Timur Muratov
Vice Minister of Health, Kazakhstan

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Secretary-General, Health Services, Ministry of Health, Greece

Ms Margot Wallström
Former European Commissioner for the Environment, Sweden

We would like to thank these contributors who provided their time and collective expertise, commitment and leadership that shaped the Commission's work. Their shared determination across the pan-European region is driving transformative climate action that protects and promotes health for all. Together, these diverse voices formed a comprehensive foundation that strengthen the Commission's recommendations and elevate the ambition of our Call to Action.

We would also like to thank the Pan-European Commission on Climate and Health's secretariat at the WHO Regional Office for Europe, and in particular Ms Sideeka Narayan for her coordination of the Commission's overall work programme, for their invaluable support throughout the process in organizing the hearings and the special consultations as well as in developing and publishing our reports.

This Call to Action was coordinated by Dr Iris Martine Blom and drafted with input from Dr Robin Fears and Mr Robb Butler, with the assistance of WHO staff from the Regional Office for Europe and the European Centre for Environment and Health. The Commission gratefully acknowledges the Lancet Countdown Europe team for their collaboration and for making pre-publication findings available that informed this document, and the Wellcome Trust for generously hosting the Commission's meeting in London.

Annex 3. Selected WHO policy and strategy frameworks relevant to climate change and health

Commercial determinants of health (2023)

This WHO fact sheet sets out how private sector activities, through product design, marketing, lobbying, and influence on knowledge environments and health policy, shape risk factors and health outcomes, drive inequities, and outlines public health actions to address them.

https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health

Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region, second edition (2023)

This paper emphasizes the importance of the countries in the WHO European Region taking proactive measures to address climate change and its impact on human health, without incurring regrets in the future for missed opportunities.

https://iris.who.int/handle/10665/368161

Declaration of the Seventh Ministerial Conference on Environment and Health (2023)

Adopted in Budapest, Hungary on 5–7 July 2023, the Budapest Declaration prioritizes urgent, wide-ranging action on health challenges related to climate change, environmental pollution, biodiversity loss and land degradation.

https://iris.who.int/handle/10665/371461

World Health Assembly resolution WHA77.14 on Climate Change and Health (2024)

In 2024, the 77th World Health Assembly set new ambitions for Member States and WHO in climate and health through the adoption of a dedicated Resolution on climate change and health.

https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_R14-en.pdf

Fourteenth General Programme of Work 2025–2028 of WHO (2024)

The Fourteenth General Programme of Work represents an ambitious new global health strategy by pursuing a threefold mission: to address the root causes of disease, including climate change; to strengthen health systems; and to prevent, prepare for, mitigate, detect and respond rapidly to health emergencies.

https://www.who.int/about/general-programme-of-work/fourteenth

Health is the argument for climate action (2024)

A 2024 United Nations Climate Change Conference special report by WHO to highlight the health impacts of climate change, the health benefits of climate action and proposing climate strategies to improve global health.

https://cdn.who.int/media/docs/default-source/environment-climate-change-and-health/58595-who-cop29-special-report_layout_9web.pdf

Global Action Plan on Climate Change and Health (2025)

In 2025, the 78th World Health Assembly adopted the first-ever *Global action plan on climate change and health* 2025–2028, marking an important step forward in global health and climate policy, acknowledging the urgent need to address the health impacts of climate change and positioning health systems as part of the climate solution.

https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_4Add2-en.pdf

Second European Programme of Work 2026–2030 for the WHO European Region (2025)

The Second European Programme of Work is organized under five priorities: maximizing health security; tackling noncommunicable diseases and shaping health drivers; living and ageing in good physical and mental health; driving climate health action; and shaping future health systems.

https://www.who.int/europe/about-us/our-work/second-european-programme-of-work-2026-2030

Co-benefits of climate mitigation action for health in the WHO European Region: policy brief (2025)

This WHO Regional Office for Europe policy brief synthesizes evidence on the near-term health co-benefits of climate mitigation across energy, transport, housing, sustainable cities, and food and agriculture. It calls for increased advocacy and support for mitigation policies and actions, not only to combat climate change but also to improve population health in Europe.

https://iris.who.int/handle/10665/384494

The Belém health action plan for the adaptation of the health sector to climate change (2025)

This plan provides a framework to advance the 2025 United Nations Climate Change Conference Action Agenda, particularly on promoting resilient health systems, to support Parties in implementing collective progress towards the 2028 Global Stocktake, specifically the adaptation priorities included in the Global Action Plan and provides actionable items to be implemented under each of them.

https://www.who.int/publications/m/item/the-belem-health-action-plan-for-the-adaptation-of-the-health-sector-to-climate-change

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