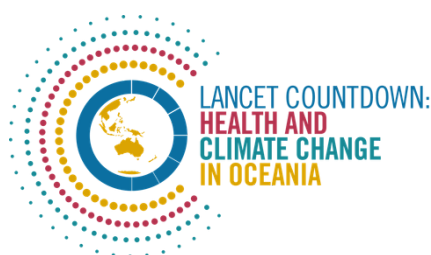
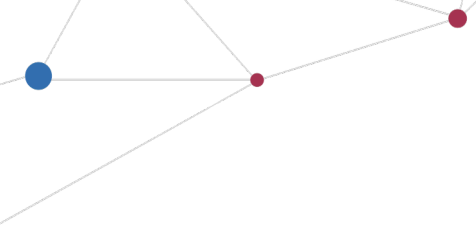


THE LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE

THE HEALTH CASE FOR THE PACIFIC PARTNERSHIP: A PRE-COP31 POLICY BRIEF BY THE LANCET COUNTDOWN SIDS AND THE LANCET COUNTDOWN OCEANIA





Climate change is having major, well-documented impacts on health and wellbeing globally, with Small Island Developing States (SIDS) disproportionately affected. Although health is not one of the four named pillars of the COP31 Pacific Partnership — keeping 1.5°C within reach, enhancing access to climate finance, elevating the ocean-climate nexus, and amplifying Pacific voices and leadership — each is fundamental to protecting the health, wellbeing, and survival of SIDS populations. This brief sets out, for each pillar, the evidence on its links to health, drawing on findings from the 2024 and 2025 SIDS reports of the Lancet Countdown on Health and Climate Change, and the specific COP31 outcome it supports.

KEEPING 1.5°C WITHIN REACH: A DIRECT LINE TO PROTECTING HEALTH AND SURVIVAL



Heat exposure is already producing measured, rising harm to the health of people in SIDS: evidence that supports reaffirming the legally binding 1.5°C target at COP31.

Heat-related mortality across all three SIDS subregionsⁱ rose 61–82% between 1990–99 and 2012–21 (Gordon-Strachan et al., 2026). Infants faced 6.69 times more health-harming and life-threatening heatwave-exposure days and older adults 5.28 times more in 2015–24 than in the 2000–09 baseline (Gordon-Strachan et al., 2026).

Heat is also increasingly affecting people's capacity to work, undermining livelihoods and the economic conditions on which health depends, leading to both non-economic and economic losses and damages. SIDS lost 4.4 billion potential labour hours to heat in 2024, a record high, with earnings losses equivalent to 1.27% of GDP, above the 0.99% global average (Gordon-Strachan et al., 2026).

The International Court of Justice's July 2025 advisory opinion found the 1.5°C target legally binding (Gordon-Strachan et al., 2026); separately, the 2024 SIDS report of the Lancet Countdown concludes that without global action to substantially reduce emissions by 2050, even the 2°C threshold will not be held (Gordon-Strachan et al., 2025).

Mitigation also delivers direct health co-benefits for SIDS, beyond averting losses and damages. Reducing fossil-fuel dependence improves air quality, delivers locally-generated, more affordable and resilient energy, and, alongside it, cuts emissions (Gordon-Strachan et al., 2026). This resilience is already visible in the Caribbean: retrofitted Smart Hospital facilities across seven Caribbean countries have shown statistically significant improvements in structural and operational readiness for climate-related disasters (Lichtveld et al., 2025).

The same import dependence that drives fossil-fuel reliance also extends to food: diets across SIDS have increasingly moved away from local, traditional foods toward carbon-intensive, imported, processed alternatives, a shift linked to rising rates of chronic non-communicable disease (Gordon-Strachan et al., 2025). Mitigation also addresses energy insecurity directly: around 17% of SIDS populations still lack universal energy access, a gap a renewables-based transition can close (Gordon-Strachan et al., 2025).

ⁱ The Three SIDS regions are the Pacific; the Atlantic, Indian Ocean, and South China Sea; and the Caribbean

Pre-COP31 discussions should highlight the health and economic case for accelerated mitigation and stronger adaptation, given the scale of heat-related mortality and labour-productivity losses already documented across SIDS. Ministers should call for stronger integration of health co-benefits — including cleaner air, healthier diets, and expanded energy access — into national mitigation and adaptation planning, sectoral transition strategies, and forthcoming Nationally Determined Contributions (NDCs) updates, to reinforce the evidence base for keeping 1.5°C within reach.

ENHANCING ACCESS TO CLIMATE FINANCE: CLOSING THE HEALTH-SECTOR ADAPTATION GAP



SIDS health systems remain among the least-funded sectors through existing climate finance mechanisms, despite health protection being named an urgent priority by nearly two-thirds of SIDS.

Of all SIDS' Nationally Determined Contributions (NDCs), 64% name the protection of health from climate hazards as an urgent priority, yet health-specific climate change projects remain among the least funded through multilateral mechanisms (Gordon-Strachan et al., 2026). None of the 51 major Green Climate Fund adaptation and cross-cutting projects approved for SIDS between June 2015 and December 2023 explicitly addressed health or health systems (Gordon-Strachan et al., 2025).

At COP30, developed countries agreed to triple their contributions towards climate adaptation by 2035 (Gordon-Strachan et al., 2026). In 2024, USD152 million in adaptation financing was approved for projects involving at least one SIDS, and while these projects are likely to carry health co-benefits, none explicitly targeted health adaptation (Gordon-Strachan et al., 2026).

Pre-COP31 discussions should highlight the urgent need to close the health-sector adaptation gap, noting that health-specific projects remain among the least funded through multilateral mechanisms despite being named a priority in nearly two-thirds of SIDS' NDCs. Ministers should call for strengthened support for climate-resilient health systems – including improved access to concessional finance, expanded readiness and technical assistance, and systematic integration of health priorities into National Adaptation Plans and resilience strategies.

ELEVATING THE OCEAN-CLIMATE NEXUS: LIMITING DISEASE SPREAD AND PROTECTING NUTRITION



Ocean warming and sea-level rise are already affecting health in SIDS along three documented pathways: exposure to climate-sensitive infectious disease, undernutrition from capture fisheries, and displacement of coastal populations.

Coastline suitable for *Vibrio* bacteria transmission, which can cause severe skin, gastrointestinal and ear infections, and sepsis, increased 4.2% overall between 1982–90 and 2015–24, and both the populations at risk and reported vibriosis cases rose more than 40% region-wide over the same period (Gordon-Strachan et al., 2026).

Sargassum seaweed, now recognized as a harmful algal bloom fueled by rising ocean nutrient and temperature levels, has recurrently inundated Caribbean SIDS coastlines since 2011; decomposing Sargassum releases hydrogen sulphide and ammonia, and acute exposure has driven thousands of medical consultations in affected islands (Resiere et al., 2018).

Capture fisheries supply 50–90% of animal protein for coastal communities and up to 35% of GDP in some SIDS (Gordon-Strachan et al., 2026). Sea surface temperatures rose 0.61°C between the 2022–24 average and the 1981–2010 baseline (Gordon-Strachan et al., 2026), and the 2025 report notes that current fish production may not be sustainable given this warming, reducing available protein to SIDS, undermining food security and nutritional outcomes, and affecting livelihoods (Gordon-Strachan et al., 2026).

An estimated 1.12 million people across SIDS were living less than one meter above sea level in 2024, making them highly vulnerable to flooding, displacement and sea level rise (Gordon-Strachan et al., 2026). As of 2024, 23 national policies across SIDS, mostly in the Pacific, address climate-related migration and displacement (Gordon-Strachan et al., 2026). Kiribati's "migration with dignity" policy and the Falepili Union Treaty between Australia and Tuvalu are two existing models for managing this displacement (Gordon-Strachan et al., 2025; Gordon-Strachan et al., 2026).

Pre-COP31 discussions should highlight the growing health and food-security risks arising from ocean-driven climate impacts – including *Vibrio*-suitable coastline expansion, declining fisheries protein, and coastal displacement already documented across SIDS. Ministers should call for these ocean-related health risks to be systematically integrated into adaptation planning, early-warning systems, and resilience strategies through strengthened technical cooperation and knowledge-sharing.

AMPLIFYING PACIFIC VOICES AND LEADERSHIP: BACKING HEALTH LEADERSHIP THAT ALREADY EXISTS



Pacific SIDS are already leading on raising health-climate linkages internationally; amplifying that voice at Pre-COP31 means giving it funded, durable institutional standing.

In 2024, 77% of Pacific SIDS referenced health and climate change in their UN General Assembly statements, the highest proportion of any subregion (Gordon-Strachan et al., 2026). This stands in contrast to a broader global retreat in health-climate engagement, with only 30% of countries referencing health and climate change in their 2024 UN General Assembly statements, down from 62% in 2021 (Romanello et al., 2025), underscoring that Pacific SIDS' leadership on this issue has held firm even as global engagement declines.

The 2019 campaign by the Pacific Islands Students Fighting Climate Change was formally carried forward by Vanuatu's government, which secured Pacific Islands Forum endorsement in 2022 and led the coalition that brought the resolution to the UN General Assembly, adopted unanimously in 2023 ahead of the International Court of Justice's 2025 advisory opinion (Gordon-Strachan et al., 2026).

Pre-COP31 discussions should urge greater inclusion of Pacific climate-health and leadership across relevant international forums, and call for expanded opportunities for Pacific health professionals and youth to contribute to knowledge-sharing and capacity-building across the climate-health agenda.

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