ASSOCIATION MÉDICALE CANADIENNE | CANADIAN MEDICAL ASSOCIATION | Canadian Nurses Association | Association des infirmières et infirmiers du Canada | CANADIAN PUBLIC HEALTH ASSOCIATION | ASSOCIATION CANADIENNE DE SANTÉ PUBLIQUE

LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE
In collaboration with Wellcome
A decade tracking progress on health and climate change

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR CANADA

This document summarises key priority areas of focus for Canada, supported by evidence from indicators in the 2026 Report of the Lancet Countdown.

1 ESTABLISH A NATIONAL CLIMATE AND HEALTH ADAPTATION FUND TO PROTECT PEOPLE FROM EXTREME HEAT, WILDFIRES AND SMOKE

Establish a permanent, indexed Climate and Health Adaptation Fund through the Government of Canada's Budget 2027 to provide sustained funding for provinces, territories, First Nations, Inuit and Métis governments and health authorities, to fund the assessment of climate-health risks and the development, implementation and evaluation of adaptation plans that respond to differences in exposure, remoteness and health inequities.

Exposure to extreme heat can cause heat illness, worsen cardiovascular and respiratory conditions, increase premature mortality and increase the risk of adverse birth outcomes. Exposure to dangerous heat extremes has increased substantially among infants and older adults in Canada. From 2021–2025, infants and adults aged 65 or older each experienced about 10 heatwave days annually, around 90% above the 1986 to 2005 average (Indicator 1.1.1). The average annual economic value of heat-related mortality losses among people aged over 65 reached $3.2 billion from 2021–2025, 219% higher than in 2000–2004 (Indicator 4.1.2).

Wildfire-related health risks have also increased. From 2021–2025, wildfire smoke caused an estimated 3,951 deaths annually, equivalent to 10.6 deaths per 100,000 population, compared with 1,053 deaths annually and 3.3 deaths per 100,000 in 2003–2012 (Indicator 1.2.1). Wildfire smoke can adversely affect respiratory and cardiovascular health. Risks are greatest for infants, older adults, outdoor workers, people with chronic conditions and those without safe indoor environments.[1,2] The lack of sustained public health funding poses major challenges to the local capacity to adapt, increase wildfire management capacity, prevent and treat adverse health outcomes, and support community partnerships to reach those most at risk.[3,4]

The Government of Canada Adaptation Action Plan establishes a federal policy base for climate-health adaptation.[5] The Climate Change and Health Capacity Building Program, including HealthADAPT, provides a delivery mechanism, but planned contributions reach $5.93 million in 2027–28 and fall to zero in 2028–29.[6]

Long-term, predictable funding is essential to provide greater continuity for climate-health risk assessment, adaptation planning, implementation and evaluation, including sustained community partnerships to reach populations facing the greatest risks. It is also key to support technical capacity and infrastructure for climate-health risk surveillance, heat- and smoke-alert systems, protective spaces, response measures, heat mitigation, climate resilience, and planning led by First Nations, Inuit and Métis Peoples. These measures could reduce climate-related health risks and pressures on health services, while strengthening adaptation among populations facing greater exposure and constraints on adaptive capacity.

2 USE THE QUALITY OF LIFE FRAMEWORK TO SUPPORT HEALTHIER, LOWER-EMISSION INFRASTRUCTURE INVESTMENT

Incorporating the Quality of Life Framework for Canada[7] into Housing, Infrastructure and Communities Canada's *Build Communities Strong Fund* agreements could help prioritize low-emissions infrastructure that reduces exposure to air pollution and supports physical activity, including walkable, transit-supportive communities and public transit, while directing investment towards communities facing greater barriers to affordable, low-emission transport.

Canada's transport systems remain heavily reliant on fossil fuels. In 2023, fossil fuels supplied 94% of road-transport energy, while electricity supplied 0.2% (Indicator 3.1.3).

This reliance has important implications for health. Fossil-fuel combustion produces fine-particle air pollution that increases risks of heart disease, stroke, lung disease and cancer, other chronic diseases, and premature death.[8] Transport-related air pollution was associated with approximately 3,500 $PM_{2.5}$-attributable deaths in 2023, accounting for around 17% of all air-pollution-related deaths (Indicator 3.2.1). Car-dependent design can also reduce opportunities for routine physical activity, while walkable communities and active transport can support physical activity and access to services.[9]

The *Build Communities Strong Fund* will provide $51 billion over ten years for infrastructure including transit, health and climate adaptation.[10] The Quality of Life Framework for Canada guides federal budgeting and decision-making through fairness and inclusion and sustainability and resilience lenses and has specific health indicators.[7] Applying these criteria through the Fund could help align infrastructure investment with health, affordability, equity and climate-resilience objectives.

Prioritizing walkable and transit-supportive communities, public transport, energy-efficient buildings and renewable energy could reduce air pollution and greenhouse-gas emissions while delivering major benefits to people's health and wellbeing by lowering household energy and transport costs, supporting physical activity and access to services, and strengthening climate resilience while improving social cohesion and health equity.

3 USE FOOD PURCHASING IN HEALTH SYSTEMS AND SCHOOLS TO IMPROVE HEALTH, REDUCE EMISSIONS, AND STRENGTHEN FOOD SYSTEMS

Introducing coordinated procurement standards for hospital, long-term-care and school meals could increase access to nutrient-dense, culturally appropriate and regional foods, supporting healthier diets while reducing food-related emissions. Aligning these standards with the next agricultural policy framework could also support regional producers and First Nations, Inuit and Métis food businesses to meet institutional demand.

Diet-related risks remain an important source of preventable mortality in Canada. In 2023, 17,000 deaths were linked to insufficient consumption of vegetables, fruits and legumes, and 15,000 to excess dairy, red-meat and processed-meat consumption (Indicator 3.3.2). Canada's Food Guide recommends consuming more vegetables, fruit and plant-based protein foods more often.[11] Public procurement provides an opportunity to increase the availability of healthier food choices in hospitals, long-term-care facilities and schools, while reflecting cultural and geographic contexts.[12]

Public food procurement can also influence the emissions associated with meals served in public institutions. From 2016 to 2023, emissions associated with demand for agricultural food products increased by 1.6%; red meat and dairy accounted for 54.6% of consumption-related food emissions in 2023 (Indicator 3.3.1). Procurement standards that increase nutritious, lower-emission food options could reduce the emissions associated with publicly purchased meals while improving diet quality.

Hospital and long-term-care meal programmes and the National School Food Program already account for substantial public food purchasing across Canada.[10,13] The National Food Security Strategy commits the federal government to leverage its purchasing power and work with provinces and territories on public procurement.[14] Coordinated procurement standards across these programmes could improve the nutritional quality of publicly funded meals while reducing the emissions associated with institutional food demand. Linking this approach with the successor agricultural policy framework from April 2028 could also support producers and First Nations, Inuit and Métis food businesses to meet demand for nutritious, lower-emission foods, while diversifying supply and strengthening local food systems.[12]

Call to Action

Evidence from Canada points to opportunities to protect health while supporting climate resilience, a transition to Net Zero emissions, affordability and equity. Sustained climate-health adaptation funding, health-supporting and climate-friendly infrastructure investment, and healthier, more sustainable public food procurement could reduce health risks and strengthen community resilience. Implementation would benefit from coordination across federal, provincial, territorial, Indigenous, health-system and community partners.

Contributors

The concept for this brief was developed by the Lancet Countdown, Canadian Medical Association, Canadian Nurses Association, and Canadian Public Health Association.

This document was written by Robb Barnes, MA, Sehjal Bhargava, MD, CCFP, Liesel Carlsson, PhD, RD, MAHN, Ian Culbert, BA, Hilary Fry, RN, MN, Karlene Haubrich, RN BSN BTech, Andrea Hilchie-Pye, MHSA, CHE, CPHIMS, Taylor Hodgins Musgrave, MA, MPM, Courtney Howard, MD, CCFP-EM, MPP, Gurjit Kaur Toor, RN, MPH, Sarah Lowden, MMgmt, Laura Myers, MA, Kim Perrotta, MHSC.

Review on behalf of the Lancet Countdown: Mahnoor Saeed, MMP, Ellen Connorton, ScD, MSW, MPA and Marina Romanello MFPH, PhD.

For more of the latest data on health and climate change, you can find country data sheets by scanning the QR code.

References

1. Health Canada. *Extreme heat events: Overview*.
2. Health Canada. *Human health effects of wildfire smoke*. June 6, 2024.
3. Simpson S, Seabrook MSS, Di Ruggiero E, Gautier L, Miller FA, Roerig M, Xie E, Allin S. (2026). A comparative case study of collaborative governance for intersectoral extreme heat response in Vancouver, Toronto, and Montreal, Canada. *Int J Environ Res Public Health*, 23(4), 506.
4. Seabrook MSS, Umar I, Simpson S, Ayala AP, Xie EC, Zhao QJ, Allin S. (2026). Public health action on extreme heat in three Canadian provinces: A scoping review. *Public Health Reviews*, 47, 1609625.
5. Government of Canada. *Government of Canada Adaptation Action Plan*.
6. Health Canada. *Details on Transfer Payment Programs: 2026-27 Departmental Plan—Climate Change and Health Capacity Building Program*.
7. Government of Canada. *Quality of Life Framework for Canada*.
8. Health Canada. *Health Impacts of Air Pollution in Canada: Estimates of Morbidity and Premature Mortality Outcomes—2021 Report*.
9. Public Health Agency of Canada. *Physical activity: Supporting healthy communities—Active transportation*.
10. Housing, Infrastructure and Communities Canada. *Build Communities Strong Fund*.
11. Health Canada. *Canada's Dietary Guidelines—Section 1: Foundation for healthy eating*.
12. Raine KD, Atkey K, Olstad DL, Ferdinands AR, Beaulieu D, Buhler S, et al. Healthy food procurement and nutrition standards in public facilities: evidence synthesis and consensus policy recommendations. *Health Promotion and Chronic Disease Prevention in Canada*. 2018;38(1):6-17.
13. Employment and Social Development Canada. National School Food Program Agreements.
14. Agriculture and Agri-Food Canada. *National Food Security Strategy*.

Romanello M, Walawender M, Israelsson J et al. The 2026 report of the Lancet Countdown on health and climate change: A decade of escalating health harms and a decisive moment for all. The Lancet 2026; published online October 2026. https://doi.org/10.1016/S0140-6736(26)01779-4