A decade tracking progress on health and climate change

2026 CLIMATE AND HEALTH POLICY PRIORITIES FOR COLOMBIA

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

1 IMPLEMENT CLIMATE-HEALTH ADAPTATION PLANS AND ALIGN WITH PRIMARY CARE AT THE LOCAL LEVEL

Integrate the Ministry of Health's implementation of PIGCCS Salud 2026–2035 with territorial primary healthcare planning led by sub-national states, using Territorial Health Plans. Use this approach to translate climate-health risk assessments and early warnings into locally defined prevention, surveillance and service-preparedness measures that reduce heat-related illness, climate-sensitive disease risks and disruption to essential healthcare.

Climate change is already causing adverse health impacts in Colombia. Exposure to dangerous extreme heat is increasing. Infants and adults over 65 years old experienced, on average, a respective 308% and 266% increase in exposure to heatwave days per year in 2021-2025 compared to 1986-2005 (Indicator 1.1.1). In 2025, almost 99% of the heatwave days that the Colombian people were exposed to on average could be attributed to human-caused climate change (Indicator 1.1.1). Due to changes in climatic conditions, the climatic suitability for dengue transmission is also increasing in Colombia, further exacerbating the risk of dengue outbreaks. In 2025, the transmission potential for dengue increased by 43% for *Aedes aegypti* and 69% for *Aedes albopictus* compared with 1951–1960 (Indicator 1.3.1).

The Comprehensive Sectoral Climate Change Management Plans 2026–2035 (PIGCCS in Spanish) for Health[1], PIGCCS Salud, creates a national framework for responding to many climate-related health risks, including through climate-risk monitoring, early warning, health-service resilience and territorial action. However, these risks differ across territories and require locally responsive surveillance, prevention and health-service preparedness. Colombia's Territorial Health Plans and primary healthcare system provide an existing route for translating these national commitments into local implementation.

Currently, PIGCCS Salud 2026–2035 notes that only 5 (16%) of 32 sub-national states have adopted Territorial Plans on climate and health: Bogotá, Antioquia, Magdalena, Nariño, and San Andrés. There is a need to further develop Territorial Health Plans, while integrating PIGCCS Salud's implementation plans in territorial primary healthcare. This would enable national, regional and local health authorities to merge their efforts and resources to identify populations at greatest risk, strengthen surveillance and prevention for heat- and vector-borne diseases, and prepare essential health services as climate-related health threats intensify.

2 DEVELOP AND STRENGTHEN TRAINING ON CLIMATE CHANGE AND HEALTH FOR A CLIMATE RESILIENT HEALTHCARE SYSTEM AND COMMUNITIES

Implement the climate-health workforce training commitment layed out in PIGCCS Salud 2026–2035. Do this through the Ministry of Health and territorial health authorities, prioritising the training of primary healthcare and public-health personnel, and building competencies to identify, prevent, and respond to heat-related illness, climate-sensitive infectious diseases, and other locally relevant climate-related health risks.

PIGCCS Salud 2026–2035, adopted in 2026, sets a target for 30% of the health workforce to receive climate change and health training by 2035 through a nationally validated programme, helping build capacity for a robust response to climate change risks.[1] Nonetheless, climate and health training remains uneven across health-professional education in Colombia. Despite its importance, only 53% of 59 Colombian medical schools have voluntarily self-reported offering climate and health education in their curriculum[2]; and between 2023 and 2024, a total of 403 professionals were trained in environmental health[3]. More recent Lancet Countdown evidence shows similar uneven provision in nursing education: in 2024, only two of the four Colombian nursing institutions surveyed provided climate and health education (Indicator 2.2.5). While the small nursing sample limits national interpretation, together the medical and nursing evidence indicates that climate-health competencies are not yet consistently embedded across key health professions. These competencies are needed to recognise and manage heat-related illness, incorporate climate risks into surveillance and prevention of climate-sensitive diseases, and adapt local health responses as risks change.

Effective training is crucial to provide health professionals with knowledge and capacities to strengthen primary healthcare capacity to respond to the impacts of climate change, ultimately supporting population adaptation and resilience. Implementing this programme through territorial health authorities and primary healthcare can build locally relevant capacity to identify at-risk populations, strengthen prevention and surveillance, and respond to climate-related health threats before and during climate events.

3 ACCELERATE IMPLIMENTATION OF PIGCCS TRANSPORT TO REDUCE HEALTH RISKS

Accelerate the Ministry of Transport's implementation of PIGCCS Transport by expanding low-emission and electrified road transport, and prioritising public transport and active travel. This will help reduce fossil-fuel combustion and population exposure to transport-related air pollution in and high-exposure urban areas, lowering associated respiratory and cardiovascular disease and premature mortality.

Road transport remains heavily dependent on fossil fuels in Colombia, contributing to air pollution that increases risks of respiratory and cardiovascular disease and premature mortality. In 2023, fossil fuels accounted for 93% of road transport energy in Colombia (Indicator 3.1.3). Moreover, the transport sector was Colombia's largest CO_2-emitting sector in 2021, accounting for approximately 41% of national CO_2 emissions.[4] Vehicle emissions are also major contributors to urban air pollution, emitting particulate matter (PM), nitrogen oxides (NO_x), black carbon and carbon monoxide, with emissions concentrated in major metropolitan areas and along key freight corridors. Transport-related air pollution has been identified as an important risk factor for adverse respiratory and cardiovascular health outcomes in Colombia's cities.[5,6]

Colombia's PIGCCS Transport, adopted in July 2026, provides a new national framework for reducing transport emissions through cleaner technologies, improved energy efficiency and transport-sector energy transition[7]. Accelerating its implementation, particularly through cleaner public and road transport in densely populated urban areas, can reduce fossil-fuel combustion and exposure to harmful air pollution, lowering associated respiratory and cardiovascular illness and premature mortality. Coordinated action by the Ministries of Health, Transport, and Mines and Energy is essential for a successful implementation of the PIGCCS Transport.

Conclusion

To protect public health, Colombia must align climate-health policies across sectors, strengthen healthcare workforce capacities, and develop roadmaps for low-emission transport. These integrated actions, grounded in local adaptation planning, will reduce disease burdens, build systemic resilience, and improve health outcomes for all Colombians.

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Supporting evidence

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