THE LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE

HEALTH EVIDENCE TO INFORM ADAPTATION DISCUSSIONS AT COP31

GLOBAL CLIMATE & HEALTH ALLIANCE

10 YEARS
LANCET COUNTDOWN: TRACKING PROGRESS ON HEALTH AND CLIMATE CHANGE
In collaboration with Wellcome

A decade tracking progress on health and climate change

This paper, developed by the Lancet Countdown on Health and Climate Change and the Global Climate and Health Alliance (GCHA), is designed to support Parties in considering health evidence relevant to adaptation discussions at COP31. Drawing on evidence from the 2026 Lancet Countdown, it identifies priorities for operationalising adaptation indicators, addressing adaptation finance needs and strengthening implementation across sectors to protect health.



Adaptation negotiations at COP31 will centre on the Global Goal on Adaptation (GGA),

particularly the operationalisation of the 59 Belém Adaptation Indicators adopted at COP30. The Belém–Addis Vision on Adaptation provides a process for developing practical methodologies and guidance for applying the indicators, while the Baku Adaptation Roadmap supports cooperation and implementation under the GGA. Related discussions on National Adaptation Plans (NAPs) and the Climate Finance Work Programme offer further opportunities to address national planning, financing and capacity needs. Health evidence can inform these discussions by identifying gaps in adaptation capacity, demonstrating the value of systems that protect health and assessing whether adaptation across sectors is reducing climate-related health risks.

Climate change is already causing substantial and increasingly attributable health harm, reflecting adaptation has been insufficient to keep pace with growing health risks of climate change. 83% of globally experienced heatwave days were directly attributed to climate change in 2025. Heat was associated with a record 710,000 deaths globally in 2023, of which 71.5% were attributable to climate change (Indicators 1.1.1 and 1.1.5). Strengthening adaptation can reduce exposure and vulnerability, protect essential services and prevent worsening health impacts.

Three health considerations relevant to adaptation discussions at COP31

1 Support the effective operationalisation of the Belém Adaptation Indicators

Practical methodologies, voluntary country experience and relevant health and statistical expertise are essential to making the indicators applicable across different national contexts. Technical work can strengthen the use of existing data systems, identify capacity gaps and avoid creating parallel reporting requirements.

2 Scale up adaptation finance and strengthen access for health-protecting adaptation

The Lancet Countdown identifies a substantial gap between nationally disclosed health adaptation needs and available international finance. Accelerating adaptation finance, alongside improving its predictability, accessibility and financing terms, is essential to support implementation through the public systems that protect health.

3 Strengthen cross-sector coordination on adaptation to protect health

Adaptation across food, water, housing, infrastructure, ecosystems and livelihoods has direct implications for population health. Greater coherence between National Adaptation Plans, Health National Adaptation Plans (HNAPs) and sectoral implementation can help translate identified health risks into coordinated and financed adaptation action.

1 SUPPORT THE EFFECTIVE OPERATIONALISATION OF THE BELÉM ADAPTATION INDICATORS

National capacity to assess and plan for climate-related health risks remains uneven. In 2025, only 24% of WHO Member States had conducted a climate change and health Vulnerability and Adaptation assessment since 2020, while 29% had developed a Health National Adaptation Plan (HNAP) *(Indicators 2.1.1 and 2.1.2).* These gaps indicate limitations in the institutional and technical capacities needed to assess climate-related health risks and inform adaptation planning.

The health-related Belém Adaptation Indicators encompass both health outcomes, including mortality, morbidity, infectious diseases and mental health; and health-system capacities, such as continuity of essential services, resilient health facilities and workforce readiness. Measuring these indicators requires information from multiple systems, such as civil registration, disease surveillance, health facilities, workforce monitoring and emergency management.

Operationalising the indicators therefore requires practical metadata and methodologies, including clear definitions, data sources, denominators, baselines, reporting frequency, options for disaggregation and methodological limitations. Experience from voluntary country application can identify which indicators can already be populated, where methodological clarification is needed, and which institutions hold relevant data.

Technical work under the Belém–Addis Vision on Adaptation will benefit from appropriate health, statistical and other sectoral expertise, alongside country experience, to ensure that the resulting guidance is applicable across national contexts. Where data gaps reflect institutional or technical capacity constraints, developing countries will also require appropriate finance, technology transfer and capacity-building to strengthen underlying systems.

Building on existing national data systems and international methodologies can support consistent application of the indicators while avoiding parallel reporting arrangements. This is particularly important for health indicators that rely on data collected by institutions operating across different sectors and levels of government.

In order to demonstrate progress by the 2030 timelines set out in the UAE Framework for Global Climate Resilience, the indicators must be fully operationalised by CMA9 in 2027, to enable tracking of baselines and subsequent progress by 2030.

Text for consideration

Requests that further technical work under the Belém–Addis Vision on Adaptation develop practical metadata and methodologies to operationalise the Belém Adaptation Indicators, including clear definitions, data sources, denominators, baselines, reporting frequency, options for disaggregation and methodological limitations, drawing on voluntary country experience and existing national systems.

Invites Parties to ensure that the technical work supporting the operationalisation of the Belém Adaptation Indicators draws on relevant health, statistical and sectoral expertise, including from national health institutions and scientific and technical organisations, through appropriate arrangements for expert engagement and consultation.

Encourages Parties to share experience from voluntary application of the Belém Adaptation Indicators, including information on data availability, methodological approaches, institutional arrangements, capacity constraints and support needs, and encourages technical work to build on existing national data systems and reporting processes, where appropriate.

Recognizes the importance of finance, technology transfer and capacity-building for developing country Parties to strengthen underlying data systems, apply the indicators voluntarily and participate fully in methodological work.

2 SCALE UP ADAPTATION FINANCE AND STRENGTHEN ACCESS FOR HEALTH-PROTECTING ADAPTATION

Identifying climate-related health risks does not in itself protect populations. Effective adaptation requires sustained investment in the systems that manage these risks, including climate-informed surveillance, early-warning systems, emergency preparedness, trained health workers and resilient health, and water and sanitation infrastructure.

The 2026 Lancet Countdown report provides evidence of the value of these systems. The increase in the number of people affected annually by storms and floods was 8.6% lower in countries with health early-warning systems than in countries without them between 2016 and 2025 *(Indicator 2.3.2).* This highlights the relevance of early-warning capacity to reducing the human consequences of extreme weather, alongside effective preparedness and response.

However, international finance remains substantially below nationally identified health adaptation needs. Of the 79 developing countries with costed adaptation plans within NDCs and HNAP documents, 48 disclosed health adaptation needs exceeding US$16 billion for 2025–2030, equivalent to US$3.3 billion annually. In comparison, international finance commitments to projects principally targeting health adaptation in these countries amounted to US$1.1 billion in 2024 *(Indicator 4.3.3).*

Increasing the amount of adaptation finance is essential, but the conditions under which finance is provided also determine its ability to support implementation. Many health-protecting adaptation measures are public goods that strengthen essential systems without generating direct financial returns. Disease surveillance, workforce capacity, emergency preparedness and continuity of health services require sustained expenditure, making predictable public, grant-based and highly concessional finance particularly important.

High debt-servicing burdens can further constrain fiscal space for essential public services, including

healthcare, education and infrastructure. Complex accreditation requirements, lengthy project-preparation and approval processes, and unpredictable disbursement can also prevent national and local institutions from translating available finance into adaptation outcomes.

Finance must therefore be accompanied by the technology and capacity-building needed for implementation. Climate-informed early-warning systems, for example, require not only climate information and surveillance infrastructure, but also trained personnel, institutional protocols and sustained resources to act when warnings are issued.

The COP30 call to triple adaptation finance by 2035 provides a basis for increasing international support. Earlier delivery, alongside improvements in accessibility, predictability and financing terms, would strengthen countries' ability to implement adaptation measures that protect lives and essential public systems.

Text for consideration

Calls on developed country Parties, in line with their obligations under Article 9 of the Paris Agreement, to urgently and substantially scale up their provision of adaptation finance. This should accelerate delivery of the COP30 call to triple adaptation finance by 2035, to reach at least US$120 billion annually well in advance of 2035, to enable health-protective adaptation across sectors, with finance that is predictable, accessible and responsive to nationally identified adaptation priorities.

Encourages simplified and direct access to multi-year adaptation finance, proportionate reporting requirements, timely disbursement and sustained support for national and local institutions responsible for implementing adaptation measures that protect health and wellbeing.

Recognizes the importance of aligning finance, technology transfer and capacity-building to enable effective implementation of nationally identified adaptation priorities, including climate-informed surveillance, early-warning systems, resilient health services and emergency preparedness.

3 STRENGTHEN CROSS-SECTOR COORDINATION ON ADAPTATION TO PROTECT HEALTH

Health is both an adaptation priority and an outcome of adaptation across other sectors. Climate-related health risks are shaped by food and water systems, housing, infrastructure, ecosystems, livelihoods and working conditions. Adaptation decisions across these sectors can therefore influence population exposure, vulnerability and access to essential services.

The 2026 Lancet Countdown report demonstrates these connections. Increased exposure to heatwave days and drought months was associated with 127.9 million additional people experiencing moderate or severe food insecurity in 2024 compared with 1981–2010 *(Indicator 1.4)*. Heat exposure also resulted in 573 billion potential work hours lost, contributing to US$1.07

trillion in potential income losses globally in 2025. 38% of these loses occurred in the agriculture sector *(Indicators 1.1.3 and 4.1.3).* This shows how climate-related hazards threaten nutrition, livelihoods and other determinants of health.

Health evidence can help assess whether adaptation across sectors is reducing risks to populations. Changes in outcomes such as heat-related illness, nutrition, infectious disease, occupational health and continuity of essential services can identify where adaptation is delivering benefits and where additional action or support is needed.

Crosscutting health considerations across NAPs, and sectoral adaptation plans, including through better coherence with HNAPs, can help translate identified health risks into coordinated implementation. This is particularly relevant to the thematic targets of the UAE Framework for Global Climate Resilience, where adaptation in food, water, infrastructure and other sectors can contribute directly to protecting health.

Strengthening coordination across existing institutions, data systems and planning processes can support implementation without creating additional reporting or procedural burdens. Relevant technical bodies and organisations can assist countries in translating climate-risk assessments into implementable and financed measures, in line with nationally identified priorities.

Text for consideration

Recognizing that adaptation across the thematic targets of the UAE Framework for Global Climate Resilience can contribute to protecting health and well-being, including through improved food and water security, resilient infrastructure, safer working conditions and continuity of essential services.

Encourages Parties, in accordance with national circumstances and priorities, to strengthen coherence between National Adaptation Plans, Health National Adaptation Plans and relevant sectoral adaptation planning and implementation processes, with a view to reducing climate-related health risks and supporting coordinated adaptation action.

Recognizes the value of strengthening data and information sharing among relevant national institutions, including health, meteorological, statistical and disaster-risk management authorities, building on existing systems to improve climate-risk assessment, preparedness and coordinated adaptation implementation.

Invites relevant constituted bodies and scientific and technical organisations, within their respective mandates, to support Parties in integrating health evidence into adaptation planning and implementation, including through cross-sector risk assessments, capacity-building, technology transfer and the identification of financing needs.

Evidence

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