

Meeting Report



ATACH GLOBAL MEETING

Transforming health systems
in the face of climate change



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Acronyms

ATACH	Alliance for Transformative Action on Climate and Health
CCH	Climate Change and Health
COP	Conference of the Parties
CRHS	Climate Resilient Health Systems
I-CAN	Initiative on Climate Action and Nutrition
LCSHS	Low Carbon Sustainable Health Systems
NDCs	Nationally Determined Contributions
SC	Supply Chains
V&A	Climate Change and Health Vulnerability and Adaptation Assessment
WG	Working Group

Background on the ATACH

Recognizing that climate change poses a significant threat to public health, exacerbating existing health inequalities and vulnerabilities within our populations, and that the health sector contributes around 5% of global greenhouse emissions, in 2021 the United Kingdom as COP26 Presidency in collaboration with WHO and other partners, launched the COP26 Health Programme. The initiative sought to elevate awareness around the threat posed by climate change to human health and called for action and commitments from countries to develop climate-resilient and low-carbon health systems.

In June 2022, the **Alliance for Transformative Action on Climate and Health (ATACH)** was established to realize the ambition set at COP26 through a global platform bringing together governments and key stakeholders to drive this agenda forward at pace and scale; and promote the integration of climate change and health nexus into respective national, regional, and global plans. At the time of this meeting, the ATACH has grown to include 82 countries committed at Ministerial level to taking action to build climate resilient and low carbon sustainable systems. In addition, the ATACH has established collaborations with over 40 non-state partner organizations and established five thematic working groups (WG). The working groups are:

- Financing the health commitments on climate resilient and sustainable low carbon health systems,
- Climate resilient health systems,
- Low carbon sustainable health systems,
- Supply chains,
- Initiative on Climate Action and Nutrition (I-CAN).

At the time of this meeting, ATACH is co-convened by the United Kingdom, Egypt, and United Arab Emirates as the respective COP26, COP27 and COP28 Presidencies; and is acknowledged as a key implementation mechanism and coordination platform to advance the implementation of the health outcomes of these COPs, including the COP26 Health Programme, the COP27 Initiative on Climate Action and Nutrition (I-CAN) and the COP28 UAE Declaration on Climate and Health, as well as, the Global Goal on Adaptation, the Sharm-El-Sheikh Adaptation Agenda and the Guiding Principles on Financing and Climate Health Solutions.

To deliver on these outcomes, the ATACH has developed a comprehensive strategy and work plan (including for each of its working groups) to support countries in translating commitments on climate and health into action, which is centered around five key functions:

1. Quality assurance, ensuring assessments, plans and implementation are of the standard required to deliver on priorities;
2. Advocacy and agenda setting, driving an international shift in priority issues;
3. Knowledge sharing, creating platform to share experience, evidence, guidance, tools and technical assistance;
4. Finance, identifying needs and supporting Member States to access finance for country-level interventions;
5. Monitoring, tracking and measuring country progress towards commitments and priorities.

Overview of the Meeting

On 4 and 5 March 2024, over 250 representatives of ATACH member countries and technical partners (including UN agencies, nongovernmental organizations, academic institutions, philanthropic foundations, and international business associations), convened for the first in-person global meeting of the ATACH in Madrid, Spain.¹ The meeting was co-hosted by the Spanish Ministry of Health, Spanish Agency for International Development Cooperations (AECID), United Kingdom Foreign, Commonwealth & Development Office (FCDO) and the WHO as the Secretariat of the ATACH.

The meeting aimed to contribute to the overall ATACH objectives and functions related to sharing of experiences and knowledge, and enhancing coordination and collaboration to address country needs for the implementation of the COP26, COP27 and COP28 health outcomes.

The meeting further aimed to refine and validate the priorities and strategic direction of the ATACH and each of its working groups up to end of 2025; and to increase momentum and strengthen collaboration and coordination for driving implementation at country level, with plenary, parallel breakout and interactive sessions designed to facilitate networking and discussion amongst attendees.

The following key outcomes have been achieved by the meeting :

- Draft ATACH strategy, including vision a shared with members;
- Prioritized shortlist of ATACH deliverables and timeframes discussed and agreed;
- Country needs for the implementation of COP26, COP27 and COP28 health priorities, reflected in the ATACH shortlist of deliverables;
- Improved knowledge and awareness of approaches and tools for building climate resilient and low carbon sustainable health systems;
- Enhanced understanding of the different climate change and health initiatives at global, regional and country level, and increased coordination among partners;
- Partnerships and collaboration for increased action on climate and health established.

¹ A recording of the meeting including all sessions is available on the WHO website: <https://www.who.int/news-room/events/detail/2024/03/04/default-calendar/atach-global-meeting--transforming-health-systems-in-the-face-of-climate-change>

The meeting summary which follows highlights how these outcomes were achieved in the meeting sessions, and describes the key takeaways and conclusions for the ATACH moving forward. A summary table of discussion outcomes and suggestions for ATACH priorities is presented in Annex 1.

Summary of Day 1: 4 March 2024

Welcome and Opening Remarks

The meeting was opened by Dr Maria Neira, Director of the Environment, Climate Change and Health Department, WHO with a video welcome message from Dr Tedros Adhanom Ghebreyesus, Director-General, WHO. The welcoming remarks highlighted the importance of transforming health systems in the face of mounting challenges already being caused by climate change, while also working to reduce the impact of the health sector on climate change by lowering GHG emissions and overall environmental impacts. Opening remarks were then made on behalf of the meeting co-hosts by H.E. Dr Mónica García, Minister of Health, Spain; H.E. Hugh Elliott, His Majesty's British Ambassador to Spain; and Mr Antón Leis Garcia, Director, Spanish Agency for International Development Cooperation (AECID).

Plenary Session: Keynote Presentations

The first keynote presentation from Ms Elena Villalobos Prats, Lead of the ATACH Secretariat, WHO, provided an overview of the progress made by ATACH since its inception in June 2022; and its vision, objectives and key functions to date and moving forward. Progress and examples against each of the 5 key functions of the ATACH were described, including on: quality assurance, advocacy and agenda setting, knowledge sharing, supporting access to finance, and monitoring of implementation of climate change and health activities. The second keynote presentation from Dr Marina Romanello, Executive Director of the Lancet Countdown, set the broader technical context for the meeting by highlighting the evidence underlying the importance and urgency needed for integrated climate change and health action, and the leading role needed from the health sector, including ATACH members, to enable effective action to tackle climate change.

Plenary Session: Panel Discussion on 'Working collaboratively across sectors and scales to advance climate and health implementation at country level'

This high-level panel discussion moderated by Dr Maria Neira highlighted the need for collaboration and alignment between sectors and Ministries in order to implement climate change and health action and initiatives. On this topic, several Ministers and leaders from non-Health sectors spoke on the panel, including H.E. Dr Iziaq Kunle Salako, Minister of State for Environment, Nigeria; Ms Johanneke de Hoogh, Head, Global Health Division, Ministry of Foreign Affairs, Netherlands; and Mr Fernando Jiménez-Ontiveros, Director of Multilateral, Horizontal and Financial Cooperation, Spanish Agency for International Development Cooperation (AECID).

Another key theme of the panel discussion was the continuation of advocacy efforts in bringing health to the forefront of discussions on climate change - with messaging needed from both the health sector and other sectors implementing action on climate change. Interventions from Mr

Chris Carter, Head of Human Development, United Kingdom Foreign, Commonwealth & Development Office (FCDO); Dr Nada Al Marzouqi, Chief Happiness & Positivity Officer and Director of the Public Health and Prevention Department, Ministry of Health and Prevention, United Arab Emirates; and Dr Agnes Soares da Silva, Director of the Department of Environmental Health Surveillance and Workers' Health, Ministry of Health, Brazil helped to illustrate the continuing momentum on the topic of climate and health from previous COP26, COP28 and future COP30 presidencies, respectively.

Other key priorities for the ATACH highlighted in the discussion included:

- Adaptation and resilience must be considered while modernizing health systems at any given stage;
- Reducing emissions and overall environmental impacts of health systems;
- Working on cross-cutting areas and subjects with other sectors (e.g. food systems, energy systems, transport and urban environments); and with a broader range of actors from private sector, civil society, Academia, NGOs;
- Focusing on solutions, innovations and products;
- More financial windows and opportunities, and encouraging budget earmarked for climate change and health;
- Increasing knowledge and awareness amongst policymakers; and helping to bridge the gap between policy and practice.

The panel discussion was concluded with remarks by Dr Vanessa Kerry, CEO of Seed Global Health, and WHO Director-General's Special Envoy for Climate Change and Health, who highlighted and reaffirmed the importance of translating the science and research beyond the health sector, and particularly to policymakers and politicians considering the security, economic and equity crisis that climate change poses beyond human health and well-being.

Day 1 Parallel Breakout Sessions

On the first day of the meeting, six parallel sessions related to the ATACH working group priority topics were held. A brief summary of each parallel breakout session is provided below, including the challenges faced by countries in implementing the topic (Country Challenges); the needs of countries in order to implement or advance on the topic (Country Needs); and key actions or priorities for the ATACH to advance this topic (Priorities for ATACH). These key discussion points are summarized in the table in each section.

CRHS 1: Indicators for Health Adaptation and Climate Resilience

This parallel session on indicators to measure health adaptation and climate resilience was led and moderated by Ms Carolyn Tateishi, Director, Climate Change and Innovation Bureau, Health Canada (Government of Canada). The session began with an introduction by Ms Tateishi on the importance of minimum indicators for measuring global progress on health system adaptation and climate resilience, including to drive global investment, inform global processes and goals, and to support countries to progress towards resilient national health systems. An overview of existing initiatives and developments to-date was provided, including those of the ATACH CRHS WG on this topic, with further input from countries and partners sought during subsequent discussion.

Next, a panel was invited to provide insights on this topic, including the country perspective from Dr Le Thai Ha, Deputy Director General, Health Environment Management Agency of the Ministry of Health, Viet Nam; the research perspective from Ms Amanda Quintana, PhD Candidate, London School of Hygiene and Tropical Medicine; and the funder perspective from Mr Patrick Gitonga, Health & Climate Senior Specialist, Green Climate Fund. Key points discussed, including suggested priorities for ATACH to support country implementation in this topic area (as discussed by panelists, audience and through Slido polls), are summarized in the table below.

CRHS 1: Indicators for Health Adaptation and Climate Resilience		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Identification of indicators and data - Attribution (climate impact on health) - Intersectoral collaboration (health-environment-meteorological) - Communication 	<ul style="list-style-type: none"> - List of indicators - Guidance and tools 	<ul style="list-style-type: none"> - Continued discussion on the topic of indicators, including on specific topics/issues - Guidance documents and tools - Training - Access to experts - Act as platform to share experiences and best practices - Help collect and identify countries' needs and capacities – and manage data from global to national to local levels - Increase capacity for project preparation, implementation and monitoring – from national to local levels

CRHS 2: Climate Change and Health Vulnerability and Adaptation Assessments

This parallel session on climate change and health vulnerability and adaptation assessments (V&As) was led by Dr Guéladio Cissé, Professor and Head of Ecosystem Health Sciences Unit, Swiss Tropical and Public Health Institute. Dr Cissé provided an overview presentation about V&As, including the importance, process and approaches to conduct V&As. The presentation included Slido questions for the audience about methods used and challenges faced.

The presentation was followed by a panel discussion moderated by Mr Mazen Malkawi, Regional Advisor, WHO Regional Office for the Eastern Mediterranean (EMRO) to further discuss the challenges and needs countries face in undertaking and updating their V&As and what the ATACH can do to address these and support countries. Panelists represented countries which have varying levels of resource and different political, demographic, economic and environmental contexts, yet which have all completed or updated V&As. These included: Dr Mohammed Rahimi, Professor, Semnan University, Iran; Dr Laliarisoa Raharimamonjy, Director of Health Promotion, Ministry of Health, Madagascar; Dr Andrea Schmidt, Head of Department,

Competence Centre for Climate and Health at the Austrian National Public Health Institute; Ms Inda Hidayat, Sanitarian in Directorate of Environmental Health, Ministry of Health, Indonesia; and Ms Chandra Mackey, Project Officer, Ministry of Health, Bahamas. Key points discussed, including priorities for ATACH to support country implementation in this topic area (as discussed by panelists, audience and through Slido polls), are summarized in the table below.

CRHS 2: Climate Change and Health Vulnerability and Adaptation Assessments		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Funding - Translating results to action - Technical expertise - Data – integrated health, climate, socio-economic, resolution of data - Translating guidance to national context – terminology - Scarcity of resources at regional level 	<ul style="list-style-type: none"> - Strengthen health sector capacity to address climate change. Capacity building at local level - V&As updated, covering all country, disaggregation at regional level - Data - Best way to get the information needed – i.e. social cohesion - Tools – include socio-economic data, comparability of data, EWS, Stakeholders forum, multi-sectoral development teams - Implement community-based climate information system - Funding mechanisms 	<ul style="list-style-type: none"> - Help in understanding data requirements and getting access to data - Create common language across data from different sectors - Support a network and community of practice to identify champions - Document good practices and create good business cases for V&As - Promote theory of change to acceleration by joining top down with bottom up - looking at implementation challenge - Tailor support to grouping of countries by regional landscape of challenges - Support synchronizing V&A for health with overall adaptation plan

I-CAN 1: Nutrition and Climate Change and Health Research

The first of two parallel breakout sessions of the I-CAN Working Group focused on enhancing understanding of the connections between climate change and nutrition, and advancing research on the intersection of nutrition and climate change. The session was led and moderated by Ms Jessica Colston, Environment and Nutrition Lead, Global Alliance for Improved Nutrition (GAIN), who started the session by providing a brief overview of the I-CAN initiative. Following this, Dr Marina Romanello, Executive Director, Lancet Countdown, provided a presentation summarizing evidence and findings on nutrition and climate change from the most recent Lancet Countdown report, and highlighted the importance of this research agenda.

Three technical presentations followed exploring the pathways connecting nutrition and climate. Dr Nancy Aburto, Deputy Director – Food and Nutrition Division, Food and Agriculture Organization (FAO) presented findings on the connections between nutrition and climate from the FAO's Report on 'Climate action and nutrition: Pathways to Impact' including impacts of climate change on core systems affecting nutrition and health, and actions that can have

positive outcomes for climate and nutrition. Dr Thalia Sparling, Assistant Professor, London School of Hygiene and Tropical Medicine presented on research gaps related to the intersection of climate change and food systems, nutrition and health, including the evidence that should be prioritized for action in future research and collaborations. Ms Elizabeth Bryan, Senior Scientist, International Food Policy Research Institute presented on The Gender, Climate Change, and Nutrition Integration Initiative (GCAN), a project considering trade-offs between gender equality, climate resilience/mitigation and nutrition goals, and developing an approach to support the integration of gender and nutrition into climate change policies, processes and actions.

Following the presentations, a discussion with participants and using Slido was held on the research priorities for climate change and nutrition, and on the top actions for I-CAN to advance in the area of climate change and nutrition research. The key findings of the discussion are summarized in the table below. Closing remarks were made by Dr Hossam Abdel-Ghaffar, Minister Assistant for Institutional Reform and Official Spokesman of Ministry of Health and Population, Egypt and co-convenor of the ATACH, who highlighted the importance of the nutrition agenda as an integral part of human health, which will be affected by climate change as highlighted by the research and discussion in the session.

I-CAN 1: Nutrition and Climate Change and Health Research		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Intensifying effects of climate change on malnutrition - Disproportionate effects on women – gender inequality - Complexity of overlapping pathways, issues and research areas (e.g. health workers, farmers, gender equity) - Need to translate research into action and address challenges in doing so 	<ul style="list-style-type: none"> - More contextual and specific evidence (versus globally-focussed) - Support to articulate and communicate value of integrated action on climate change, health and nutrition - Increased financing in line with evidence 	<ul style="list-style-type: none"> - Amplify research available and link to action at national level and multilateral processes - Provide support to use research to inform decision making (e.g. technical advice, tools) - Direct finance to priorities and opportunities highlighted by research - Support collaboration and exchange in research across ATACH WGs - Support agenda to keep nutrition as a central consideration of health and climate action

LCSHS 3: GHG Emissions Benchmarking

This parallel session of the LCSHS Working Group focused on benchmarking of GHG emissions for health systems. The session was led by Mr Bertrand Millet, Head of Global Health Unit, Ministry for Labour, Health and Solidarities, France, and Ms Marie Kernec, Director, French School of Public Health International Subsidiary (EHESP-International). Mr Millet and Ms Kernec started the session by presenting the case of decarbonization of the French healthcare system, including key actions taken to understand the health sector emissions, policy integration, and implementation measures.

The presentation was followed by a panel discussion to bring in insights from other countries at varying degrees of maturity in acting on GHG emissions benchmarking of health systems, and technical partners supporting countries with decarbonization of health systems. Panelists included: Dr Mahawa Diakité, National Director of Public Health, Ministry of Health and Public Hygiene, Republic of Guinea; Mr Martin Caunt, Deputy Director – Data and Analytics, Greener NHS, National Health Service England; Md. Jakariya, Professor, North South University, Bangladesh; Ms Sandrine-Bouttier Stref, Global Head of Corporate Social Responsibility, Sanofi representing Sustainable Markets Initiative (SMI); and Dr Claudia Vivas Torrealba, Senior Advisor, Climate and Health, Norwegian Red Cross. The key points from the session are summarized below, with the discussion supplemented by Slido questions for the audience.

LCSHS 3: GHG Emissions Benchmarking		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Data, data, data: availability of data and evidence - Political willingness and commitment to initiate and finance the assessment - Lack of expertise in modelling and data analysis Scope 3 estimation and the availability of its data - The amount and level of training that is required to conduct a national level assessment - Government support to switch to renewable energy - Communication, between different sectors and how to communicate the results of the assessment to national and global stakeholders - Multisectoral collaboration and engagement 	<ul style="list-style-type: none"> - Communication and education - Define good and harmonized indicators - Homogenous evaluation of health products - Training of health care managers and staff on how to use the available tools and calculators - Ability to modify available tools and calculators to go with the national contexts and data - Sharing experiences and best practices of other countries and entities - Bringing all together, involving all stakeholders and partners from the beginning - Best way to transform into bottom up approaches taking into consideration the limited data and resources - What comes after assessment? How to develop and implement interventions to reduce emissions 	<ul style="list-style-type: none"> - Sharing practices and case studies - A unified tool/carbon calculator and mitigation calculator considering different contexts / made available online - Training on the tool and how to collect and analyze data and develop action plans - Sharing/ piloting a case study showing how to transform health systems and health facilities or communities into low carbon/net zero - Capacity building and training / know-how transfer - on scope 3 estimation, communication / reaching policy makers, translating assessment results into actions - Linking with other initiatives like UHC and try to promote financial support - A systematic step wise approach on how to do bottom-up approach

SC 1: Sustainable Procurement Standards to Reduce Emissions in the Supply Chain

This session under the Supply Chains Working Group focused on country progress towards aligned sustainable procurement standards to reduce emissions in the supply chain. The session was led and moderated by Ms Zuleika Henderson, Policy Alignment Lead, Greener NHS, National Health Service England. The session began with a brief presentation by Ms Henderson about the ATACH Supply Chains Working Group, on green procurement standards of the NHS, and the importance of international collaboration on this topic in order to support the commitments towards low carbon and sustainable health systems.

A panel discussion followed with key partners and collaborators working on sustainable procurement, including Ms Marina Smelyanskaya, Team Lead – HIV and Health Group (Europe and Central Asia Region), United Nations Development Programme (UNDP); Dr Fawzia Rasheed, Senior Advisor – Climate and Environment Lead, Aga Khan Health Services; and Dr Esther Putman, Senior Policy Advisor – Sustainability and Health, Ministry of Health, Sport and Welfare, Netherlands. The panel discussion was supplemented with a series of Slido questions and discussion in the room in pairs with key points summarized below. The session ended with a ‘call to action’ for participants to approach key contacts within their organizations to initiate discussions around or further development sustainable procurement standards.

SC 1: Sustainable Procurement Standards to Reduce Emissions in the Supply Chain		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none">- Willingness to act (implement existing standards, work across disciplines, etc.)- Lack of leverage for smaller procurement volumes- Top-down and bottom-up approaches	<ul style="list-style-type: none">- Methods and tools to make business cases and incentivize change- International collaboration- Common set of questions and approach for assessing responses	<ul style="list-style-type: none">- Technical training- Develop guidance for countries- Coordinate ATACH members to influence market and encourage innovative solutions- Facilitate making sustainable choices

SC 3: Cross-sectoral / Multi-agency Collaboration at National Level

This session under the Supply Chains Working Group focused on the support ATACH can provide to countries in fostering cross-sectoral and multi-agency collaboration on greening supply chains and advancing sustainable procurement at the national level. The session was led and moderated by Dr Mohammed Ferdous Rahman Sarker, Senior Scientific Officer, Institute of Epidemiology, Disease Control and Research, Ministry of Health, Bangladesh. The session began with an overview of the context of sustainable supply chains, including the various actors involved, the challenges, and enabling factors such as integrated sustainable production and consumption policies at national level. The presentation provided an overview of the health supply chain in Bangladesh as an example, and the procurement risks and challenges specific to the Bangladeshi context as an LDC.

The session focused in particular on sharing country experiences with cross-sectoral and multi-agency collaboration within countries, recognizing that many governmental and non-governmental actors may be involved in the supply chain for health system products. Approaches for and experiences of fostering collaboration to enable sustainable procurement

at the national level were discussed by a panel including Mgs Sara Tama, Vice-Minister of Health Governance, Ministry of Health, Ecuador; Ms Sonia Roschnik, Executive Director, Geneva Sustainable Centre – International Hospital Federation; Ms Seema Arora, Senior Director – Climate and Health, Clinton Health Access Initiative. Key points from the discussion and accompanying Slido questions, including suggested priorities for ATACH to advance this topic are summarized in the table below.

SC 3: Cross-sectoral / Multi-agency Collaboration at National Level		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Political commitment and willingness to act - Involvement of other sectors to green supply chain is inevitably required – Governments can be complex organizations, and also require involvement of broader network of stakeholders that need to be engaged - Consideration of other cross-over aims shared with other sectors (e.g. procurement of healthy, locally sourced foods in hospitals serving improved nutrition and reducing supply chain emissions) 	<ul style="list-style-type: none"> - Small task group - Green Procurement Guidelines - Prioritization of tasks - Help others innovative driving - Local government involvement - Institutionalization of green procurement standards and processes 	<ul style="list-style-type: none"> - Foster multi-country collaboration for sharing experiences and aligning standards - Look at how to support development of local markets where feasible - Ensure that the topic is included in knowledge sharing platform (ATACH Community of Practice)

Plenary Session: Reflection and Closing of Day 1

At the closing plenary session on the first day of the meeting, attendees reconvened with moderation by Dr Maria Neira for brief updates from each of the day's parallel breakout sessions, including summaries of country challenges, country needs and priorities for ATACH related to the particular topic area of discussion. The parallel breakout session reporting was followed by closing remarks of Day 1 made by Dr Javier Padilla, Secretary of State for Health, Spain. Dr Padilla reinforced the importance of the links between climate change, human health and health systems, and highlighted the importance of bottom-up activism and community initiatives to bring this agenda to the attention of policymakers and politicians.

Summary of Day 2: 5 March 2024

Day 2 Opening Remarks and Recap of Previous Day

The second day of the meeting was opened by Dr Maria Neira. A summary of the key themes of the previous day was made by Ms Ina von Frantzius, Counsellor for Development Policy / Global Health, Permanent Mission of Germany in Geneva, including reemphasizing the role of the ATACH in addressing challenges raised as a network and through concrete support to countries and coordination efforts on the ground.

Plenary Session: Financing: From Principles to Climate-Health Action at Country Level

This session began with a presentation on the current state of funding and finance for climate change and health presented by Dr Maria Neira. The presentation highlighted the importance of the health community making a stronger case for climate financing, discussed challenges countries face in accessing financing for climate and health, and highlighted some of the progress and advances made, particularly since health has become a more central issue within broader climate discussions and negotiations.

The presentation was followed by a panel discussion moderated by Ms Ingunn Tysse Nakkim, Senior Advisor - Department for Human Development, Norwegian Agency for Development Cooperation (NORAD), with panellists representing various perspectives on climate and health financing from countries (demand-side), funders (supply-side) and technical support agencies. Panellists in this session included: Ms Tomasia Ana Maria do Rosario de Sousa, Senior Technical Officer of Public Health, Ministry of Health, Timor Leste; Mr Diego Moreno Heredia, Coordinator and Climate Change Leader, Ministry of Health and Social Protection, Colombia; Mr Greg Kuzmak, Director of Health, Rockefeller Foundation; Dr Zara Shubber, Senior Health Specialist, World Bank; Mr Patrick Gitonga, Health & Climate Senior Specialist, Green Climate Fund; Dr Agnes Soucat, Director – Health and Social Protection, French Development Agency (AFD). Key discussion points, including suggested priorities to advance this topic in the ATACH, including through the ATACH Financing Working Group are summarized below.

Financing Plenary Discussion		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none">- Insufficient funding and finance as a main barrier for implementation- Lack of information on opportunities- Difficulties to access (process is difficult and no capacity to develop proposals)- Lack of donor engagement with health sector	<ul style="list-style-type: none">- Capacity to develop proposals- Support for climate-informed health early warning systems and climate disease integrated surveillance- Technical support for resource mobilization- Support to generate evidence/data	<ul style="list-style-type: none">- Support and facilitate donor engagement / access and channel funds to the health sector- Leadership to share and inform on opportunities- Capacity development for proposal development- Create platforms for cross-learning of good practices

	<ul style="list-style-type: none"> - Cross-learning of good practices and technologies - Mobilizing synergistic financing - Sustainable financing mechanism for climate action - Support in identifying country vulnerabilities 	<ul style="list-style-type: none"> - Co-benefits and thematic areas for financing based on country needs and priorities - Tools and guidance documents – investment cases for finance / proposals
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World Café (Small Group Discussions)

The World Café session consisted of small group discussions that allowed participants to dive deeper into topics and areas of interest, with discussions taking place in different languages. Twelve topics were suggested and facilitated by meeting attendees, and participants were able to select two topics to attend as part of the overall session. A summary of the World Café discussion topics is below.

#	Topic	Facilitator	Language	Description/ questions discussed
1	Measuring the carbon footprint of health care facilities	Ahmad Ali Al-Barmawi (Ministry of Health Jordan)	Arabic	What are the tools and methods by which emissions from health facilities can be determined? Do health facilities have a particular carbon footprint? What are the most prominent and important activities that emit gas emissions in health facilities? How do we work to reduce the carbon footprint in these facilities?
2	Carbon emission reductions from a patient care pathway perspective	Niels Lund (Sustainable Markets Initiative)	English	By taking a patient care pathway approach, it is possible to identify opportunities to deliver lower-emissions patient care, improving health and societal outcomes. The Sustainable Markets Initiative has identified seven levers that are particularly relevant for decarbonizing facilities, improving prevention and care, and delivering care differently.
3	Climate and Health Co-Investment Facility and Climate and Health Financing: Open discussion	Marina Smelyanskaya (UNDP)	English	At COP 28, GCF, UNDP and WHO joined forces to enhance access to financing to address the impact of climate change on health. This session provides additional detail on the innovative climate and health GCF co-investment facility, highlighting opportunities and next steps.
4	Health and Climate Observatory: Evaluation of Funding Sources for each region	Diego Moreno Heredia (Ministry of Health and Social Protection Colombia)	Spanish	How could a Climate and Health Observatory support climate change adaptation in countries? What kind of indicators should be prioritized? This discussion will focus on countries' needs for information and monitoring of climate action, as well as identifying possible sources of funding according to the context of each region.

#	Topic	Facilitator	Language	Description/ questions discussed
5	How can climate-informed disease surveillance be developed as a sustainable model by private and civil society actors?	Asha Jyothi (Swasti)	English	What are the current initiatives for climate-informed disease surveillance in your country or region? Who are the key stakeholders and who is missing at the table? How can we ensure sustainable financing for regular disease surveillance to avert future pandemics and protect health from climate change?
6	Equitable inclusion: community engagement in efforts to build climate resilient and low carbon health systems	Rachel Taylor (Save the Children)	English	We know that engagement of communities and vulnerable populations is necessary to build and sustain climate-resilient, low-carbon health systems. What proven or promising approaches support effective community engagement? At what levels and within which health systems building blocks?
7	How to implement climate change and health activities in fragile states?	Mazen Malkawi (WHO EMRO)	Session 1: English Session 2: Arabic	In fragile states, implementing climate change and health initiatives requires tailored strategies that account for the unique challenges and vulnerabilities of these contexts. How can activities be implemented in the face of these challenges? What experiences and learnings can be shared?
8	The role of Artificial Intelligence and digitisation in health system decarbonisation	Jan-Willem Scheijgrond (DITTA)	English	Artificial Intelligence (AI) has the potential to radically transform healthcare service delivery and improve productivity and health outcomes. But how will the massive deployment of AI impact the carbon footprint of healthcare? This discussion will share examples, perspectives and potential action to ensure responsible AI improves outcomes for health and the planet.
9	Integrating the One health approach in the health and climate agenda	Birte Frerick (Ministry for Economic Cooperation and Development Germany [BMZ])	English	This session will provide an opportunity to exchange with regards to experiences, stories and examples on how a One Health Approach has been applied for the health and climate agenda. It is further planned to elaborate on specific mitigation and adaptation objectives, such as using the broad and intersectional lens in order to define co-benefits in climate funding, or on adaptation efforts such as integrated surveillance systems and nature based solutions.
10	Operationalisation of climate change and health teams at Ministry of Health: resilience and sustainability	Diana Picon Manyari (Health Care Without Harm)	Session 1: Spanish Session 2: English	Discussions with participants that have, are building, or would like to operationalise climate change and health teams.
11	Healthy and sustainable food	Lina Mahy (WHO HQ)	Session 1: English	This group will discuss the action of ensuring healthy and sustainable food provision in healthcare settings, as an

#	Topic	Facilitator	Language	Description/ questions discussed
	provision in healthcare settings		Session 2: French/ Spanish - TBC	example of integrating climate and nutrition across health systems. Evidence shows that this action can have both nutrition- and climate- relevant benefits.
12	Should the footprint of a medical treatment influence the choice or availability of treatment?	Esther Putman (Ministry of Health, Welfare and Sport Netherlands)	English	Some treatments impose a high burden on the environment (sometimes with limited health benefits) and consequently jeopardize the health of future generations. How can we ensure care for present day generations without harming future generations?

Day 2 Parallel Breakout Sessions

CRHS 3: Climate Information for Health Services

This session provided an opportunity to discuss the role of ATACH in advancing work on climate information for health services, including on climate-informed health surveillance and modelling of health impacts of climate change. The session began with an introductory presentation on operationalizing climate science and services for health by Dr Joy Shumake-Guillemot, Lead - WHO-WMO Climate and Health Office, World Meteorological Organization, and Dr Diarmid Campbell-Lendrum, Head - Climate Change and Health Unit, WHO.

The presentation was followed by a panel discussion moderated by Ms Sally Edwards, Coordinator, WHO Western Pacific Regional Office (WPRO) and panellists reflecting on the topic of climate information for health services, including Mr Misganew Tewachew, Public Health Specialist, Ministry of Health, Ethiopia; Dr Agnes Soares da Silva, Director of the Department of Environmental Health Surveillance and Workers' Health, Ministry of Health, Brazil; Ms Ana Paula Cardoso Thuzine, Head of Environmental Health Department, Ministry of Health Mozambique; and Dr Carlos Mediano, President, Medicus Mundi International. Key points discussed including suggested priorities for ATACH to support country implementation on this topic area (as discussed by panelists, audience and through the use of Slido polls) are summarized in the table below.

CRHS 3: Climate Information for Health Services		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Lack of data availability and sharing of data, quality issues and updates of data - Lack of skills and capacity for forecasting, data analysis - Limited knowledge of how climate information can be used for health services - Lack of policy and decision awareness 	<ul style="list-style-type: none"> - Capacity development and training - Guidance - More technology – e.g. weather stations - Common data platforms - Institutionalized body in health sector to focus on this topic - Investment in data infrastructure, synchronization of Met data with hospital 	<ul style="list-style-type: none"> - Capacity development and training on how to use data and tools - Fund mobilization - Guidance on translating data and services into action by policymakers - Guidelines and tools for data sharing and management - Advocacy and awareness raising to foster political commitment and

<ul style="list-style-type: none"> - Coordination across sectors and other parts of authorities - Mismatch between weather and health data in terms of availability and/or geographical or temporal resolution 	<p>information management system (HIMS)</p> <ul style="list-style-type: none"> - Data sharing between health and environment sectors; and between neighbouring countries - Financial and technical support - Coordinated action and improved communication across sectors 	<p>leadership in this area; training political leaders on CCH</p> <ul style="list-style-type: none"> - Support to address enabling environment issues, e.g. policies, financing, coordination - Evaluating current processes - Information about all climate sensitive health issues including non-communicable diseases and mental health - National health and climate change action plans and data-sharing platforms – make data available to countries (common database) - Evidence that implementation of approaches linking climate and health services leads to benefits; evidence linking climate and weather to climate-sensitive disease outcomes - Support countries to ensure climate service integrated into existing health surveillance systems
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I-CAN 2: Opportunities to Integrate Nutrition and Climate at the National Level in 2024

This second session under the I-CAN Working Group, brought together countries and partners to discuss opportunities for integration of nutrition and climate at the national level that can be supported and advanced by the ATACH in the coming years. The session was moderated by Dr Nancy Aburto, Deputy Director – Food and Nutrition Division, Food and Agriculture Organization (FAO) and opened with high-level remarks from Dr Hossam Abdel-Ghaffar, Minister Assistant for Institutional Reform and Official Spokesman of Ministry of Health and Population, Egypt, which championed this agenda during Egypt's COP27 Presidency. The I-CAN was thereafter hosted as an ATACH WG.

The discussion was framed by three presentations on various aspects in consideration of the climate and nutrition agenda from: Prof Rune Blomhoff, Professor and Project Leader for New Nordic Nutrition Recommendations, Nordic Council on integrating environmental aspects into Nordic nutrition recommendations and food-based dietary guidelines; Mr Sid Mehta, Senior

Director of Ancillary Services, Simon Fraser University on opportunities for greening procurement for university catering; and Ms Rachel Taylor, Senior Advisor - Global Health, Save the Children on an analysis of the nutrition and climate integration from a review of 8 countries' national climate, health and nutrition policies, strategies and action plans.

Following the presentations, Mr Edward Boydell, Food Systems Strategic Advisor, Scaling Up Nutrition provided additional background and moderated a discussion on opportunities for integration of climate and nutrition at national level. Key themes of discussion including priorities for ATACH to advance on this topic to support country implementation (as discussed by panelists, audience and through the use of Slido polls) are summarized in the table below.

I-CAN 2: Opportunities to Integrate Nutrition and Climate at the National Level in 2024		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Lack of awareness of nutrition opportunities in the climate change – health space (vulnerability assessment, policy, action and finance). - Fragmentation, silos and lack of political will 	<ul style="list-style-type: none"> - Integrated, practical action is not new - Build on momentum and link networks to support synergies and unlock finance - Coordination for healthy, sustainable diets that support climate and health outcomes. - Practical guidance on integrating nutrition, climate and health in different spheres 	<ul style="list-style-type: none"> - Continue to build awareness and take systemic action to integrate nutrition within broader health response to climate change - I-CAN to be supported by ATACH Finance WG to deliver practical, coordinated support to countries and unlock opportunities - Guidance and technical support for countries to systematically integrate climate and nutrition for positive health outcomes

LCSHS 1: Indicators to Measure Low Carbon Sustainability in Health Systems

This session under the LCSHS Working Group of the ATACH focused on indicators for measuring progress in achieving low carbon sustainable health systems. The session was led and moderated by Dr Hardeep Singh, Professor and Executive Committee Member, Lancet Commission on Sustainable Healthcare. Dr Singh opened the session with a presentation about the importance of measurement for LCSHS, the challenges that are currently faced, and key actions and approaches to measurement that can help overcome these challenges while bringing additional benefits for health systems.

Following the presentation, the first of two panels allowed representatives of ATACH countries to share their insights and experiences related to the topic. Panellists included Dr Erlend Tuseth Aasheim, Director – Department of Global Health and Health Intelligence, Ministry of Health, Norway; Lic Cynthia Pérez Rodríguez, Chemist, Ministry of Health, Costa Rica; and Mr Karma Wangdi, Program Analyst, Ministry of Health, Bhutan. Following further discussion and a Slido exercise to gain inputs from audience members, a second panel discussion brought in technical partners' experiences in measuring low carbon sustainability of health systems with panellists Mr Ignacio Fernandez, Director, Arup Spain; and Ms Anja Leetz, Advisor, GIZ. Key points discussed including suggested priorities for ATACH to support country implementation in this

topic area (as discussed by panelists, audience and through the use of Slido polls) are summarized in the table below.

LCSHS 1: Indicators to Measure Low Carbon Sustainability in Health Systems		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Overall: Minority of countries have made progress with sustainable, low carbon healthcare - Reasons include: <ul style="list-style-type: none"> • Conflicting priorities in health sector • Agenda not yet perceived as an integral ingredient of quality of care agenda • Different languages used among health and climate communities - While overall hospital data are easier to access, departmental data are scarce, as well as data for primary health care - Lack of awareness of health sector leaders on need and options on decarbonizing health care - Limited links between data becoming available with budgeting for climate action - Limited understanding on which actions bring how much GHG reductions - Lack of aggregation of emerging data at country level - Limited budgetary resources and HR capacities in institutions (e.g. MoH) - Limited capacity to analyze data - Limited coordination among institutions sharing responsibility in health care 	<ul style="list-style-type: none"> - Mobilizing political commitment by health leaders - Development of robust indicators based on common definitions enabling baseline assessments (specific domains and composite) – globally framed, but adaptable to national/local context - Capacity building on how to measure/estimate GHG emissions and how to analyze and use data - Establishment of data management systems 	<ul style="list-style-type: none"> - Developing/sharing resources and tools on how to measure indicators - Sharing examples and experiences with setting national goals and target setting, including interim targets to allow for incremental progress - Sharing, documenting and synthesizing good practice examples - Sharing catalogues /checklists of intervention areas /measures - Develop/share tools for carbon calculations - Share experiences in establishing indicators - Capacity building and facilitating peer-to-peer support/assistance - Guidance development, including on design and redesign of hospital infrastructure (existing and new buildings) - Identification and promotion of innovative cost-effective interventions and solutions - Promote “routine integration” of health sector GHG emissions in the national NDCs (with other sectors) - Align/coordinate forces on supply chain changes while maintaining quality care

LCSHS 2: Action Planning for Low Carbon Health Systems

This session was led and moderated by Ms Diana Picon Manyari, International Climate Director, Health Care Without Harm. The aim of the session was to start developing a common understanding of action plans and roadmaps based on the experiences of countries who have developed, are developing, or are considering starting the development of the action plans and roadmaps, and to discuss the role of ATACH in supporting countries to advance on this activity. Ms Manyari provided an overview presentation of action plans and roadmaps for LCSHS to frame the discussion.

A panel discussion enabled further sharing of perspectives on this topic, with panellists including Mr Colin O’Hehir, Head of Climate Change Unit, Ministry of Health, Ireland; Dr Rachid Wahabi, Climate Change Focal Point, Ministry of Health, Morocco; Dr Ronald Law, Medical Officer V, Department of Health, Philippines; Dr Victorio Molina, Professor, University of the Philippines; Ms Sandrine Bouttier-Stref, Global Head of Corporate Social Responsibility, Sanofi representing Sustainable Markets Initiative (SMI). The discussion was followed by an interactive prioritization exercise to identify key tools, resources, and assistance to support countries in developing action plans and roadmaps. The key discussion points from the session are summarized below.

LCSHS 2: Action Planning for Low Carbon Health Systems		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none">- Financing – both for planning and implementation- Choosing the right methodology and data gathering for baselining of GHG emissions- Political commitment and leadership buy-in	<ul style="list-style-type: none">- Access to financing- Methodologies, tools for baselining & planning- Case studies and lessons from others- Effective governance structures within MoH- Collaboration and engagement with stakeholders Advocacy, education, training	<ul style="list-style-type: none">- Mapping where countries are in the process of planning- Facilitate country knowledge-sharing- Facilitate access to financing and sharing opportunities- Advocacy tools- Health professional education- Clarity around available tools and methods for measurement- Guidance on collaboration with other sectors- Plans that include transformative actions, prevention

SC 2: The Role of the Private Sector in Promoting Greening of Supply Chains

This session under the Supply Chains Working Group focused on the role of the private sector in promoting greening of supply chains and how the ATACH can support in fostering stronger collaboration between the private sector, countries and other technical partners to strengthen this area. The session was led and moderated by Mr Niels Lund, Vice President for Climate Change & Health representing Sustainable Markets Initiative (SMI) and Ms Ann-Lise Mikolajczak,

Associate Director – Global Health and Access representing the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA).

The session began with a presentation on the work of the SMI Health Systems Task Force by Mr Lund, and how the Task Force is engaging and working with private sector partners to support minimum climate and sustainability targets for suppliers. The presentation also covered some key challenges and further opportunities to address these through multi-sectoral collaboration and coordination. In following, Ms Mikolajczak moderated a panel discussion with partners working on greening supply chains for the health sector, including Mr Vincent Bretin, Director of Results & Climate, Unitaaid; Dr Lasha Gogvadze, Lead – Health Climate, Migration and Risk Communication, International Federation of Red Cross and Red Crescent Societies (IFRC); and Mr Jan-Willem Schijground, Vice President and Global Head of Government and Public Affairs, Philips, representing the Global Diagnostic Imaging, Healthcare ICT, and Radiation Therapy Trade Association (DITTA). The key points of the panel and discussion with the audience are summarized below.

SC 2: The Role of the Private Sector in Promoting Greening of Supply Chains		
Country Challenges	Country Needs	Suggested Priorities for ATACH
<ul style="list-style-type: none"> - Importance of aligning standard and reporting within and across sectors (and countries) so that suppliers (and suppliers of suppliers) face the same questions, requirements and reporting standards from health systems, pharmaceutical/medtech companies and others - Importance of innovation: in interventions, collaboration, research - The low-hanging fruits have already been picked in many places – we have to both innovate and invest in finding green solutions 	<ul style="list-style-type: none"> - Sharing of best practices in green procurement - Investments/incentives where green solutions do not exist - Transparency in the supply chain to allow consumers and stakeholders make informed choices - Understanding local needs for local solutions 	<ul style="list-style-type: none"> - Support the movement towards transparent, comparable assessments to the health sector (LCAs) – standardization of data while keeping it simple and usable - Support capacity building for LCA calculations in low resource settings where data is scarce/LCA experience is limited + importance of collaboration within the private sector – and the public sector with the private sector: “We are all someone else’s scope 3” - Mapping where each country is on the journey towards sustainable procurement - Involve patients and healthcare professionals (and their organisations) in innovation and feedback on climate-friendly solutions

Plenary Session: “Reflection on Next Steps for ATACH” and Closing Remarks

The closing plenary session of the meeting was moderated by Ms Helen Yaxley, Lead of the Climate, Environment and Health Team at the United Kingdom Foreign Commonwealth and Development Office (FCDO). For the first part of the session, session leads from the day 2 parallel sessions briefly reported on the key discussion points and outcomes of the sessions.

This was followed by a panel discussion reflecting on meeting and on the next steps for the ATACH. Panellists represented ATACH co-conveners, including Dr Maria Neira, WHO; Mr Chris Carter, Head of Human Development at the United Kingdom Foreign, Commonwealth & Development Office (FCDO); Dr Nada Al Marzouqi, Chief Happiness & Positivity Officer and Director of the Public Health and Prevention Department at the Ministry of Health and Prevention, United Arab Emirates; and Prof Dr Hossam Abdel-Ghaffar, Minister Assistant for Institutional Reform and Official Spokesman for the Ministry of Health and Population, Egypt.

Reflections were also made by Mr Fernando Jiménez-Ontiveros, Director of Multilateral, Horizontal and Financial Cooperation, Spanish Agency for International Development Cooperation (AECID) as a host and key supporter of the meeting; and Mr Vugar Mammadov, Head, International Cooperation Department, Ministry of Health, Azerbaijan who announced that COP29 would continue to place importance on the climate and health agenda under the Presidency of Azerbaijan.

Following the reflections, high-level closing remarks of the meeting were made by The Rt Hon Andrew Mitchell MP, Minister of State of the United Kingdom Foreign, Commonwealth & Development Office (FCDO) who reiterated the importance of this agenda and its continuing development following on from the COP26 Health Programme, and by H.E. Teresa Ribera, Vice-President and Minister for Ecological Transition and Demographic Challenge, Spain who commented on the importance of collaborative working across countries, sectors and ministries, and to consider environmental and health interventions together, to ensure positive outcomes for the health of humans and the environment. The second day of the meeting was closed by Dr Maria Neira.

Conclusions and Next Steps

Through rich and productive discussions in the plenary and parallel sessions, and in taking the opportunity to bring countries and partners together in-person, the two key objectives of the ATACH Global Meeting were achieved:

- Gather the required information from countries and partners to refine and validate the priorities and strategic direction of the ATACH and each of its working groups up to the end of 2025, to support countries to advance climate change and health implementation, including the COP26 health commitments and the health outcomes of COP27 and COP28;
- Increase momentum and strengthen collaboration and coordination for driving implementation at country level.

The discussion saw common themes emerging in terms of challenges and needs faced by countries to advance on building climate resilient and low carbon sustainable health systems, including tools, capacity building and skills development, evidence gathering and data sharing,

financing, collaboration and coordination. The parallel sessions also enabled specific topics to be discussed and priority actions to be advanced through the ATACH and its key functions.

As next steps, the WHO as the ATACH Secretariat with the ATACH Steering Group will:

- Refine the ATACH Strategy and work plans of the working groups based on the meeting discussions,
- Convene further working group and technical meetings in 2024 and 2025 to advance on the priorities identified and continue to advocate for the climate and health agenda in international fora like the World Health Assembly and COPs,
- Continue providing support to countries on the topics and areas discussed including on common themes like access to financing, and through facilitating sharing of knowledge and resources through the ATACH Community of Practice,
- Consider reconvening the ATACH members in a future global meeting to provide progress updates and continue to refine the offering of ATACH as a platform based on the needs and challenges communicated by countries.

Annex 1. Summary Table: Outcomes and Recommendations for ATACH Priorities

Topic	Suggested Priorities for ATACH for 2024-2025 to Support Implementation by Countries
CRHS 1: Indicators for Health Adaptation and Climate Resilience	<ul style="list-style-type: none"> - Continued discussion on the topic of indicators, including on specific topics/issues - Guidance documents and tools - Training - Access to experts - Act as platform to share experiences and best practices - Help collect and identify countries' needs and capacities – and manage data from global to national to local levels - Increase capacity for project preparation, implementation and monitoring – from national to local levels
CRHS 2: Climate Change and Health Vulnerability and Adaptation Assessments	<ul style="list-style-type: none"> - Help in understanding data requirements and getting access to data - Create common language across data from different sectors - Support a network and community of practice to identify champions - Document good practices and create good business case for V&As - Promote theory of change to acceleration by joining top down with bottom up - looking at implementation challenge. - Tailor support to grouping of countries by regional landscape of challenges - Support synchronizing V&A for health with overall adaptation plan
CRHS 3: Climate Information for Health Services	<ul style="list-style-type: none"> - Capacity development and training on how to use data and tools - Fund mobilization - Guidance on translating data and services into action by policymakers - Guidelines and tools for data sharing and management - Advocacy and awareness raising to foster political commitment and leadership in this area; training political leaders on CCH - Support to address enabling environment issues, e.g. policies, financing, coordination - Evaluating current processes - Information about all climate sensitive health issues including non-communicable diseases and mental health - National health and climate change action plans and data-sharing platforms – make data available to countries (common database) - Evidence that implementation of approaches linking climate and health services leads to benefits; evidence

Topic	Suggested Priorities for ATACH for 2024-2025 to Support Implementation by Countries
	<p>linking climate and weather to climate-sensitive disease outcomes</p> <ul style="list-style-type: none"> - Support countries to ensure climate service integrated into existing health surveillance systems
Financing	<ul style="list-style-type: none"> - Support and facilitate donor engagement / access and channel funds to the health sector (initiatives like Development Bank Working Group for Climate-Health Finance) - Leadership to share and inform on opportunities - Capacity development for proposal development - Create platforms for cross-learning of good practices - Co-benefits and thematic areas for financing based on country needs and priorities - Tools and guidance documents – investment cases for finance / proposals
I-CAN 1: Nutrition and Climate Change and Health Research	<ul style="list-style-type: none"> - Amplify research available and link to action at national level and multilateral processes - Provide support to use research to inform decisionmaking (e.g. technical advice, tools) - Direct finance to priorities and opportunities highlighted by research - Support collaboration and exchange in research across ATACH WGs - Support agenda to keep nutrition as a central consideration of health and climate action
I-CAN 2: Opportunities to Integrate Nutrition and Climate at the National Level in 2024	<ul style="list-style-type: none"> - Continue to build awareness and take systemic action to integrate nutrition within broader health response to climate change - I-CAN to partner with Finance WG to deliver practical, coordinated support to countries and unlock opportunities - Guidance and technical support for countries to systematically integrate climate and nutrition for positive health outcomes
LCSHS 1: Indicators to Measure Low Carbon Sustainability in Health Systems	<ul style="list-style-type: none"> - Developing/sharing resources and tools on how to measure indicators - Sharing of examples and experiences with setting national goals and targets set, including interim targets to allow for incremental progress - Sharing, documenting and synthesizing good practice examples - Sharing catalogues/checklists of intervention areas/measures - Develop/spread tools for carbon calculations - Sharing of experiences in establishing indicators - Capacity building and facilitating peer-to-peer support/assistance

Topic	Suggested Priorities for ATACH for 2024-2025 to Support Implementation by Countries
	<ul style="list-style-type: none"> - Guidance development, including on design and redesign of hospital infrastructure (existing and new buildings) - Identification and promotion of innovative cost-effective interventions and innovative/affordable solutions - Promote “routine integration” of health sector GHG emissions in the national NDCs (in concert with other sectors) - Align/coordinate forces on supply chain changes while maintaining quality care
LCSHS 2: Action Planning for Low Carbon Health Systems	<ul style="list-style-type: none"> - Mapping where countries are in the process of planning - Facilitate country knowledge-sharing - Facilitate access to financing and sharing opportunities - Advocacy tools - Health professional education - Clarity around available tools and methods for measurement - Guidance on collaboration with other sectors - Plans that include transformative actions, prevention
LCSHS 3: GHG Emissions Benchmarking	<ul style="list-style-type: none"> - Sharing practices and case studies - A unified tool/carbon calculator and mitigation calculator considering different contexts / made available online - Training on the tool and how to collect and analyze data and develop action plans - Sharing/ piloting a case study showing how to transform health facility or community into low carbon/net zero one - Capacity building and training / know-how transfer - on scope 3 estimation, communication / reaching policy makers, translating assessment results into actions - Linking with other initiatives like UHC and try to promote financial support - A systematic step wise approach on how to do bottom-up approach
SC 1: Sustainable Procurement Standards to Reduce Emissions in the Supply Chain	<ul style="list-style-type: none"> - Technical training - Develop guidance for countries - Coordinate ATACH members to influence market and encourage innovative solutions - Facilitate making sustainable choices
SC 2: The Role of the Private Sector in Promoting Greening of Supply Chains	<ul style="list-style-type: none"> - Support the movement towards transparent, comparable assessments to the health sector (LCAs) – standardization of data while keeping it simple and usable - Support capacity building for LCA calculations in low resource settings where data is scarce/LCA experience is limited + importance of collaboration within the private sector – and the public sector with the private sector: “We are all someone else’s scope 3”

Topic	Suggested Priorities for ATACH for 2024-2025 to Support Implementation by Countries
	<ul style="list-style-type: none"> - Mapping where each country is on the journey towards sustainable procurement - Involve patients and healthcare professionals (and their organisations) in innovation and feedback on climate-friendly solutions
SC 3: Cross-sectoral / Multi-agency Collaboration at National Level	<ul style="list-style-type: none"> - Foster multi-country collaboration for sharing experiences and aligning standards - Look at how to support development of local markets where feasible - Ensure that the topic is included in knowledge sharing platform (ATACH Community of Practice)

Annex 2. Meeting Programme and Agenda

ATACH Global Meeting

Transforming health systems in the face of climate change

4-5 March 2024 / Madrid, Spain / 9:00 – 17:30 CET

Overview

Purpose of the meeting: Building on the health outcomes of COP26, COP27 and COP28, particularly the Health Day, COP28 UAE Declaration on Climate and Health, the Global Goal on Adaptation, the Sharm-El-Sheikh Adaptation Agenda, and the Guiding Principles on Financing Climate and Health Solutions, members of the Alliance for Transformative Action on Climate and Health (ATACH) will convene to agree on how these outcomes should shape the priorities of the ATACH moving forward responding to country demands, and promoting better understanding of the barriers and opportunities to progress this important agenda. ATACH members will also share experiences and expertise for building climate resilient and low carbon health systems.

The ATACH meeting will contribute to the overall ATACH objectives and functions related to sharing of experiences and knowledge, enhanced coordination and collaboration to address country needs for the implementation of the COP26, COP27 and COP28 health outcomes.

Background information on the health outcomes of COP28: The ATACH was established in June 2022 by WHO and the UK aiming to support implementation by those countries having committed to the COP26 Health Initiatives on Building Climate Resilience and Low Carbon Sustainable Health Systems. At COP27, the Initiative on Climate Action for Nutrition (I-CAN) was launched by Egypt as the President of the COP. Furthermore, the COP28, under the Presidency of UAE, saw the first Health Day organized within a COP and 149 countries signing the COP28 Declaration on Climate and Health. Furthermore, over 40 organizations endorsed the COP28 UAE Guiding Principles on Financing Climate and Health Solutions, intended to recognize the need and opportunities for increased resources and ways of working in the climate-health intersection for maximum impact².

The COP28 Declaration³ highlights as objectives: 1. strengthening the development and implementation of policies that maximize the health gains from mitigation and adaptation action; 2. facilitating collaboration on human, animal, environment, and climate change challenges; 3. prioritizing and implementing adaptation actions across sectors that deliver positive health outcomes; 4. improving the ability of health systems to anticipate and implement adaptation interventions against climate sensitive diseases and health risks (e.g. climate-health information systems, surveillance and early warning and response systems); 5. promoting a comprehensive response to address the impacts of climate change on health; 6. combating inequalities within and among countries, and pursuing policies that work towards accelerating achievement of the Sustainable Development Goals; 7. promoting steps that curb emissions and reduce waste in the health sector; 8. strengthening trans- and inter- disciplinary research, cross-sectoral collaboration, sharing of best practices, and monitoring of progress at the climate-health nexus, including through initiatives such as the ATACH.

² COP28 Guiding Principles on Financing Climate and Health Solutions. <https://www.cop28.com/en/guiding-principles>

³ COP28 UAE Declaration on Climate and Health. <https://www.cop28.com/en/cop28-uae-declaration-on-climate-and-health>

Furthermore, recognizing the challenges faced by the health sector to access finance for climate change and health, signatories of the Declaration: 1. encourage the scaling up of investments; 2. encourage international finance providers, including multilateral development banks, to strengthen the synergies between their portfolios, and enhance their support for country-led projects and programs; 3. share learnings and best practices on financing and implementing climate-health interventions, and develop a common understanding of existing needs for climate-health finance, grounded in country priorities and needs; 4. improve monitoring, transparency and evaluation efforts of climate finance in order to strengthen common understanding of its efficiency and effectiveness, and to maximize the delivery of positive health outcomes.

Furthermore, within the negotiated outcomes of COP28, Decision CMA/5 on the Glasgow – Sharm el-Sheikh work programme on the Global Goal on Adaptation (GGA), includes as one of the targets to be achieved by 2030, *“Attaining resilience against climate change related health impacts, promoting climate-resilient health services, and significantly reducing climate-related morbidity and mortality, particularly in the most vulnerable communities”*⁴. Similarly, the Sharm-el-Sheikh Adaptation Agenda⁵, launched by the COP27 Presidency and UN Climate Change High-Level Champions, started to be operationalized in 2023 and, in collaboration with the COP28, WHO and the International Federation of Red Cross and Red Crescent Societies (IFRC), launched last year a seventh task force on health. This agenda includes as health outcomes: 1. health systems and facilities resilience to climate change and vulnerable populations have access to safe and quality health services; 2. Multisectoral heat action plans and health-sector action plans protect high risk populations, for 50% of the populations exposed to extreme heat; 3. all countries have climate-informed health surveillance and early warning systems in place for priority climate-sensitive diseases, including vector-borne, water-related, airborne; 4. increase financing flows to build climate-resilient health systems.

Format: This will be the first face to face meeting of ATACH, designed to facilitate discussions and networking among partners. Attendance is expected from representatives of the ATACH member countries, technical partners, WHO regional and country offices, and invited experts in climate change and health. The meeting will comprise plenary sessions, presentations, workshops and parallel technical discussions. These sessions will be based on the needs and priorities communicated by countries during ATACH Working Group meetings in 2023 and discussions between the Secretariat with Member States and with the ATACH conveners and working group co-chairs.

The ATACH Global Meeting will aim to achieve the following specific objectives and outcomes:

Objectives:

- Refine and validate the priorities and strategic direction of the ATACH and each of its working groups up to end of 2025, to support countries to advance climate change and health implementation, including the COP26 health commitments and the health outcomes of COP27 and COP28;
- Increase momentum and strengthen collaboration and coordination for driving implementation at country level.

⁴ Glasgow-Sharm el Sheikh work programme on the global goal on adaptation referred to in decision 7/CMA.3 <https://unfccc.int/documents/636595>

⁵ Sharm-El-Sheikh Adaptation Agenda. 2023 Implementation Report <https://climatechampions.unfccc.int/wp-content/uploads/2024/01/Sharm-El-Sheikh-Adaptation-Agenda-2023-Implementation-Report.pdf>

Outcomes:

- ATACH strategy, including vision and theory of change launched;
- Prioritized shortlist of ATACH deliverables and timeframes agreed;
- Country needs for the implementation of COP26, COP27 and COP28 health priorities, reflected in the ATACH shortlist of deliverables;
- Improved knowledge and awareness of approaches and tools for building climate resilient and low carbon sustainable health systems;
- Enhanced understanding of the different climate change and health initiatives at global, regional and country level, and increased coordination among partners.

Programme

Monday, 4 March 2024		
8:00 – 9:00	Arrival and Registration	
9:00 – 9:25	Welcome and Opening Remarks <ul style="list-style-type: none"> - Dr Tedros Adhanom Ghebreyesus, Director-General, WHO [video opening] - H.E. Dr Mónica García, Minister of Health, Spain - H.E. Hugh Elliott, His Majesty's British Ambassador to Spain - Mr Antón Leis Garcia, Director, Spanish Agency for International Development Cooperation (AECID) 	MC: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO
9:25 – 9:30	<i>Photo Opportunity</i>	
9:30 – 10:00	Plenary Session Keynote presentation, including state of the art, ATACH progress and way forward, reflecting on outcomes of COP26, COP27 and COP28, and political and advocacy priorities, followed by Q&A	Dr Marina Romanello, Executive Director, Lancet Countdown Ms Elena Villalobos Prats, Secretariat Lead, ATACH, Climate Change and Health Unit, WHO

10:00 – 11:00	Panel Discussion: “Working collaboratively across sectors and scales to advance climate and health implementation at country level” <ul style="list-style-type: none"> - H.E. Dr Iziaq Kunle Salako, Minister of State for Environment, Nigeria [remote] - Dr Nada Al Marzouqi, Chief Happiness & Positivity Officer, Director, Public Health and Prevention Department, Ministry of Health and Prevention, United Arab Emirates - Mr Chris Carter, Head of Development, Foreign, Commonwealth & Development Office (FCDO), United Kingdom - Dr Agnes Soares da Silva, Director, Department of Environmental Health Surveillance and Workers' Health, Ministry of Health, Brazil - Ms Johanneke de Hoogh, Head, Global Health Division, Ministry of Foreign Affairs, Netherlands [remote] - Mr Fernando Jiménez-Ontiveros, Director of Multilateral, Horizontal and Financial Cooperation, Spanish Agency for International Development Cooperation (AECID) 		Moderator: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO Concluding Remarks: Dr Vanessa Kerry, CEO Seed Global Health , WHO DG Special Envoy on Climate Change and Health [remote]
11:00 – 12:00	Marketplace and Coffee		
12:00 – 13:30	Parallel Breakout Sessions 1		
	Room 1 (Salón de Actos) CRHS 1: Indicators for health adaptation and climate resilience Health Canada (lead)	Room 2 (Sala Europa) I-CAN 1: Nutrition and Climate Change and Health Research GAIN (lead)	Room 3 (Sala Internacional) SC 1: Sustainable procurement standards to reduce emissions in the supply chain NHS England (lead)
13:30 – 14:30	Lunch Break		
14:30 – 16:00	Parallel Breakout Session 2		
	Room 1 (Salón de Actos) CRHS 2: Climate change and health vulnerability and adaptation assessments Swiss Tropical and Public Health Institute (lead)	Room 2 (Sala Europa) SC 3: Cross-sectoral/multi-agency collaboration at national level Bangladesh (lead)	Room 3 (Sala Internacional) LCSHS 3: GHG Emissions Benchmarking France (lead)
16:00 – 16:30	Break and Return to Plenary		

16:30 – 17:30	Plenary Session: Reflection and Closing of Day 1 - Reporting from break-out groups – 1 slide per group	Moderator: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO/ Ms Elena Villalobos Prats, Secretariat Lead, ATACH, Climate Change and Health Unit, WHO Closing Remarks: Dr Javier Padilla, Secretary of State for Health, Spain
18:30 – 20:30	Networking Cocktail at Museo del Prado hosted by Spain (Address: C. de Ruiz de Alarcón, 23, Retiro) <i>Participants are invited to go directly to the cocktail after the last session of the day.</i>	

Tuesday, 5 March 2024

8:30 – 9:00	Arrival	
9:00 – 9:15	Recap of Previous Day and Introduction of Day 2	MC: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO Ms Ina von Frantzius, Counsellor for Development Policy / Global Health, Permanent Mission of Germany in Geneva
9:15 – 10:45	Plenary – Financing: From Principles to Climate-Health Action at Country Level World Bank (lead) <i>This session will consider the barriers, priorities and opportunities to access finance for climate and health through a country lens. It will be organized as a Davos-style panel followed by open discussion. Panelists will include country representatives, as well as representatives of development agencies, and organizations leading key initiatives (e.g. Guiding Principles for Financing Climate and Health Solutions, Development Banks' Investment Framework for Climate and Health Finance, Climate Change and Health Co-investment Facility)</i> Introductory Presentation	Presentation: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO Panel Moderator: Ms Ingunn Tysse Nakkim, Senior Advisor, Department for Human Development, Norwegian Agency for Development Cooperation (Norad)

	Panel Discussion <ul style="list-style-type: none">- Ms Tomasia Ana Maria do Rosario de Sousa, Senior Technical Officer of Public Health, Ministry of Health, Timor Leste- Mr Diego Moreno Heredia, Healthy Territory Coordinator and Climate Change Leader, Ministry of Health and Social Protection, Colombia- Mr Greg Kuzmak, Director of Health, Rockefeller Foundation- Dr Zara Shubber, Senior Health Specialist, World Bank- Mr Patrick Gitonga, Health & Climate Senior Specialist, Green Climate Fund (GCF)- Dr Agnes Soucat, Director, Health and Social Protection, French Development Agency (AFD) Open Discussion		
10:45 – 12:00	World Café (Small Group Discussions)		
12.00 – 13.30	Parallel Break-out Sessions 3		
	Room 1 (Salón de Actos) CRHS 3: Climate information for health services (climate-informed health surveillance, modelling health impacts) WHO and WMO/WHO Joint Office on Climate and Health (lead)	Room 2 (Sala Europa) LCSHS 2: Action planning for low carbon health systems Health Care Without Harm (lead)	Room 3 (Sala Internacional) I-CAN 2: Opportunities to integrate nutrition and climate at the national level in 2024 Egypt (lead)
13.30 – 14.30	Lunch Break		
14.30 – 16.00	Parallel Break-out Sessions 4		
	Room 1 (Salón de Actos) LCSHS 1: Indicators to measure low carbon sustainability in health systems Lancet Commission on Sustainable Healthcare (lead)	Room 2 (Sala Europa) SC 2: The role of the private sector in promoting greening of supply chains Sustainable Markets Initiative (SMI) and International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) (lead)	
16:00 – 16:30	Break		
16.30 – 17.15	Plenary Session: “Reflection on Next Steps for ATACH”		Moderator: Ms Helen Yaxley, Climate and Health Policy Lead, Climate, Environment

	<ul style="list-style-type: none"> - Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO - Prof Dr Hossam Abdel-Gaffar, Minister Assistant for Institutional Reform and Official Spokesman for the Egyptian Ministry of Health and Population, Egypt [remote] - Dr Nada Al Marzouqi, Chief Happiness & Positivity Officer, Director, Public Health and Prevention Department, Ministry of Health and Prevention, United Arab Emirates - Mr Vugar Mammadov, Head, International Cooperation Department, Ministry of Health, Azerbaijan - Mr Chris Carter, Deputy Director, Head of Human Development Department, Foreign, Commonwealth & Development Office (FCDO), United Kingdom - Mr Fernando Jiménez-Ontiveros, Director of Multilateral, Horizontal and Financial Cooperation, Spanish Agency for International Development Cooperation (AECID) 	and Health Team, Foreign, Commonwealth and Development Office (FCDO)
17.15 – 17.30	Closing Remarks & Meeting Ending	<p>Moderator: Dr Maria Neira, Director, Environment, Climate Change and Health Department, WHO</p> <p>Closing Remarks: The Rt Hon Andrew Mitchell MP, Minister of State of the Foreign, Commonwealth & Development Office (FCDO), United Kingdom [remote]</p> <p>H.E. Teresa Ribera, Vice-President and Minister for Ecological Transition and Demographic Challenge, Spain</p>

The meeting will be live-streamed on the WHO website: <https://www.who.int/news-room/events/detail/2024/03/04/default-calendar/attach-global-meeting--transforming-health-systems-in-the-face-of-climate-change>

Annex 3. List of Participating Countries/Areas and Organizations

Member Countries and Areas (Ministry of Health or Equivalent)

- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Belgium
- Bhutan
- Botswana
- Brazil
- Brunei Darussalam
- Burkina Faso
- Cabo Verde
- Canada
- Central African Republic
- Chile
- Colombia
- Congo
- Costa Rica
- Côte d'Ivoire
- Dominican Republic
- Ecuador
- Egypt
- Ethiopia
- France
- Germany
- Ghana
- Indonesia
- Ireland
- Jamaica
- Jordan
- Kuwait
- Lao PDR
- Lebanon
- Liberia
- Madagascar
- Maldives
- Mauritania
- Morocco
- Mozambique
- Nepal
- Netherlands
- Nigeria
- Norway
- Oman
- Palestine
- Philippines
- Republic of Guinea
- Sao Tome and Principe
- Seychelles
- Sierra Leone
- Somalia
- Spain
- Sri Lanka
- Tanzania
- Timor-Leste
- Togo
- Tunisia
- Uganda
- United Arab Emirates
- United Kingdom
- United States of America
- Viet Nam
- Zambia

WHO Country and Regional Offices

- Bangladesh
- Bhutan
- Botswana
- Brunei, Singapore, Malaysia
- Central African Republic
- Chile
- Congo
- Costa Rica
- Côte d'Ivoire
- Democratic Republic of the Congo
- Ecuador
- Egypt
- Ethiopia
- Gabon
- Georgia
- Ghana
- Guinea (Republic of)
- Iran (Islamic Republic of)
- Jamaica
- Kuwait
- Lao PDR
- Lebanon

- Liberia
- Madagascar
- Maldives
- Morocco
- Mozambique
- Nepal
- Niger
- Oman
- Pakistan
- Philippines
- Rwanda
- Sao Tome and Principe
- Seychelles
- Sierra Leone
- Somalia
- Sri Lanka
- Tanzania
- Timor-Leste
- Togo
- Turkey
- Viet Nam
- Zambia
- WHO HQ
- WHO/AFRO
- WHO/EMRO
- WHO/EURO
- WHO/PAHO
- WHO/SEARO
- WHO/WPRO

Technical Partner Organizations

- Aga Khan Health Services
- Agence Française de Développement (AFD)
- Arup Spain
- Bill & Melinda Gates Foundation
- British Embassy Madrid
- Climate Action Accelerator
- Clinton Health Access Initiative
- Ditta
- ECODES
- Food and Agriculture Organization (FAO)
- Fundación Internacional y para Iberoamérica de Administración y Políticas Públicas, F.S.P.
- Gavi, the Vaccine Alliance
- Geneva Sustainability Centre, International Hospital Federation
- German Agency for International Cooperation (GIZ)
- German Federal Ministry of Economic Cooperation and Development (BMZ)
- Germany-Permanent Mission of Germany to the Office of the UN and other International Organizations Geneva
- Global Alliance for Improved Nutrition (GAIN)
- Green Climate Fund
- Health Care Without Harm (HCWH)
- Hospital Universitario La Paz
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- International Food Policy Research Institute
- Lancet Commission on Sustainable Healthcare
- Lancet Countdown: Tracking Progress on Health and Climate Change
- London School of Hygiene and Tropical Medicine (LSHTM)
- Medicus Mundi
- Mission & Co
- NHS England
- Nordic Council
- Norwegian Agency for Development Cooperation (NORAD)

- Norwegian Red Cross
- Red Cross Red Crescent Climate Centre
- Rockefeller Foundation
- Save the Children / Save the Children International
- Scaling Up Nutrition
- Seed Global Health
- Simon Fraser University
- Sociedad Española de Salud Ambiental
- Spanish Agency for International Development Cooperation (AECID)
- Spanish Ministry for the Ecological Transition and the Demographic Challenge (MITECO)
- Sustainable Markets Initiative
- Swasti
- The Global Fund to Fight AIDS, Tuberculosis and Malaria
- UK Health Alliance on Climate Change
- UNDP
- Unitaid
- United Kingdom Foreign Commonwealth and Development Office (FCDO)
- USAID
- US Embassy Madrid
- World Bank
- WHO/WMO Joint Office for Climate & Health

Regional Climate Change and Health Experts

- | | |
|--|--|
| - Austrian National Public Health Institute | - Monash Sustainable Development Institute, Monash University, Australia |
| - Center for Health Environment Research and Development, Viet Nam | - MoPH Belgium (FL) |
| - Centre for Global Child Health, The Hospital for Sick Children, Canada | - Nepal Health Research Council, Nepal |
| - Centre for Planetary Health Policy, Germany | - North South University , Bangladesh |
| - Egypt Health Authority | - RIVM National Institute for Public Health and the Environment, Netherlands |
| - Fiji National University | - Swiss Center for Scientific Research, Côte d'Ivoire |
| - Hassania High School of Public Works for Engineers, Morocco | - Swiss Tropical and Public Health Institute (Swiss TPH), Switzerland |
| - Independent Consultant, Botswana | - Université Cheikh Anta Diop de Dakar (UCAD), Senegal |
| - Independent Consultant, Burkina Faso | - Université de Lomé, Togo |
| - Independent Consultant, Kenya | - University Félix Houphouët Boigny, Côte d'Ivoire |
| - Independent Consultant, Mozambique | - University of Balamand, Lebanon |
| - Independent Consultant, United Kingdom | - University of Rwanda |
| - Makere University, Uganda | - University of the Philippines |
| - Ministry of Health and Prevention, Bahrain | |
| - Ministry of Health, Sri Lanka | |
| - Ministry of Health, Tunisia | |