



THE BELÉM HEALTH ACTION PLAN FOR THE ADAPTATION OF THE HEALTH SECTOR TO CLIMATE CHANGE



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Introduction

Climate change is one of the most urgent global health challenges of the 21st century, as a growing body of scientific evidence shows. Its impacts are already placing significant strain on health systems worldwide and disproportionately affecting developing countries and populations in situations of vulnerability. Extreme weather events, rising sea levels, changing precipitation patterns, and resource scarcity are intensifying inequities, undermining quality of life, and worsening the social determinants of health. These changes are increasing the burden of climate-sensitive diseases, higher mortality from extreme heat, deteriorating air quality, and disruptions to food and water security.

The 2015 Paris Agreement, Article 7 established the global goal on adaptation of enhancing adaptive capacity, strengthening resilience and reducing vulnerability to climate change, with a view to contributing to sustainable development and ensuring an adequate adaptation response in the context of the temperature goal referred to in Article 2.

In this context, there is an urgent need to foster collective action and strengthen governance mechanisms so that health systems are equipped to prevent, detect, and respond to the growing challenges posed by climate change. It is equally essential to mobilize resources for initiatives dedicated to safeguarding and promoting human health. Achieving this requires a committed and coordinated approach to climate and health adaptation, guided by detailed priority measures as embodied in this document: **the Belém Health Action Plan (BHAP).**

This Plan provides a framework to advance COP30's Action Agenda, particularly Key Objective 16 on promoting resilient health systems, and to support the Parties to this document, hereinafter referred to as 'Endorsing Parties', in implementing collective progress towards the 2028 Global Stocktake. It builds on international policies and commitments that increasingly recognize the link between health and climate change, including those adopted by the World Health Organization, its Member States, and through the UNFCCC and its COP processes. The BHAP seeks to consolidate and advance these initiatives, drawing on World Health Assembly Resolutions WHA61.19, WHA77.14, and WHA77.2, which address climate change, health, and social participation in health governance.

Furthermore, the Plan aligns with WHO's Global Plan of Action on Climate Change and Health, approved by the WHA in May 2025. While the WHO Global Plan of Action is broader in scope and covers all climate change and health priorities, the Belém Health Action Plan is more specific to the adaptation priorities included in the Global Plan of Action and provides actionable items to be implemented under each of





them.

The Plan is also coherent with the Global Goal on Adaptation, and the UAE-Belém Work Programme¹, building on the progress achieved within the UNFCCC framework, particularly initiatives launched since COP26:

- I.COP26: Health Programme and the consequent creation of ATACH (Alliance for Transformative Action on Climate and Health);
- II.COP27: Initiative on Climate Action and Nutrition (I-CAN);
- III.COP28: Declaration on Climate and Health and the Guiding Principles for Financing Climate and Health Solutions;
- IV.COP29: Baku COP Presidencies Continuity Coalition for Climate and Health and the Baku Initiative on Human Development.

The Belém Health Action Plan is organized around three interrelated lines of action, each underpinned by specific measures aimed at addressing priority areas and advancing the adaptation and resilience of health systems to climate-related challenges. These lines of action comprise: **(1) surveillance and monitoring; (2) evidence-based policies, strategies, and capacity-building; and (3) innovation, production and digital health**. In addition to these three action lines, the Plan is underpinned by **two cross-cutting principles** that inform the design and implementation of all actions: **health equity and ‘climate justice’; and governance with social participation**. These principles are essential to addressing the health impacts of climate change, as they recognize that different population groups are affected in different ways, and they acknowledge that leadership, governance, and broad social participation are crucial to achieving meaningful and lasting progress.

MAIN OBJECTIVE

Strengthen the health sector’s adaptation and resilience to climate change by advancing integrated surveillance and monitoring systems, accelerating capacity-building, promoting evidence-based policy implementation, and fostering innovation and sustainable production. This Plan takes into account the diverse needs and national contexts of health systems worldwide, and recognizes the importance of cross-sector collaboration to accelerate mitigation efforts that generate health co-benefits.

GLOBAL TARGET OF THE PLAN

At COP30, experts under the UAE–Belém Work Programme will propose a list of indicators for the Global Goal on Adaptation. The approved outcome indicators will support the monitoring of the BHAP.

By COP31 (2026): Endorsing Parties will be invited to progressively develop a common set of specific indicators related to this Plan, with support from the ATACH and its task

¹ UNFCCC. Decision 2/CMA.5: Global Goal on Adaptation. 2023. Available at: <https://unfccc.int/documents/637073>. Accessed: 7 Oct. 2025.





force on indicators, tailored to national contexts while remaining aligned with relevant international frameworks. These indicators will guide implementation while ensuring that monitoring and evaluation remain both context-sensitive and globally coherent. With support from WHO, ATACH, and in line with the UAE–Belém Work Programme and the Global Stocktake, Endorsing Parties will also agree on a monitoring framework for the Belém Health Action Plan. This framework will be underpinned by the agreed common set of indicators.

By COP32 (2027), Endorsing Parties and the BHAP Secretariat shall endeavor to monitor the implementation of the Plan at the national and global levels, as well as set the framework for the reporting process with the assistance of relevant stakeholders.

By COP33 (2028), all Endorsing Parties will be invited to deliver a report of their advances on the implementation of the actions enshrined in the Belém Health Action Plan and in accordance with the common indicators agreed by COP31 and the Global Stocktake.

CROSS-CUTTING PRINCIPLES

i. **Enhancing Health Equity and ‘Climate Justice’:**

Adaptation measures must address health inequities and inequalities, which are exacerbated by climate change, and also note the importance of ‘climate justice’ when taking action to address climate change². While these concepts are used in different ways across contexts and communities, in this document adaptation measures for the health sector must consider the fair allocation of burdens and benefits among individuals, nations, and generations, particularly in promoting equitable access to health care and services; inclusive participation in decision-making; and recognition, which entails basic respect, robust engagement, and fair consideration of diverse cultures and perspectives³.

ii. **Leadership and Governance on Climate and Health with Social Participation:**

The implementation of adaptation policies must be guided by principles of accountability, transparency, and oversight, within countries, adapted to their national circumstances and structures. The Plan advocates for full, equitable, and bottom-up approaches that ensure the active participation of civil society, particularly representatives of the most affected peoples and communities, in all stages of policy

² UNITED NATIONS FRAMEWORK CONVENTION ON CLIMATE CHANGE (UNFCCC). Decision 1/CMA.5. Outcome of the first global stocktake. FCCC/PA/CMA/2023/16/Add.1. Dubai: UNFCCC, 2023. Disponível em: https://unfccc.int/sites/default/files/resource/1_CMA.5.pdf. Acesso em: 6 out. 2025.

³ INTERGOVERNMENTAL PANEL ON CLIMATE CHANGE (IPCC). Summary for Policymakers. In: PÖRTNER, H.-O.; ROBERTS, D. C.; POLOCZANSKA, E. S.; MINTENBECK, K.; TIGNOR, M.; ALEGRÍA, A.; CRAIG, M.; LANGSDORF, S.; LÖSCHKE, S.; MÖLLER, V.; OKEM, A. (eds.). Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge: Cambridge University Press, 2022. p. 3–33. DOI: 10.1017/9781009325844.001.





formulation, implementation, and evaluation, through both consultative and deliberative mechanisms. These processes should include the voices of those in vulnerable situations and facing structural, environmental, or health-related disadvantages.





Action Lines and Proposed Measures for Adaptation and the Development of Climate-Resilient Health Systems

ACTION LINE 1: SURVEILLANCE AND MONITORING

Objective of Action Line 1: Implement and strengthen climate-informed health surveillance and monitoring systems that are integrated, interoperable, inclusive, and participatory, taking into account the needs of populations in situations of vulnerability. Establish mechanisms for continuous evaluation and refinement to ensure these systems can detect both extreme events and the gradual impacts of climate change, and provide real-time data to inform early warning and response actions. Enhance epidemiological and environmental monitoring capacities to support evidence-based measures that prevent or reduce climate-related health impacts, in line with global health adaptation commitments.

1.1. Improve Climate-Informed Health Surveillance

1.1.1. Invest in data infrastructure and establish partnerships among health institutions, meteorological agencies, emergency agencies, universities, and research centers for climate and health surveillance;

1.1.2. Implement integrated methodologies linking environmental, meteorological, social, climate and health monitoring data to develop effective health surveillance systems that can enhance early detection, risk assessment, and anticipation of climate-related public health threats. These systems should incorporate effective and inclusive risk communication strategies to ensure that early warnings and health advisories are communicated clearly, accessibly, and promptly to all relevant stakeholders;

1.1.3. Develop early warning systems, which may require the development of predictive models adapted to local climates, health profiles, and other relevant characteristics. Enhance data registration, reporting, and digitization processes to promote timely generation and dissemination of actionable information for these systems, including through the use of disaggregated data;

1.1.4. Promote the collection and analysis of climate–health impact data disaggregated by vulnerable groups, including mortality and morbidity linked to climate-sensitive risks. These efforts will reinforce climate and health surveillance, improve responses for at-risk populations, and advance equity in health outcomes in the context of climate change;





1.1.5. Establish and/or strengthen institutional decision-making mechanisms for responding to early warning systems and risks identified through surveillance;

1.1.6. Promote early warning systems and public health campaigns that are accessible, culturally appropriate, and provide continuous feedback to communities through formats that preserve their right to information e.g. by: (a) digital and visual platforms, such as risk dashboards, heat maps, and seasonal alerts for anticipating climate-related risks and extreme events (e.g., heatwaves, floods and droughts); (b) health-specific climate bulletins, covering topics such as climate-sensitive pathogens, extreme heat, and air pollution;

1.1.7. Integrate climate adaptation and resilience measures into all levels of health care, and health-specific programs, including immunization, disease elimination initiatives, and the expansion of preventive, diagnostic, treatment and rehabilitation services, promoting coordinated, effective and egalitarian responses to climate-related events;

1.1.8. Accelerate cross-regional and cross-border collaboration for shared learning, funding coordination, and joint investments with the support of the Alliance for Transformative Action on Climate and Health (ATACH), as part of the Plan's secretariat. Cross-border information sharing should be promoted through interoperable, privacy-respecting data standards consistent with international obligations.

1.2. Identify a Priority List of Climate-Related Risks and Diseases

1.2.1. Develop a national list of health threats associated with potential climate change scenarios, covering the present day as well as projected impacts. This list could include, among others, climate-related threats, diseases, vulnerabilities, and health risks, considering scientific evidence and national/international methodologies and references. It should be periodically updated to inform and guide surveillance and monitoring efforts; where appropriate, request technical guidance and strategic advice from WHO to support country-led prioritization of climate-sensitive diseases and conditions;

1.2.2. Foster inter- and transdisciplinary research and the development of technologies, facilitate the transfer of knowledge and expertise among countries. Support approaches for health promotion, prevention, early detection, testing and treatment of climate-sensitive diseases identified as high priority, including risk assessment;

1.2.3. Integrate local and community knowledge as a legitimate source of evidence and strengthen grassroots health surveillance mechanisms as essential components in the assessment of, and response to, climate-sensitive risks and





diseases, as appropriate.

1.3. Improve Health Risk Management in Climate Events and Emergencies:

1.3.1. Strengthen institutional health capacity for emergency response through established coordination mechanisms with formal protocols for real-time communication and action within and across sectors, including planning, capacity-building and simulation exercises with relevant stakeholders;

1.3.2. Develop contingency plans tailored to address different climate risks, prioritizing areas of greatest vulnerability and populations in situations of vulnerability, promoting the continuity of integrated health care and preventing the overloading of health systems and services;

1.3.3. Promote flexibility in administrative, regulatory, and procurement processes to enable rapid and effective emergency response actions, guided by ethical protocols that uphold transparency and strengthen social accountability following legal and regulatory frameworks;

1.3.4. Develop operational response protocols based on climate forecasts, particularly in areas and periods of heightened vulnerability, incorporating Indigenous, local and traditional knowledge, where appropriate;

1.3.5. Promote equitable workforce distribution and retention policies, supported by mechanisms to address health workforce shortages, striving for continuous service provision during climate-related emergencies, with particular attention to vulnerable regions, where appropriate;

1.3.6. Develop and implement climate-adaptation and contingency plans for health care services in Indigenous territories, to foster resilient infrastructure, logistics, and supply chains to extreme events such as floods, droughts, and wildfires.

ACTION LINE 2: EVIDENCE-BASED POLICY STRATEGY AND CAPACITY BUILDING

Objective of Action Line 2: Strengthen national and local capacities and accelerate the implementation of evidence-based policies and solutions through multidisciplinary, intersectoral, and participatory approaches, taking into account health equity, 'climate justice', and inclusive governance with the active involvement of relevant groups such as Indigenous peoples, traditional and local communities, and civil society at all stages of policymaking and decision-making.





2.1 Harmonize Climate–Health Adaptation Concepts

2.1.1. Adopt standardized, consensus-based classification of terms, concepts, and categories related to climate and health, including health equity, health system adaptation, climate and health finance and resilience. Align adaptation terminology with established references, such as WHO definitions (e.g., climate resilient health systems) and the Intergovernmental Panel on Climate Change (IPCC) glossary, while integrating socio-cultural perspectives from diverse contexts, including those of Indigenous peoples, traditional communities, and other sectors;

2.1.2. Promote language accessibility in policymaking and project cycles (formulation, implementation, monitoring, and evaluation) and strengthen climate and health governance through improved conceptual clarity and coherence.

2.2 Promote Multisector Policies with Health Co-Benefits:

2.2.1. Promote and implement intersectoral policies and strategies that maximize health and climate co-benefits. Prioritize strategic intersectoral interventions such as sustainable mobility and quality public transport; green cities; transformation of food systems through agroecology and regulation of health-harming products that have a high carbon footprint; investment in universal water, soil, sanitation, waste management systems; and reduction of chemical exposure, among others;

2.2.2. Strengthen national and international cooperation to integrate a One Health approach, enhancing collaboration on food safety systems, antimicrobial resistance, zoonotic and climate-sensitive disease control, and pandemic preparedness and response;

2.2.3. Integrate climate and health education into school curricula and community programs, fostering diversity, inclusion, psychosocial well-being and increasing awareness of climate change impacts on health and on health equity from an early age;

2.2.4. Establish and operationalize preventive and response strategies to protect the health, nutrition, hydration, and psychosocial well-being of children and adolescents in educational settings, in the context of climate-related extreme events, while ensuring the continuity of learning through safe, inclusive, and climate-resilient education systems;

2.2.5. Promote policies and investments that address climate change impacts on access to health care in historically marginalized territories, fostering formal integration of traditional knowledge into public policy and creating funding lines for community-based adaptation initiatives as appropriate.





2.3 Integrate Mental Health into Climate Adaptation in the Health Sector:

2.3.1. Integrate Mental Health and Psychosocial Support (MHPSS) into national climate and health policies, and strengthen multidisciplinary teams to assist communities affected by climate change. Foster coordinated, intersectoral action with shared leadership and accountability, considering community-based approaches. Where relevant, expand MHPSS initiatives grounded in traditional and Indigenous knowledge to promote participatory and context-appropriate responses;

2.3.2. Strengthen mental health systems to anticipate, absorb, and respond to climate-related stressors and disasters, ensuring continuity of care, uninterrupted access to essential medications, and the resilience of facilities and community-based services;

2.3.3. Promote research, monitoring systems, and indicators to track climate-related mental health impacts globally and nationally, using intersectional and equity-based approaches to inform policy and guide targeted interventions where appropriate;

2.3.4. Prepare health, social, and community professionals, educators, and responders with structured training, supervision, and peer support to provide effective, inclusive MHPSS across all phases of climate-related emergencies.

2.4 Promote Adaptation Policies to Support Populations in Situations of Vulnerability

2.4.1. Strengthen multisectoral and multilevel capacities to address disproportionate climate change impacts on populations in situations of vulnerability, particularly those facing intersecting forms of discrimination;

2.4.2. Integrate social determinants of health into climate–health vulnerability assessments and adaptation strategies, in coordination with relevant sectors, and systematically collect and analyze disaggregated health and vulnerability data, including by social status, race, ethnicity, and other relevant factors;

2.4.3. Promote evidence-based health policies and programs that integrate gender-responsive and child- and adolescent-responsive approaches across all climate and health adaptation efforts. These could include protection protocols to prevent and respond to violence, foster safe and inclusive shelters, and maintain the continuity of sexual and reproductive health and rights (SRHR), pediatric, and psychosocial care during and after climate-related emergencies, in coordination with relevant sectors;

2.4.4. Promote the effective participation of populations in situations of





vulnerability and their representative organizations in national and regional climate–health governance mechanisms, including monitoring committees and decision-making bodies;

2.4.5. Strengthen adaptation measures that safeguard food security, water access, and territorial rights of Indigenous Peoples and traditional communities, recognizing these as fundamental determinants of health in the face of climate change;

2.4.6. Promote accessible and continuous care for persons with disabilities (PWD) within climate adaptation and emergency response efforts, including access to medications, assistive devices, and caregiver support. This includes adapting health and urban infrastructure to climate change to foster full physical, communicational, digital, and attitudinal accessibility, as well as inclusive warning systems and evacuation routes based on universal design principles,⁴ in collaboration with PWD where appropriate.

2.5 Protect and Promote Workers' Health in the Context of Climate Change

2.5.1. Promote evidence-based regulations and policy interventions to address the impact of climate change on work environments, processes and relationships, focusing on the direct and indirect effects on workers' physical and mental health across formal and informal sectors, in line with local realities;

2.5.2. Promote surveillance systems for workers' health, including periodic examinations, transparent enforcement, and the expansion of local and regional workers' health teams and surveillance centers to cover formal and informal workers, Indigenous and traditional communities;

2.5.3. Enhance multisectoral engagement and coordination among public sector entities, private sector actors, and civil society organizations to safeguard workers' health through climate adaptation policies, in accordance with safety standards and just transition frameworks and strategies.

2.6 Strengthen the Health Workforce to Address Climate Change Challenges

2.6.1. Provide tailored technical capacity-building for health workforce and health managers to address climate change impacts on the health sector, from gradual manifestations to extreme events. Develop accessible, regularly updated training programs that use case studies and simulations to strengthen the capacities of the health workforce;

⁴ UNITED NATIONS. *Convention on the Rights of Persons with Disabilities*. New York, 13 Dec. 2006. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-2-definitions.html>. Accessed: 7 Oct. 2025.





2.6.2. Integrate environmental and climate change-related content into health education. Promote knowledge exchange through peer learning and mentorship, and establish intercultural, interdisciplinary programs that incorporate Indigenous and traditional knowledge, multilingual resources, and continuous professional development to strengthen climate-resilient health and disaster preparedness.

2.7 Promote Community Resilience to Climate Change:

2.7.1. Develop and support initiatives and public education campaigns on climate change and health adaptation at local, regional, and national levels, tailored to diverse audiences, with face-to-face and digital formats, and sensitive to cultural and territorial specificities as appropriate;

2.7.2. Foster community-led climate and health initiatives and programs, especially women-led and youth-led projects, to strengthen adaptation and local health systems;

2.7.3. Support community health strategies with accessible financing and sustained engagement with primary health care to ensure continuous participation in program design, implementation, and evaluation.

ACTION LINE 3: INNOVATION, PRODUCTION, AND DIGITAL HEALTH

Objectives of Action Line 3: Foster research, development, application of, and equitable access to innovative technologies and approaches that effectively meet the health needs of diverse populations. Enhance the resilience and sustainability of the essential health products manufacturing and supply chain by climate-proofing infrastructure, equipment, supplies, and services, including by integrating digital solutions and climate-smart health innovations.

3.1 Strengthen Climate-Resilient Infrastructure and Services

3.1.1. Promote investments in sustainable innovation and technology to provide uninterrupted operation of health care services during extreme climate events (e.g., droughts, floods, heatwaves, cold spells, hurricanes, wildfires, storms) and climate-related disease outbreaks;

3.1.2. Ensure that health facilities are prepared for extreme climate events (e.g., droughts, floods, heatwaves, cold spells, hurricanes, wildfires, and storms) through risk assessment of the most exposed areas and periods, adopting measures to prevent infrastructure damage and guarantee continuity and the adequacy of care;





3.1.3. Implement energy-efficient solutions, renewable energy sources, safe water supply and sanitation, and logistics systems in health facilities to strengthen operational resilience;

3.1.4. Expand and provide equitable access to health services through telehealth, strengthening public digital infrastructure, connectivity and digital inclusion, while also promoting territorially adapted care for remote and underserved communities.

3.2 Evaluate and Innovate Adaptation Policies in the Health Sector

3.2.1. Conduct systematic analyses of the impacts of public policies, programs, and interventions related to climate change and health, with intersectoral participation and considering the full life cycle of implemented actions and drawing on existing monitoring and evaluation frameworks to ensure global comparability and national accountability, as appropriate;

3.2.2. Strengthen institutional capacity to assess and integrate evidence on risks, vulnerabilities, and health impacts of climate change into decision-making processes, drawing on quantitative and qualitative data as well as economic evaluations, including cost-effectiveness and return on investment, and guided by the Health in All Policies approach;

3.2.3. Identify and promote a set of evidence-based cost-benefit adaptation measures for the health sector, particularly relevant in contexts of fiscal constraint, to guide national and international prioritization and international financing and taking into account both efficiency and equity;

3.2.4. Promote the production and use of data in open, interoperable formats with safeguards for privacy, integrity and information security, ensuring their reuse across different phases of evidence-based policymaking and implementation.

3.3 Foster Just Transition in Health Sector Adaptation

3.3.1. Incorporate measures in energy transition to address the unequal health impacts experienced by populations in situations of vulnerability. Where appropriate, sectoral policies supporting a just transition should integrate health co-benefits, including those linked to equitable access to decent work, clean energy, and healthy environments, among others;

3.3.2. Enhance community involvement in assessing potential health impacts on local populations of energy transition projects, co-developing strategies to ensure that interventions are culturally appropriate, inclusive, and sustainable.





3.4 Enhance the Resilience of Health Supply Chains

3.4.1. Expand the material and technological base of the health supply chain and create regulatory and financial framework conditions to strengthen supply chains and enhance the purchasing power of strategic supplies, while raising local, regional, diversified, reliable and sustainable production;

3.4.2. Advance sustainable supply chains by prioritizing short, cost-effective, and resilient infrastructures and supporting local and regional industries, while promoting research on sustainable manufacturing, packaging, product design, and logistics, to ensure equitable production distribution and reduce the health sector's carbon footprint;

3.4.3. Integrate digital technologies, information systems, online health services and telehealth tools as structural components for continuity of care, real-time surveillance and climate risk management, promoting the inclusion of remote and vulnerable populations and universal digital access;

3.4.4. Integrate climate data into demand forecasting and health supply chain planning, and establish regional platforms for essential health products to strengthen information sharing, foster regulatory harmonization, and enable rapid, coordinated responses.

3.5 Strengthen Strategic Stockpiles and Equitable Access to Essential Health Products:

3.5.1. Promote innovation in the development and adaptation of health products, including advances in thermal stability, long-acting technologies, resilient supplies and equipment that remain effective without specialized conservation infrastructure, and strategies to reduce required doses and extend shelf life of medical countermeasures;

3.5.2. Establish regional and strategically located stockpiling centers, conduct simulation exercises in border areas, and strengthen international cooperation and solidarity among countries in times of crisis;

3.5.3. Maintain and monitor stocks of essential health products, including vaccines, diagnostics and medicines tailored for climate-adapted health systems, services, and programs, with priority given to areas of highest vulnerability;





3.5.4. Develop public mechanisms and climate-adapted models of care to promote the availability and equitable access to essential health products, particularly in remote, hard-to-reach areas and among populations in vulnerable situations.

GOVERNANCE AND COORDINATION MECHANISMS

BELÉM HEALTH ACTION PLAN - COMMISSION OF OVERSIGHT (BHACOP)

- i. **Secretariat:** World Health Organization, operating under the structure of the Alliance for Transformative Action on Climate and Health (ATACH).
- ii. **Mandate:** Coordinate implementation, monitor progress, and facilitate support and collaboration among Endorsing Parties in accordance with the activities outlined in the “Global Target of the Plan” section of this document. Maintain a dedicated channel to connect national requests with ATACH, WHO expertise, and regional centers. Promote continuous engagement with UNFCCC processes and the Office of the Climate Champion, which oversees actions under Objective 16 of the COP30 Action Agenda on resilient health systems.
- iii. **Composition:** National focal points from Ministries of Health and health agencies; representatives of civil society and social movements; technical partners and observers from relevant sectors (climate, disaster risk management, environment, finance, and meteorology). Subsequently, this structure should be further detailed and agreed by Endorsing Parties to this document in alignment with the Secretariat.

MONITORING AND ACCOUNTABILITY CYCLE

- iv. Endorsing Parties should prepare periodic progress reports using a standardized template and set of indicators, to be developed in collaboration with and shared with BHACOP, and published by the Plan’s Secretariat.
- v. The Secretariat, through ATACH and in alignment with UNFCCC processes, will conduct periodic implementation reviews of the Belém Health Action Plan, including recommendations for the health segment of the COP to support countries in strengthening their adaptation process.

SOCIAL PARTICIPATION AND TRANSPARENCY

- vi. Hold a biennial Climate and Health Social Participation meeting, subject to the availability of funds, promoting the representation of people in situations of vulnerability engaged in health adaptation and climate initiatives, to





showcase and discuss actions advancing the Plan and its implementation, among other ATACH-related themes.

- vii. Conduct online public consultations for updates to metrics, indicators, and technical guidance, as Endorsing Parties deem appropriate.



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