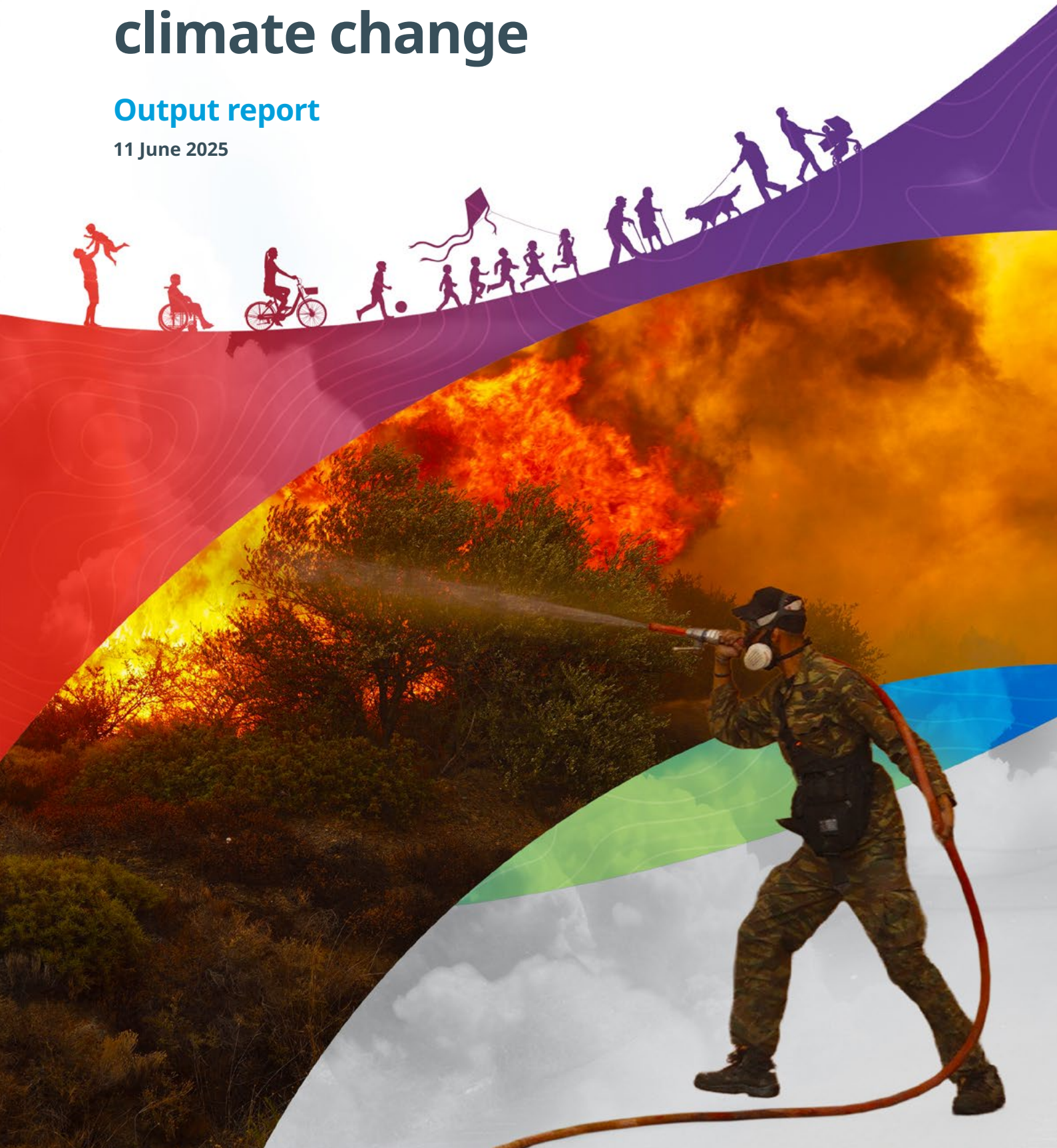


First hearing of the Pan-European  
Commission on Climate and Health:

# Understanding the threats to health in the context of climate change

Output report

11 June 2025



## Introduction: framing a pan-European response

The first hearing of the Pan-European Commission on Climate and Health (PECCH), convened on 11 June 2025 in Reykjavik, Iceland, marked a critical moment for charting a collective response to one of the most pressing and complex challenges of our time. The event, preceded by a press conference, brought together leading scientists, policy-makers, civil society leaders and commissioners to examine how climate-related threats to health unfold across the WHO European Region. It was informed by evidence and analysis provided in previous WHO documents, particularly the *COP29 special report on climate change and health* (1), the initial PECCH technical brief, *The climate and health nexus in Europe and central Asia* (2) and a specific brief *Understanding climate-related threats to health in the WHO European Region* prepared for the hearing (3). The presentation of evidence was followed by a closed deliberation by the commissioners to inform the development of ambitious and actionable recommendations and the shape of the final Call to Action document.

At the opening press conference, the urgency was clearly articulated: Dr Hans Henri P. Kluge, the WHO Regional Director for Europe stated that “the climate crisis is a health crisis, and climate action is health action” and the Commission’s Chair, H.E. Katrín Jakobsdóttir, the former Prime Minister of Iceland, emphasized that “for too long this has been seen as a problem for future generations”. It was stressed that delays in response are no longer justifiable and that public trust, undermined by growing dis-information, is itself a casualty of the crisis. Throughout the hearing, participants reaffirmed that protecting health in the era of climate change demands robust evidence, political resolve, inclusive governance and a clear-eyed recognition of risk that enables ambition to be turned into accountability.

## Expert interventions: setting the scientific and political frame

### Local realities: the floods in Cesena, Italy

Mayor Enzo Lattuca, City of Cesena, Italy, shared a powerful account of the floods in Cesena which caused over €8 billion in damage and left deep psychological scars across the community. He described a city still in recovery, where families live with the lingering fear of recurrence, and stressed the urgent need for coordinated adaptation investments from local to European levels, “to act now with collective responsibility”. His testimony underscored the compound nature of climate impacts – physical, economic and social – and the central role of local governments in building resilience. Taking a systems-based approach to assessing multiple interactions helps to clarify how net adverse effects on health can be mediated by disparate climate pathways. For example, one of the adverse outcomes of excess rainfall in Italy has been landslides, and evidence from central Asia found that landslides were also increasingly triggered by high-temperature-induced snow melt.<sup>1</sup>

<sup>1</sup> There is an accumulating literature on the consequences of rising temperatures for mountains across Europe and central Asia. For example, see Chen et al. (4).



## Planetary boundaries and health

Professor Johan Rockström, Director of the Potsdam Institute for Climate Impact Research and Professor in Earth System Science, University of Potsdam, Germany, provided a planetary perspective warning that humanity has already transgressed six of nine planetary boundaries (the subsequent Planetary Health Check (5) shows that seven planetary boundaries have been transgressed), and Earth was showing the first signs of losing resilience (6,7,8). The world is now on a 3.1°C heating trajectory later this century: conditions unseen for 5 million years. Such overshoot risks triggering irreversible, self-reinforcing, system shifts (“tipping points”). He urged the Commission to treat health not as a sectoral concern, but as a moral and political compass for respecting earth system boundaries, and to support integrative risk assessments and better attribution science that account for health impacts across multiple boundaries; from air quality and biodiversity to water and climate.

## A call for intergenerational solidarity

Climate activist Ms Luisa Neubauer, “Fridays for Future”, Germany, emphasized the intergenerational injustice at the heart of the crisis, arguing that those with the least power – the younger generation and diverse, marginalized, vulnerable groups – are bearing the greatest burden and must be empowered in prioritized responses. She called for redefining expertise to include lived experience and for building a new social contract – one that centres human well-being and collective responsibility. She criticized the persistent framing of climate inaction as an information deficit, pointing instead to political inertia and vested interests working to obscure the climate–health nexus. She also called for space, language and legitimacy for young people to voice their fears and hopes in a future fundamentally different from that of previous generations, urging the Commission to speak boldly to intergenerational justice.

## Disinformation and distrust

Jennie King, Senior Fellow, Institute for Strategic Dialogue, United Kingdom, offered an incisive analysis of the spread of mis- and dis-information in times of crisis. Using the “climate lockdown” narrative as a case study (9), she demonstrated how emotionally resonant falsehoods distort public discourse and corrode institutional trust. Further discussion of how false dialogues on climate change and conspiracy theories undermine public trust can be found in the work of the Institute for Strategic Dialogue and others (10,11). She stressed that addressing climate–health threats also means tackling the underlying psychosocial dynamics that make societies vulnerable to manipulation and fear. Therefore, PECCH outputs should serve as a basis for outreach in language that is meaningful, comprehensible and persuasive for general audiences, and there is concomitant need for forensic analysis to expose those groups originating and circulating false information and advice. The WHO European Region could usefully consider further assessment and advisory efforts on this theme using the model piloted by WHO for the Global Vaccine Hesitancy Commission (12).



## Scientific gaps and institutional preparedness

Professor Josep María Antó Boqué, Senior Research Professor at the Barcelona Institute for Global Health, Spain and Co-Chair of the Lancet Countdown in Europe; presented findings from *The 2024 Europe report of the Lancet Countdown on health and climate change (13)* (the subsequent global Countdown report has now also been published (14)), highlighting worsening climate-related health indicators, including rising heat mortality (and its gender imbalance, and that it is occurring despite a relatively long history of heat protection plans in European countries), vector-borne disease expansion and air pollution impacts. He emphasized “all this is happening now and the evidence is clear: delayed climate action is costing lives on a massive scale” (15). He noted that rising vulnerability due to ageing, urbanization, chronic diseases and climate change contributes to increased mortality, although this does not fully explain the limited effectiveness of existing plans or the gender disparity. He further drew attention to persistent data and surveillance gaps across the pan-European region, particularly in under-resourced settings, including a lack of longitudinal data and intervention outcome data, and a lack of attribution studies and standardized indicators. He argued for substantial investment in scientific infrastructure, regional equity (16) and integrative data systems.

## PECCH deliberations: towards actionable recommendations

Following the presentations, the commissioners engaged in a forward-looking discussion on how the Commission can generate timely, strategic and implementable recommendations. The emerging discussion evolved around the:

- identification and targeting of the right audiences;
- strategic focus and the need for actionable outputs;
- framing health as both lever and endpoint;
- governance gaps and systems coherence;
- data and scientific gaps;
- synergies, co-benefits, and limits;
- equity, lived experience and trust.

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