

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

Opportunities and co-benefits of climate action for health and well-being

Output report

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Introduction: from diagnosis to direction: framing the path forward

The second hearing of the Pan-European Commission on Climate and Health (PECCH) marked a significant shift in focus: from mapping the threats to human health posed by climate change, to developing actionable strategies for building climate-resilient, equitable and sustainable health systems. Furthermore, it addressed the need for intersectoral action to adapt to and mitigate climate change, reflecting the understanding that over 90% of emissions and many adaptation strategies are outside the direct control of the health care sector. The hearing brought together leading scientists, policy-makers and commissioners to reflect on evidence, clarify promising approaches and interrogate the enabling conditions required for transformation to a healthy net zero emission society.

While the first hearing established the scientific basis for urgent action, this second hearing deepened the conversation around how health systems and the governance structures that surround them can meaningfully adapt to escalating climate risks while cutting greenhouse gas emissions. Discussions drew from diverse sources of knowledge, including case studies, systems-thinking methodologies, legal frameworks and community-led innovations. Collectively, they illuminated a growing consensus that adaptation and mitigation must move beyond incremental responses and instead embrace structural change. Several useful examples were included in the background briefing to this hearing (1).

Commissioners emphasized that finding solutions is not solely a technical undertaking: it is a political and institutional challenge that requires clear mandates, coordinated governance and meaningful engagement of communities, especially those most vulnerable to climate impacts. Throughout the hearing, participants reflected on the need to centre the values of justice, solidarity and intergenerational equity, while also identifying the policy tools and institutional mechanisms that can drive sustained action.

Key themes included the integration of health into broader climate governance; the importance of regional and cross-border coordination; the need for inclusive and locally grounded knowledge systems; and the roles of youth, culture and mental health in driving social resilience. The *Declaration of the Seventh Ministerial Conference on Environment and Health: Budapest, Hungary 5-7 July 2023* (known as the Budapest Declaration) (2) and the Seventy-seventh World Health Assembly resolution on *Climate change and health* (3) were frequently cited as normative anchors for action, providing both political legitimacy and strategic direction.

The hearing reinforced that while pilot projects remain valuable, isolated pilots and siloed responses are no longer sufficient; their design, learning and pathways to scale must be integrated and shared. The challenge ahead lies in embedding health into climate governance, scaling systemic solutions and transforming institutions to be fit-for-purpose in a climate-altered world.



Expert interventions: setting the scientific and political frame

Political leadership and intersectoral action

Ms Margot Wallström, former European Commissioner for the Environment, Sweden, provided reflections from her long career in European and global politics, stressing that climate action is inseparable from political will and institutional accountability. Drawing on her experience as European Commissioner for the Environment, she noted that successful environmental policies have always required clear legal frameworks, courageous leadership and public engagement. She underscored that climate and health must not remain in the “side rooms” of policy-making: health framing has the potential to mobilize citizens, elevate urgency and drive accountability across governments.

She repeatedly emphasized centring children in policy and public discourse: presenting the climate crisis as a threat to children’s health and futures personalizes the issue, resonates across political divides and reframes climate action as a moral duty to protect the next generation. Positioning children at the centre, she argued, helps to translate complex science into lived urgency and strengthens the demand for intersectoral solutions.

She emphasized that international law is emerging as a lever for climate–health action, citing the recent International Court of Justice’s advisory opinion (4) and urging the PECCH to consider how legal and normative instruments can anchor commitments in enforceable obligations. For Europe, she argued, this is not only about leadership but also responsibility: the pan-European region has the resources and moral duty to lead by example.

Mental health, resilience and community cohesion

Ms Ganna Goloktionova, Technical advisor, Mental Health and Psychosocial Support, International Red Cross and Red Crescent Movement, highlighted the psychological and social toll of climate change, particularly in the context of displacement, disaster recovery and protracted crises. From her Red Cross and Red Crescent work, she provided testimony on how climate shocks amplify existing vulnerabilities, leading to rising rates of anxiety, depression and trauma. The multiple activities of the Red Cross Red Crescent Climate Centre are described in further detail online (5).

She stressed that mental health is a resilience issue: communities with strong psychosocial support are better able to recover, adapt and maintain cohesion in the face of climate extremes. Integrating mental health and psychosocial support into primary care, emergency planning and community programmes was presented as an urgent priority. Importantly, she emphasized the crucial role of community-based organizations – such as Red Cross National Societies – and that resilience grows through trust, solidarity and cultural connection: factors that are fostered by community organizations and are often overlooked in traditional adaptation planning.



The importance of children as a vulnerable group for the adverse health impacts of climate change was emphasized by both the first two speakers and this focus raises issues for the targeting of resources and intergenerational equity. There are relatively few case studies on solutions specific to children (and their families) from within the pan-European region but recent global case studies from joint work of the InterAcademy Partnership and Save the Children (6) provides some generalizable lessons and guidance for further research on climate–health adaptation that is sensitive to the needs of children.

Transforming health systems from within

Ms Maria Gaden, Chief of Development, the Centre for Sustainable Hospitals, Central Region, Denmark, drew on the Danish experience of the Centre for Sustainable Hospitals to illustrate how health systems themselves can become drivers of sustainable transformation. She highlighted interventions in procurement, clinical practice and hospital design that reduce carbon emissions while improving care quality.

Her central message was that hospitals are both highly vulnerable to climate impacts and major contributors to emissions, but also uniquely positioned to demonstrate leadership through decarbonization and resilience-building. She emphasized the need for structural enablers such as carbon accounting, governance mandates and investment in innovation, but also the importance of staff engagement and cultural change. By positioning hospitals as “agents of change,” she argued, health systems can act as both exemplars and accelerators of wider societal transitions.

Lessons from North Macedonia

Professor Igor Spiroski, Head of Division of Environmental Health, Institute of Public Health, North Macedonia, presented North Macedonia’s experience with updating its national action plan for heat–health protection (2025–2030). He outlined the scientific and policy steps taken to align adaptation planning, focusing on vulnerable populations with epidemiological evidence, international guidance and national priorities. Earlier activities – prior to the current national action plan – included the *Third National Communication on Climate Change* (2014) (7) with detailed cross-sectoral links, prioritized major health risks and quantified mitigation health co-benefits, using the WHO carbon calculation tool (8); and the revised Nationally Determined Contribution (2021) (9).

Professor Spiroski stressed the importance of context-specific solutions: in a small, middle-income country, adaptation requires pragmatic planning, strong institutional anchoring, and partnerships with WHO and other regional actors. His presentation illustrated both the opportunities and constraints faced by countries outside the European Union, where resource limitations and competing priorities demand creative approaches. He called for greater regional solidarity and knowledge exchange, especially to support countries in southeastern Europe and central Asia in ascertaining “what works” in heat-health planning. The experience in North Macedonia despite



relatively limited resources may serve as a model for other countries in the pan-European region. Evidence has recently been published on the effectiveness of health prevention plans across the pan-European region although the meta-analysis did not include North Macedonia (10).

Financing adaptation and enabling system reform

Speaking jointly, Dr Eduardo Banzon, Director of the Health Practice Team, Human and Social Development Sector Office, Asian Development Bank (ADB); and Ms Kirthi Ramesh, Senior Social Sector Specialist, Asian Development Bank, emphasized that finance is both the bottleneck and the key enabler of transformative adaptation. ADB works through the *Central Asia Regional Economic Cooperation (CAREC) Program to promote regional collaboration on climate and health* (11).

The speakers presented two key regional documents relevant for health sector decarbonization and for determining minimum requirements for climate-resilient health-care facilities developed through the CAREC platform. They further highlighted examples of ADB investments in the region with climate and health activities (Box 1).

Box 1. Examples of health sector projects and programs funded by the Asian Development Bank in central Asia and the Caucasus

The Asian Development Bank's considerable experience in mobilizing resources for health system strengthening, climate resilience and digital health across Asia, provides lessons for replication and upscaling applicable to the pan-European region. The examples presented were:

- Armenia – a health quality improvement programme;
- Georgia – a health sector enhancement programme;
- Turkmenistan – improved nursing quality and capacity;
- Uzbekistan – integrated perinatal care.

Emerging lessons from these case studies, that have general relevance, highlight the importance of monitoring and data analysis capacity to build evidence, standard-setting and the regional sharing of learning. For example, one obstacle identified has been hospital construction licensing rules covering cross-sector collaboration for updating facility/ building standards; it was suggested that WHO could support such rules through the provision of templates for licensing standards.

The presenters argued that solutions cannot be achieved through health budgets alone, they require blended financing and leveraging wider health sector reforms, cross-sectoral investment and regional cooperation mechanisms. Ms Ramesh highlighted the potential of digital health innovations for preparedness, surveillance and service delivery in fragile contexts, while Dr Banzon



stressed the importance of long-term financing reforms and the integration of climate risk into health investment frameworks. Together, they urged the PECCH to emphasize finance, quality of care and regional cooperation as pillars of future recommendations.

Evidence, evaluation and the co-benefits lens

Dr Lorna Benton, Research Fellow in Planetary Health, London School of Hygiene and Tropical Medicine, United Kingdom, presented emerging work from the Pathfinder Initiative (Box 2) on measuring and evaluating the health co-benefits of climate action across a range of sectors. She described a new checklist for designing and evaluating complex interventions as a first step toward more robust interdisciplinary guidance.

Box 2. Pathfinder Initiative case studies: documenting the evidence for “what works”

Initiated by the London School of Hygiene and Tropical Medicine, the global Pathfinder Initiative (12) aims to characterize the pathways to a healthy, net-zero future. This work helps to address the continuing need to provide rigorously evaluated interventions for climate mitigation with health co-benefits that also offer potential to assess unintended harms and spillovers. The case studies comprise modelled evidence on the potential health benefits of mitigation actions and empirical examples of implemented actions with measured climate and health benefits. However, modelled studies currently predominate and there is urgent need to build intervention trial capacity (13).

Within the pan-European region, the evidence bank of case studies includes:

- urban road pricing schemes in London, United Kingdom; Stockholm, Sweden; and Milan, Italy;
- sustainable school meals in Sweden;
- ecosystem services in the United Kingdom;
- street trees in Lisbon, Portugal;
- trees in public gardens in Warsaw, Poland;
- renewable energy in Romania; and
- street lighting adaptation strategies in the United Kingdom (England and Wales).

Her presentation highlighted the need for better evidence systems: despite widespread recognition of health co-benefits from mitigation (e.g. from clean air, active transport, sustainable diets), the evidence base of the effects of implemented actions remains fragmented and rarely integrated into policy evaluation. She argued that evaluation must be reimagined – beyond single interventions – to capture system-wide effects, co-benefits and trade-offs.



The PECCH was encouraged to consider evidence frameworks that link health gains, emissions, climate resilience and cost-effectiveness, making the case that health is both the argument and the outcome measure for climate action: “in health, rigorous evaluation is the norm, in climate policy, it is often the exception”.

PECCH deliberations: towards actionable recommendations

Following the expert presentations, commissioners reflected on the implications for the PECCH’s mandate. The discussion focused on exploring how well-designed, equitable action can transform outcomes for people and communities across the pan-European region. The discussion evolved around the opportunities and conditions for:

- turning commitments into intersectoral action;
- framing through children and intergenerational justice;
- building resilience at community level (highlighting the relevance of community-based initiatives, particularly those integrating mental health and psychosocial support);
- health systems as anchors of transformation;
- the role of evidence, learning and knowledge gaps (recognizing that evidence remains uneven across the pan-European region, the need for systems-based evaluation frameworks, and the importance of “learning loops” where policies can be tested, adapted and scaled); and
- financing as the decisive enabler.

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¹ All references were accessed on 3 March 2026.



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