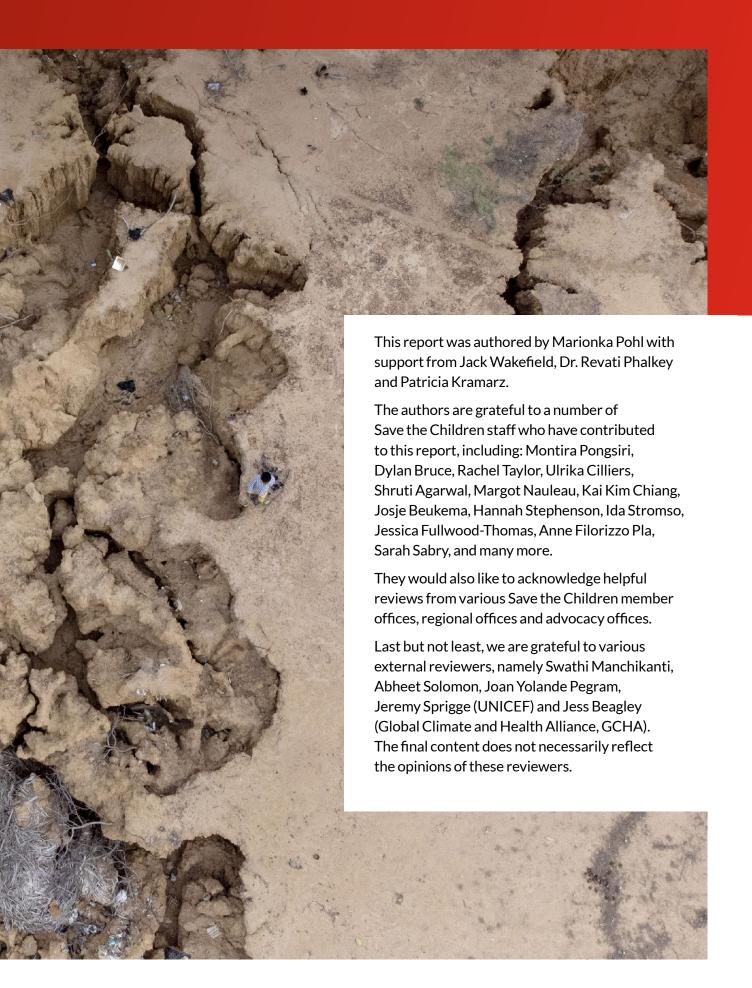


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The climate crisis has emerged as a critical child rights issue, with children bearing the brunt of its impacts despite contributing least to the problem. Research indicates that children born in recent years will face significantly more extreme weather events throughout their lives compared to previous generations. This stark reality underscores the urgent need for comprehensive climate action to protect children's health and well-being.

Climate change poses severe threats to children's health, particularly in low- and middle-income countries (LMICs). It increases the risk of vectorand water-borne diseases, respiratory illnesses, and malnutrition. It threatens children's access to healthcare, clean water, and sanitation services, and negatively impacts their mental health. The effects are especially pronounced among vulnerable groups, including those living in poverty, displaced children, and children with disabilities.

Various international frameworks and agreements recognise the link between climate change and children's health. The United Nations Convention on the Rights of the Child (UNCRC), the Sustainable Development Goals (SDGs), and recent climate and health negotiations provide a foundation for addressing these interconnected challenges. However, translating these commitments into tangible policies and measures at the national level remains a significant challenge.

Despite the pressing need for action, financing for climate and health solutions remains fragmented and insufficient. Current health adaptation finance falls far short of the billions needed annually to address rising health challenges related to climate change. This underinvestment has severe consequences, as demonstrated by recent climaterelated disasters that have disrupted health services for millions of children.

This policy brief contains a detailed list of recommendations targeting decision-makers at global, regional and local level and across all sectors: governments, the private sector, multilateral climate and health initiatives and funders, global health multilaterals and more. It calls for urgent action on multiple fronts, namely:

• Governments must prioritise investments in climate-resilient and low-carbon, child-sensitive social services, including health, nutrition, and water, sanitation, and hygiene (WASH). They should integrate health considerations into climate strategies and vice versa, while ensuring meaningful participation of children in these processes. Donor governments need to close the adaptation financing gap and provide funding for loss and damage, with a focus on child-responsive interventions.

 Global health organisations, multilateral climate funds (MCFs), multilateral development banks (MDBs), and the private sector all have important roles to play in supporting these efforts. This includes developing climate-sensitive strategies, scaling up financing for child-responsive interventions, and supporting partner countries in building climate-resilient and low-carbon health systems.

The climate crisis presents a significant threat to children's health, particularly in vulnerable communities. Addressing this challenge requires a multisectoral approach, increased investment, and the active involvement of children in decisionmaking processes.

By taking bold and decisive action now, we can create a healthier, more resilient world for all children, including future generations. The stakes are high, with the health and well-being of 2.4 billion children across the globe hanging in the balance. It is imperative that our policies and practices evolve to become more child-responsive and equitable in addressing the health impacts of climate change.

This policy brief primarily focuses on adaptation and resilience-building in line with Save the Children's core mandate of health systems strengthening, financing, and promoting children's participation. However, it is crucial to further acknowledge the importance of mitigation for reducing long-term health risks, protecting future generations, and complementing adaptation efforts.

The brief recognises the critical importance of nutrition and WASH services as key determinants of children's health and well-being, particularly in the context of the climate crisis. However, the primary focus is on the intersection between climate and health. The climate-nutrition and climate-WASH intersections will be addressed in future publications. Gather disaggregated data to understand and respond to child-specific impacts of climate change.

Involve children and communities in planning and decision-making.

Prioritise responses for disproportionately affected children.

Support communities to make financial decisions for local climate actions.

Support low- and middleincome countries (LMICs) in conducting child-centered vulnerability assessments.

Embed health risk assessments and adaptation/mitigation goals within nationally determined contributions (NDCs).

Connect NDC goals with universal health coverage (UHC) to ensure climate resilience in health, nutrition and WASH systems.

Create national adaptation – plans (NAPs) that specifically address health, nutrition and WASH impacts on children including via health national adaptation plans (HNAPs).

RESPONSES Maintain/increase Official STAKEHOLDERS **Development Assistance (ODA) for** Communities and children health and health system strengthening. Communities of the communities of the contractions of the contract IMPACT ON HEALTH Provide dedicated funding for Climate-driven climate adaptation, losses, and humanitarian damages, focusing on child, emergencies adolescents' and women's needs. **EXPOSURES** Invest in child-responsive programmes and services. **Prioritise adaptation grants and** concessional funds for LMICs to build resilience without accruing debt. Healthcare professionals Support the creation of flexible, Private sector adaptive, shock-responsive national social safety nets. HNAPs and national Policies
Child health in NDCs, NPSs,
Child health in NDCs, NPSs,
Child health in NDCs, NPSs, Global health multilatelate Regularly assess climate vulnerability impacts on children's Idevelopment banks health, nutrition, and water, sanitation and hygiene (WASH) Food insecurity at national and community levels. and malnutrition Invest in resilient, low-carbon primary health, nutrition and Multilateral climate funders WASH systems. **Prioritise support to the Alliance** for Transformative Action on Multisectoral/cross-sectoral Climate and Health. collaboration and integration Enhance disease outbreak surveillance and early warning systems. Incorporate climate **Encourage cross-sector Encourage private sector** risks into health policies, partnerships across health, to strengthen community strategies and legislation. environment and others health resilience through for climate action. cross-sector partnerships.



At its heart, the climate crisis is a child rights crisis. While climate change affects everyone, children bear the greatest brunt of climate change despite contributing least to it – even more so for those most impacted by inequality and discrimination. Research released by Save the Children in partnership with Vrije Universiteit Brussel revealed that a child born in 2020 will face, on average globally, twice as many wildfires, 2.8 times more crop failures, 2.6 times more droughts, 2.8 times more river floods, and 6.8 times more heatwaves over their lifetime compared to someone born in 1960.1

This stark reality underscores the critical need for wide-ranging and urgent climate action by governments, the private sector, and multilateral global health and climate stakeholders as a matter of intergenerational justice. Action by the health sector, which is responsible for almost 5% of global greenhouse gas emissions, is critical and can be achieved primarily by reorienting health systems towards a stronger primary health care approach.<sup>2</sup>

Drastic emissions cuts are vital in order to prevent further warming, but children are already experiencing climate-related harm. Urgent adaptation to address these impacts is critical. This includes investing in child-centred adaptation and enhancing the climate resilience and preparedness of essential services that are critical for children's survival, development, and well-being, including health.

Children's continuous access to functioning essential services and treatment before, during, and after climate-related shocks is a cornerstone for broader community resilience. Research indicates that meeting nearly 70% of SDG targets by 2030 entails implementing climate adaptation measures.<sup>3</sup>

Effective actions on climate and health should not only come from within the health sector. Action from other sectors is also needed - such as energy, transport, and agriculture - which also contribute to climate change and affect people's and children's health.4

For instance, transitioning to clean energy is essential for reducing overall emissions and thus climate-induced health threats (fossil fuels contribute 75% of global greenhouse gas emissions and drive millions of air pollution-related deaths annually). But it can have unintended health consequences, for example in mining communities, and expose children to high levels of toxic substances and heavy metals. As a result, a multisectoral approach is needed to address the climate and health intersection while avoiding further health harms.<sup>5</sup>

The climate crisis impacts children's and people's health in two interconnected ways: through direct health-related impacts on individuals, particularly children, and through its effects on health systems and services.

### The climate crisis is a health crisis

The effects of the climate crisis disproportionately impact children's developing minds and bodies. The health-related impacts are profound and far-reaching. Rising temperatures and extreme weather events, such as floods and droughts, disproportionately affect children's developing minds and bodies. For example, young children's bodies are less able to regulate their temperature compared to adults', making them more vulnerable to heat-related illnesses such as heat exhaustion and heat stroke.

Foetal development is a particularly vulnerable period, during which the effects of hazards such as extreme heat, floods, and pollution can lead to preterm birth, low birth weight, congenital defects, and even stillbirth. This disproportionally affects children most impacted by inequalities and discrimination in low- and middle-income countries (LMICs).6

According to the World Health Organization (WHO), a staggering 88% of the global disease burden associated with climate change is borne by children under five.

This burden includes an increased spread of vector-, food- and water-borne diseases such as malaria, dengue, diarrhoea, and cholera, as well as a rise in non-communicable diseases like respiratory and cardiovascular illnesses.8 Climate change also contributes significantly to food insecurity and malnutrition.

New modelling predicts that, by 2050, climate change will cause 40 million more children to be stunted and 28 million more to suffer from wasting.<sup>9</sup>

Malnourished children are at higher risk of dying from climate-related diseases due to weakened immune systems and reduced resilience, making them more vulnerable to infections, extreme weather, poor air quality and air pollution, and water-borne illnesses. Half of all child deaths in under-fives are attributable to malnutrition.<sup>10</sup> Addressing the health-related impacts of climate change on children can only be successful if malnutrition is addressed at the same time.

Mental health is another critical area impacted by climate change. By 2030, climate-related mental health costs are projected to reach \$47 billion annually. 11 Climate change significantly impacts children's mental health, causing distress and exacerbating existing conditions. This disproportionately affects children, especially girls, disrupting their education and well-being. Rising temperatures correlate with increased mental health issues and suicides, particularly among vulnerable adolescents.

The climate crisis also disproportionally affects women - especially when pregnant - mothers and other caregivers<sup>12</sup>, adolescent girls, and children<sup>13</sup>. Women and children are 14 times more likely than men to die when climate-related disasters strike.<sup>14</sup> Climate change is an important determinant of health across the life course.<sup>15</sup>

"The effects are not only material...
often they are mental; therefore, it is
also important that there is psychosocial
support, which is often not considered.
But for someone who lost their home,
or became displaced, or even lost a family
member during an environmental disaster
or experienced a change from normality,
it is very important to receive support..."

#### Álvaro

#### Chile, age 17

The climate crisis also exacerbates the burdens already shouldered by children by acting as a "threat multiplier". It disproportionately affects children in slums, those living in poverty, displaced children, children with disabilities, and those discriminated against based on their sexual orientations, gender identities and expressions, and sex characteristics (SOGIESC).<sup>16</sup>

One in four urban children today is growing up in a slum without adequate access to water, sanitation, and decent housing. Climate change impacts such as extreme heat and droughts further exacerbate these challenges.<sup>17</sup>

Poor health in early childhood can have lifelong consequences, affecting development and perpetuating poverty across generations. This includes issues from prenatal health through early years, with young children being especially vulnerable to environmental and climate-related health risks.

"In my country – where climate change and displacement are making it harder, not easier, to deliver health services – vaccines are an essential way to manage outbreaks and save lives."

#### **Dr Abdelmadiid Abderahim**

Minister of Public Health and Prevention, Chad<sup>18</sup>

## Impact of climate change on health systems

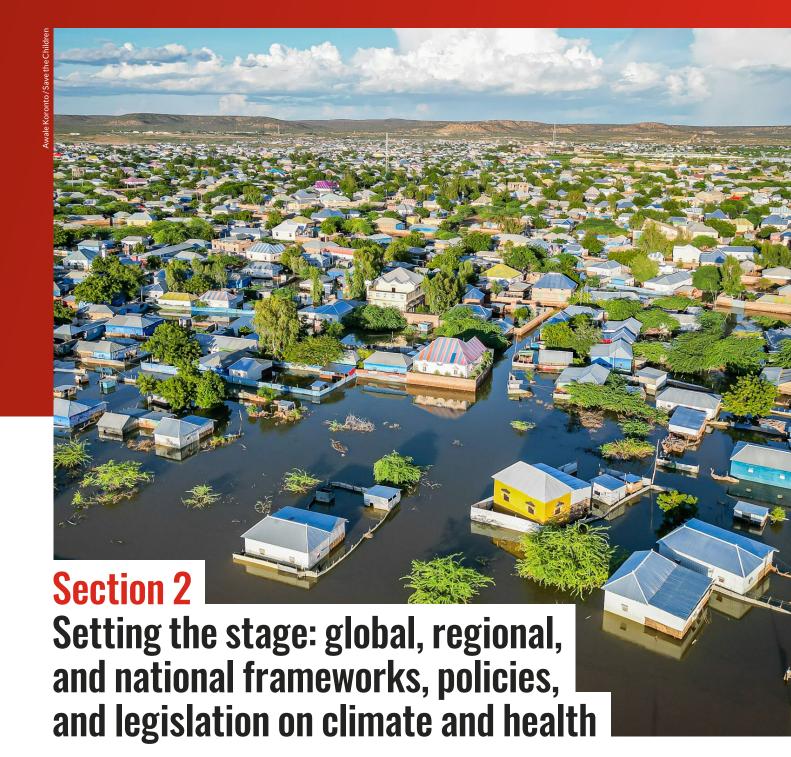
While the direct health impacts on individuals are severe, climate change also significantly affects health systems and services, often compounding individual health risks. Climate change further exacerbates existing challenges in accessing vital services including family planning, immunisation, nutrition, WASH, and sexual and reproductive health.

Climate change exerts significant strains on health systems, simultaneously increasing demand for health services and weakening the system's ability to respond. This dual burden hampers progress toward universal health coverage (UHC) for children, as overburdened and under-resourced systems struggle to provide quality, equitable, and free health services for all, particularly the most vulnerable communities and children. These effects are particularly pronounced in slums and informal settlements, where infrastructure is already strained.

# Climate crisis leading to displacement and food insecurity

When compounded by humanitarian crises, climate change can increase pressure on livelihoods, food insecurity, and water scarcity. These factors can lead to displacement and long-term migration, which have enduring consequences on children's health and well-being. From 2018–2024, weather-related disasters displaced at least 43 million children and destroyed critical infrastructure and crops, and contaminated or disrupted water supplies. On the contaminated or disrupted water supplies.

This is particularly true in areas prone to climate-related events, where the risk of displacement is high. In these regions, health systems face the dual/triple challenge of managing increased health risks, meeting the increased need for health services, and adapting to the loss of infrastructure and resources due to climate-related disasters.



Despite the longstanding commitment to "respect, promote, and consider" children's rights in climate action, most governments<sup>21</sup> have been slow to operationalise this pledge. This can stem from a limited understanding of children's unique vulnerabilities to the impacts of the climate crisis and a failure to recognise the tangible benefits of implementing targeted interventions for children.

The impact of climate change on health, particularly children's health, is increasingly recognised in international frameworks, regional treaties, and national and sub-national policies and legislation. These instruments collectively establish a range of obligations for states to address this critical issue and present a unique opportunity for robust action across multilateral processes and beyond.

# Sustainable Development Goals (SDGs)

The SDGs offer a holistic framework for protecting children's and adolescents' health in the face of the climate crisis, with SDG 3 (good health and well-being) and SDG 13 (climate action) providing a foundation for governments to address climate-related health impacts. Other key supporting goals include SDG 1.3 on social protection base packages including universal access to health care services; SDG 2 (no hunger); SDG 6 (clean water and sanitation); and indirectly SDG 11.1 (safe and affordable housing).

"Floods and landslides destroyed many people's houses. These people do not have proper shelter and children are exposed to pneumonia in the rainy season."

#### **Child from Nepal**

The SDGs offer a fundamental roadmap for addressing the interconnected challenges of children's and adolescents' health and climate change, and serve as a powerful tool for mobilising multilateral support and financing. Greater strides must be made to create accountability to children through the meaningful implementation of the SDGs, or we risk reversing the significant, measurable gains in health and development of recent years.

# UN Convention on the Rights of the Child (UNCRC) and General Comment 26 (GC26)

The cornerstone of children's rights globally, including the right to health, is the UNCRC – adopted in 1989 and the most widely-ratified international human rights treaty in history.

Article 24 and General Comment 15 detail the right of every child to enjoy the highest possible standard of health. This right is defined in an inclusive way, covering access to various health services and the opportunity to grow, develop fully, and live in conditions that promote the best possible health. To achieve this, programmes must be implemented that address the underlying determinants influencing health.

The UNCRC's General Comment 26, added in 2023, covers children's rights and the environment, with a special focus on climate change. For the first time, this offers authoritative guidance on how children's rights are impacted by environmental harm and climate change and clarifies the obligations of states to address this. GC26 recognises climate change as a serious health threat, stresses the need for climate-resilient health systems, and highlights the importance of addressing disproportionate health impacts on vulnerable groups. It calls for comprehensive measures to ensure children's access to health, nutrition and WASH services, and mental health support, while emphasising the need for preventive actions and policies that address the root causes of climate-related health risks for children.

GC26 can be used to inform and influence states' and local authorities' activities, including policies and programmes. They will have to report periodically to the UNCRC on relevant progress made in protecting children's environmental rights.<sup>22</sup> The implementation of this general comment is fundamental to the realisation of states' obligations to children's health in the context of climate change and could deliver transformational changes.

# United Nations General Assembly (UNGA) resolution on the right to a healthy environment

In 2022 the UNGA adopted a resolution recognising the human right to a clean, healthy, and sustainable environment. Where the right to a healthy environment has already been recognised at a national level, it leads to stronger environmental law, greater civic participation, and better environmental outcomes. The resolution specifically references the particular climate vulnerability of children, filling a longstanding gap in the international human rights framework. It also has the potential to trigger action on climate and health that delivers real benefits for children across the world and lays the foundations for a more climate-resilient future.

# **COP28** and 77th World Health Assembly (WHA77)

Health has slowly become more visible on the agenda of climate negotiations in recent years. For instance, at **COP28** the first-ever Health Day was held and the Declaration on Climate and Health<sup>23</sup> was adopted with the support of over 150 countries, showcasing the significant global consensus on the importance of addressing climate change and health together.

This political momentum continued at the **77th World Health Assembly** (WHA77) in 2024, where the first resolution on climate change and health<sup>24</sup> in 15 years was unanimously adopted by WHO member states. This landmark resolution recognised climate change as a major threat to global health and called for urgent, multisectoral action to address the impact of climate change on health.

# SB60 Expert Dialogue and Global Goal on Adaptation (GGA)

The Expert Dialogue on Children and Climate Change was held as part of the intersessional meetings of the 60th session of the Subsidiary Body for Implementation (SBI) under the **UN Framework Convention on Climate Change** (UNFCCC) in Bonn in June 2024. It marked a historic milestone - the first instance in the 30-year history of the UNFCCC of children's unique and heightened vulnerabilities being considered.<sup>25</sup> This groundbreaking dialogue brought together climate scientists, child rights experts, child and youth advocates, and government representatives to examine specific and actionable recommendations on how climate policies, action, and finance at all levels can be informed by, and respond to, the disproportionate impacts of climate change on children, including health. They also discussed evidence-based solutions at the climate-health intersection.<sup>26</sup>

Similar issues were highlighted in the Global Goal on Adaptation (GGA), which is a collective commitment by parties 27 under Article 7.1 of the Paris Agreement, rooted in the broader framework of the UNFCCC. The GGA is aimed at "enhancing [the world's] adaptive capacity, strengthening resilience, and reducing vulnerability to climate change." It calls for enhancing health systems' adaptive capacity, reducing health vulnerabilities, and integrating health into national adaptation plans, while promoting a cross-sectoral approach to health adaptation.

## Regional agreements, national and sub-national policies, and legislation

Regional treaties, such as the African Charter on the Rights and Welfare of the Child (ACRWC)<sup>28</sup>, while not explicitly mentioning climate change, establish obligations that are relevant to the issue. The ACRWC guarantees every child the right to the best attainable level of health and obliges states to take measures to reduce child mortality. These provisions can be interpreted to encompass protection from climate-related health threats. In 2024, the WHO Regional Office for Africa (WHO AFRO) developed a framework on climate change and health for the African region<sup>29</sup>, and the current draft of the Association of Southeast Asian Nations (ASEAN) Declaration on Environmental Rights references people's right to a safe, clean, healthy, and sustainable environment.30

It is further encouraging to see the increased focus of national governments to address the impact of the climate crisis on people's and children's rights. This includes health measures, such as via upcoming climate bills in the Philippines<sup>31</sup> and Nepal<sup>32</sup>. Nepal's climate change draft bill for instance proposes the innovative concept of a climate budget for targeted climate action, or establishing a national climate change fund. It further mentions the provision of a "climate change management council" to strengthen climate change program management and impact.

In July 2024 South Africa passed the Climate Change Act<sup>33</sup>, which needs to be implemented, and Zambia also has an upcoming climate bill<sup>34</sup>. These are crucial opportunities for those governments to address the climate-health intersection and ensure children's right to health.



abodor Hailorolario Tadoro / Carrotho Obildron

# Nationally determined contributions (NDCs) and national adaptation plans (NAPs)

A significant number of the NDCs<sup>35</sup> of the 195 parties to the Paris Agreement include health considerations, but the nature and potential impact vary, with much room for strengthening. According to the WHO's review of the latest available NDCs from 193 parties (as of September 2022), 91% of these submissions included health considerations.<sup>36</sup>

All countries are requested to submit updated, progressively more ambitious NDCs to UNFCCC every five years, regardless of their implementation schedule. These rounds are a significant and timesensitive opportunity for countries to strengthen integrated action on climate-health. As NDCs are central to both climate negotiations and climate financing decisions, the inclusion of health could be consequential.

Similarly, of the 49 NAPs<sup>37</sup> submitted to the UNFCCC as of November 2023, about 42% explicitly incorporate health considerations.<sup>38</sup> This shows there is still significant room for improvement in considering the health impacts of the climate crisis, especially on children and adolescents.<sup>39</sup> A broad review of 160 national adaptation policies in 2024 found only 19 included child health-related adaptation measures, highlighting the need for much stronger focus in this area.<sup>40</sup> In 2025, additional countries are due to submit their NAPs and should address the health impacts of the climate crisis on children in the development of their plans.

However, while there is growing recognition of the need to integrate health into climate planning, and vice versa, challenges remain in terms of resource allocation, capacity strengthening, and effective implementation while placing children at the forefront of such efforts. Linked to this, a lack of age-disaggregated data creates significant barriers to understanding the specific impacts of the climate crisis on different groups of children.

This data shortfall hampers effective responses, as crucial information is not routinely recorded. Key stakeholders must address this critical issue to ensure that children's unique vulnerabilities are adequately captured and addressed in climate and health policies.

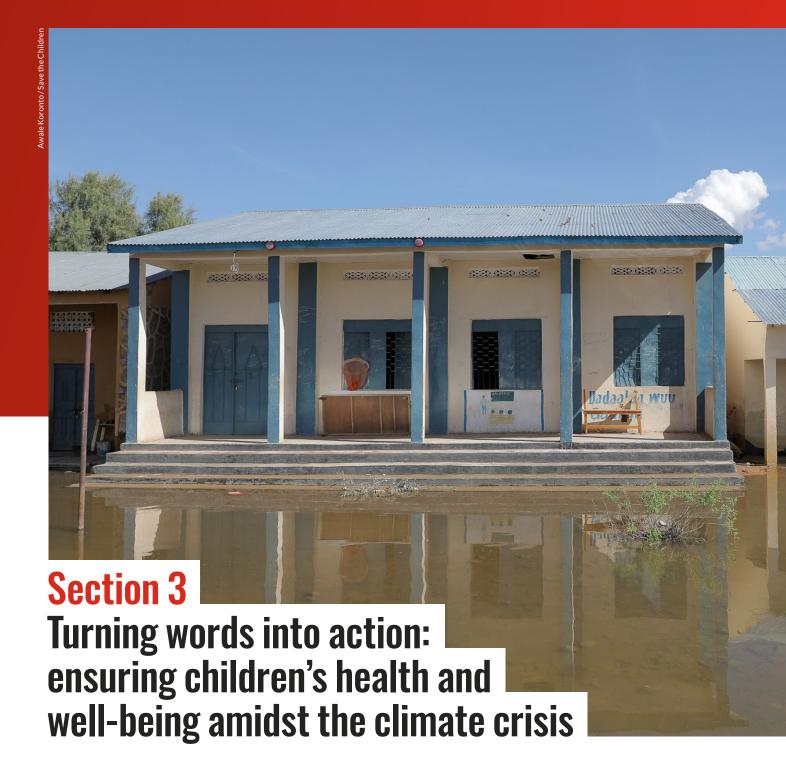
In addition, due to a lack of integrated planning or diverse objectives and priorities, it remains challenging to ensure health considerations are integrated across various sectors such as agriculture, water, and infrastructure – as well as to ensure climate adaptation and mitigation policies are aligned with public health policies at national and sub-national level to build the climate resilience of children and adolescents. Often health systems in LMICs are overwhelmed with disease outbreaks and malnutrition, hampering their ability to focus on climate prevention, adaptation, and resilience.

# Collective obligation for governments and other stakeholders worldwide

Governments and other stakeholders now need to translate these obligations and guidelines emanating from UNFCCC processes, the human and child rights system, the WHA, and regional agreements into tangible policies and measures at the national level that protect the health of children and future generations from the impacts of the climate crisis.

National and sub-national policies and legislation need to be implemented effectively and governments must be held accountable for delivering on their commitments, both mandatory and voluntary. The coalescence of these various tools, obligations, and agreements presents an opening to deliver the urgent step change needed to protect children's and adolescents' health from the ever-increasing impacts of the climate crisis. It is an opportunity the international community simply cannot afford to ignore.





Addressing the climate and health crisis requires a multifaceted approach that prioritises the needs of children and adolescents, including those most impacted by inequalities and discrimination.

Three<sup>41</sup> factors are key for achieving this:

- Sustainable, predictable and adequate financing
- Creating and strengthening climate-resilient and low-carbon health systems
- Ensuring communities, children's and adolescents' rights, needs, expertise, and voices are front and centre in climate-health action

### What is Save the Children's climate-health response?

With more than a century of experience working to improve the health and well-being definition of children, adolescents, and youth, Save the Children is the world's leading independent child rights organisation. We have the long-standing relationships and expertise needed to protect and improve the health of those children most vulnerable to the negative effects of climate change and variability. We can also catalyse action on climate change, health, and equity issues at scale.

Save the Children strengthens health systems, trains health workers, and provides mobile health facilities to reduce child mortality and morbidity in the face of climate-related disasters. We anticipate and respond to acute and protracted crises affecting children's health and nutrition, and advance policy and practice aimed at protecting and improving the health and nutrition of children, adolescents, and communities.

We contribute to policy development and practice improvement, offering integrated, systems-based health adaptation solutions and building the evidence base for climate-health policy action. We collaborate with stakeholders at national and community levels to develop tools such as the Climate and Health Systems Maps<sup>43</sup>, and with the global network of National Academies of Sciences to develop a collection of climate and health case studies of sciencebased policy solutions.<sup>44</sup> These tools inform policy-makers about climate-health actions that need to be prioritised. This participatory approach - also seen in Save the Children's Community Action Cycle<sup>45</sup> – ensures inclusive engagement of communities in climate actions that address health risks such as dengue, food insecurity, and malnutrition.

Climate adaptation and mitigation efforts go hand in hand. That is why Save the Children is also involved in climate mitigation efforts including implementing solar/wind power at rural health facilities in districts across Somalia and measuring baseline emissions at health facilities and supply chains in the Lao People's Democratic Republic to inform mitigation planning.

Across all levels of our work, we prioritise the voices of children, adolescents, women, and disadvantaged groups.

### 3.1

# Health financing and climate financing for children's health and wellbeing – crucial yet insufficient

By 2030, it is estimated the climate crisis will push 132 million people into extreme poverty, with one-third of these cases driven by the health impacts of climate change alone. Despite the pressing need for action, financing for climate and health solutions is fragmented, hard to access, and insufficient. Current adaptation finance by donor governments falls far short of the \$11 billion needed annually to address rising health challenges, such as disease control, heat-related mortality, and climate-resilient infrastructure. From 2009–2019, less than \$150 million annually went to health projects, despite the adaptation finance needs of the health sector being \$11 billion annually.

This lack of adequate financing is compounded by shrinking Official Development Assistance (ODA) for health by key donor governments across the world. At the same time, many governments no longer prioritise health spending as of 2023. This threatens gains made toward reducing under-five mortality, achieving the health-related SDGs, universal health coverage (UHC), and the ability to prevent, respond to, and prepare for climate-related disasters.

"The ministries of health and education must increase their funding and should have more budget; those are the most important ministries and don't get enough support."

#### **Genesis**

El Salvador<sup>47</sup>

Less than 1% of projects funded by major multilateral climate funds over the past 17 years have included child-responsive health interventions, although some funders like the Green Climate Fund (GCF) are working with partners to bridge the gap in child-responsive climate finance. This oversight highlights the need for a more targeted approach to finance to ensure that children's health is prioritised amidst the climate crisis.

The consequences of this drastic underinvestment are severe, as demonstrated by Pakistan's health sector, which suffered \$143 million in losses from the 2022 floods. These losses and damages disrupted health services for nearly four million children, leading to increased malnutrition, disease outbreaks, and hindered access to essential services such as immunisations.<sup>49</sup>

### **Responses and solutions**

To address these challenges, over 40 organisations, including Save the Children, endorsed the Guiding Principles on Financing Climate and Health Solutions at COP28. This initiative aims to upscale and coordinate financing to protect against the health risks posed by climate change and support sustainable climate-health solutions.<sup>50</sup>

All climate finance providers should prioritise investments to strengthen the climate resilience of child-critical services through child-responsive interventions, including health. This should be done through the provision of grant-based and highly concessional finance, particularly for adaptation and loss and damage. This is a much-needed step towards correcting a long-standing and glaring blind spot in the climate finance landscape.



Public actors such as multilateral development banks (MDBs) and public development banks (PDBs) also have a role to play in sustainably financing climate and health actions. These institutions can mobilise large-scale, long-term capital, offer concessional financing, provide technical expertise, mitigate risks, and catalyse additional private investment. The recently-published Roadmap for Climate-Health Finance and Action by the Development Bank Working Group<sup>51</sup>, which includes 11 MDBs and PDBs, represents a promising step toward increasing and prioritising investments in response to the health impacts brought about by climate change.

Investing in children's and adolescents' health is a critical investment in human capital that benefits not only children but also their communities and countries more broadly. Strategic investments in children lead to rises in income, contributing to sustainable development and cohesive societies. Urgent action is needed to bridge the funding gap in health financing, climate adaptation financing, and loss and damage financing, ensuring that children's and adolescents' health is protected and prioritised in the face of the climate crisis.

In addition to ensuring that health finance is optimised, there are also opportunities for synergies with climate finance. The policies and guidelines of existing climate finance mechanisms and the new UNFCCC Fund for responding to Loss and Damage should consider children's and adolescents' needs, specific vulnerabilities, and priorities, with significant finance directed at child-critical social services such as healthcare to be delivered in an equitable and inclusive manner.

# Case study Securing financing for building climate-resilient health systems in Laos<sup>52</sup>

Save the Children has been successful in securing specific funding for climate change and health through the GCF. We are the first international NGO to receive funding for the first health project by GCF – Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System.

Laos is particularly vulnerable to climate change, with projections indicating temperature increases and more rainfall by 2050. This will significantly affect healthcare through extreme weather events and an increased disease burden. Children in Laos face an increased risk of dengue fever, diarrhoea, and malnutrition, resulting from destroyed crops and environments, and rudimentary water and sanitation infrastructure caused by the climate crisis.

The project aims to strengthen the country's healthcare system and community resilience in the face of climate change impacts, intensively supporting 100 health facilities and 250 communities over the next five years. It will also provide enhanced early warning systems and improved health service access to over 1.8 million people living in 25 of the most climate-vulnerable districts, thereby reaching over 25% of Laos' population.

Key activities include strengthening health system governance and leadership capacity; developing guidelines for implementing the Health National Adaptation Plan (HNAP); extending the Routine Health Information Management System to include climate data; improving access to and use of early warnings of dengue and diarrhoeal diseases; upgrading healthcare facilities with climate-resilient infrastructure; establishing climate-resilient WASH services; capacity-building of health workers; and boosting community knowledge about climate-related health issues.

While the overall ambition is to strengthen Laos' health system to be climate-resilient, the project further aims to reduce greenhouse gas emissions from health facilities.

Importantly, this initiative is designed to provide the Laos government with a proven model ready for nationwide scaling. It will make climate-informed strategies, policies, and guidelines accessible to all healthcare services across the country.

Save the Children has further been successful in securing a new project in Sierra Leone in partnership with the GCF, which – together with the national government – will support local communities to address the impacts of the climate crisis. This locally-led adaptation project will equip local communities with the resources they need to adopt climate-resilient practices in farming, fishing, education, water use, and ecosystem management.

### 3.2

### Climate-resilient and low-carbon health systems:54 key for upholding children's rights to health and well-being

Even before the climate crisis started wreaking havoc on already weak health systems worldwide, many LMICs struggled with inadequate healthcare financing, workforce shortages, insufficient facilities, and limited access to primary health care. There is a marked intersection between countries in or at risk of debt distress and those judged as extremely high risk by the Children's Climate Risk Index.<sup>55</sup>

Countries are obliged to finance their debt before spending on other priorities, often at the expense of vital public services, such as healthcare. Vanuatu's debt doubled in the aftermath of Cyclone Pam in 2015, while Pakistan is at risk of defaulting on its debt following the catastrophic floods in 2022, which caused around \$30 billion of loss and damage. The climate crisis can push countries into debt but also affect their ability to repay climate (and other) finance delivered as loans.

Currently, about half of the world's population lacks full coverage of essential, quality, affordable health services<sup>56</sup> – denying them their right to health at all times as part of UHC. In 2022, two billion people suffered financial hardship due to impoverished out-of-pocket payments (OOPs) for health services.<sup>57</sup>

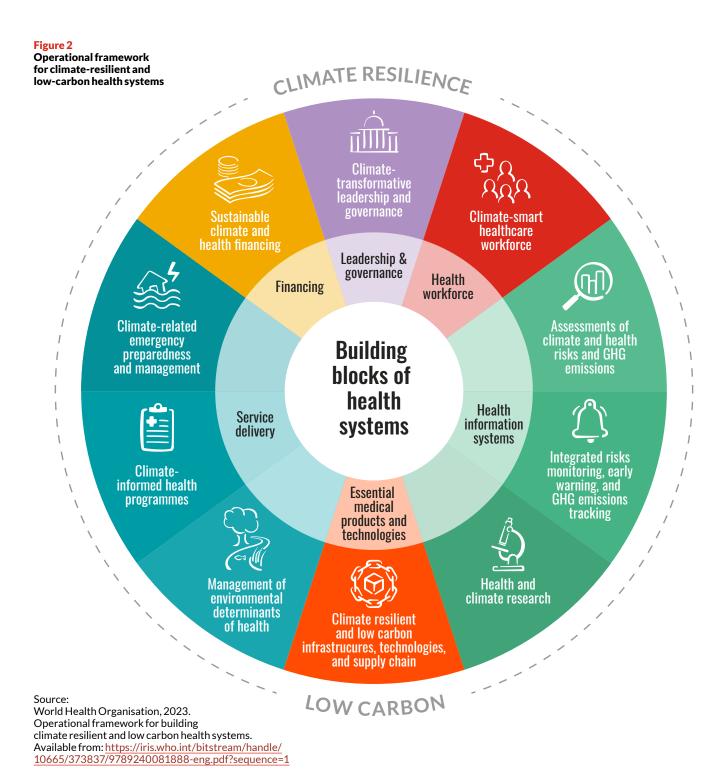
Health systems are challenged to deliver UHC even at current levels of warming, with the majority of countries (108 of 194) experiencing worsening or no significant change in service coverage since the launch of the SDGs in 2015.<sup>58</sup>



7a Theogene / Savethe Children

The climate crisis further undermines these fragile systems by damaging infrastructure, disrupting supply chains, and hampering access to healthcare for communities and children. It also poses significant challenges to high-income countries (HICs), as they too grapple with the impacts of extreme weather events, rising temperatures, and shifting disease patterns on their health systems, exacerbating existing inequalities.

In response to these pressing issues, the WHO has developed an operational framework for climate-resilient and low-carbon health systems.<sup>59</sup> It outlines a comprehensive approach to strengthening health systems' capacity to withstand and adapt to the impacts of climate change, while also reducing their carbon footprint.



# Alliance for Transformative Action on Climate and Health (ATACH)

A key initiative supporting this framework is the WHO's Alliance for Transformative Action on Climate and Health (ATACH). ATACH brings together governments, civil society organisations – among them Save the Children – and other stakeholders to accelerate support of country efforts to realise climate-resilient, low-carbon health systems.

The role of governments is central to ATACH's efforts. Governments are expected to take a lead in developing and implementing national strategies and action plans for climate-resilient and low-carbon health systems. This includes mobilising resources, strengthening policies and regulations, and fostering multi-sectoral collaboration to address the complex challenges posed by the climate crisis.

By actively engaging with the ATACH alliance, governments can access the necessary guidance, tools, and resources to strengthen their health systems' preparedness and response to climate change. This collective effort is crucial to ensure that all countries, regardless of their level of development, can deliver quality, equitable, and climate-resilient healthcare services to people and children, even in the face of the escalating climate crisis. At the same time, it is crucial for ATACH to take a child-centric approach and include a strong focus on children's voices and needs into their work with governments at the climate-health intersection.

### 3.3

### Children's participation

Children's safe and meaningful involvement as active stakeholders in climate and health decision-making processes, policies, programme design, and finance is essential. This helps ensure that investments and outcomes effectively address the wide-ranging health impacts of climate change on children while protecting their rights.

"Please listen to us and give additional importance to our voice. We promise you to become part of the solution."

### **Diya, 16**Bangladesh

With access to knowledge and skills development, children can make a significant contribution through their creativity, energy, and unique lived experiences to their own health and well-being and that of their communities. This can lead to more effective and sustainable solutions for various climate and health interventions, including disaster risk reduction, resilience-building, and child-centred and locally-led adaptation. Involving parents and caregivers in climate decision-making processes can also play a valuable role when children are too young to participate directly. Their engagement can bridge the gap and ensure that climate and health solutions are tailored to the specific needs and contexts of early childhood development.

However, climate finance often overlooks children as key stakeholders. Where they are considered, they are generally addressed as a vulnerable group rather than as active stakeholders or agents of change. In only 1% of projects assessed from major MCFs is the involvement of children foreseen as part of the design and/or monitoring of the project itself.<sup>61</sup>



"We are going to be the ones suffering from the climate crisis so policy-makers should include us. Nothing about us, without us."

### **18-year-old boy**South Africa

Interventions that take children's needs and voices into account have also been found to be more cost-effective<sup>62</sup>. Yet children frequently experience barriers to their participation and such challenges are heightened for children from groups subjected to intersecting forms of discrimination and inequality.

Furthermore, involving children in climate and health planning empowers them to take ownership of their health and well-being. Active engagement in decision-making processes encourages children to adopt healthy behaviours and practices and recognises their power as agents of change, helping to reduce the impacts of climate change on their physical and mental health. This not only benefits the children but also enhances the overall climate resilience of their communities.

Beyond the clear efficacy of engaging children directly in questions of their health and well-being, the UNCRC and GC26 recognise the right of children to have their voices heard and be involved in decisions that affect their rights and futures. By ensuring children's active engagement in climate and health planning related to climate change, policymakers are upholding their obligations under the most heavily-ratified human rights treaty in existence. When children are not considered in designing climate and health actions, not only is their inalienable right to participation denied, the measures themselves could negatively impact children's lives and violate other rights.

"Climate change is not a distant threat; it is a reality that we face every day. We need leaders to take bold actions to combat climate change and protect our future. This is not just about saving the environment; it's about saving lives. Listen to us, act for us, and secure a safe and healthy planet for all children."

**Nafiso, 17**Somalia



### Calls for governments\*

\*Including as member states / Parties of multilateral climate and climate-health processes

#### **Financing**

#### For donor and national governments to...

 Prioritise investments to strengthen the climate resilience of child-critical social services through child-responsive interventions, including in health, nutrition, and WASH.

#### For donor governments to...

- Maintain or increase ODA, including for health, focusing on funding for health systems strengthening – to make those systems resilient against the effects of the climate crisis.
- Urgently close the adaptation gap and provide funding for losses and damages through the provision of new and additional climate finance to ODA flows. This funding needs to place children, adolescents, and child-critical social services including health, nutrition, and WASH at the forefront of such efforts.

- Deliver climate finance primarily in the form of grants and highly concessional funding, particularly for adaptation and loss and damage.
- Support partner countries in expanding health and child-sensitive, shock-responsive social protection systems<sup>63</sup>, including a link to anticipatory action programmes and activities<sup>64</sup>.

### **Systems and policy**

#### For all governments to...

- Prioritise building climate-resilient and low-carbon health systems with a strong primary health care approach, including via
  - Strengthening a health workforce that is sufficiently trained, paid, protected, and equipped
  - Building climate-resilient health infrastructure
  - Providing for shock-responsive social protection schemes.
- Prioritise health in climate strategies, polices, and plans, and climate in global health strategies, polices, and plans.
- Promote stronger multisectoral collaboration on

- climate-health between health, environmental, and other relevant sectors and climate action that improve health while reducing greenhouse gas emissions.
- Drive forward national climate-health agendas as members of ATACH.
- Include child health in national impact,
   vulnerability, and risk assessments, as well as
   national surveys to help plug knowledge gaps.
- Generate evidence to establish global and national estimates of child morbidity and mortality related to climate change and focus research on the impact of climate change on children to fill in current gaps in knowledge.
- Strengthen disease surveillance and early warning systems and enhance the implementation of resulting anticipatory measures with a childcentred perspective.
- Encourage a nexus approach and common strategy between disaster risk reduction, resilience-building, climate adaptation, anticipatory action, and early action to manage the risk, rather than the crisis, and to build resilience.
- Prioritise community and children's engagement in the design, monitoring and implementation of climate-health responses and decision-making processes.

### NDCs, NAPs, HNAPs

#### For all governments to...

- Develop NDCs that include assessments of health risks, adaptation and mitigation measures, policies, training, and funding strategies, ensure multisectoral collaboration, and reduce emissions in the health sector.
- Develop NDCs that connect climate action with UHC by strengthening health systems – making people and children more resilient when facing climate-related health issues and improve overall health outcomes.

 Prioritise addressing and integrating the health impacts of climate change, including via developing HNAPs as part of NAP processes and ensure they are participatory, locally led, and genderand age-responsive.

#### For donor governments to...

 Support national governments to undertake vulnerability and adaptation assessments (V&As) and develop HNAPs as part of their NAPs process
 while prioritising action to address the health impacts of climate change on children.

### **Equity and Participation**

### For all governments to...

- Prioritise and address the needs of groups most impacted by inequalities such as girls, children with disabilities, indigenous children, or displaced children and adolescents.
- Collect and utilise age-, gender-, and disabilitydisaggregated and child-specific data – to capture the specific impact of the climate crisis on different groups of children and address the current shortfall in data availability.

### Calls for global health multilaterals and WHO, MCFs, MDBs and the private sector

### For all climate finance providers (MCFs, others) to...

- Devolve decision-making to the lowest appropriate level by giving local institutions, local NGOs, and communities more direct access to finance and support the long-term development of local governance processes, capacity, and institutions.
- Improve access to climate finance for those affected – the application process must be simplified and bureaucratic hurdles must be removed to ensure timely and equitable access to funds.
- This includes streamlining complex accreditation processes, addressing co-financing requirements, and ensuring that impacted communities and those in fragile and conflict-affected states can access climate finance.

### For global health multilaterals (Gavi, Global Financing Facility, Global Fund) and WHO to...

- Develop climate-sensitive strategies and strive for coherence and synergies between global health initiatives.
- Support partner countries in building climateresilient and low-carbon health systems, including WASH and health care waste management.
- Promote cross-sectoral planning and collaboration between global health initiatives to develop comprehensive, integrated strategies addressing the climate-health intersection.
- Prioritise community and children's engagement in the design and implementation of respective climate and health strategies, plans, and priorities.

#### For MCFs and MDBs to...

- Scale up financing for child-responsive health, nutrition, and WASH interventions.
- Provide specific funding windows dedicated to delivering child- and gender-responsive outcomes at the scale required, including health, nutrition, and WASH.
- Review and update core strategic institutional policies, strategies, plans, and guidance to explicitly incorporate child-responsive objectives, associated indicators, reporting requirements, and safe-guards at all stages of the project cycle.
- Institute a child marker to rate the contribution of each activity output against child-responsive criteria, to provide a more accurate estimate of the contribution of climate finance to childresponsive outcomes

### Calls for private sector (foundations, corporate sector) to...

- Enable innovative and locally-led adaptation efforts to strengthen community health and climate resilience through collaborative and flexible approaches to funding and partnership.
- Engage in cross-sector partnerships with other actors including public sector, NGOs, institutional donors, and philanthropists to catalyse collective action, thought leadership, and action to adapt and strengthen health systems to the effects of climate change.
- Accelerate organisational and sector-wide efforts to address climate change across all business operations and their entire value chain.

**Civil society organisations** play a vital role in addressing the climate-health intersection and protecting children's and adolescents' right to health. Through their grassroots connections and advocacy work, they contribute to accountability efforts, ensuring governments, the private sector, and other stakeholders deliver on their commitments to climate action. Their work is particularly important in amplifying the voices of communities and young people most affected by climate change, especially those facing inequalities and discrimination. By facilitating meaningful participation in decisionmaking processes and supporting educational initiatives, civil society organisations help build community capacity and ownership of climate-health solutions, fostering sustainable practices at the local level.



### **Section 5**

# Conclusion: a call to action for a safer, healthier future for all children

The climate crisis poses a significant threat to children's and adolescents' health, particularly in LMICs, and urgent action is needed on every front to address this growing concern. Global and regional frameworks are increasingly recognising the link between climate and health, providing a foundation for rapid and necessary measures. However, a significant financing gap exists for child-centred interventions, highlighting the need for increased investment in climate-resilient and low-carbon health systems that put children front and centre.

To effectively protect children's and adolescents' health, a multisectoral approach involving collaboration across health, environment, and other relevant sectors is crucial. It is important to engage children and communities in designing and implementing climate-health responses, while prioritising the needs of groups impacted by inequality and discrimination.

Increased investment in climate-health research, evaluation of interventions, collecting disaggregated data, and scaling up anticipatory action efforts are essential to bolster climate resilience and adaptation. Furthermore, promoting climate action that improves health outcomes for children and reduces greenhouse gas emissions is key.

Bold and decisive action is needed to prioritise children's and adolescents' health in climate and health action and create a healthier, more resilient world for all, including future generations. For the sake of 2.4 billion children across the globe, it is imperative that policy and practice be childresponsive and equitable to address the impacts of climate change on their health.

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- 64 Both in bilateral and multilateral development cooperation.





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