

### Health

- Planetary Health, One Health, and the socioecological determinants of health must become common vocabulary.
- Increase environmental actor awareness and participation in WHA meetings.
- Reference “women’s health” as a component to gender considerations.
- A convention on pandemics should include and align with biodiversity MEAs.
- Evidence from the IPCC and IPBES should inform health sector planning.
- Strengthen reporting and actions on mental health outcomes in NAPs and national biodiversity strategies and action plans (NBSAPs).
- Incorporate biodiversity themes into global strategies on mental health.
- Increase awareness of the WHO’s Traditional Medicine Strategy.

### Pollution

- Increase awareness of chemicals governance.
- Strengthen targeted, coordinated statements and strategic informal negotiations at chemicals meetings.
- Support establishing a science–policy body on chemicals and wastes for advancing knowledge and delivering evidence to decision-makers.
- Amend the global regulation of chemicals to class-based rather than individual listings to expedite health outcomes and reduce health risks.
- Formalize intergovernmental commitments to address pharmaceutical pollutants.
- Increase attention to pollution from medical waste and its incineration under the Stockholm Convention and the Plastic Waste Partnership.
- Revise threshold setting for chemicals exposure to be inclusive of all consumers by gender, age, or diet. Some are based on a middle-aged adult male, which is both narrow and vague.

### Biodiversity

- Increase health stakeholder participation in CBD negotiating bodies.
- The draft global action plan on biodiversity and health must reference the health of children.
- Advisory from the CBD on food system transformation in the draft global action plan on biodiversity and health must include strong linkages between biodiversity and nutrition.
- Adopt the post-2020 global biodiversity framework, ensuring it contains robust and relevant health targets, and adopt the draft global action plan on biodiversity and health.
- Strengthen health sector input to biosafety and biotechnology discussions under the CBD, especially on Digital Sequence Information (DSI) and synthetic biology.
- NBSAPs should include health values, risks, impacts, and metrics and be reviewed by a health ministry.
- Deepen the evaluation of health in biodiversity impact assessments, for instance, drawing on the Akwé-Kon guidelines (specifically, Articles 43, 44, 50).
- Consider a potential wildlife disease surveillance mechanism for traded species as a safeguard to human health as a new requirement under CITES.
- Add a health expert to the IPBES Multidisciplinary Expert Panel (MEP).

### Food Systems

- Increase health sector and ministerial participation in the CFS plenary.
- Synergize work on food systems across MEAs.
- MEAs should address malnutrition in all its forms and utilize nutrition terminology that maximizes health outcomes, such as “nutritional security.”
- Link CFS policy guidance on food systems to decisions in MEAs.



## Climate Change

- Increase health sector visibility in negotiations through lobbying (months in advance), engaging in constituted bodies, statements in negotiations, and submissions to the UNFCCC Secretariat.
- Increase the presence of health ministers. Whereas 81 ministries of health (out of 95 respondents) designate a focal point for health and climate change, only 24 countries (12% of parties) sent a representative to COP 26.
- Increase national training on climate change policies. Approximately seven countries report that their ministry of health received training on health in UNFCCC negotiations.
- Improve national implementation of WHO's Global Air Quality Guidelines, particularly for the 77 countries with no reporting. Focus on broadening the pollutants covered and reducing long-term exposure to pollutants.
- Increase attention on SLCPs, including as a stand-alone reduction target in NDCs, through development of National SLCP Action Plans, and by supporting the Global Methane Pledge.
- NDCs and NAPs can be used to detail health co-benefits of mitigation. Only 16% of countries (of 95 assessed) have assessed the health benefits of national climate mitigation policies.
- Formalize cross-sectoral collaboration at the national level on mitigation. Few agreements are established between ministries of health and ministries of water, sanitation and hygiene (32%); energy (20%); agriculture (19%); transportation sector (17%); and urban development and housing (14%).
- Strengthen national-level training for low- and middle-income countries on adaptation assessments. Only eight of these countries reported receiving training on climate change and health for vulnerability and adaptation assessments.
- Assist developing countries in formulating and implementing NAPs and HNAPs. In 2020, more than 80% of developing countries were still forming their first NAP, while criteria for HNAPs were only established in 2021. Development of HNAPs can be a concrete activity for joint health-environment ministerial work.
- Boost the quality of health information in NAPs and HNAPs, including: the links between vulnerabilities and response actions; on addressing vulnerable sub-populations; consistency of diseases assessed; and on financial planning for health needs.
- Health stakeholders should inform the party-driven work that informs the UNFCCC, namely NDCs, Adaptation Communications, NAPs, National Communications, and Biennial Transparency Reports.
- The 2023 Global Stocktake is an opportunity to assess progress on addressing health outcomes, impacts to the health sector, and financing for resilience.
- Prioritize health metrics for measuring progress on the Global Goal on Adaptation in the Glasgow-Sharm el-Sheikh Work Programme.
- Support adoption of a permanent framework for agriculture under the UNFCCC.
- Define the term “food production” under the UNFCCC to encompass both dietary quantity and quality.
- Strengthen discussion on malnutrition under the KJWA and/or its predecessor body.
- Enhance national and adaptation planning for water resources and consider links to the WHO Guidelines on Drinking Water Quality and incorporation of water safety plans. Only three health ministries reported receiving training on climate-resilient water safety plans.
- Health stakeholders should inform the Expert Group on Non-Economic Losses, the Santiago Network, and the Glasgow Dialogue.
- Increase alignment of national health systems to adaptation and mitigation goals. Only 52 countries (26% of parties) have pledged ministerial commitment to reforming their national health sector to be climate-resilient, sustainable, and/or low carbon.
- Include health indicators in Glasgow Financial Alliance for Net Zero's (GFANZ) decision-making rubric and align investments for decarbonization pathways to co-deliver for both healthy people and a healthy planet.