



Global South
Research Collaborative



INSTITUTE *for*
COMPETITIVENESS

Health at UNFCCC COP- Simplified

Hosted by PATH and
Institute for Competitiveness

The second webinar of the Simplified Series focused on Health at UNFCCC COP, exploring the growing recognition of health within the global climate agenda. The session traced the evolution of health discussions at COP, highlighting the profound impact of climate change on global health priorities. A key focus was the financing landscape for climate and health, examining existing funding mechanisms, identifying critical gaps, and exploring opportunities to mobilize resources for building climate-resilient health systems. The webinar also unpacked the complexities of institutional structures and financing mechanisms, shedding light on the challenges that countries, particularly in the Global South, face in accessing and effectively utilizing funds. Through expert insights and discussions, the session provided a comprehensive understanding of the climate-health nexus, offering a multidimensional perspective on how financing, policy, and institutional frameworks intersect to drive meaningful change.

The event attracted over 185 registrations, bringing together a diverse group of participants from both the Global South and Global North. Attendees represented countries such as India, Nepal, Myanmar, South Africa, Kenya, Tanzania, Denmark, France, the USA, and the UK, among others. The event also attracted participation from a wide range of organizations, including multilateral agencies, academic institutions, and the private sector. Notable participants included the WHO, WFP, CEPI, World Economic Forum, Clinton Health Access Initiative, Harvard University, Columbia University, Amity, TERI, and Manipal, reflecting a rich diversity of perspectives and expertise.

 Global South Research Collaborative

 INSTITUTE for COMPETITIVENESS

 PATH

The Simplified Series
Health at UNFCCC COP-Simplified

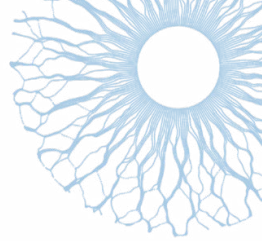
Scan for Registration Details


March 6, 2025 | 10:30-12:00 GMT | 11:30-13:00 CET | 16:00-17:30 IST

 Dr Ankur Mutreja Director of Strategy, Partnerships, and Communications, PATH	 Prof Amit Kapoor Chair, Institute for Competitiveness	 Mr. Julien Pouille Team Lead, Climate & Health, UNITAID	 Ms. Madhavika Bajoria Executive Director, AVPN
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Agenda



Opening Remarks by
Dr. Ankur Mutreja,
Director of Strategy, Partnerships,
and Communications, PATH



Presentation on Health at
UNFCCC COP by
Prof. Amit Kapoor,
Chair, Institute for
Competitiveness



Expert Commentary by
Mr. Julien Pouille,
Team Lead, Climate and
Health, Unitaïd



Moderation of the Discussion by
Ms Madhavika Bajoria,
Executive Director, AVPN

Watch and download the webinar recording using the link:

<https://www.youtube.com/live/iukDhózsDbs>

Proceedings of the webinar presentations and discussions

Access the Webinar Presentation [here](#)

OPENING REMARKS



Dr. Ankur Mutreja, Director of Strategy, Partnerships, and Communications, PATH, formally opened the second webinar of the Simplified Series of the Global South Research Collaborative (GSRC) by welcoming attendees and introducing the session's objectives. He highlighted the mission of the webinar series—to simplify policy issues taking shape around the world and to make them more accessible to a diverse audience.

Dr. Mutreja emphasized that many global policies are often overly complicated, and that the GSRC aims to break them down into understandable insights to ensure broader engagement and comprehension. He noted the success of the first webinar on the Pandemic Accord, which was attended by 120 participants from six continents, various organisations around the world and shared that the current session on Health at UNFCCC COP was chosen based on popular demand and voting from previous attendees.

Dr. Mutreja elaborated on the importance of understanding the role of health within the COP framework, as many are unaware of how health issues are integrated into climate negotiations. He set the stage for the discussion by introducing the distinguished panellists, outlining their expertise, and presenting the session agenda. Finally, he welcomed all participants, encouraged active engagement, and handed over the session to Prof Amit Kapoor for his keynote presentation.

PRESENTATION ON HEALTH AT UNFCCC COP



Prof Amit Kapoor, Chair, Institute for Competitiveness, presented the increasing prominence of health in global climate negotiations, emphasizing the profound impacts of climate change on human well-being and the critical role of health considerations in shaping climate policies. He traced the historical neglect of health issues within the UNFCCC framework, highlighting how early climate negotiations primarily focused on emissions reductions, finance, and technology, often sidelining the direct and indirect health consequences of climate change. However, he noted a significant shift in recent years, particularly with the establishment of dedicated health discussions at COP meetings, culminating in the first-ever “Health Day” at COP28.

Prof Kapoor delved into the mounting evidence demonstrating that climate change is not just an environmental crisis but a global health emergency. He outlined key findings from the World Health Organization (WHO), including statistics on climate-induced health risks such as extreme heat exposure, air pollution-related diseases, and the increasing burden of vector-borne diseases like malaria and dengue. He further examined the disproportionate health impacts on vulnerable populations, including children, the elderly, and low-income communities, reinforcing the argument that climate justice is fundamentally a public health issue.

Expanding on institutional efforts to integrate health into climate governance, Prof Kapoor discussed the evolving role of UNFCCC bodies such as the Subsidiary Body for Scientific and Technological Advice (SBSTA) and the Adaptation Committee in addressing health-related climate risks. He provided an overview of policy advancements from key COP meetings, particularly the commitments made at COP26 in Glasgow, where the WHO launched the Alliance for Transformative Action on Climate and Health (ATACH), and COP27 in Sharm El-Sheikh, where health was formally recognized as a human right in climate negotiations. The presentation highlighted COP28 as a turning

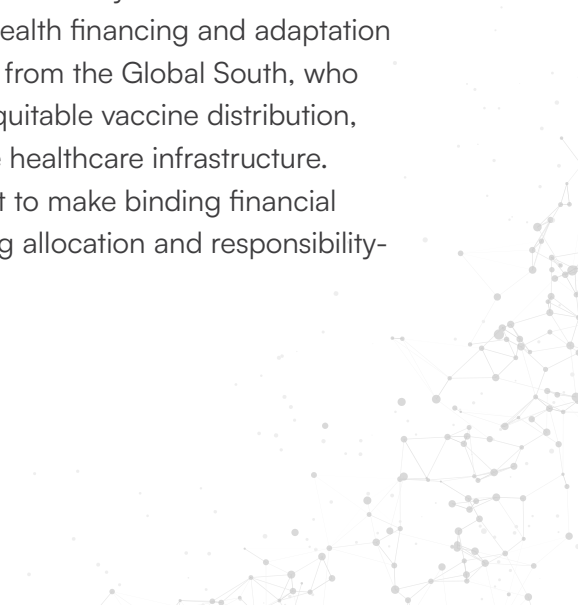
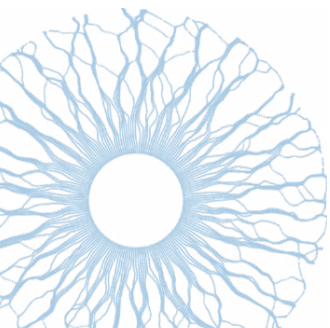
point, where over 120 countries signed the UAE Declaration on Climate and Health, committing to greater integration of health into climate policies.

The presentation also examined the role of international funding mechanisms and partnerships in bridging these gaps. Prof Kapoor highlighted the recent launch of the Climate X Health Lighthouse Fund at COP29, aimed at securing resources for health adaptation and resilience. However, he emphasized that without binding commitments from high-emission countries, funding shortfalls and inequitable resource distribution will continue to hinder progress.

Prof Kapoor traced the evolution of COPs from COP1 to COP30, highlighting key milestones in integrating health into climate policy. Early COPs focused on emissions and finance, with health largely overlooked. The Paris Agreement (COP21) marked a shift, recognizing climate resilience as a health issue. COP26 saw the launch of ATACH, COP27 formally recognized health as a human right, and COP28 hosted the first-ever Health Day. With COP30 approaching, he stressed the need for dedicated climate-health financing and stronger policy integration.

Prof Kapoor critically analysed the persisting gaps in climate-health integration within the UNFCCC framework. He pointed out that while COP negotiations have increasingly acknowledged health concerns, dedicated climate finance for health adaptation remains insufficient. The lack of structured mechanisms to compensate for climate-induced health losses, particularly under the Loss and Damage Fund, remains a contentious issue. Additionally, he discussed the ongoing challenges in incorporating health considerations into Nationally Determined Contributions (NDCs) and National Adaptation Plans (NAPs), arguing that health policies need to be fully embedded within climate strategies rather than treated as a secondary concern.

A core aspect of Prof Kapoor's discussion was the negotiation dynamics between developed and developing nations regarding climate-health financing and adaptation strategies. He outlined key positions taken by countries from the Global South, who argue for stronger commitments to health resilience, equitable vaccine distribution, facilitated by increased investments in climate-adaptive healthcare infrastructure. In contrast, many high-income nations remain reluctant to make binding financial commitments, leading to ongoing disputes over funding allocation and responsibility-sharing.



Prof Kapoor concluded his presentation by underscoring the urgency of prioritizing health in climate policies at COP30 and beyond. He stressed the need for a paradigm shift in climate negotiations—one that measures success not only by emissions reductions but also by the tangible health benefits delivered to vulnerable populations. He called for the formal commitments by member states for formal integration of health into climate finance mechanisms, improved data monitoring for climate-health risks, and stronger accountability frameworks to ensure equitable implementation of health-related climate actions.

REFLECTIONS AND EXPERT COMMENTARY



Mr Julien Pouille, Team Lead, Climate and Health, Unitaïd, delivered an insightful presentation on the intersection of climate change and global health, emphasizing the urgent need to integrate climate considerations into health policies, product development, and market strategies. He highlighted Unitaïd's role as a leading global health agency focused on investing in innovative solutions to improve prevention, diagnosis, and treatment for infectious diseases such as HIV, tuberculosis, and malaria. Over the past few years, the organization has expanded its scope to include child and maternal health, as well as pandemic preparedness.

A key theme of his presentation was the growing recognition that climate change is not just an environmental issue but a profound and immediate threat to global health. Extreme weather events, shifting disease patterns, and disruptions in essential medical supply chains are already affecting vulnerable communities, particularly in low- and middle-income countries (LMICs). He underscored that climate change is a defining challenge for the health sector, demanding a fundamental rethinking of priorities and approaches.

Unitaid's response to this challenge is structured around two strategic pillars. The first pillar ensures that health products introduced into the market are not only accessible, affordable, and high-quality but also resilient to climate change and aligned with broader environmental sustainability goals. The second pillar focuses on reducing the carbon footprint of health supply chains, recognizing that the health sector itself is a contributor to environmental degradation through carbon-intensive manufacturing and medical waste. Unitaid is committed to mobilizing partners in the health ecosystem to align with global net-zero objectives.

Reflecting on the role of climate COPs in advancing health priorities, Pouille noted that COP28 was a landmark moment as it marked the first time in nearly three decades that health was given a dedicated platform within climate negotiations. Unitaid actively engaged in discussions, contributing to WHO's Alliance for Transformative Action on Climate and Health (ATACH), and formally launched its Climate and Health Strategy during the summit. The organization also used the event to share critical research findings on climate risks to essential health products and advocate for equitable access to life-saving innovations, particularly for communities in LMICs.

Building on its learnings from COP28, Unitaid's engagement at COP29 was cantered on translating commitments into action. The organization advanced its investment agenda by highlighting specific initiatives aimed at strengthening the climate resilience of health products, such as improving heat stability in medicines, promoting long-acting formulations, and exploring sustainable approaches to HIV treatment. Additionally, Unitaid actively participated in high-level panels on sustainable health systems and climate-smart medicine, reinforcing its role in fostering cross-sectoral collaboration.

Pouille stressed that while climate and health discussions have gained momentum within COP processes, more work remains to be done to ensure that health priorities are fully integrated into national climate adaptation and mitigation plans, such as Nationally Determined Contributions (NDCs). He advocated for greater representation of voices from the Global South, emphasizing the need for targeted investments in high-risk regions where climate change is already exacerbating health vulnerabilities.

Looking ahead to COP30 and beyond, Unitaid aims to strengthen its leadership in this space by focusing on high-risk hotspots, fostering cross-sectoral partnerships, and ensuring that climate financing mechanisms effectively support health adaptation efforts. Pouille concluded by reaffirming the importance of multi-stakeholder platforms like ATACH in driving coordinated action at the climate-health nexus, advocating for an irreversible shift from dialogue to concrete implementation.

This presentation provided valuable insights into the evolving intersection of climate change and health, reinforcing the urgency of sustained global cooperation and investment in climate-resilient health systems.



MODERATION OF THE DISCUSSION



Ms Madhavika Bajoria, Executive Director, AVPN, opened the session by providing insights into the evolving financing landscape for impact. She also delved briefly into the role of AVPN and its network that comprises approximately 600 members across 35 countries, including philanthropic funders, impact investors, and institutions engaged in blended finance. These stakeholders are collectively driving capital toward high-impact initiatives across Asia, with climate and health as key priority areas. She also delved deeper into the financing mechanisms supporting these efforts and provided additional context on innovative financial models that facilitate sustainable investments in the region.

She emphasized the intersection of climate change and health, highlighting how COP has evolved to integrate this critical agenda. She noted that the financial mechanisms required to support climate resilience and adaptation in health are still underdeveloped, despite growing commitments. Madhavika shared alarming projections, including an estimated \$1.8 trillion cost to Southeast Asia's healthcare systems due to heat-related diseases by 2050 and a \$20 billion annual funding gap in climate adaptation for health through 2030. She pointed out that while global financing mechanisms like the Green Climate Fund and the Adaptation Fund exist, they often prioritize top-down solutions that may not fully address the needs of vulnerable communities. Ms Bajoria also highlighted the need for more integrated approaches to financing, emphasizing the importance of collaboration between governments, private investors, and philanthropic organizations. Addressing these systemic barriers is essential to ensuring sustainable funding for climate and health initiatives in the region. She emphasized that AVPN's mapping of existing funding mechanisms revealed significant gaps in financing for climate and health solutions in the Global South:

- ▶▶ **Global funding mechanisms prioritize top-down solutions** — Many large-scale funding mechanisms focus on global approaches that may not fully address the unique socioeconomic, cultural, and environmental contexts of local communities. Madhavika highlighted that locally driven solutions are more effective and sustainable as they are designed with deep contextual understanding.
- ▶▶ **Critical funding gap for grassroots innovations** — Bilateral and multilateral funds often focus on scaling proven solutions, leaving grassroots, high-impact innovations without the necessary early-stage support. Madhavika stressed the importance of dedicated funding mechanisms that can nurture these solutions in their formative stages, enabling them to mature and attract larger investments.

» **Empowering Global South innovators through financial autonomy** — Funding mechanisms tailored to Global South innovators can help shift power dynamics by fostering financial autonomy and recognizing local expertise. Madhavika pointed out that ensuring affected communities lead the solutions strengthens their impact and ensures their voices are heard.

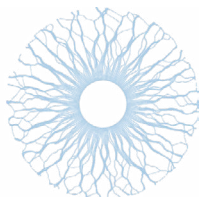
To address these challenges, Ms Bajoria highlighted AVPN's commitment to investing in localized solutions at the intersection of climate and health. As a step toward this goal, AVPN launched the \$5 million Climate and Health Lighthouse Fund at COP29 in Baku, with PATH as their key ecosystem partner. The fund aims to support climate and health innovations that protect vulnerable communities, providing flexible funding to Asian organizations. In its first round, the fund will focus on India, Indonesia, and Singapore.

Q&A SUMMARY

One of the key questions raised focus on the nexus between climate change and nutrition, particularly given that food production contributes to one-third of global greenhouse gas emissions. Prof Amit Kapoor responded by underscoring how climate change reduces crop yields and lowers the nutritional quality of food, increasing malnutrition risks. He stressed the need for climate-resilient agriculture, regenerative farming, and sustainable diets to mitigate these effects. He also highlighted how ultra-processed food consumption is rising globally, exacerbating health crises like obesity. He advocated for a shift towards plant-based diets and locally sourced food as part of the solution.

Another question explored the potential consequences if health were not included in COP discussions. Mr Julien Pouille noted that such an omission would be catastrophic, as climate-driven health crises disproportionately affect the global South. He warned that failing to integrate health into climate negotiations would widen global inequalities, threaten supply chains essential to health systems, and worsen human health impacts. He emphasized that climate justice must remain central to discussions at COP.

A question was posed regarding practical strategies beyond financing to enhance collaboration on climate and health. Prof Kapoor responded by advocating for a holistic approach that aligns health investments with economic competitiveness. He stressed the importance of climate-resilient healthcare systems, urban air quality improvements,



and sustainable transportation infrastructure to reduce emissions. He also noted that industrial production models need to be fundamentally rethought to address climate challenges effectively.

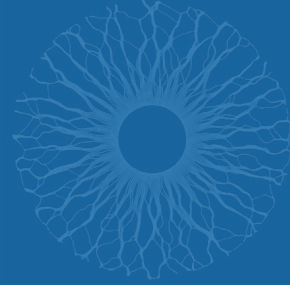
Another question focused on how social and behavioural adaptations can support climate and health solutions without clashing with cultural practices. Dr Ankur Mutreja responded by emphasizing the necessity of community-led solutions. He pointed out that externally imposed behaviour changes are often ineffective, whereas community-driven initiatives are more sustainable. He suggested that multiple stakeholders, including policymakers and development agencies, must align their efforts before engaging communities to ensure solutions are contextually appropriate and widely accepted.

The final question addressed how countries in the Global South can develop sustainable financing strategies given declining traditional donor funding. Ms Madhavika Bajoria acknowledged the challenges but framed them as an opportunity for disruption and innovation. She noted that Asia is undergoing a major wealth transfer, with younger philanthropists bringing a stronger impact lens. She highlighted the importance of building domestic funding ecosystems and fostering partnerships with platforms like COP to amplify the voices of the global South. She called for greater political support and more equitable financing structures that promote local ownership of climate and health initiatives.



Closing Remarks

The session concluded with **Dr Ankur Mutreja** reaffirming the importance of continued advocacy for climate and health integration at COP and other climate relevant discussions. Mr. Julien Pouille emphasized the need for stronger leadership to drive climate and health solutions forward. Prof Amit Kapoor highlighted the role of interdisciplinary collaboration in tackling systemic challenges. He also underscored the importance of transitioning from learning to leading, reinforcing how platforms like the GSRC serve as essential hubs for fostering knowledge-sharing, regional expertise, and South-South cooperation. Ms Madhavika Bajoria reinforced the importance of shifting power structures to enable greater financial and political autonomy for the global South. The panellists collectively expressed optimism about the opportunities ahead and encouraged ongoing engagement to turn commitments into action.



Summary of Research conducted for the webinar

PROGRESS AND KEY MILESTONES

Climate change is increasingly recognized as not only an environmental and economic issue but also a major public health crisis. The effects of rising global temperatures, extreme weather events, and environmental degradation pose significant risks to human health, including heat-related illnesses, respiratory diseases, malnutrition, and the spread of infectious diseases. Additionally, vulnerable populations, particularly in developing countries, face disproportionate health burdens due to climate change-induced disruptions to healthcare systems, food security, and water availability.

The United Nations Framework Convention on Climate Change (UNFCCC) and its annual Conference of Parties (COP) summits have progressively integrated health concerns into climate policy discussions. While initial climate negotiations were primarily focused on emissions reductions and energy transitions, the increasing body of scientific evidence on the health impacts of climate change has pushed health to the forefront of climate diplomacy.

FUNDING MECHANISMS FOR CLIMATE AND HEALTH

Over the years, several financial mechanisms have been established to support climate adaptation and mitigation efforts, including those related to health. These mechanisms aim to ensure that vulnerable populations have access to the resources necessary to build climate-resilient healthcare systems and address the health impacts of climate change.

►► The Adaptation Fund (AF)

Established under the Kyoto Protocol in 2001 and later integrated into the Paris Agreement framework, the Adaptation Fund provides funding for climate adaptation projects in developing countries. A significant portion of its resources has been allocated to health-related projects, including improvements in water and sanitation, vector control programs, and strengthening public health infrastructure.

▶▶ **The Green Climate Fund (GCF)**

Launched at COP16 (Cancún, 2010), the Green Climate Fund is one of the largest financial instruments supporting climate action in developing countries. The GCF has played a pivotal role in funding projects aimed at reducing climate-related health risks, such as initiatives focused on reducing air pollution, improving disaster preparedness in health systems, and supporting food security measures.

▶▶ **The Least Developed Countries Fund (LDCF) and the Special Climate Change Fund (SCCF)**

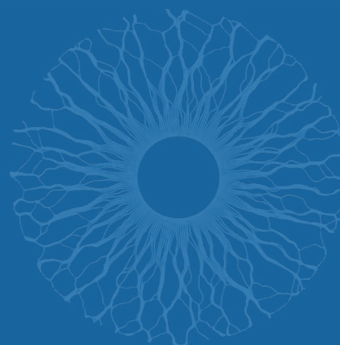
The LDCF and SCCF, managed by the Global Environment Facility (GEF), were created to assist the most vulnerable countries in implementing climate adaptation programs. These funds have been instrumental in supporting early warning systems for climate-sensitive diseases, enhancing climate-resilient agricultural practices, and improving emergency response capabilities in healthcare systems.

▶▶ **Loss and Damage Finance**

The discussions around loss and damage have gained traction in recent COP summits, particularly at COP27, where the establishment of a Loss and Damage Fund was agreed upon. This fund aims to provide financial assistance to nations experiencing irreversible climate impacts, including those affecting public health, such as heatwaves, floods, and disease outbreaks.

▶▶ **Private Sector and Philanthropic Contributions**

In addition to multilateral funding mechanisms, private sector investments and philanthropic contributions have become increasingly important in addressing climate-health challenges. Initiatives such as the Rockefeller Foundation's commitment to climate-resilient health systems and the Gates Foundation's investment in climate-smart agriculture highlight the role of non-governmental actors in bridging the funding gap.



Journey of Integration of Health at COP

EARLY COP SUMMITS: LIMITED RECOGNITION OF HEALTH (1995-2005)

▶▶ COP1 (Berlin, 1995) to COP5 (Bonn, 1999)

The early years of COP negotiations were primarily focused on establishing the legal and institutional frameworks for addressing climate change. The Berlin Mandate (COP1) initiated negotiations on legally binding commitments for developed nations, but there was little to no mention of health. Similarly, the Kyoto Protocol, adopted at COP3 (Kyoto, 1997), concentrated on emissions reductions but did not explicitly link climate action to public health.

▶▶ COP6 (The Hague, 2000): First Recognition of Health Impacts

COP6 marked a turning point, with the first formal recognition of the health consequences of climate change. Discussions acknowledged that rising temperatures and changing weather patterns could lead to increased disease burdens, particularly in least developed countries (LDCs). However, no concrete policy measures were adopted.

▶▶ COP7 (Marrakech, 2001) and COP8 (New Delhi, 2002): Laying the Groundwork

The Adaptation Fund, established at COP7, aimed to provide financial support to developing nations to address climate vulnerabilities, including those related to public health. COP8 further emphasized the need for funding mechanisms that could support healthcare resilience against climate change impacts.

▶▶ COP9 to COP16 (2003-2010): Building Momentum for Health in Climate Policy

During this period, the global discourse on climate adaptation expanded significantly. The establishment of the Least Developed Countries Fund (LDCF) and the operationalization of the Adaptation Fund at COP11 (Montreal, 2005) set the stage for increased climate-health funding.

▶▶ COP13 (Bali, 2007): The Bali Road Map

The Bali Road Map, adopted at COP13, provided a framework for future climate negotiations and emphasized the importance of adaptation strategies. Although health was not a primary focus, adaptation planning began to consider health system resilience.

▶▶ **COP14 (Poznań, 2008): Formal Recognition of Health**

At COP14, for the first time, discussions explicitly addressed the health consequences of climate change, particularly in the context of adaptation strategies. Reports highlighted the risks of vector-borne diseases, food insecurity, and heat stress.

▶▶ **COP16 (Cancún, 2010): The Green Climate Fund and Health**

COP16 established the Green Climate Fund (GCF), which would later become a critical financial mechanism for health-related climate adaptation projects. This marked a significant step in linking climate finance to health outcomes.

▶▶ **COP17 to COP21 (2011-2015): The Paris Agreement and Health Integration**

▶▶ **COP17 (Durban, 2011): Launch of the Global Climate and Health Alliance**

A major milestone for health advocacy occurred at COP17 with the formation of the Global Climate and Health Alliance, a coalition of organizations dedicated to promoting health in climate discussions.

▶▶ **COP18 (Doha, 2012): Loss and Damage Mechanisms**

COP18 introduced discussions on loss and damage, recognizing that climate-induced health crises disproportionately affect vulnerable populations. This laid the groundwork for future policies addressing climate-induced displacement and health risks.

▶▶ **COP21 (Paris, 2015): The Paris Agreement as a Public Health Agreement**

The Paris Agreement, adopted at COP21, was hailed by the World Health Organization (WHO) as “potentially the most important public health agreement of the century.” The agreement’s emphasis on limiting global temperature rise to well below 2°C—ideally 1.5°C—had significant implications for public health, as reducing emissions would lower air pollution and associated respiratory diseases.

▶▶ **COP22 to COP27 (2016-2022): Health Becomes a Central Issue**

▶▶ **COP22 (Marrakech, 2016) and COP23 (Bonn, 2017): Strengthening Health Advocacy**

At COP22, the Marrakech Action Proclamation underscored the need for urgent climate action, indirectly reinforcing the health benefits of mitigation strategies. COP23 saw WHO and UNFCCC sign a Memorandum of Understanding to integrate health into climate policies.

▶▶ **COP24 (Katowice, 2018) and COP25 (Madrid, 2019): Health and Climate Justice**

COP24 finalized the Paris Rulebook, ensuring the implementation of the Paris Agreement. Health was increasingly framed as a climate justice issue, with discussions highlighting the disproportionate impact of climate change on marginalized communities.

▶▶ **COP26 (Glasgow, 2021): The WHO Health Programme**

COP26 was a landmark for health in climate negotiations. WHO launched its first Health Programme, advocating for climate-resilient healthcare systems. The Alliance for Transformative Action on Climate and Health (ATACH) was established, with 70 countries committing to sustainable healthcare systems.

▶▶ **COP27 (Sharm-El-Sheikh, 2022): Recognizing Health as a Human Right**

For the first time, COP27 explicitly recognized the human right to health in climate discussions. Over 50 events at the Health Pavilion reinforced the need for investment in climate-resilient healthcare systems.

▶▶ **COP28 (Dubai, 2023): The Climate and Health Declaration**

COP28 marked a turning point with the first-ever Health Day, culminating in the Declaration on Climate and Health. The declaration emphasized:

- Integrating health into climate policies
- Strengthening climate-resilient health systems
- Increasing financing for climate-health initiatives
- Promoting health equity and climate justice

The first Global Stocktake at COP28 highlighted slow progress on climate action, prompting renewed commitments to accelerate health-centric policies.

▶▶ **COP29 (Baku, 2024): The Finance COP and Climate-Health Funding**

COP29 focused on scaling up climate finance. Key initiatives included:

- The Baku Initiative on Human Development for Climate Resilience, integrating health, education, and social protection.
- The Lighthouse Fund, a \$5 million initiative to support climate-health innovations in Asia.

COP29 (Baku, 2024): The Finance COP and Climate-Health Funding

COP30 is expected to advance One Health approaches, emphasizing the interconnectedness of human, animal, and environmental health. The socioeconomic impacts of climate change on vulnerable populations will also be a major focus.

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Links

GSRC Website : <https://bit.ly/492yZ7d>

Pandemic Accord SIMPLIFIED webinar : <https://surl.li/qkhwgu>

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