Primer: The Health Impact of Climate Change

How it is affecting us all and what to do about it

Authors: Dr Manjot Kaur, Dhananjay Vaidyanathan Rohini, Chandni Goel, Alessio Damato, Prisha Saxena

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Section 1: Introduction

The health repercussions of a shifting climate are no longer a future crisis that we can prevent. The delicate balance between our environment and our health is being tested in the here and now. From the spread of infectious diseases to the exacerbation of respiratory conditions and the strain on mental health, the adverse health outcomes from climate change are far-reaching, profound and most importantly - already in motion .

In this report, we examine crucial questions of how climate change affects human health and what measures can be undertaken to address these effects. This analysis, therefore, focuses on adaptation. While healthcare is an important driver of greenhouse emissions, for simplicity, this report does not focus on that linkage (mitigation).

Section 2 presents our structuring of the problem. The intersections between climate and health are complex; a simple framework helps us tackle this problem more efficiently. Section 3 covers the principal effects of climate change on human health using our bespoke framework. To demonstrate the power of the framework, we present the effects of climate on reproductive health. Section 4 provides a quick overview of the ecosystem of emerging solutions. Finally, Section 5 presents opportunities for funders, implementors, think-tanks and governments.

Section 2: Framing the Climate and Health Problem

The interplay between climate change and health outcomes is not straightforward at all; it is complex, multifaceted and therefore, extremely challenging [1]. In fact, the interconnection between various aspects of climate and health complicates the process of drawing distinct boundaries between cause and effect. To overcome this, we developed a structured **Climate Adaptation & Health Framework** to interpret these relationships.

We look at two dimensions and further classify them to unpack the health effects of climate change:

1. We categorize **climate change** into two principal, and distinct, groups: (A) climate shocks and (B) long-term changes. Climate shocks refer to acute disruptive events such as fires, heatwaves, floods, droughts, heavy precipitation, and tropical storms [2]. On the other hand, long-term changes include environmental shifts like deforestation, desertification, soil degradation, and water insecurity, which accumulate over time and have significant long-term consequences. These shocks and changes affect human health via several intermediate factors which are outlined later in this section.

2. The **health impact** of climate change is also categorized into two dimensions: (i) biological effects and (ii) healthcare delivery and access. Biological effects pertain to physiological health impacts, while healthcare delivery and access involve the infrastructure and organizational capabilities required to meet healthcare needs.

These dimensions converge in a 2x2 matrix (Figure 1), facilitating the identification of health issues at their intersection points, prioritizing urgent concerns, and fostering innovative solutions.

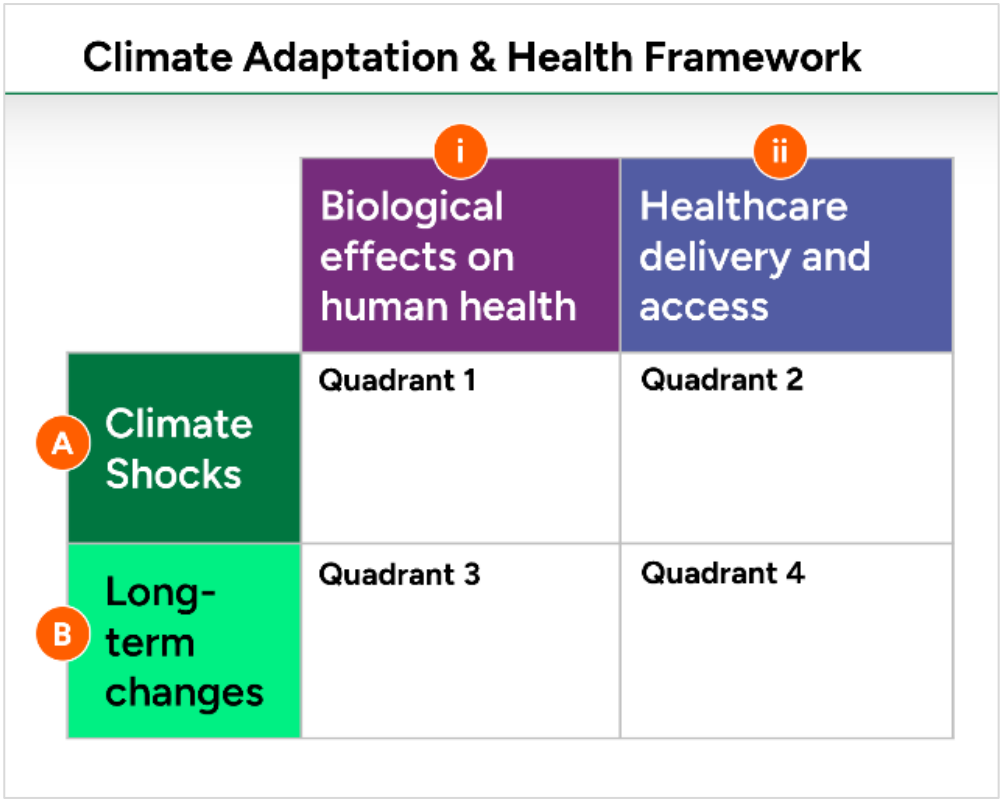

Figure 1: The Alstonia Impact 2x2 Climate Adaptation & Health framework

The framework was formulated through extensive review of existing literature and consultation with experts and institutions actively investing in the climate-health domain[1].

Note that the effects of climate shocks and long-term changes on health are often mediated by intermediate effects[2]. For instance, Figure 2 demonstrates how multiple climate shocks — such as floods, fires, and heatwaves — can lead to water scarcity and contamination, directly affecting individual health [3]. Similarly, Figure 3 highlights how long-term changes, including ecosystem change, air pollution, and desertification, contribute to intermediate effects like worsening air pollution, which in turn leads to respiratory health issues [4].

[1] We are cognizant of the required simplifications this framework needs to make, but we believe it can serve as a foundational model to identify urgent health challenges, highlight under-addressed health outcomes, and guide the prioritization of interventions.
[2] In reality, all those factors are interlinked: on one hand, the damage caused by climate shocks can add up and contribute to long-term changes, while, on the other hand, long-term changes significantly increase the likelihood of climate shocks. One interesting remark emerging from our framework is that climate-related effects influence us through what we call "intermediate effects", which are not necessarily driven only by these effects (for example, physical trauma can be caused by heatwaves, but also by a road injury, which is not related to climate at all), and this interconnection with other external factors make the problem more complicated to grasp and to isolate.

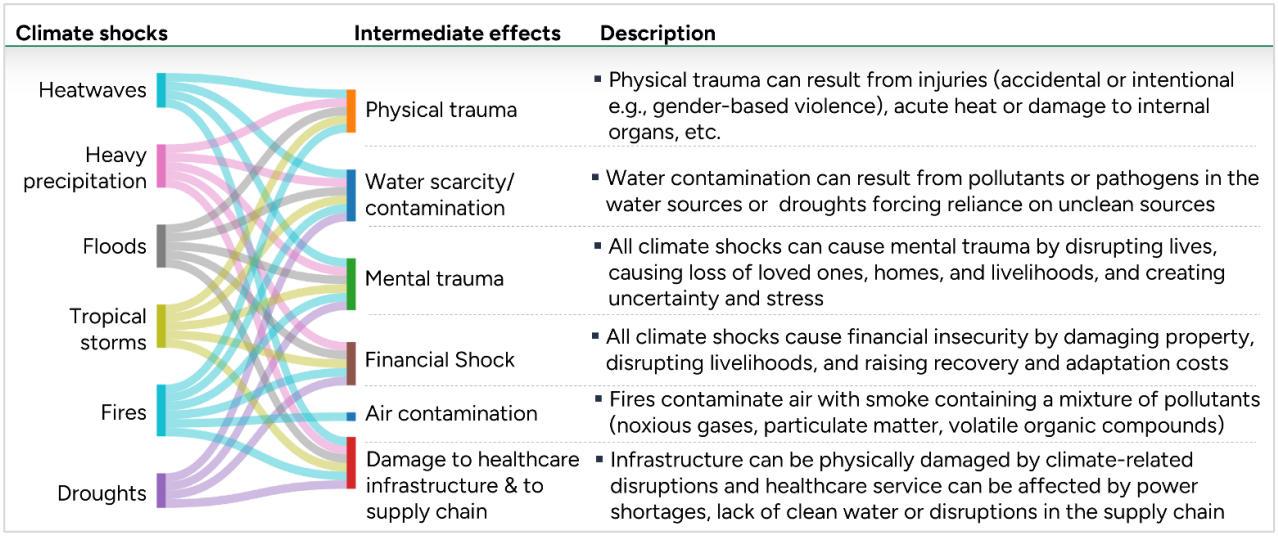

Figure 2: Climate Shocks and their effects

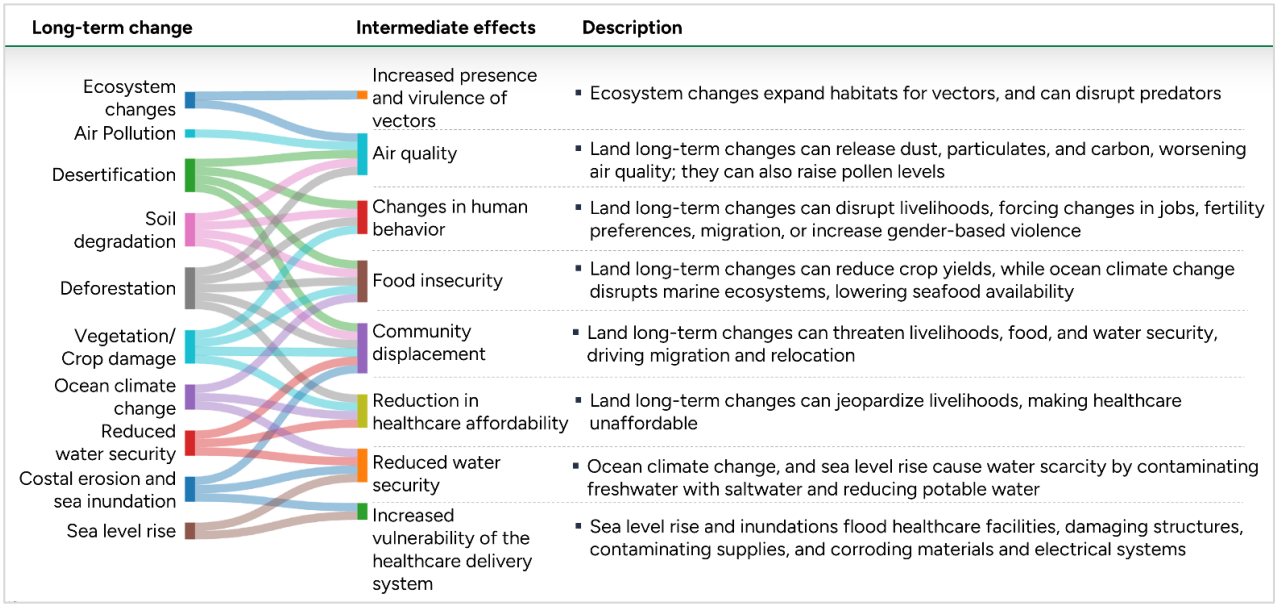

Figure 3: Long-term climate change and its impact

With this framework in mind, we next look at the effects of climate change on human health.

Section 3: Principal Effects of Climate Change on Human Health

The 2x2 framework can be used to understand the impact of climate change through an exploration of specific health effects of climate change at each intersection. Below are some examples:

(Quadrant 1)

Intersection of climate shocks and biological effects - increased cardiovascular and infant mortality associated with heatwaves, and gastroenteritis epidemics following floods [5] [6] [7].

(Quadrant 2)

Intersection of climate shocks and healthcare access - disrupted supply chains for medical equipment and reduced health worker capacity due to extreme weather events [8].

(Quadrant 3)

Intersection of long-term climate change and biological effects - altered epidemiology of vector-borne diseases like malaria and dengue due to changing ecosystems and rainfall patterns [9]

(Quadrant 4)

Intersection of long-term climate change and healthcare access - health systems strain from climate-induced migration and financial barriers to healthcare access [10].

Testing the framework for reproductive health

Since covering all types of health conditions is not practicable, the framework was tested by carrying out a focused analysis on reproductive health. Over 60 publications were reviewed, and Figure 4 presents the results of this assessment[3]. We rated the degree of intersection between the climate effects (intermediate effects) and reproductive health using a 4-point scale.

For example, long-term changes to air quality and exposure to certain pollutants causes biological effects on menstrual health and fecundity (scored 4/4 on our scale) [11] [12] [13] [14] [15]. Exposure to certain pollutants has been associated to reduced probability of women conceiving naturally and PM 2.5 exposure is negatively correlated with sperm motility [16]. Increased exposure to fine air pollutant particles and pollutant gases was

[3] The assessment of impact was done qualitatively, given the limited evidence available about the quantitative impact of climate change on health, considering also the difficulties to isolate its impact, given the high number of concurrent factors contributing to the same "intermediate effects" (as discussed earlier in dedicated footnote).

also associated with increased Polycystic Ovary Syndrome (PCOS) risk [17].

As an additional example, community displacement has also been associated with lower pre-menstrual knowledge among females and limited facilities, lack of privacy, crowded conditions, and unsupportive environments in camps affect pad use and disposal having an impact on the menstrual health (also scored 4/4 on our scale) [18] [19] [20] [21].

Legend for qualitative scores ○: No / negligible impact ◑: Minor impact ●: Major impact

XX: Stronger evidence XX: Weaker or non-specific evidence

Aspect of climate change	Intermediate effect	i Biological effects: Menstrual Health	i Biological effects: Fecundity	ii Healthcare delivery and access: Supply[1]	ii Healthcare delivery and access: Demand
A Climate Shocks	Physical trauma	◑	◑	◑	◑
	Water scarcity / contamination	◑	◑	◑	◑
	Mental trauma	◑	◑	◑	○
	Financial shock	N/A	◑	N/A	●
	Air Contamination	◑	◑	○	○
	Damage to healthcare infrastructure & to supply chain	N/A	N/A	●	○
B Long-term change	Increased presence and virulence of vectors	○	○	◑	○
	Air quality	●	●	○	○
	Changes in human behaviour	○	◑	○	○
	Food insecurity	◑	◑	○	◑
	Community displacement	●	◑	●	●
	Reduction in healthcare affordability	N/A	N/A	○	●
	Reduced water security	○	◑	◑	○
	Increased vulnerability of the healthcare delivery system	N/A	N/A	◑	N/A

1. Including supply of products, consumables, spare parts, and services (including abortion services)
SOURCE: Team analysis post-literature review

Figure 4: Utilizing the 2x2 climate-health framework to prioritise challenges

Figure 4 helps to understand interesting linkages between climate change and health across all four dimensions of the matrix, even though quadrant 2 and 3 emerged as clearer priorities.

Figure 5 summarizes our findings from this review highlighting the main takeaways as well as the important quadrants to solve for (highlighted in green background). Climate shocks have a more immediate and severe impact on healthcare delivery and access, as they directly impair the functioning of health systems, disrupt health supply chains and trigger financial shocks that limit people's ability to seek care [22]. Their biological effects on menstrual health and fecundity are lower impact, with only limited evidence. For example, there is some evidence linking climate shocks to increased gender-based violence, which can, in turn, affect reproductive health [23] [24] [25] [26]. In contrast, long-term changes exert a greater influence on biological factors while having a lower impact on healthcare delivery and access. For example, prolonged exposure to certain pollutants has been associated with menstrual health complications and low male fertility [11] [12] [13] [14] [15]. Additionally long-term

changes such as deforestation can lead to community displacement, which can impact people's ability to access healthcare.

Higher impact

Climate effects	(i) Biological effects on menstrual health and fecundity	(ii) Healthcare delivery and access for reproductive health
(A) Climate shocks	**Quadrant 1** **Lower** ▪ Water contamination can cause infections and affect male and female fertility ▪ Some evidence of early marriage which can lead to adverse health outcomes ▪ Gender based violence can affect reproductive health ▪ Even short-term air pollutant exposure leads to complications in menstrual health and male fertility (see long-term changes for details)	**Quadrant 2** **Medium-Higher** ▪ Reduced or impaired supply of healthcare products and services after climate shock (contraceptives, quality abortion services, menstrual pads, etc.). Overall energy insecurity at healthcare facilities, may affect cold chain ▪ Due to financial shock, reproductive health could be deprioritized by couples vs other areas and suppress demand. In other cases, there could be an increased demand for abortion services or contraception.
(B) Long-term changes	**Quadrant 3** **Medium** ▪ Air pollutant exposure leads to complications in menstrual health (PCOS) and male fertility (low sperm motility and morphology) ▪ Short-term community displacement often translates into poor menstrual health outcome due to poor hygiene in such settings ▪ Limited scientific evidence in many areas	**Quadrant 4** **Medium-lower** ▪ Displaced/refugee communities struggle to access reproductive health services esp. long-term and permanent contraception, esp. when community-sensitive services are not provisioned

Figure 4: Utilizing the 2X2 climate-health framework to understand the impact of climate change on reproductive health

Such a view allows practitioners and funders to target solutions to the most acute problems. With this in mind, we shift focus to the ecosystem of climate and health solutions in the next section.

Section 4: The Ecosystem of Climate-Health Solutions

Efforts are already underway in the Climate-Health intersection. More specifically, policymakers, investors, practitioners, and researchers around the world are identifying opportunities to integrate climate considerations into health systems, especially in areas that have traditionally received less attention or funding. Current initiatives can be categorized into four distinct types: – (1) Policy & planning support, (2) Implementation strategies in health systems, (3) Implementation strategies in determinants of health, and (4) Evidence building, collaboration, and advocacy.

An examination of ongoing initiatives indicates the focus of most efforts is either broad or cross cutting or focuses on the quadrant 2 and 3 of the 2x2 matrix.

This landscape is drawn from an analysis of approximately 200 published articles and should be considered indicative rather than comprehensive.

4.1 Policy & planning support

Focus as per 2x2 framework: Cross cutting

This includes solutions aimed at strengthening policy and planning systems at the intersection of climate and healthcare. It encompasses support for developing national and subnational adaptation plans and facilitating access to financing.

- **National (and subnational) adaptation plans**. Many countries are now building (and in some cases, updating) "Climate Adaptation Plans" under the United Nations Framework Convention on Climate Change (UNFCCC) [27] [28]. The goal is to incorporate climate-related health considerations into climate action plans at multiple levels (countries, states, districts) to ensure that healthcare systems are prepared to withstand climate shocks but also to have the capacity to recognize and address effects of long-term climate changes.
- **Financial accessibility**. Economic shocks are known to force vulnerable populations to deprioritize healthcare [29]. Policymakers and funders are addressing this risk by promoting subsidies or free services for essential health interventions during crises caused by climate change.

For example, **The Global Fund and Green Climate Fund** are championing the movement to align climate and health financing. These funds enable countries to assess climate threats to health systems, mobilize targeted investments, and scale proven interventions [30] [31]. **World Health Organization (WHO)** is leading the Alliance for Transformative Action on Climate and Health (ATACH). The Alliance collaborates with member states to embed climate considerations in health policies [32]. This includes advocating for low-carbon healthcare facilities and guiding countries in climate-focused health system planning. **The World Bank** is investing in projects to help countries assess climate-health vulnerabilities and strengthen resilience. By offering grants and loans, the World Bank encourages policymakers to prioritize climate adaptation measures—such as disaster-proofing health infrastructure and training local health workers to respond to new disease patterns [33] [34].

Blended Finance efforts in this space are also being led by organizations such as the Rockefeller Foundation to mobilize funding for this intersection. For example, The Rockefeller Foundation awarded a grant to

Convergence to enhance local mobilization of private capital towards climate action in Southeast Asia [35].

4.2 Implementation strategies in health systems

Focus as per 2x2 framework: Intersection of climate shocks and health system access (quadrant 2)

This category of solutions focuses on developing and scaling resilient healthcare systems, including strengthening supply chains, enhancing healthcare worker capacity, expanding digital health and telemedicine solutions, and ensuring the availability of climate-resilient products such as self-care kits.

Resilient supply chains

There is significant work going on to address supply chain breakdowns and to develop robust supply chains - through product distributions, alternative delivery routes, strategic stockpiling, or decentralized production – as well as through the development of temperature resilient products and cold chain equipment.

Self-care products

Simple, at-home diagnostic kits or other self-care tools can lessen the burden on strained health facilities during times of crisis and free up the limited clinical capacity for urgent cases.

Capacity building and other strategies for health workers

Training and mentorship for community-level health workers (CHW) is possibly one of the most effective strategies to strengthen local healthcare systems' climate resilience. Efforts are being made to educate frontline workers in emergency preparedness.

Crisis-appropriate, migrant-friendly health services

In climate-induced displacement settings — such as refugee camps or communities recovering from natural disasters — health services are being redefined and adapted to the culture and logistic requirements of the displaced populations.

Telemedicine and digital solutions

During emergencies or in resource-constrained areas, telemedicine platforms are filling gaps in care and reducing the workload on local staff and making care accessible when in-person visits are difficult.

Early warning systems

Innovative warning systems are being tested which allow health facilities and local authorities to mobilize resources—such as safe water, cooling centers, or emergency medical teams—in a timely manner, i.e., before a crisis peaks.

Key initiatives in this category include **PATH's** Sustainable Action for Climate Health (SACH) initiative, which focuses on creating climate-adaptive health facilities, integrating renewable energy and disaster-resistant design elements [36]. **Jhpiego** is investing effort in bolstering humanitarian support and strengthening health systems in communities severely impacted by climate change. They have equipped frontline health workers with the skills and tools needed to deliver essential services when extreme events (e.g., floods, hurricanes) disrupt traditional healthcare channels [37]. **Bill & Melinda Gates Foundation** and **Wellcome Trust** are supporting R&D on climate data, sustainable agriculture, and food systems in low- and middle-income countries (LMICs) [38]. While these foundations contribute significantly to research and policy, they also fund concrete field interventions—from novel disease surveillance techniques to agricultural innovations—that directly affect health outcomes in climate-stressed regions. For example, using this funding, a researcher at the University of Cape Town in South Africa, is leading a research consortium to examine how climate change influences the transmission and control of mosquito-borne diseases. The initiative aims to optimize interventions for malaria, chikungunya, and dengue in Southern Africa [39]. **Unitaid** is funding the creation and deployment of "climate-health smart products." and accelerating the development of medical tools—diagnostics, vaccines, or treatment devices—that can withstand harsh environmental conditions [40]. **AVPN** through its Lighthouse Fund is addressing the financing and ecosystem gap for the climate and health intersection with a special focus on Surveillance and management of climate-sensitive infectious diseases and solutions to reduce heat stress and innovations in stable products [41].

4.3 Implementation strategies in determinants of health

Focus as per 2x2 framework: Intersection of long-term effects of climate change and biological health (quadrant 3)

This set of solutions addresses the long-term impacts of climate change by improving access to water and sanitation, building climate-resilient food systems, and reducing exposure to air pollutants.

Clean water initiatives

Various investments are ongoing to address compromised water sources during climate crises. These include disaster resilient toilets, new filtration

Nutritional support

Climate change affects agricultural output and food distribution, leading to malnutrition or micronutrient deficiencies. National and subnational administrations are working on climate resilient crops, fortified food staples and nutrition education to offset seasonal or climate-induced shortages.

Cleaner cooking and heating solutions

Indoor air pollution from traditional cooking methods continues to cause significant harm respiratory health (especially in women) in various regions. Investments are targeted in education and transition to cleaner stoves and fuels.

For example, **Children's Investment Fund Foundation (CIFF)** is prioritizing grant making in climate change mitigation, especially through local solutions [42]. They are targeting areas crucial to overall community health, such as air quality and food systems. **Asian Development Bank (ADB)** has committed to deliver $100 billion in cumulative climate finance by 2030. They will fund projects that reduce vulnerabilities in water, energy, and infrastructure — critical determinants of population health. ADB's interventions often include building flood defenses and improving sanitation in disaster-prone areas [43] [44].

4.4 Evidence building, collaboration, and advocacy

Focus as per 2x2 framework: Cross cutting

This category of solutions focuses on generating evidence at the intersection of climate and health, driving advocacy efforts, fostering multi-stakeholder collaboration, and developing guidelines and toolkits.

Establishing Focused Collaboratives

Collaboration across governments, NGOs, research institutions and the private sector accelerates innovation. Dedicated climate–health collaboratives are pooling resources, sharing expertise, and coordinating interventions at a larger scale.

Filling Evidence Gaps

While certain aspects of climate–health research (e.g., heat stress, vector-borne diseases) have received considerable attention, other domains require more data to guide decision-making. Research is ongoing to measure the direct and indirect health impacts of climate change, to design and test targeted interventions and to inform funding priorities.

For example, **Wellcome Trust** is funding research on how climate change affects human health. They are working to generate the data and analysis needed to inform global policy decisions [45]. **WHO–Civil Society Working Group** is facilitating advocacy and policy

conversations, bringing together diverse civil society organizations to raise awareness about climate-health priorities [46]. Through joint action, they amplify the urgency of adapting healthcare systems to climate threats. The **Climate and Health Alliance (CAHA)** is providing training to health professionals and working with governments on climate-health policies. They have developed frameworks and toolkits that local stakeholders can use to prepare for climate shocks—whether that involves extreme heat protocols in hospitals or best practices for air pollution management [47]. The **World Economic Forum (WEF)** is prioritizing its global convening power to bring together corporate leaders, governments, and NGOs. By highlighting successful pilot programs, WEF fosters partnerships and funding streams for scaling up climate-adaptive health solutions [48] [49]. The **Global Climate & Health Alliance** is promoting advocacy for climate-health initiatives through leadership, collective action, and research. It is uniting diverse stakeholders—academic institutions, NGOs, private sector—to champion integrated climate-health approaches. Their collaborations often spark cross-sector innovations and shape public narratives about the urgency of climate resilience [50].

By testing innovative financing models, developing cutting-edge tools, and embedding climate considerations into health systems, organizations are shaping a global response that recognizes climate change as a central determinant of human well-being. The lessons learned from their early efforts will likely guide the next wave of investments and collaborations as climate impacts intensify worldwide.

Section 5: Opportunities for funding in the Climate-Health Ecosystem

As climate change accelerates and intensifies health risks worldwide, new approaches and resources have begun to flow into the climate-health arena. Based on our analysis, we list 5 “best-buys” where funders can consider grant making / investments.

01

Invest into integration of climate considerations into national and subnational health policies

Despite the development of National Adaptation Plans (NAPs), these often operate in isolation, lacking integration with core public health policies and universal health coverage strategies. This results in fragmented approaches to climate-related health risks.

02

Fund workforce training in climate adaptation

Despite the growing need for climate-specific education, few medical training programs incorporate climate science into their curricula. This gap leaves frontline health workers unprepared to manage emerging climate-related health challenges.

03

Focus on structural resilience

Emergency preparedness remains focused on short-term responses rather than structural resilience. Current systems often fail to incorporate long-term climate forecasting and scenario planning, limiting their ability to pre-position resources, train personnel, and adapt health infrastructure to anticipated climate events.

04 **Finance building of climate-resilient infrastructure**
Health facilities remain vulnerable to climate shocks such as floods and extreme weather, with insufficient funding directed towards building solar-powered clinics, flood-resistant structures, and reliable supply chains.

05 **Invest into climate smart food systems to ensure nutritional security under climate stress**
Despite the evident links between agriculture and health, climate-smart agriculture and local food supply chain resilience are underfunded, heightening the risk of malnutrition during climate crises.

In addition to those, investments in research and advocacy programs can help increase awareness and knowledge of those topics, thus supporting decision makers and implementers to maximize the impact of their decisions and actions.

Section 6: Conclusion

The intersection of climate change and human health is no longer a distant concern — it is an urgent reality unfolding before us. Our research underscores that the health consequences of climate change are not only profound but also deeply interconnected, challenging conventional approaches to understanding and addressing them. The Climate-Health Framework we developed serves as a structured tool to navigate these complexities, offering a way to identify priority areas and design targeted solutions.

Despite growing awareness and investment, our exploration of the climate-health ecosystem highlights significant gaps in policy integration, infrastructure resilience, workforce preparedness, and data-driven decision-making [51]. While adaptation efforts are gaining traction, many opportunities remain untapped, particularly in long-term preparedness, cross-sector collaboration, and proactive environmental health strategies. Addressing these challenges requires a paradigm shift — one that moves beyond reactive crisis management to holistic, forward-thinking interventions that integrate climate considerations into every facet of healthcare planning and delivery.

The time to act is now. Governments, organizations, and researchers must accelerate efforts to build climate-resilient health systems, ensuring that the most vulnerable populations are not left behind. By fostering innovation, strengthening collaborations, and investing in scalable solutions, we can not only mitigate the risks posed by climate change but also create a more sustainable and equitable future for global health.

About Alstonia Impact

Alstonia Impact is a social impact advisory and research firm based in New Delhi (India), with a global outlook: our consultants have working experience across South Asia, America, Europe, and Africa.

It was set up in 2018 and has developed a multi-sectoral expertise which includes public health, climate, and education. It provides strategy, landscaping, program assessment, and research services. Its recent clients include Gates Foundation, World Bank, UNICEF, Pfizer, and Medicines Patent Pool.

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