



## 2022-2024 WORKPLAN OF

### THE ATACH LOW CARBON SUSTAINABLE HEALTH SYSTEMS WORKING GROUP (LCSHS WG)

The first meeting of the ATACH Low Carbon Sustainable Health Systems Working Group (LCSHS WG) was held on 6 October 2022. This meeting aimed to develop the specific workplan for this working group for the coming year.

During the meeting countries and partners shared their inputs and priorities for the workplan. A summary of the discussions as well as a more elaborated version of the workplan, with specific actions proposed to achieve each of the high-level objectives, are included below:

#### High-level summary of discussions held during the first ATACH LCSHS WG meeting:

- **Top-down and bottom-up approaches.** Participants highlighted the relevance of both top-down (i.e. originating from commitments and policies across the health system as a whole) and bottom-up (i.e. originating from individual health facilities or communities) approaches. The discussion showed a common understanding of the importance of both approaches, and the need to connect both to the COP26 health initiatives and the ATACH. The initial entry point for the COP26 health initiatives and the ATACH (and each of its WGs) is through a political commitment by national Governments (“top down”), and it should also drive action and make the transitions in health care systems and facilities at the ground level (“bottom-up”).
- **Demand for tools and orientation on using them.** The meeting included a discussion on the availability of tools to assess carbon emissions from healthcare systems, and to support the transition to low-carbon sustainable health systems. There was a high demand for tools and for orientation on the tools by member states and partners. As a range of tools are now available or under development, it was proposed that this specific WG under the ATACH could help facilitate the availability of, and access to, the most relevant tools and also ensure they can be adapted to local contexts. The meeting highlighted examples of good practice, such as the development of tools to assess greenhouse gas emissions at health care facility level (e.g. Sudan, Somalia, from the Aga Khan Development Network (AKDN) and a range of facilities and systems supported by Health Care Without Harm (HCWH)); and the adaptation of WHO global guidance for Climate Resilient and Environmentally Sustainable Health Care Facilities by the Fiji government which has issued a guidance specific to the national context.

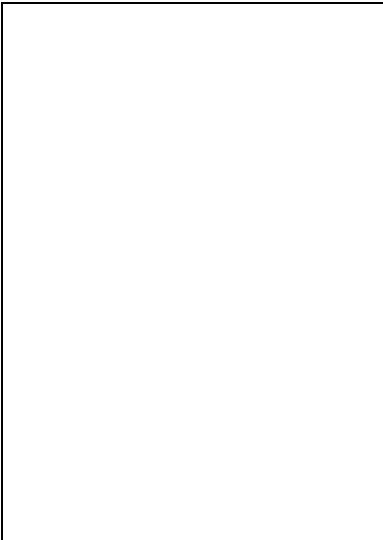
- **Capacity building.** Participants from countries requested capacity building, not only specific standalone trainings but also ongoing skill development as part of the core curriculum of health care professionals for the future.
- **Research and evidence.** All health policy practice should be evidence-based, yet as this a relatively new field there is not yet a clear framing of evidence needs, availability and gaps. It is therefore a priority to have a solid evidence base for the most effective interventions in improving care, saving money, and also reducing carbon emissions.
- **Government policy.** The discussion highlighted the importance of connecting the high-level Government commitment to the COP26 health initiatives with design and implementation of specific policies. Examples were provided by: Fiji, where climate change has priority from the highest level of government for all sectors which is translated into the specific support for climate resilient and low carbon health systems; and the UK, where the legal responsibilities under the Climate Change Act are translated into the decarbonization plan for the National Health Service in England.
- **Monitoring.** In addition to setting and monitoring progress towards long term targets for 2030 or 2050, the discussion highlighted the importance of accountability. This includes setting near-term targets, monitoring delivery against them, and showcasing successes and lessons learned in order to drive change and lead by example, both within and outside the health community.
- **Synergy between adaptation and mitigation.** The meeting clarified that the separation between the concepts of resilience and decarbonization is somewhat artificial. The separation of the working groups may be necessary in order to organize and deliver on work, but the ATACH should facilitate the connections between adaptation and mitigation.
- **Win-win/no-regrets actions.** The discussion highlighted the benefits of initially focusing on win-win interventions. There are actions for which there is already sufficient evidence to conclude that they will improve patient care, save money and save carbon, and these should already be supported, even as further analysis and quantification is conducted.
- **Financing.** In principle the health community is already in a strong position to make the financial case for investment in win-win interventions for low-carbon resilient health systems (e.g. access to solar energy for healthcare facilities). However, there remains a need for support in e.g. sharing of expertise, best practice, and model business cases, and the facilitation of access to funders, particularly in low and middle income countries.
- **Messaging.** the meeting clarified the importance of not presenting low carbon sustainability as competing with providing high quality care, but instead communicating that sustainable health care is the high-quality care of the future. Furthermore, the fact that some countries will need to increase their level of emissions in order to strengthen their climate resilience and overall UHC needs to be well communicated.

- **The importance of implementation alongside assessment.** It was recognized that assessments and tools are important entry points to show delivery against commitments, but that this should be accompanied by implementation to reduce carbon emissions and build resilience. This will almost always involve partnerships, as even HICs can't do everything alone, and much of this is better done in partnership (e.g., supply chains). This may range from sharing examples to joint negotiations to setting shared regulations.
- **Focusing on health workers.** Participants raised the importance of not only focussing on infrastructure, policy and financial investment – but also emphasising health workers as the core and most important resource in any health system. The ATACH should empower health workers to talk about low carbon sustainability in health systems as a positive agenda, and to build on their strong personal motivation and increasing mobilization, and their own transformation from being passive supporters to active agents of change within their own place of work. This is essential both to effect change on the ground in health facilities and systems, and also to empower them to support the government commitments under the COP26 health initiatives, and for climate action more broadly. ATACH is not just a partnership between the agencies which are participating in in the ATACH and national governments, but a part of the movement on behalf of health workers who are our core constituency.

Proposed detailed workplan for the ATACH LCSHS WG:

Function	Priorities	Indicative actions contributing to the priorities
<b>Delivering international shift</b>	Support Member States to continue the elevation of LCSHS at policy level to maintain focus on delivering their commitments.	<p>Establish a calendar of key health and key climate change conferences and initiatives in 2023 and promote the inclusion of an agenda item on low carbon sustainability within those.</p> <p>Promote the inclusion of an agenda item during WHA on climate change and health, which integrates low carbon sustainability as a priority.</p>
<b>Monitoring</b>	Promote accountability through monitoring country progress in the implementation of commitments	<p>Design and implement a reporting framework that encourages delivering of commitments through smaller, mid-terms goals. This should build on existing national, regional and global monitoring systems.</p> <p>Support the identification of, and agreement on, a set of standard definitions (e.g., net zero) and indicators that measure progress towards low carbon sustainability in health systems. These should be easily used/adapted by all countries</p>

<b>Quality assurance</b>	Establish a mechanism under the ATACH that facilities high technical standards in the implementation of the commitments	<p>Develop and promote the use of standards for LCSHS and facilities (e.g., technology, infrastructure, waste management).</p> <p>Develop a research agenda on low carbon sustainable health systems which includes effectiveness of interventions, potential co-benefits ((e.g., better quality of care and cost-effectiveness of specific practices), best buys and value for money also in relation to overall economic transformation in LMICs.</p> <p>Identify and promote opportunities for increased access by LMICs to research and evidenced-based interventions in the area of LCSHSs.</p>
<b>Finance</b>	Assess and address challenges faced by countries to access funding and financing for low carbon sustainability in health systems	<p>Support health representation within key climate change funding opportunities (e.g., GCF and AF processes at country level).</p> <p>Facilitate joint access by LMICs to funding between countries to unlock, for instance, regional- or thematic-based funding opportunities.</p> <p>Promote information sharing and coordination for the provision of support to countries for e.g., proposal development and business case's development for investments in climate change and health.</p> <p>Provide capacity building on costing process and promote coordination with relevant sectors at country level so as to strengthen financial governance mechanisms.</p>
<b>Knowledge sharing and coordinating access to technical assistance (including tools/methods and capacity building)</b>	Facilitate access to knowledge, tools and experiences on decarbonizing health systems and facilities	<p>Establish a mechanism (e.g., online platform/website) for bringing the community of practice together, including representation from other sectors, and for sharing of expertise and experiences. This should also include a central repository/toolbox for low carbon sustainability in health systems and facilities as well as the support available from different partners so that countries can identify, and access required technical support.</p> <p>Establish a pool of experts in CCH at country, regional and global level to support countries implementing their commitments (i.e., establishing the baseline GHG</p>



emissions for health systems) and developing a plan/roadmap for low carbon sustainability in health systems).

Set up a series of thematic technical groups (e.g. integration of bottom-up and top-down approaches, technologies) as required by the WG participants and organize at least two meetings/events of each group in 2023.

Develop case studies explaining the approach and process followed by different health systems embarking in decarbonization efforts

Develop materials and identify mechanisms for the integration of low carbon sustainability into health work force curriculum.

Provide a menu of interventions for low carbon sustainable health systems, including no regret actions.

## Monitoring and Evaluation Plan for the ATACH Low Carbon Sustainable Health Systems Working Group (LCSHS WG)

The first meeting of the ATACH Low Carbon Sustainable Health Systems Working Group (LCSHS WG) was held on 6 October 2022. Through coordination and collaboration, the ATACH WG on LCSHS strives to support Member States, including those that have signed the COP26 Health Programme commitments on sustainable low carbon health systems, to contribute to national net zero goals, and to promote accountability. The WG-LCSHS will meet at least every six months. Below is the draft M&E plan for the LCSHS WG.

The results of the workplan will be reported to the Steering Group, the Annual Meeting, at the Working Group meetings, and on the Community of Practice website, as relevant.

Outcome	Goal	Indicator	Actions	Baseline	Target	Data sources	Who is responsible
<b>Delivering international shift</b>	Support Member States to continue the elevation of LCSHS at policy level to maintain focus on delivering their commitments.	Calendar of key health and climate change conferences and initiatives, including key messages to be promoted	Develop calendar of high-level political events on climate and health (e.g., MDB annual meetings, UNFCCC COPs, WHA), including key messages to be promoted in each of those	Calendar year 2022	2023 and 4 (X number of conferences/ political events related to LCSHS)	ATACH Secretariat and partners participating in key events	ATACH Secretariat LCSHS WG partners
<b>Monitoring</b>	Promote accountability through monitoring country progress in the implementation of commitments	A set of standard definitions and indicators is identified and agreed upon	Develop a set of standard definitions (e.g., net zero) and indicators that measure progress towards low carbon sustainability in health systems.	2022 (Definitions and indicators not available)	2023 (Report on definitions and indicators available on the CoP website)	Lancet Planetary Health Commission on Sustainable Healthcare, Reports by ATACH partners, WHO global survey on climate change and health	TBC
<b>Quality assurance</b>	Establish a mechanism under the ATACH that facilitates high technical standards in the implementation of the commitments	Quality standards for LCSHS developed and promoted	Develop and promote the use of quality standards to support countries in designing assessments, plans and delivery of LCSHS commitments, .	2022 (quality standards for LCSHS not currently widely available)	2024 (X standards developed and shared with countries)	Existing guidance, standards and best practices	NHS England, HCWH, Lancet Planetary Health Commission on Sustainable Healthcare, ATACH partners and Secretariat
<b>Finance</b>	Assess and address challenges faced by countries to access funding and	Number of countries accessing technical assistance for the	Facilitate access to technical assistance from ATACH partners for the	2022 Baseline to be established	Nov 2023 10 countries access technical assistance	Reports by ATACH partners, WHO global survey on climate change and health	ATACH Secretariat LCSHS WG partners

	financing for low carbon sustainability in health systems	implementation of their LCSHS commitments	implementation of the LCSHS commitments		for the implementation of their LCSHS commitments		
<b>Knowledge sharing and coordinating access to technical assistance (including tools/methods and capacity building)</b>	Facilitate access to knowledge, tools and experiences on decarbonizing health systems and facilities	Information sharing and coordination mechanism promoted to support countries	Develop an online platform to facilitate sharing of expertise, knowledge & experience among participants e.g., development of plans for emission reductions in health systems.	2022 (No platform currently available)	Nov 2023 (Online platform is developed)	Engagement with relevant WHO platform developers and ATACH partners	ATACH Secretariat
		A pool of experts for technical assistance is available and accessible to countries	Facilitate access to technical assistance by countries	2022 (No roster of experts available)	2023 (Roster of experts available and accessible online)	Online pool of experts	ATACH Secretariat and LCSHS WG
		Number of meetings held by thematic groups	Establish thematic technical groups and conduct thematic meetings.	2022 (0)	2024 (x meetings held)	ATACH Secretariat	ATACH Secretariat and LCSHS WG
		Report on health systems decarbonization, including identification of interventions prepared and disseminated.	Conduct literature review on health systems decarbonization and based on the evidence identify a range of possible interventions.	2022 (Report not available)	2024 (Report developed and disseminated)	Existing literature	MAHE (TBC) LCSHS WG
		Summary report of existing tools and methods for measuring the GHG emissions of health systems and facilities.	Map existing tools and methods for measuring the GHG emissions of health systems and facilities.	2022 (Tools and methods not yet mapped)	2023 (Summary report of mapping exercise prepared and disseminated)	LCSHS WG	Synergie Santé Environnement (TBC) and partners LCSHS WG

\*Shaded rows are those that are also reflected in/will contribute directly to the high-level ATACH M&E framework

# TERMS OF REFERENCE

## OF

### THE ATACH LOW CARBON SUSTAINABLE HEALTH SYSTEMS WORKING GROUP (LCSHS WG)

#### 1. Mission

With a specific focus on mitigating and building climate resilience and adaptation to present, emerging and future health impacts and threats of climate change, the ATACH WG on Low Carbon Sustainable Health Systems (LCSHS) contributes to the attainment of the overall mission of the ATACH, namely “to realize the ambition set at COP26 to build climate resilient and sustainable health systems, using the collective power of WHO Member States and other stakeholders to drive this agenda forward at pace and scale; and promote the integration for climate change and health nexus into respective national, regional and global plans”.

#### 2. Objectives and functions of the WG-LCSHS

Through coordination and collaboration, the ATACH WG on LCSHS strives to supports Member States, including those that have signed the COP26 Health Programme commitments on sustainable low carbon health systems, to contribute to national net zero goals, and to promote accountability.

The WG-LCSHS will meet at least every six months.

##### Key objectives of the WG-LCSHS:

- Identify existing technical knowledge and tools for measuring the baseline greenhouse gas (GHG) emissions of health systems and facilities and make these available to Member States and ATACH partners.
- Identify, disseminate, strengthen, and advocate for evidence and knowledge on key topics related to low carbon sustainable health systems (e.g., benefits of reducing emissions in health care, technologies for low carbon sustainable health systems and facilities and opportunities to promote low carbon sustainability, and effectiveness of interventions).
- Identify and disseminate lessons and best practice from country and partner experiences, and support learning.
- Identify country needs to implement their LCSHS commitments and facilitate access to technical support.
- Facilitate access by the health sector to climate change funding for health and ensure health sector’s capacity to develop project proposals on climate change and health is effectively strengthened.
- Foster collaboration amongst partners to address common challenges and block necks, especially where collective action is required to meet mutual goals, e.g., standards, access to finance, engaging and working with the private sector, etc.

##### Functions

The key functions of the ATACH LCSHS WG are the same as those of the ATACH but through senior technical expert exchange and collaboration, will focus on identifying actions for low carbon sustainable health systems namely:

- **Delivering international shift on climate resilient health systems priority issues:** This function focuses on areas where a global shift can be delivered through the collective power of Member States and other stakeholders, as appropriate. It reflects collective interest of the ATACH WG on LCSHS as well as context specific themes which may be more applicable to smaller groupings of Member States.
- **Monitoring:** Collaborate with WHO, in its efforts to collect data on country level progress against the low carbon sustainable health systems commitments made by country. In addition to process indicators, a monitoring system that provides information on e.g. key hotspots of emissions from health systems, comprehensiveness of national plans to reduce their emissions, key technologies promoted, and potential barriers for implementation of actions for low carbon sustainable health systems.
- **Quality Assurance:** Collaborate with WHO in developing quality assurance mechanisms designed to help ensure that assessments, plans and implementation are of the quality required to deliver on commitments made thereby facilitating a common understanding of such commitments and measures of progress. The core aim is to help identify where support is required and to identify best practice.
- **Financing:** This focuses on identifying financing needs, and support Member State access to finance, including climate finance, in a timely and sustainable way. This information also feeds into the monitoring function, tracking



the performance of both domestic as well as donor/ development finance agencies in making funding available to meet Member State commitment needs.

- **Knowledge sharing and coordinating access to technical assistance:** This function provides a forum for Alliance Participants to share expertise, knowledge and experience on the assessment, planning implementation, financing, and monitoring of commitments. This supports exchange among Participants and access to information to support evidence based and cost-effective delivery of commitments. This may include a function to advise WHO on the coordination of access to technical assistance, either directly (subject to funding availability) or through Participant capacity.

### 3. The Secretariat

Subject to the availability of sufficient human and financial resources, WHO serves as the Secretariat of the ATACH and each of its WGs. Further information on the role of the Secretariat is available in the TORs of the ATACH (available in Arabic, Chinese, English, French, Russian, and Spanish).

### 4. Participants

The ATACH WG on LCSHS is open to the same participant categories as those of the ATACH. Once participants to the ATACH are confirmed (following the application process specified in the ATACH TORs), they will be requested to confirm the specific WG they are interested in joining by sending an email to [healthclimate@who.int](mailto:healthclimate@who.int). If participants confirm their interest to participate in the ATACH WG on LCHS, they will be added to the specific group and automatically invited to relevant WG meetings. They will, at any time, have the possibility to leave the WG.

### 5. Responsibilities of Participants to the ATACH LCHS WG

On joining ATACH LCSHS WG, Participants undertake to:

- Adhere to these Terms of Reference;
- Promote the work, vision, goals and objectives of the ATACH WG on LCSHS;
- Actively initiate and participate in the ATACH WG on LCSHS activities, discussions and deliberations, and contribute to implementation of actions and priorities deriving from the agreed workplan and discussions;
- Participate, as appropriate, in the ATACH LCSHS WG meetings;
- Share knowledge and information (lessons learned, case studies, programme results, etc.) with other ATACH Participants as appropriate.

### 6. Chairs of the WG on LCSHS

Consistent with and building on from the ATACH ToRs, each ATACH WG will have two co-chairs, representing both government institutions with a mandate for climate change and health, and technical agencies/organizations, to provide leadership to the group and progress the WG agenda. The WHO, as ATACH Convener, co-convening countries and WG Chairs, will form a Steering Group to ensure coordination of the work across ATACH and to discuss emerging priorities.

The co-chairs of the Working Groups will be appointed by WHO in consultation with the ATACH co-Convenors for an initial period of one (1 year).

*Criteria for the selection of WG chairs:*

- Government institutions with a mandate for climate change and health. Countries will be considered as co-chairs based on their proactivity, the priority they give to the specific WG topic, and their capacity to advance the WG objectives and goals.
- Technical agencies/organizations with proven technical experience and records on the subject matter. Motivation to, proactivity in, and capacity to advance the goals and objectives of the WG will also be considered by the Secretariat.

*Submission of interest to chair an ATACH WG:*

All participants to the ATACH are invited to submit their interest to chair any of the ATACH WGs by sending a message to the Secretariat ([healthclimate@who.int](mailto:healthclimate@who.int)). All submissions will be assessed by the WHO Secretariat, who will consult the co-convenors, and decisions will be reported to the Steering Group (SG) and communicated to applicants. The final

proposal for Chairs will also take into consideration representation of all WHO Regions in the overall governance mechanism of the ATACH.

*Role of the co-chairs of the ATACH WGs:*

As included in the TORs of the ATACH, the co-chairs of the ATACH WGs are expected to:

- Chair the discussions during the WG meetings (ensuring action-oriented focus and deliverables);
- Promote active involvement of the Working Group Participants in the development and implementation of its workplan;
- Work with the Secretariat to progress Working Group objectives and plans including in the development of the WG workplan;
- Support the Secretariat and Steering Group in the identification of priorities and/or challenges for the attainment of the objectives relating to the specific Working Group;
- Promote and ensure synergies with other Working Groups;
- Participate in Steering Group meetings, representing the work, issues and views of the wider Working Group;
- Support the Secretariat in the agenda development and active participation in the ATACH WG meeting.

## **7. Amendments**

These Terms of Reference may be amended from time to time by the Secretariat in consultation with the Steering Group.

**Annex I**  
**PROPOSED INDICATORS FOR MEASURING PROGRESS IN THE IMPLEMENTATION OF THE COP26 COUNTRY COMMITMENTS**  
**DRAFT M&E PLAN FOR THE COP26 COUNTRY COMMITMENTS**

<b>COMMITMENT AREA 1: CLIMATE RESILIENT HEALTH SYSTEMS</b>								
<b>Commitment</b>	<b>Indicators</b>	<b>Actions</b>	<b>Baseline</b>	<b>Target</b>	<b>Data Source</b>	<b>Time frame</b>	<b>Who is responsible</b>	<b>Where will it be reported</b>
<b>All commitments</b>	Number of committed countries (63 currently) developing a roadmap for the implementation of their commitments including dates	Communicate and follow-up with Ministries of Health and other governmental organizations with responsibility for climate change and health	2022 (0)	2023 50 countries having developed roadmaps for the implementation of their commitments	Engagement with Ministries of health and WHO global survey	One year	ATACH Secretariat	ATACH WGs and SG
<b>Climate change and health vulnerability and adaptation assessments (V&amp;As) at population level and/or health care facility level by a stated target date</b>	Number of countries conducting V&As at population and/or health care facility level	Communicate and follow-up with Ministries of Health and other governmental organizations with responsibility for climate change and health	To be established in 2023	2024 Baseline +15 countries	Engagement with Ministries of health and WHO global survey	Two years	ATACH Secretariat and partners	CRHS WG and Steering Group
<b>Commit to develop a health National Adaptation Plan (HNAP) informed by the health V&amp;A, which forms part of the National Adaptation Plan (NAP) to be published by a stated target date;</b>	Number of countries having finalized their HNAPs	Communicate and follow-up with Ministries of Health and other governmental organizations with responsibility for climate change and health	To be established in 2023	2024 Baseline + 15 countries	Engagement with Ministries of health and WHO global survey	Two years	ATACH Secretariat and partners	CRHS WG and Steering Group

<b>Commit to use the V&amp;A and HNAP to facilitate access to climate change funding for health (e.g., project proposals submitted to the Global Environmental Facility (GEF), Green Climate Fund (GCF) or Adaptation Fund (AF) or GCF Readiness programme)</b>	Number of proposals submitted to donors (Global Environmental Facility, Green Climate Fund, Adaptation Fund, or GCF Readiness programme using V&A and HNAP.	Communicate and coordinate with countries who already conducted (V&As) and developed HNAP and developed project proposals to access funding.	To be established in 2023	2024 (Number of proposals being prepared for submission to climate funds)	Countries already committed target dates for V&As and HNAP publication	Two years	ATACH Secretariat and partners	CRHS WG and Steering Group
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COMMITMENT AREA 2: SUSTAINABLE LOW CARBON HEALTH SYSTEMS								
Commitment	Indicators	Actions	Baseline	Target	Data Source	Time frame	Who is responsible	Where will it be reported
<b>High ambition/high emitters: Commitment to set a target date by which to achieve health system net zero emissions (ideally by 2050).</b>	Number of countries committed to achieve health system net zero emissions by 2050 or earlier	Encourage new high emitter countries to set a target date by which to achieve health system net zero emissions	2022 21 countries (includes some non-high emitter countries)	2023 21 + 3 high emitter countries 2024 24 + 3	Commitment letters signed by Ministers of Health submitted to WHO	Two years	ATACH Secretariat and partners	Steering Group
<b>All countries: Commitment to deliver a baseline assessment of greenhouse gas emissions of the health system (including supply chains)</b>	Number of countries having conducted baseline assessment of GHG emissions of their health system, including supply chains	Communicate and follow-up with Ministries of Health and other governmental organizations with responsibility for climate change and health Provide support to countries for the conduct of their assessments as required	To be established in 2023	2024 Baseline + 10 countries	Engagement with countries and WHO global survey	One year	ATACH Secretariat and partners	Steering Group
<b>Develop an action plan or roadmap by a set date to develop a sustainable low carbon health system (including supply chains) which also considers</b>	Number of countries having developed an action plan or roadmap to develop a sustainable low carbon health system (including supply chains)	Communicate and follow-up with Ministries of Health and other governmental organizations with responsibility for climate change and health	To be established in 2023	2024 Baseline + 10 countries	Engagement with countries and WHO global survey	Two Years	ATACH Secretariat and partners	Steering Group

<b>human exposure to air pollution.</b>		Provide support to countries for the conduct of their assessments as required						
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## Annex II

**PROPOSED INDICATORS FOR MONITORING PROGRESS BY THE ATACH**  
*The plan that follows was developed based upon the five functional areas of the ATACH*

Outcome	Indicator	Actions	Baseline	Target	Data Sources	Time Frame	Who is responsible	Where it will be reported
<b>Delivering international shift on priority issues</b>	Number of conference/political events where the ATACH is represented.	Initiate and/or strengthen political engagement to shift policy priorities towards climate change and health.  Develop a calendar of key health and climate change events	2022 (COP26)	2024 (x number of conferences/political events)	ATACH Secretariat and partners participating in key events	Two years	ATACH Secretariat and partners	Steering Group
<b>Monitoring</b>	A comprehensive monitoring system is in place with defined and agreed upon set of indicators.	Support WHO in incorporating the relevant indicators, at country level to track progress on CRHS and LCSHS, into the existing monitoring systems.	2022 WHO global survey	2023 2023 global survey includes relevant indicators to monitor progress in the implementation of the commitments	WHO global survey on climate change and health	Two years	ATACH Secretariat	Steering Group
	An accountability framework is developed, monitored and shared with committed countries.	Building on the Common but differentiated responsibility principle, promote accountability through monitoring country progress in	2022 (No framework available)	2023 (Accountability framework developed)	WHO Global Survey and consultation with countries	One year	ATACH Secretariat	Steering Group

		the implementation of commitments.						
<b>Quality assurance</b>	Set of quality standards are developed and shared with countries to help them design assessments, plans and delivery of commitments to promote common understanding and identify best practices	Establish quality standards to support countries in designing assessments, plans and delivery of commitments to promote common understanding and identifying best practices among them	2022 (No set of quality standards currently available)	2024 (Set of quality Standards currently developed)	Existing guidance, standards and best practices promoted by global actors and partner organizations	One year	ATACH Secretariat and partners	Steering Group
<b>Financing</b>	Co-investment framework on climate change and health (GCF, UNDP, WHO)	Ensure all relevant partners are involved in the co-development of co-investment framework	2022 (No co-investment framework currently available)	2024 Co-investment framework developed	Consultations with international climate funds, MDBs, bilateral agencies and relevant Ministries at country level (e.g., Ministries of Finance and Ministries of Health)	Two years	ATACH Secretariat and partners	Steering Group
	An assessment report prepared and shared with climate funds and other donor agencies to highlight key barriers faced by the health sector to access climate change funds	Assess and feed information to financing organisations in making finance available for climate change and health	2022 (No assessment)	2023 (Assessment report prepared and shared)	Consultations with countries, funding and financing mechanisms, and relevant partners	Two years	ATACH Secretariat and partners	Steering Group



	Guidance and resource materials to access funding and finance for health developed and shared with countries	Support member states in identifying financing needs and access to climate finance and broader health sector finance in a timely and sustainable way	2022 No systematic guidance available	2023 Guidance available and shared with countries	Consultations with countries, funding and financing mechanisms, and relevant partners	Two years	ATACH Secretariat and partners	Steering Group
<b>Knowledge sharing and coordinating access to technical assistance</b>	A Online platform/ website is developed for ATACH participants to share expertise, knowledge and experience	Develop an online platform to facilitate sharing of expertise, knowledge & experience among participants	2022 (No platform available currently)	2023 Platform/website is developed	Engagement with relevant WHO platform developers and ATACH partners	One year	ATACH Secretariat	Steering Group
	Pool of experts for technical assistance available and accessible to countries	Facilitate access to technical assistance by countries	2022 No roster of experts available	2023 Roster of experts available and accessible online	Online pool of experts	One year	ATACH Secretariat	Steering Group