

Evaluation of the implementation and achievements of the ATACH 2024-2028 strategy and 2.0 structure

Alliance for Transformative Action on Climate and Health (ATACH)

6 February 2026



FINAL REPORT

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ACRONYMS

Acronym	Definition
ATACH	Alliance for Transformative Action on Climate and Health
BHAP	Belém Health Action Plan
CCH	Climate change and Health
COP	Conference of the Parties
CRHS	Climate Resilient Health Systems
EUR	Euro
FAO	Food and Agriculture Organization
FCDO	Foreign, Commonwealth & Development Office
GGA	Global Goal on Adaptation
GHG	Greenhouse gas
HIC	High-income country
HNAP	Health National Adaptation Plan
I-CAN	Initiative on Climate Action and Nutrition
IFPMA	International Federation of Pharmaceutical Manufacturers & Associations
LCSHS	Low Carbon Sustainable Health Systems
LIC	Low-income country
LMIC	Low- and middle-income country
MDBs	Multilateral Development Banks
MIC	Middle-income country
MoH	Ministry of Health
NAP	National Adaptation Plan
NDC	Nationally Determined Contributions
NORAD	Norwegian Agency for Development Cooperation
PAHO	Pan American Health Organization
SG	Steering Group
SIDS	Small Island Developing States
UNFCCC	United Nations Framework Convention on Climate Change
US\$	United States Dollar
V&A	Vulnerability and adaptation assessment
WASH	Water, sanitation and hygiene
WHA	World Health Assembly
WHO	World Health Organization

EXECUTIVE SUMMARY

Overview

CEPA was appointed by the Secretariat of the Alliance for Transformative Action on Climate and Health (ATACH) to conduct a joint evaluation of the first year of ATACH’s 2024-2028 strategy and the performance of its new governance and operating model, which began implementation in 2025. ATACH was established in June 2022 to realise the ambition set at the 26th Conference of the Parties (COP26) to build climate resilient and sustainable health systems. As of the end of 2025, ATACH had over 200 members comprising 103 country and areas members and 108 partners.

The primary **evaluation objectives** were to:

- Assess the key ATACH achievements in the past 12 months as well as the overall effectiveness of the new governance and operational structure to deliver on its stated objectives; and
- Identify lessons of what has worked well over the past 12 months, and what could be improved going forward to support ATACH to deliver on its mandate.

This was a formative evaluation, reflecting that 2025 marked the first year of ATACH’s new structure and strategy, and the evaluation emphasis on generating insights and recommendations to strengthen ATACH governance and operations. As a rapid review conducted over a two month period, the evaluation is informed by: (i) a round of consultations and focus group discussions with 24 ATACH members; (ii) a survey issued to the full ATACH membership which achieved response rates of 42% overall and 54% among country members; and (iii) review of select ATACH documents and other materials.

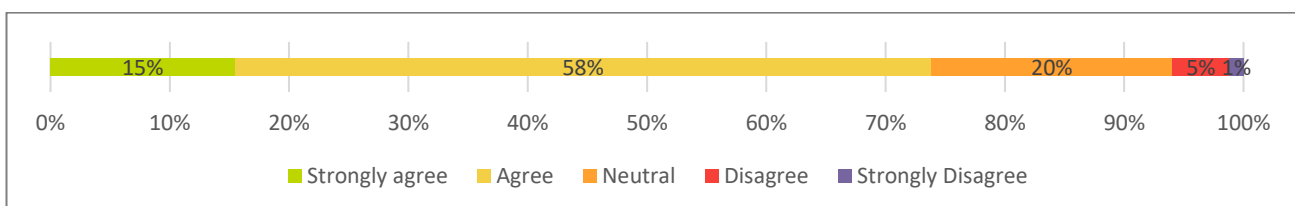
Key evaluation findings

ATACH has catalysed significant global achievements on climate change and health (CCH) and is widely viewed by members as a credible, high-value partnership. Members report that to date, ATACH has most significantly advanced priorities in: (i) advocacy, agenda-setting and commitment mobilisation; (ii) partnership-building and alignment; (iii) knowledge generation and sharing. By contrast, progress has been slower in supporting country implementation and access to financing, areas that members see as increasingly urgent in a constrained financing and fast-evolving global context.

Progress against the 2024-28 strategy

ATACH is widely seen as adding significant value by raising the profile of CCH and driving action through its convening and knowledge-brokering role. Over 70% of all survey respondents (and 80% of country members) consider that ATACH has made a significant contribution to its mandate to identify and address country needs and priorities for CCH implementation (Figure 1). Stakeholders describe ATACH as an “accelerator” that has enabled more coherent collaboration than would otherwise have been possible.

Figure 1. ATACH member responses on whether ATACH has made a significant contribution to its mandate in the last year, n=84*



*The ATACH mandate is to identify and address country needs and priorities for climate change and health implementation

Key achievements attributed to ATACH over the past year include:

- **Political commitment mobilisation and visibility:** ATACH helped elevate CCH within major global forums (notably UNFCCC COP processes and the World Health Assembly), and members widely credit the partnership with playing a meaningful role in supporting the development and agreement of the Belém Health

Action Plan (BHAP) at COP30. Several stakeholders observed a shift from awareness-raising toward policy influence, with some countries citing ATACH’s contribution to domestic momentum (e.g., ministerial-level prioritisation and incorporation of CCH into medical education).

- **Partnership and knowledge-brokering:** Members strongly value ATACH’s convening platform as an “accelerator” for CCH action, emphasising that ATACH helps to foster alignment reducing duplication and supporting shared direction and peer learning in an increasingly complex landscape. ATACH’s operational mechanisms, such as Task Teams and the online Community of Practice, were specifically credited with advancing joint work in the following areas: health adaptation indicators for the UNFCCC Global Goal on Adaptation (GGA), guidance for measuring health system greenhouse gas emissions, and identifying “smart buys” for climate change and health interventions, as well as disseminating evidence-based knowledge across members.

Looking ahead, areas identified as requiring sharper definition and stronger delivery include:

- **Financing facilitation:** This is widely viewed as the function with the greatest scope for increased focus. There is a high degree of consensus across the membership that ATACH should not become an implementing or funding mechanism, and members see strong potential for ATACH to better broker access for CCH financing. This could include strengthening members’ understanding of climate finance pathways, supporting countries to position health within wider multisectoral finance conversations, and serving as a broker/facilitator between country needs, partners and relevant financing opportunities.
- **Country capacity strengthening and supporting the translation of knowledge products into policy implementation:** Knowledge products are highly valued, though stakeholders also noted a variability in how easily members can identify, access and apply the most relevant products. Members also reported demand for capacity-building and more direct technical support linked to the products produced. They highlighted the need for ATACH to better prioritise key materials, improve packaging and discoverability tailored to country contexts, and for outputs to be more aligned with capacity-building and light-touch technical support opportunities (particularly for LMICs) to support implementation.
- **Accountability and tracking:** There is early progress in this area, particularly in tracking country progress in the advancement of the implementation of the COP26 commitments and through Task Team work on indicators and on measuring health systems emissions. Stakeholders expressed demand for ATACH to strengthen its accountability function, especially by guiding members on how different global and regional-level commitments in CCH relate to one another as part of accountability for existing commitments, and by continuing efforts to harmonise measurements and indicators to enable comparability and progress tracking across countries.

Governance, engagement, and operational mechanisms

The governance restructuring is broadly seen as positive and has improved clarity and engagement. Areas for further maturation include improving communications around ATACH governance and greater clarity on ATACH members’ roles across governance structures and processes to maximise engagement and leverage members’ comparative strengths. Only around 20% of members reported participating in a constituency meeting in the last year, indicating untapped potential for Steering Group (SG) constituency representatives to strengthen member engagement.

ATACH’s operational mechanisms consisting of Task Teams, Technical Meetings, the online Community of Practice, and the Annual in-person meeting, are generally supporting engagement, peer-to-peer and knowledge exchange. The greatest opportunity for improvement is to further orient these mechanisms toward country implementation support, ensuring Task Teams, Technical Meetings and opportunities for capacity strengthening respond to country needs. Moreover, ATACH should further leverage WHO’s convening power at all levels, including through regional convenings with partners.

Stakeholders consistently noted that ATACH is delivering significant achievements with a lean Secretariat and limited resources, representing strong value for money. Continued membership growth further reflects ATACH’s relevance

and perceived value, with country membership increasing from around 50 at COP26 (2021) to over 100 country members, and total membership exceeding 200 members and partners by 31 January 2026.

Overall, ATACH is regarded as a trusted, indispensable platform that is achieving meaningful global progress.

To sustain and deepen impact, members see the next phase as ringfencing priorities and operational mechanisms to support country CCH implementation, clearer operationalisation of financing facilitation, stronger support for country capacity strengthening and translating knowledge products into policy implementation, and a more systematic accountability role, while preserving ATACH’s core identity as a convenor and broker rather than an implementer.

Recommendations

The recommendations were co-developed with the ATACH Secretariat and are directed to both the ATACH Secretariat and the full ATACH partnership, recognising that ATACH is a collective alliance of WHO Member States and other stakeholders working toward a shared mandate. A summary of the recommendations is presented below, with further detail on specific actions provided in the main report. The recommendations are not prioritised within this list, as they address both operational and governance areas for strengthening, all of which are relevant and mutually reinforcing in advancing ATACH objectives.

As the administrative lead for ATACH, the Secretariat will consider how best to prioritise, sequence and operationalise these recommendations within its workplan from 2026 onwards, and will review their relevance in light of evolving contexts and needs. In parallel, ATACH members are encouraged to reflect on how they can deepen their own engagement to strengthen collective action in support of the ATACH mandate.

Recommendations	Actions
<p>Recommendation 1. Protect and consolidate ATACH advocacy gains to sustain momentum on climate change and health action</p>	<p><i>Protecting gains</i></p> <ul style="list-style-type: none"> • Prioritise a small number of high-value advocacy goals where ATACH has a clear comparative advantage for the remainder of the strategy period (e.g. sustaining political attention on CCH; economic case for CCH; common monitoring and tracking approaches). • Maintain and pro-actively deploy advocacy materials which defend and reinforce policy gains where national political and economic conditions are shifting (e.g. through economic and co-benefits argument). • Broaden domestic ownership and strengthen political backing for CCH implementation by engaging parliamentarians and sub-national leaders, where strategic and useful. <p><i>Consolidating climate change and health commitments</i></p> <ul style="list-style-type: none"> • Map existing global, regional and national commitments (e.g. COP26 commitments, I-CAN, BHAP) on CCH to help countries understand how these commitments align and complement one another. • Continue strengthening common measurement approaches (e.g. indicators) to enable comparable assessments across national CCH implementation. • Encourage COP Presidencies to work on the implementation of existing CCH commitments rather than creating new CCH frameworks.
<p>Recommendation 2. Strengthen ATACH’s role as a broker for country-level technical support, capacity strengthening and access to financing to implement CCH priorities</p>	<ul style="list-style-type: none"> • Support prioritisation of CCH-related interventions with Ministries of Health: <ul style="list-style-type: none"> ○ Map and prioritise what has been committed across national CCH-related policies and plans, and identify gaps requiring partner support; ○ Support multisectoral engagement to get buy-in from finance, planning, energy and other ministries on CCH interventions. • Support and broker technical support, capacity strengthening and learning opportunities for countries based on their needs and priorities: <ul style="list-style-type: none"> ○ Provide technical support matchmaking by connecting country requests with partners’ technical assistance, tools and opportunities;

	<ul style="list-style-type: none"> ○ Facilitate peer-peer exchange and learning (e.g. across countries in the same region, with similar priorities and/or similar governance contexts); ○ Create a dedicated training material repository. ● Support and broker country access to financing for implementation: <ul style="list-style-type: none"> ○ Strengthen knowledge and capacity on financing and funding access (e.g. Green Climate Fund, Adaptation Fund etc.); ○ Act as ‘matchmaker’ by linking countries to implementing partners and financing.
<p>Recommendation 3. ATACH should further leverage WHO’s convening power at all levels, including regional convenings with partners</p>	<ul style="list-style-type: none"> ● Further engage WHO regional and country offices to support the ATACH mandate. This should take a strategic and stepwise approach building on existing WHO regional mechanisms and through collaborations with other existing strategic CCH regional initiatives.
<p>Recommendation 4. Pivot the Task Teams, Technical Meetings, Community of Practice and other operational mechanisms to further strengthen country implementation support</p>	<ul style="list-style-type: none"> ● Package knowledge products by country context and priorities, and make them easy to access to facilitate their translation into CCH policies and initiatives. ● Rationalise and prioritise Task Teams and Technical Meetings based on country needs. ● Ensure each Task Team has an updated workplan, including steps on how outputs/products can be applied to guide country implementation. ● Make all outputs (e.g. knowledge products, meeting agendas, recordings) of operational mechanisms accessible and upload them in the Members Area.
<p>Recommendation 5. Strengthen communications around the ATACH governance and overall membership to maximise collective engagement and action</p>	<ul style="list-style-type: none"> ● Strengthen governance engagement and information: <ul style="list-style-type: none"> ○ Improve communication and clarity of governance processes and roles, including the role of the Steering Group and its representatives; ○ Differentiate ATACH and WHO roles to clarify expectations for members and increase awareness of ATACH’s distinct identity and added-value; ○ Develop a short strategy defining how each constituency will engage with ATACH. ● Strengthen overall communications with all members (e.g. through an annual report, more regular communication, more guidance on how to use the online Community of Practice, onboarding of new members, and greater social media presence). ● Strengthen member engagement in ATACH operational mechanisms through further involvement of populations most affected by climate change, more frequent and accessible meetings, and tools to foster dialogue between members (e.g. online workspace).
<p>Recommendation 6. Set realistic expectations for the 2026-2027 workplan and prioritise activities in line with the ATACH Secretariat’s capacity</p>	<ul style="list-style-type: none"> ● The ATACH Secretariat should develop an operational plan which takes into account this evaluation, country needs assessments and other relevant factors, and which is prioritised based on available resourcing. ● Strengthen member-led delivery by encouraging ATACH members to lead selected activities (e.g. Task Teams product development, coordination, Technical Meetings etc.).

1. INTRODUCTION AND EVALUATION CONTEXT

CEPA was appointed by the Secretariat of the Alliance for Transformative Action on Climate and Health (ATACH) to evaluate the implementation of its new governance and operational structure and strategy, launched in October 2024.

This short introduction section provides an overview of ATACH (Section 1.2), the evaluation objectives and scope (Section 1.2) and evaluation methodology (Section 1.3). The evaluation was conducted in December 2025.

1.1. OVERVIEW OF ATACH

ATACH was created in June 2022 to realise the ambition set at the 26th Conference of the Parties (COP26) to build climate resilient and sustainable health systems. Its mandate, strategy objectives and core functions are described below (Figure 1.1) and in Appendix E. To date, ATACH has over 200 members: 103 country/areas members and 108 partners.¹ ATACH partners are divided into 9 constituencies (Appendix E). The World Health Organisation (WHO) serves as the Secretariat of the ATACH.

Figure 1.1 ATACH mandate, strategy objectives and functions

<p>ATACH Mandate</p> <p>To identify country needs and priorities in building climate resilient and low-carbon health systems, and to support their implementation, building on the commitments made by 50 Ministries of Health at COP26.</p>	<p>ATACH 2024-28 Strategy Objectives</p> <ol style="list-style-type: none"> 1. Advocate for and enable concrete, ambitious commitments and priorities on climate change and health in the health sector and health-determining sectors 2. Promote information sharing and partnership building among actors and sectors to facilitate coordination and alignment of climate change and health (CCH) efforts. 3. Support countries to deliver on CCH priorities by facilitating access to required financial and technical support, and by promoting evidence-based best practices, knowledge and innovative solutions 4. Track and measure collective progress towards CCH commitments and priorities (with a focus on climate resilient health systems and low carbon sustainable health systems) through standardised approaches. 					
<p>Functions</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 20%;">Advocacy & agenda setting</td> <td style="width: 20%;">Alignment & coherence</td> <td style="width: 20%;">Finance</td> <td style="width: 20%;">Knowledge generation & sharing</td> <td style="width: 20%;">Monitoring & Tracking</td> </tr> </table>		Advocacy & agenda setting	Alignment & coherence	Finance	Knowledge generation & sharing	Monitoring & Tracking
Advocacy & agenda setting	Alignment & coherence	Finance	Knowledge generation & sharing	Monitoring & Tracking		

To achieve its mandate, ATACH operates as:

- an advocate to catalyse action and build global momentum for the climate change and health (CCH) agenda;
- an interface for knowledge exchange, capacity building, learning and collaboration;
- a platform to identify and consolidate needs, encourage joint progress, align actions and facilitate access to support and finance; and
- a catalyst for investment and resources for effective use of climate and health finance.

1.2. EVALUATION OBJECTIVES AND SCOPE

The primary **evaluation objectives** were to:

- Assess effective strategy implementation in terms of the key ATACH achievements in the past 12 months as well as the overall effectiveness of the new governance and operational structure to deliver on its stated objectives; and

¹ [ATACH countries/areas](#); [ATACH partners](#)

- Identify lessons of what has worked well over the past 12 months, and what could be improved going forward to support ATACH to deliver on its mandate.

We assessed progress against four key areas covering the ATACH mandate, the new structure, and the 2024-28 strategy (refer to Appendix E for a summary of the ATACH 2.0 structure and the 2024-28 strategy theory of change):

- Key achievements in advancing the ATACH mandate and strategy objectives over the last year, and member perceptions of the significance and value-add of the Alliance and progress to date;
- How well ATACH is delivering against the five functions defined in the 2024-28 strategy theory of change (alignment & coherence, advocacy & agenda setting, finance, knowledge generation & sharing, monitoring & tracking), and key areas for improvement;
- The extent the new governance and operating structure is facilitating ATACH to meaningfully involve and engage partners in delivering its mandate;
- The extent ATACH operational mechanisms, with an emphasis on the Task Teams and Technical Meetings, are effectively supporting country implementation priorities and needs on climate and health; and
- Value for Money. A detailed review of the staffing and financing of the ATACH Secretariat was not in scope, however it is assessed at high level as part of the review of the 2.0 ATACH governance model.

This being a rapid review conducted over a two-month period including the December holidays, the evaluation is informed by rapid round of consultations and focus group discussions rather than in-depth interviews.

1.3. EVALUATION METHODOLOGY

This was a formative evaluation, reflecting that 2025 marked the first year of ATACH’s new structure and strategy, and the evaluation emphasis on generating insights and recommendations to strengthen ATACH governance and operations. A formative approach is also well suited to the alliance’s dynamic operating context in regard to the geo-political environment for climate action.

The evaluation employed a utilisation-focused approach, with CEPA working closely with the ATACH Secretariat to ensure the methods and tools responded to the ATACH key priorities, and that recommendations were practical and forward-looking, including reflecting the evolving geo-political and development financing context. Weekly coordination meetings were held with the ATACH Secretariat, early findings were shared to identify any factual inaccuracies and for input, and recommendations were co-created.

The key evaluation methods and high-level details are described in Figure 1.2. Further information on the stakeholders consulted, evaluation tools and key references are provided in Appendices A-D.

Figure 1.2 Evaluation methods



24 members (of which 14 country members and 10 partners) consulted through interviews and focus group discussions



89 members (of which 56 country members and 33 partners) provided feedback through an online survey (42% overall response rate and 54% country response rate)



Review of select ATACH documents and other material

The main **limitation** was the relatively short timeframe to conduct the evaluation. Despite this, the survey received an overall high response rate of 42% (and 54% when considering only the country members’ response rate) and 75%

of ATACH members approached for a consultation attended. Since the ATACH Secretariat participated as an observer in the focus group discussions and interviews, it was decided to also run an anonymous survey to all ATACH partners. The aim was to mitigate the potential risk of stakeholders holding back more negative responses in the interviews, but also collect broad information from partners and countries that could also be used to inform country needs and priorities.

Robustness assessment framework

Evidence was collated across methods, and the strength of evidence was assessed based on the quality and quantity of the evidence. Table 1.1 presents the strength of the evidence framework. All robustness rankings are relative robustness rankings, based on careful consideration and are ultimately judgement-based.

Table 1.1 Strength of evidence rating for findings

Rating	Assessment
High 	The finding is supported by both consultations and survey evidence, with available documentary evidence. Triangulation of different stakeholders in different contexts supports the finding.
Medium 	The finding is supported by a few consultations, with corroborating survey responses and may or may not have documentary evidence. Limited triangulation, where corroborative sources allow for reasonable but evidence coverage not complete.
Low 	The finding is supported by very limited evidence (1-2 consultees or survey questions with low response rate/low representativeness of stakeholder group or documentary evidence alone).

1.4. REPORT STRUCTURE

The report has been organised in the following sections:

- Section 2 provides the evaluation findings, organised into key findings on the ATACH performance in the last year (Section 2.1), and governance and operational mechanisms (Section 2.2);
- Section 3 presents overall conclusions;
- Section 4 provides recommendations to support ATACH to deliver on its mandate over the remainder of the strategy period.

The main report is supported by the following appendices: Appendix A provides the bibliography; Appendix B includes the list of consultations; Appendix C provides the interview guide; Appendix D provides the survey questions and an analysis of the responses; Appendix E provides the ATACH 2.0 structure and 2024-28 strategy theory of change; Appendix F provides examples of ATACH knowledge products.

2. EVALUATION FINDINGS

2.1. PERFORMANCE AND VALUE ADD

This first set of findings (1-6) describe key achievements in advancing the ATACH mandate, and progress to date along the 2024-28 ATACH strategy theory of change.

Evaluation area 1. What have been the key achievements of ATACH in the last year in advancing its mandate. What are ATACH members perceptions of the significance and value-add of ATACH and progress to date?

Finding 1. ATACH has catalysed significant global achievements in climate and health and demonstrated value to its membership. Advocacy, commitment mobilisation, information sharing and partnership-building objectives are considered the most advanced.

Strength of evidence	Rationale
High ■ ■ ■ ■	Confirmed through majority of interviews, survey responses and documentation.

ATACH is widely seen by its members as adding significant value by raising the profile of, and driving action on CCH. Over 70% of all survey respondents, and 80% of country member respondents reported that ATACH has made a significant contribution towards advancing its mandate to identify and address country needs and priorities for CCH implementation (Figure 2.1 below shows responses for all members, and Figure D.7 in the Appendix for country members only).

“ATACH is a credible platform.” ***“...there is a need for this partnership to exist.”***

Interview and survey findings concur the alliance has made greater strides to date against Objectives 1 and 2 of the 2024-28 strategy (advocacy, commitment mobilisation, information-sharing and partnership building), with slightly less progress in the last 12 months against objectives in country support, and monitoring and tracking. Perspectives of country members on this progress are summarised in Figure 2.2 below, and are consistent with the views of the wider membership (Appendix D, Figure D.8).

Figure 2.1 All member responses on whether ATACH has made a significant contribution to its mandate in the last year, n=84

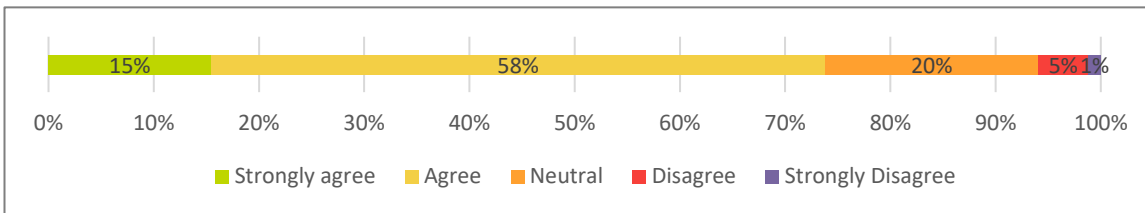
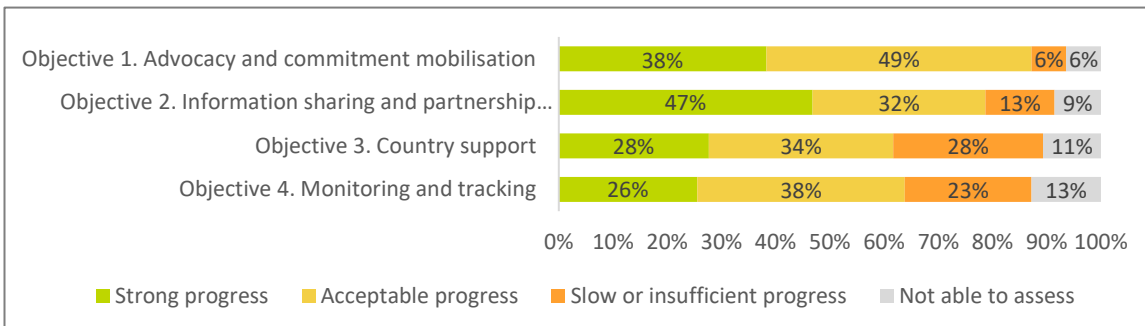


Figure 2.2 Country member assessment of ATACH progress against strategy objectives in the last year, n=49



Specific achievements over the past year against ATACH objectives cited by stakeholders include:

- **Political commitment mobilisation and visibility (Objective 1):** ATACH has helped increase the visibility of the CCH agenda at major global forums, such as the United Nations Framework Convention on Climate Change’s (UNFCCC) COP, and at national levels by creating political buy-in across the health sector. Several stakeholders commented that, over the past year, ATACH has progressed from awareness-raising to policy influencing by positioning health firmly in global climate negotiations and dialogues. In particular, ATACH members agree the partnership has played a meaningful role in supporting the development and achievement of the Belém Health Action Plan (BHAP) at COP30 through its engagement and support to the Brazil COP30 Presidency, and its active engagement and advocacy with countries to support the action plan. At the national level, two out of 14 country members interviewed attributed ATACH advocacy and agenda-setting as catalysing national policy change, for example the establishment of the CCH agenda at the highest ministerial level, and the integration of a CCH curriculum in medical schools.
- **Partnership and knowledge-brokering (Objective 2):** Members strongly value ATACH’s convening platform to encourage joint action, describing it as an “accelerator” for CCH action. Stakeholder interviews and survey respondents highlighted the critical value-add of the Alliance in bringing members together, such as through the annual ATACH in-person meeting, and promoting information-sharing, through the online Community of Practice and Technical Meetings. Outcomes specifically attributed to ATACH’s convening platform include advancing joint multilateral work to: (i) develop indicators to monitor progress on commitments made under COP agreements, in particular the ATACH Climate Change and Health Indicators Task Team was cited as a critical step to advance health indicators, including on mental health, for the UNFCCC Global Goal on Adaptation (GGA); (ii) develop measurement guidance to assess greenhouse gas (GHG) emissions in health systems facilitated through the “Measuring GHG emissions of national health systems” Task Team²; (iii) identify “smart buys” for climate and health interventions facilitated by the “Smart-Buys” Task Team³; (iv) help partners coordinate their climate and health efforts in preparation for COP30 and buy-in for the BHAP, which drew on ATACH and its Task Teams to gather input and accelerate broad consultation. Evidence-based good practices shared through ATACH (e.g. the “smart buys” document) were specifically raised as key value-adds.
- **Monitoring and tracking (Objective 4):** Stakeholders widely value the leadership of ATACH in supporting countries assess progress towards their CCH commitments and priorities through online tracking mechanisms. In addition, stakeholders strongly appreciated ATACH’s efforts in supporting countries to conduct their own monitoring in a format that can be collated and compared by promoting more standardised approaches, such as the work related to the Global Goal on Adaptation and the development of a common approach for health system emissions measurement.²

Reasons for slower progress on **country support (Objective 3)**, as noted by both countries and other members, include the relative newness of climate resilience as a health system priority, the wide variation in countries’ maturity and capacity on climate and health (e.g. some countries not having or having expired national health adaptation plans), and persistent difficulties in accessing financing for CCH action. ATACH knowledge products that inform country action are nonetheless highly valued. Efforts in monitoring and tracking collective progress toward CCH commitments and priorities (objective 4) are advancing specifically in the tracking mechanism included in the online ATACH community of practice. This tracking tool monitors progress made by countries in the implementation of the COP26 commitments. The Secretariat is in the process of adding additional indicators to the tracker to measure

² World Health Organization (2025). Measuring greenhouse gas emissions in health systems. Available from: <https://iris.who.int/handle/10665/384569>

³ World Bank (2025). Smart Buys High Value Actions for Health Sector Adaptation. Available from: <https://www.atachcommunity.com/resources/resource-repository/smart-buys-high-value-actions-for-health-sector-adaptation/>

progress in the implementation of the BHAP and the I-CAN. Furthermore, stakeholders appreciate the work of the ATACH task teams on indicators, however stakeholders would like to see faster progress.

Most stakeholders interviewed acknowledged the significant achievements of ATACH over the past year given the small Secretariat team and limited financial resources available which represents high value for money (discussed further in Finding 7). Moreover, the value of the partnership is also reflected in its constant growth in membership, growing from around 50 members at COP26 in November 2021 to 103 country/areas members and 108 partners to date.

Evaluation area 2. How well is ATACH delivering on its five key functional areas in support of the 2024-28 strategy? What are any areas for improvement?

Findings 2 to 6 below assess progress in the last year in delivering each of the ATACH functions. These findings by functional area are coherent with the findings across each objective.

Finding 2. ATACH’s advocacy and agenda setting work has influenced shifts in climate and health policy and helped mobilise country commitments. Progress has been strongest at the global level, alongside a number of notable country level achievements.

Strength of evidence	Rationale
High ■ ■ ■ ■	Confirmed through consensus in survey responses (83% of respondents assessed performance as strong or acceptable), majority of the interviews and documentation.

ATACH has played a key role in advancing political commitment for climate and health action, through efforts at COP30, the 78th World Health Assembly (WHA), and support to countries (described in Finding 1). Through its advocacy, ATACH is widely recognised as having played a key role in the development and agreement of the BHAP, which some mentioned would not have been possible without ATACH. Figure 2.3 summarises the mechanisms that stakeholders identified as enabling ATACH to play its critical role as an advocate and agenda-setter.

Figure 2.3 Key mechanisms for ATACH’s advocacy and agenda setting work

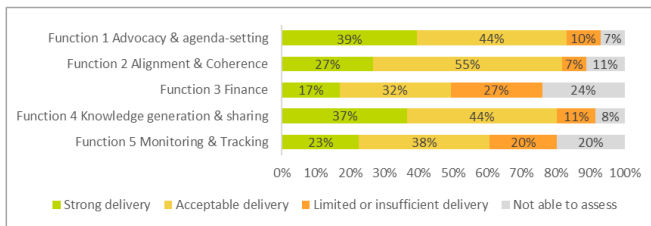


Members consulted through the survey and the interviews felt that, so far, ATACH has achieved more at the international level, which they see as reflecting its global position within the CCH ecosystem. At the same time, several country and global stakeholders noted that ATACH has also helped raise the profile of the CCH agenda domestically. This is significant given that, before COP26 and the creation of ATACH in June 2022, most Ministries of Health (MoH) were not engaged on CCH and did not see it as part of their mandate. Stakeholders credited ATACH with helping make CCH relevant for MoHs by focusing on low-carbon and climate-resilient health systems.

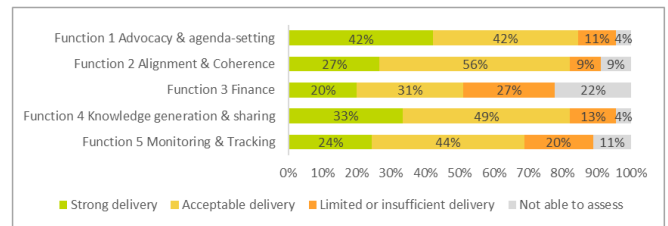
Overall, surveyed members view ATACH’s advocacy and agenda-setting as one of the functions with the strongest delivery in comparison to other key areas of its work, with 39% of respondents rating delivery as “strong” and 44% as “acceptable” (Figure 2.4 A). Country members have a very similar view, with 42% of county respondents rating delivery as “strong” and 42% as “acceptable” (Figure 2.4 B).

Figure 2.4 Members' assessment on ATACH progress in the past year against its five functions

A. All member responses on ATACH's progress against its five functions, n=71



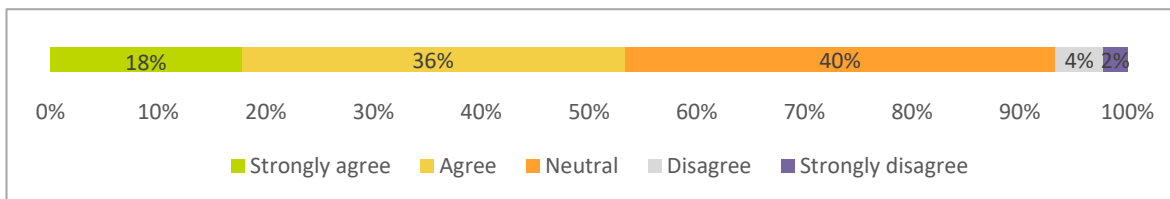
B. Country member responses on ATACH's progress against its five key functions, n=45



Areas for consideration and further attention in regard to advocacy and agenda setting include:

- Influencing non-health sectors on the CCH agenda:** The ATACH strategy articulates the importance of engaging with other health-determining sectors, where co-benefits could be leveraged (e.g. One Health, biodiversity, WASH, food and nutrition, transport, energy.). Just over half of country members surveyed consider ATACH has made a positive contribution in this area, suggesting opportunities for improvement (Figure 2.5). Some consultees attributed the slow pace of country-level action on CCH to the fact that decision-making that influences the scale of commitment, financing and implementation often sits outside the health sector. Stakeholder interviews concurred that ATACH could do more to support engagement of health with other sectors.

Figure 2.5. Extent country members agree ATACH has made a positive contribution to supporting Ministries of Health engage other sectors on CCH, n=45



- Need for ongoing adaptation/ flexibility in the evolving global and national environment:** ATACH and its members operate in a complex, fast-changing political and financing environment. Stakeholders felt ATACH has done well to maintain global momentum on CCH under these conditions, pointing to the BHAP and the growth in membership as key evidence of this. At the same time, they recognised that, given the shifting international multilateral context and the global health financing crisis, ATACH will need to keep adapting to sustain progress on CCH commitments, and be flexible to varied and evolving country contexts. A few country members suggested ATACH could develop/increase prominence among the membership of clear, targeted products and activities that: (i) strengthen the economic case for CCH investments by positioning CCH interventions as cost saving measures; (ii) sharpen messaging on co-benefits⁴, for instance emphasising the importance of climate-resilient and low-carbon health systems for national emergency management and disaster risk reduction (discussed further in Finding 3).
- Mitigating the risk of fragmentation across future CCH commitments and initiatives:** Members reflected that successive COPs have generated new CCH commitments and initiatives, specifically COP26, COP27 I-CAN and the BHAP, which, while aligned with the ATACH mandate, also represent additional commitments with ATACH providing an accountability function. Countries and partners cautioned of a risk of fragmentation and inefficiency should new commitments be tabled, and look to ATACH as a leading voice to advocate for integrating any new CCH initiatives, commitments and priorities into existing frameworks and action plans, and moving to implementation as the key focus. At the same time, there is recognition that ATACH has been

⁴ World Health Organization (2024) COP29 special report on climate change and health: Health is the argument for climate action. Available from: https://cdn.who.int/media/docs/default-source/environment-climate-change-and-health/58595-who-cop29-special-report_layout_9web.pdf

strategic in seizing emerging opportunities such as BHAP and securing political commitments. In this context, ATACH’s function in fostering alignment and coherence remains highly relevant (see Finding 3).

Finding 3. ATACH is adding significant value to *alignment and coherence* on climate change and health action. This function remains critical amidst the increasingly complex climate change and health landscape, particularly in view of constrained financing.

Strength of evidence	Rationale
High ■ ■ ■ ■	Confirmed through consensus in survey responses (82% of respondents assessed performance as strong or acceptable), most of the interviews and documentation.

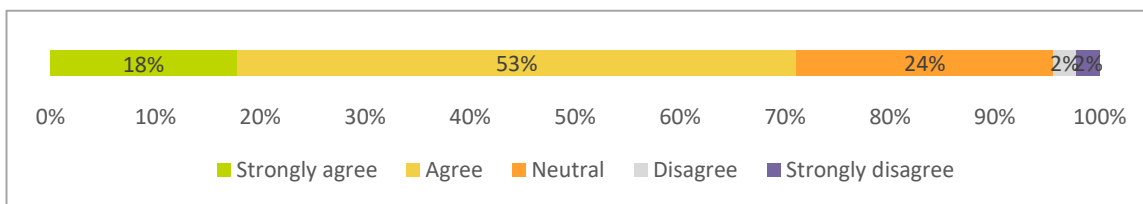
The alignment and coherence function of ATACH has served as a key enabler for global-level achievements in the past year (referenced in Finding 1).

“without ATACH, partners would all go in different directions.”

Overall, survey respondents across all stakeholders rated this function as the second strongest area of delivery, with 82% of all responses and 83% of country members assessing performance as “strong” or “acceptable” (Figure 2.4). ATACH’s convening platform is seen as especially important for sharing information on partners’ activities on CCH, as there is no other forum that plays this role. ATACH has helped to reduce duplication and aligned efforts, for example on health community inputs to the development of indicators, and this coherence is particularly important in a context of scarce resources. Similarly, the ATACH operating mechanisms, such as the Task Teams and Technical Meetings have been mentioned by some members as fostering alignment on key topic areas, such as adaptation indicators and measuring emissions of national health systems.

Country members reported that ATACH has helped MoH coordinate domestic and international partners around government priorities on CCH (Figure 2.6). For example, one country noted that engagement with ATACH contributed to the establishment of a national technical working group on CCH. However, members also emphasised that such coordination currently depends heavily on MoH capacity, and that ATACH should provide additional support, particularly for low- and middle-income countries (LMICs).

Figure 2.6 Extent country members agree ATACH has positively supported Ministries of Health in coordinating domestic and international partners around government priorities on CCH action, n=45



Areas for consideration and further attention in regard to alignment and coherence include:

- Harmonising existing commitments:** Consultations also suggested that not all members fully understand how COP26 commitments, I-CAN, BHAP, the 77th WHA Resolution on CCH, the Global Action Plan on Climate Change and Health relate to and reinforce one another. Similarly, several country members flagged that they would like support in understanding the relation between global and regional resolutions and plans and seek ATACH’s guidance for aligned approaches to advance these in an integrated rather than fragmented manner. Therefore, clearer communication from ATACH on these linkages would be helpful in supporting members to navigate and implement these commitments in a coherent way.
- Sustaining alignment across a growing membership:** ATACH’s growing membership was highlighted by a small number of stakeholders as a growing challenge to continue fostering alignment, given members have different priorities, expertise and perspectives, which make alignment more complicated.

Finding 4. ATACH could better leverage its membership to help unlock country financing for climate and health, recognising ATACH itself is not an implementing mechanism.

Strength of evidence	Rationale
Medium 	Majority of interviews concur more progress is needed in country implementation and financing, with more mixed views in the survey where 49% of all respondents report “strong” or “acceptable” delivery in ATACH function 3 (financing). Most interviewees agree ATACH should not directly provide funding for implementation. Limited documentary evidence.

ATACH support to countries, particularly LMICs, to access financing for CCH actions is widely recognised as critical to ensure implementation. About half of country survey respondents consider delivery to be “strong” or “acceptable” in this function, and 27% as “insufficient”, making this the function seen as having the greatest scope for improvement relative to others (in view of overall positive feedback across all functions) (Figure 2.4B). Consultees acknowledge ATACH has minimal resources for such catalytic work at the country-level and that expectations around levels of country financing for CCH must be realistic.

One country member noted in the survey that, through coordination between ATACH and PAHO, they were able to secure funding for a water quality management project, illustrating ATACH’s catalytic potential in helping countries access financing. To this end, most interviewees agreed that ATACH should not become a financing instrument itself, but appreciated the need for ATACH to have a small pot of catalytic funding to be disbursed to countries.

A major challenge to CCH implementation is the overall scarcity of climate financial resources flowing to the health sector. Accessing multilateral climate funds (e.g. the Green Climate Fund, Global Environment Facility and the Adaptation Fund) is especially demanding: stakeholders cited examples where each proposal required 2-4 full-time equivalents, often by external consultants, creating very high transaction costs and barriers to entry.

Resources have been developed under the aegis of ATACH that support the financing agenda. These include the development by the Rockefeller Foundation and other partners of a report analysing international financing flows (2018-2022), serving as a baseline understanding of levels and trends in financing for CCH.⁵ There is also a Task Team on mapping financing initiatives and how countries can access them led by the Commonwealth Secretariat. As of early 2025, no organisers had been identified for several Technical Meetings related to financing, which aim to address continuous needs expressed by countries.

Overall, interviews, survey responses and documentary evidence suggest scope for ATACH to more fully define how it will operationalise its financing function (discussed further in Findings 7-9 on governance and operations).

Stakeholders pointed to several areas where ATACH could add value in financing without becoming an implementer:


- Promote multi-sectoral responses:** Increase focus on helping countries bring health into wider climate and development discussions, recognising that while MoHs are easier for ATACH to engage, key financing decisions are usually made outside the health sector. This is easier where countries already have a political mandate on climate and health.
- Strengthen knowledge and capacity on financing access:** for instance, through workshops on the climate finance architecture, how to prepare applications, and common barriers, including raising awareness of the

⁵ Foundation S, The Sanofi Collective, Reaching the Last Mile, The Rockefeller Foundation, SEEK Development, Adelphi consult, and AfriCatalyst (2025: Resourcing Climate and Health Priorities. Mapping of International Finance Flows, 2018-2022. Available from: <https://www.rockefellerfoundation.org/wp-content/uploads/2025/01/Resourcing-Climate-and-Health-Priorities-Full-Report-Final.pdf>

barriers for health sector access to financing among those with influence (see Finding 5).⁶ For example, a few stakeholders interviewed were not familiar with how the announced philanthropic commitment of US\$300 million from a coalition of global and regional philanthropic organisations to support implementation of the BHAP⁷ will be implemented, and see ATACH as a platform where this information can be disseminated and also as a mechanism to inform and align priorities.

- Several stakeholders suggested ATACH could act as a **broker/facilitator matching country needs to financing** stakeholders. This is discussed in Finding 9 (operational mechanisms to support country implementation).

Finding 5. ATACH knowledge products are highly valued, with need for additional emphasis on supporting their use through: (i) prioritisation; (ii) enhancing access and dissemination; and (iii) strengthening opportunities for aligned capacity-building and technical support.

Strength of evidence	Rationale
High 	Confirmed through consensus in survey responses (81% of respondents assessed performance as “strong” or “acceptable”), most interviews and documentation. A few interviewees and survey respondents cited WHO produced knowledge products rather than ATACH knowledge products in their responses.

Overall, members expressed broad satisfaction with ATACH’s progress in generating and disseminating knowledge on CCH. ATACH knowledge generation and sharing is considered one of the functions with the strongest delivery in the last year, with 37% of all survey respondents rating delivery as “strong” and 44% as “acceptable” (Figure 2.4A). This is generally consistent with views specifically of country members, with 33% of county respondents rating delivery as “strong” and 49% as “acceptable” (Figure 2.4B).

- **Valuable products:** Knowledge products generated by Task Teams (e.g. economic analyses), country case studies shared through the Community of Practice (examples included in Appendix E.2), and the ATACH regular newsletters were among the knowledge products cited by stakeholders as useful and high quality. In several interviews, people also referred to WHO tools more broadly, not only those developed directly through ATACH, such as the *Health at the heart of national adaptation planning. A global review of national adaptation plans and health national adaptation plans*⁸, *Global review of climate change and health vulnerability and adaptation assessments*⁹, and *Operational framework for building climate resilient and low*

⁶ At the last Steering Group meeting, it was agreed that a Task Team on tools to support countries accessing funding and finance for CCH will be proposed in the next iteration of expression of interest for Task Teams and Technical Meetings. Moreover, WHO has committed to organise regional trainings to support countries access Green Climate Fund and Accountability Fund financing.

⁷ Health Policy Watch (2025) Global Philanthropies Commit \$300 Million at COP30 Towards Climate and Health Solutions. Available from: <https://healthpolicy-watch.news/global-philanthropies-commit-300-million-at-cop30-towards-climate-and-health-solutions/>

⁸ World Health Organization (2025) Health at the heart of national adaptation planning: a global review of national adaptation plans and health national adaptation plans. Available from: <https://iris.who.int/server/api/core/bitstreams/a0dbe884-2467-4f2d-975c-c2eda77b7dd2/content>

⁹ World Health Organization (2025) Global review of climate change and health vulnerability and adaptation assessments: Executive Summary. Available from: <https://iris.who.int/server/api/core/bitstreams/5b92000b-efdd-40c7-97f4-f0f755a6c3be/content>

carbon health systems.¹⁰ This speaks to WHO's comparative advantage to play the ATACH Secretariat role due to its technical leadership and recognition by countries in this area of work.

- **ATACH platforms for dissemination and peer learning:** Knowledge-sharing platforms such as the online Community of Practice and the Brasilia Global CCH Conference were seen as important for raising awareness of what others are doing and rich experience sharing through country case studies and innovations, described by one participant as *“the real value of ATACH: meeting in person and learning from one another.”*


Many countries described current or planned efforts to learn from peers: *“By working together, you are sharing experiences, good practices and not making the same mistakes”*. Some stakeholders felt ATACH also creates a positive “peer pressure” effect, encouraging members to be more ambitious and move in the same direction. ATACH has acted as a catalyst for these country-to-country connections and wider networking within the membership, meaning its alignment and coherence role is closely tied to its effectiveness in knowledge generation and sharing.

Areas for consideration and further attention in regard to knowledge and dissemination:

- **Strengthening capacity-building and technical support aligned with ATACH knowledge products:** Many members reported a need for more capacity-building and more direct country support, particularly for LMICs. Suggested approaches include: (i) establishing a light-touch technical assistance support mechanism linking “supply and demand” by connecting country requests with partners who can provide technical assistance, with tools, and peer-to-peer opportunities; (ii) more opportunities for peer learning exchanges among countries in the same region or with similar CCH priorities and governance contexts (e.g. centralised vs federal systems); (iii) creating a dedicated training section (separate to the Resource Repository) within the Community of Practice (including links to relevant WHO Academy CCH content and other climate and health trainings). While countries value ATACH's resource-sharing, webinars, convenings, and peer exchange, members noted that hands-on technical assistance to translate evidence into implementation to advance national action, and clearer support to help countries access or broker CCH financing, remain limited.
- **Packaging knowledge products to facilitate policy uptake and implementation:** Several countries and partners consulted expressed there are now many tools and products, and ATACH could add further value by helping countries prioritise and navigate them by identifying which products are most relevant for particular contexts, and synthesising evidence to guide use. One stakeholder commented that, although the Community of Practice and its resource library are an *“excellent resource... a library alone is often not enough to trigger action - countries need to know what they are looking for, have the time and capacity to search for it, and be aware that relevant examples exist in the first place”*. This can be a particular barrier for busy public servants. ATACH could reduce “friction” in access to materials through packaging selected key tools and information by country context and progress in developing and implementing national plans. These should also be made easily accessible to members through the Community of Practice.
- **Prioritise knowledge products where ATACH can add most value:** Recognising the need to prioritise how ATACH uses its resources, an emphasis on ATACH knowledge products that best reflect ATACH's strengths and value-add in the CCH ecosystem relative to others was advised. Examples include “financing smart buys,” accountability tools, implementation checklists, and other practical, user-friendly resources.

¹⁰ World Health Organization (2023) Operational framework for building climate resilient and low carbon health systems, Available from: <https://www.who.int/publications/i/item/9789240081888>

Finding 6. There are early achievements in *monitoring and tracking* progress in climate and health, with demand for ATACH to increase its accountability function.

Strength of evidence	Rationale
Medium 	Confirmed through some interviews, somewhat of a consensus in survey responses (61% of respondents assessed performance as “strong” or “acceptable”), documentation.

As noted above in Findings 1-3, ATACH has catalysed important and encouraging progress on how to monitor and track global country progress in the advancement of the implementation of the COP26 Commitments. Furthermore, the work of the Task Team on indicators, co-led by WHO and the Lancet Countdown, specifically on health adaptation indicators as part of the GGA, and the Task Team on measuring emissions of health systems was widely appreciated. One member highlighted that *“the outputs we have seen so far, particularly on indicators and on methods for measuring emissions are extremely valuable. The Task Teams that focus on harmonisation (of indicators, measurement practices, definitions, nomenclatures or taxonomies) are exceptionally valuable. We can only truly learn from other countries if we measure and describe things in comparable ways”*.

These efforts signal growing maturity in ATACH’s monitoring and accountability function, which is aided by good progress on alignment and coherence work, particularly indicator-related progress. Survey responses highlighted that progress against the monitoring and tracking function has been slightly slower compared to other functions, recognising overall positive views on all functions in the past year (Figure 2.4).


Areas for consideration and further attention in regard to monitoring and tracking include:

Looking ahead, areas for further work are to help strengthen comparability across countries, improve collective monitoring of progress, and ensure that data generated by different countries and partners can more effectively guide decision-making and identify capacity gaps. Several stakeholders expressed they would like to see ATACH have a leading role in accountability for existing commitments, as a relevant extension of its monitoring function, including guiding members how different global and regional-level commitments in CCH relate to one another. It is understood this is already under development with a simple accountability progress tracker tool to be launched in 2026 which describes the coherence of current global commitments (e.g. BHAP, I-CAN, WHO Global Plan of Action on CCH), and would support visibility of country progress across the membership.

2.2. ATACH GOVERNANCE AND OPERATIONAL MECHANISMS

Evaluation area 3. To what extent has the new governance and operating structure facilitated ATACH to meaningfully involve and engage partners in delivering its mandate?

Finding 7. ATACH governance restructuring has largely worked well and improved clarity and engagement, but there is a need to better define expectations of the Steering Group, Constituencies, and Membership to catalyse collective action on the ATACH mandate.

Strength of evidence	Rationale
High 	Confirmed through consensus in survey responses (21% of respondents have participated in constituency membership and 60% assessed engagement performance as “high/acceptable” vs 13% “limited/insufficient”), over half of interviews and documentation.

Most stakeholders consulted felt that the new governance structure, built around the Steering Group (SG) and Constituencies, has the potential to make the alliance more inclusive and allow greater member engagement. Only about 20% of members surveyed had participated in a constituency meeting in the last year suggesting scope to

strengthen member engagement by the respective constituency representative in the ATACH SG (Figure D.4). A few SG members request for decision-making vs. advisory roles be clarified for the SG, with one member voicing “sometimes Steering Group members get a proposal, but we are not sure if we have to vote on it or accept it”. Under the current governance model, the ATACH Secretariat, as a WHO-hosted platform, is the ultimate decision-maker, and the SG has an advisory role to the Secretariat. This was clarified in SG meetings but could potentially be better communicated. Moreover, more engagement of the most affected populations, such as representatives from small island states has been noted as an area for continued improvement.

With regards to the ATACH SG and the engagement of constituencies by the ATACH SG representative, many members called for greater clarity in the following areas:

- **Steering Group ways of working that support meaningful member engagement**, such as providing SG representatives with meeting materials earlier to be able to prepare for meetings and share them with constituency members for inputs well in advance. A few stakeholders requested more support from the Secretariat for meeting logistics and outreach to constituency members.
- **Constituency engagement**. Some global partners expressed poor familiarity and engagement with their constituency, suggesting scope for constituency representatives to the ATACH SG to convene and help guide members on ways they can contribute to the ATACH mandate.
- **Strengthening communication with the overall ATACH membership**. A few partners suggested more regular communication and updates on governance and ATACH decisions to improve members’ access to information and enhance clarity and transparency (see Finding 8 for more findings on ATACH communication).

Key findings related to the ATACH Secretariat are as follows:

- **Value for Money**: The ATACH Secretariat is fully embedded in WHO’s technical programme on climate change and health, which means that it builds on the technical knowledge and experience of the different staff working on critical functions (i.e., advocacy, monitoring, evidence and country support). Several global stakeholders noted that the ATACH Secretariat is “punching above its weight” in view of existing team size. At present, the Secretariat team consists of: (i) one full-time WHO technical staff member, who also has other responsibilities within the WHO Climate and Health Unit; and (ii) three full-time consultants and a full-time admin staff. Additional staff and consultants from the WHO Climate and Health Unit provide ad-hoc support to specific activities and functions building economies of scale. A benchmarking of the ATACH Secretariat against other global health partnerships was beyond the scope of this evaluation, and it is also challenging in view of different mandates, age of maturity and governance structures, also influenced by the external development context. CEPA’s own experience working with alliances such as ATACH, along with a rapid review of publicly available information, suggest that other WHO-hosted multi-stakeholder alliances and networks typically have a Secretariat size of 3 to 15 full-time staff members.


Since its inception in June 2022 to December 2025, the ATACH was supported financially by FCDO (approx. total of USD 6 Million), the Spanish Agency for International Cooperation and Development (AECID) (approx. 330,000 Euros), the Netherlands Ministry of Health (approximately 525,239 Euros), and Health Canada (approx., USD 217,483). i.e. a total of approximately USD 7 million (just over USD2 million/year) for activities and salaries, including over 1M transferred to countries. Additional resources have been committed from AECID (total 1,383,582 million Euros) for 2025-2027 and from the Rockefeller Foundation (total USD 300,000) for the period 2026-2027. Comparisons show that ATACH therefore has approximately a third of both the budget, and the staff, of similar WHO-hosted entities.

- **Realistic expectation setting of the ATACH Secretariat in view of current capacity**. With its lean composition, there are limits to the number of member priorities the Secretariat can operationalise. This was noted as especially relevant now that the ATACH structures might be leveraged to contribute to WHO’s role

as Secretariat of the BHAP. The extent that ATACH will be able to take forward the range of priorities and respond to the demands from its membership will depend on its capacity and resourcing. This is also applicable to the potential role for the ATACH to promote the implementation of different climate change and health priorities and commitments, including the BHAP. Given the large expectations assigned to ATACH, one option could be for the Secretariat to develop an operationalisation plan based on different resourcing scenarios.

- Clarifying the distinction between WHO as a technical agency and ATACH Secretariat and roles for members.** Stakeholder interviews and the survey indicate regular use “ATACH” and “WHO” interchangeably, for example, when referring to WHO-produced knowledge products or technical support provided by WHO country offices. Similarly, some stakeholders noted that it is not always clear which advocacy outcomes are attributable to individual ATACH members versus ATACH as a collective alliance. While this is common for alliances and platforms hosted by a specific organisation, the evaluation found that ATACH would benefit from clearer articulation and communication of ATACH’s distinct value proposition and mandate compared to WHO. This clarification would also help increase ATACH’s branding and set realistic expectations regarding what support should be sought from the ATACH Secretariat versus WHO.

Finding 8. ATACH operational mechanisms are supporting meaningful member engagement, with most scope to strengthen Task Team engagement.

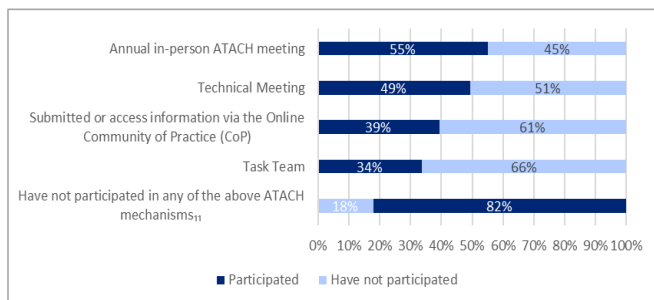
Strength of evidence	Rationale
Medium 	Confirmed through survey responses (around 60-70% of respondents assessed ATACH’s operational structures members’ engagement as “strong” or “acceptable”), most interviews and documentation. A few interviewees highlighted that the current ATACH operational mechanisms are not facilitating engagement.

There are largely positive views on engagement in the ATACH’s operational mechanisms, namely: Task Teams, Technical Meetings, the Community of Practice and the Annual ATACH meeting (Figure 2.7B). One additional operational mechanism is the High Level Supporters which is not yet operational. The shift from a large Working Group system to these more nimble mechanisms is considered to have worked well and supported more engagement, and there is more structure and consistency in the leadership of these mechanisms.

Fewer than 20% of survey respondents reported they had not participated in any ATACH operating mechanism over the past year (including annual ATACH meeting, Task Teams, Technical Meetings, the Community of Practice) (Figure 2.7A). Even with growth in the ATACH membership, members are generally satisfied with their level of engagement, with around 60-70% of respondents viewing ATACH’s operational structures members’ engagement as “strong” or “acceptable” (Figure 2.7B). Table 2.1 summarises interviewees and survey respondents’ perspectives on the engagement across the operational mechanisms.

Figure 2.7 All members’ responses on participation and meaningful engagement across ATACH operational mechanisms

A. All member responses on participation across ATACH mechanisms, n=89



B. All member assessment of meaningful engagement by mechanism, n=69

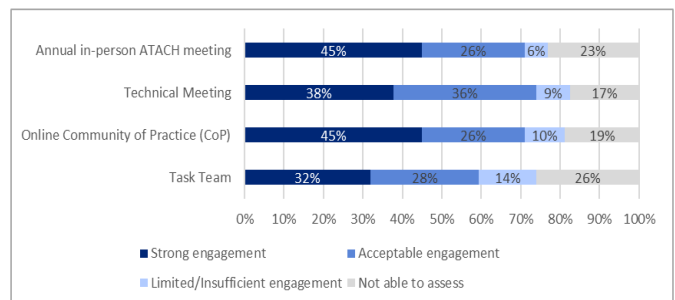


Table 2.1 Summarises perspectives on members’ engagement in the operational mechanisms

Areas of strength	Suggested areas for improvement
Task Teams	
<ul style="list-style-type: none"> Implementation-oriented focus: The Task Teams that are most valued by members are those that have practical outputs (e.g. indicators, guidance on carbon emission measurement), harmonisation (e.g. of indicators, measurement practices, definitions, nomenclatures, taxonomies) and smart-buys. Cross-cutting meetings across Task Teams: Appreciate the opportunity to hear directly from Task Team leads. This keeps the members informed and aligned across workstreams. 	<ul style="list-style-type: none"> Improve dissemination of Task Team annual workplans and ensure these are kept updated to enhance clarity of objectives and responsibilities across task team members. Stronger communication practices to sustain momentum and foster ongoing dialogue between Task Team meetings (suggestions included online workspace, quarterly emails or informal check-ins) and ensure Task Team details are kept updated on the online Community of Practice.¹² More predictable and timely meeting schedules, including rotating time zone to support accessibility for all regions.
Technical Meetings	
<ul style="list-style-type: none"> Flexible and open structure, allowing broad engagement. Offers partners a single-entry point to reach over 100 countries, “It is the one stop platform to disseminate new evidence and get feedback from partners in a very flexible way.” 	<ul style="list-style-type: none"> A minority of stakeholders thought there are too many Task Teams and Technical Meetings with overlapping mandates that could be streamlined to help partners to keep up with all of them. Suggestions for Technical Meetings to be more focused (e.g. capacity building material development). Clarity on where to access recordings of Technical Meetings.
Online Community of Practice	
<ul style="list-style-type: none"> The new online CoP is well-structured and allows for member engagement and dissemination of resources. 	<ul style="list-style-type: none"> Greater guidance, especially to Member States, on how to leverage and use the online platform (see Finding 5).
Annual in-person ATACH meeting	
<ul style="list-style-type: none"> Great opportunity to meet in-person with other ATACH members, share experiences and good practices across countries and partners. Hosting the annual ATACH meeting paired with the Global Conference on CCH seemed cost-efficient. 	<ul style="list-style-type: none"> Hosting the annual ATACH meeting in a hybrid modality to ensure broader attendance. More opportunities for regional in-person ATACH meetings to increase accessibility (see Finding 9). Balance high-level political panels and peer-learning/technical sessions to ensure members at all levels have the chance to engage and the focus of ATACH’s mandate is not lost.

¹¹ Note that the “Have not participated in any of the above meetings” response also includes constituency meetings.

¹² For example, the Quality Criteria for V&As Task Team is not included on the list in the online community of Practice (<https://www.atachcommunity.com/about-atach/atach-strategy/atach-task-teams/>)

The extent of engagement in the Task Teams and Technical Meetings is largely dependent on stakeholder capacity. Some countries have only one or two focal points on CCH, who may also manage other portfolios, limiting their capacity to engage. Several country interviewees describe channelling information and updates to government counterparts where topics were relevant outside their department or the MoH. One stakeholder commented: “*What we have learned from participating in the Task Teams is that even though our capacity isn’t always as generous as we would like, we try to contribute where it makes sense for our country’s context. Where it does not, we still make sure the outputs reach the right networks in our system*”.

A common theme from interviews was the high interest in the work across ATACH’s operational mechanisms and activities. There were mixed views on whether there is sufficient communication about these engagement opportunities, with a minority of members expressing they did not know how to engage in a Task Team or wished for more information, and opportunities to provide feedback. For example, some survey respondents did not seem to be aware that each Task Team has a workplan. Moreover, a couple of respondents highlighted the importance of ensuring that new members joining ATACH receive guidance on how to engage in the operational mechanisms.

Evaluation area 4. How effective have the ATACH operational mechanisms been in supporting country implementation priorities and needs on climate and health?

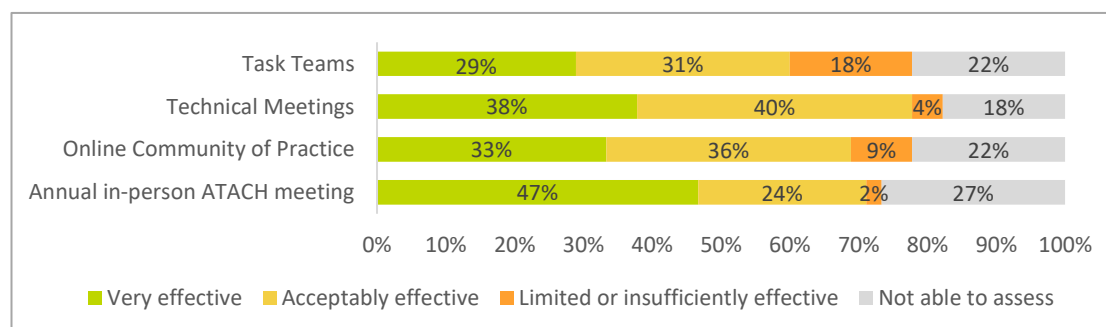
Finding 9. Current ATACH operational mechanisms are effectively supporting country knowledge exchange and learning, with need to enhance approaches that catalyze country implementation.

Strength of evidence	Rationale
Medium 	Confirmed through most survey responses and most interviews. Limited documentation available to support this.

Country members consider the ATACH operational mechanisms have been supportive of country implementation priorities and needs (Figure 2.8). In particular, they highlighted the role these mechanisms play in disseminating knowledge, learning, and best practices. Country members also report that the annual in-person ATACH meeting has been especially effective in this area. ATACH has also sought country input through several channels to identify country priorities.¹³

“...the technical meetings have been of very high quality. They present strong examples from countries, showcase practical tools and methods, and create a useful learning environment. We find these meetings inspiring and very concrete.”

Figure 2.8 Country members’ assessment of the effectiveness of ATACH operational mechanisms in supporting country implementation priorities and needs on climate and health, n=45



However, county members generally noted that ATACH operational mechanisms do not necessarily translate into effective support for the implementation of country needs and priorities. Several country members observed that support to countries is effective in the lead up to COPs at the global level, but weaker in follow through on

¹³ Including the Country Needs Survey in October 2025 which asked countries to identify priority task team topics.

commitments and supporting delivery of country priorities. For example, ATACH was requested to provide guidance on short-, medium-, and long-term goal setting within the BHAP to help countries prioritise their actions. Similarly, some countries noted there is currently no mechanism for ATACH to link countries requesting technical support with the partners, expertise or financing opportunities once a request is made.

In view of the ATACH mandate to support implementation of CCH actions at country level, the evaluation sought to solicit suggestions in this area. Key themes which are further elaborated in the evaluation recommendations included:

- **More structured support to facilitate country priority setting.** This would also bring visibility to national priorities amongst local institutions, partners and funders.
- **Peer to peer exchange at both the political and technical levels.** This is already happening amongst both high- and lower-income countries and there is strong interest among ATACH members for a more structured peer-peer learning platform. This can also serve as an informal accountability mechanism through “peer pressure”.
- **Match-making by linking countries to implementing partners and financing:** Stakeholders identified untapped potential for ATACH to strengthen its role as a broker between country needs and available support, and recommended a more systematic approach to “matching supply and demand”. One stakeholder described this as “*potential that is not entirely used*”. Several stakeholders suggested that ATACH is well positioned to convene and facilitate these relationships between countries, implementing partners, and funders, rather than acting as an implementer itself.
- **Leveraging regional mechanisms:** Interviewees did not have strong views on how ATACH could better operationalise its mandate regionally, but did emphasise there is not necessarily a ‘one size fits all’ approach at the regional level given the unique country and stakeholder ecosystem across WHO global regions. ATACH was encouraged to leverage WHO offices given its WHO-hosted status and mandate from WHO Member States and to explore opportunities to convene and collaborate, building on examples such as the ATACH/WHO regional meeting in Singapore.¹⁴
- **Engaging national legislators and parliamentarians:** A few respondents suggested engaging national legislators and parliamentarians, and in some cases city leadership such as mayors, to strengthen domestic political ownership and enable translation of CCH priorities into policy, financing, and implementation decisions. Stakeholders suggested that targeted seminars or convenings could provide practical entry points for this broader engagement.

¹⁴ ATACH has held three regional meetings over the past year: (i) ATACH Southeast Asia Regional Meeting on Accessing Climate Finance for Health in the South-East Asian Region (25-28 February) in Dili, Timor-Leste; (ii) PAHO/ATACH Caribbean Meeting (17-18 June), Bridgetown, Barbados; (iii) Inaugural Western Pacific Action Forum on Climate Resilient and Sustainable Health Systems (16-17 September) in Singapore.

3. CONCLUSIONS

The evaluation finds ATACH's new governance structure is overall operating well, with key areas of progress against its new 2024-28 strategy objectives. ATACH is widely viewed by its member as a credible, effective and indispensable platform to advance CCH action that has delivered meaningful global-level achievements, with select areas now requiring sharper definition and a stronger shift overall towards support to country implementation. Main messages from this evaluation are the following:

- **ATACH has delivered high-value global achievements that members largely attribute to the alliance:** In 2025, ATACH has catalysed significant progress at the global level in advancing the CCH agenda. Notable achievements include supporting political momentum and country commitment around the BHAP, advancing alignment including health adaptation indicators for the GGA and approaches to measuring health system greenhouse gas emissions, and promoting evidence-based “smart buys”. Members emphasised that these outcomes were enabled by ATACH's convening power, partnership-building, and knowledge-brokering role, and would have been developed in a less coherent and collaborative way without ATACH, or with less impact.
- **There is good performance overall across the five ATACH functional areas in the last year**, with members viewing the strongest delivery in advocacy and agenda-setting (Function 1), alignment and coherence (Function 2), and knowledge generation and sharing (Function 4). In financing (Function 3) stakeholders highlighted the need to more clearly define how ATACH will operationalise its financing function, especially as a broker/facilitator rather than an implementer, recognising that ATACH should have enough funding to be able to support countries advancing priority soft investments (e.g., plans, assessments, policies). In monitoring and tracking (Function 5) members advocate for ATACH to strengthen its accountability role by systematically bringing visibility and alignment/integration to commitments and progress against agreed priorities, which is an area already under development for 2026.
- **The new governance and operating model is working well and has fostered increased engagement**, with some areas of improvement needed to foster collective action for the ATACH mandate: Stakeholders generally view the governance restructuring, particularly the Steering Group and constituency model, and the operational mechanisms (Task Teams, Technical Meetings, Community of Practice, and the annual meeting) as improvements that support engagement and structure. Members highlighted the need for greater clarity and regular communication on the governance and operational model and responsibilities to increase engagement and transparency, and leverage ATACH's membership for greater collective action.
- **Country members highly value ATACH's contributions to date and articulate need for operational mechanisms that provide greater follow-up and catalytic implementation support:** While operational mechanisms are valued for knowledge exchange and peer learning, the evaluation indicates a need for a more systematic approach to helping countries prioritise their needs, and match-making country needs to relevant partners and resources to support country implementation. This should maintain ATACH's role as a facilitator rather than an implementer. WHO's convening power could be better leveraged at country, regional and global levels to further develop this match-making function.
- **In view of the range of member priorities for CCH action and constrained funding environment, ATACH will need to ‘ringfence’ its priorities and activities based on its comparative advantage and available budget.** Given the increasingly complex and crowded CCH landscape, tightening external finance, and growing expectations and demands on ATACH, the Secretariat will need to clearly articulate what it can deliver based on potential funding available and how much would be required to advance other priorities. This is also important given the existing Secretariat resourcing, which is considered to offer high value for money, but also calls for realistic expectation setting in view of current capacity. Prioritisation should be built on the ATACH's mandate to support countries identifying and addressing barriers for implementation. Articulating clearly what can be achieved depending on funding levels will help manage expectations from ATACH partners. Furthermore, prioritisation will help prevent mandate dilution, and sustain ATACH's credibility as a platform that delivers concrete value to countries and partners.

4. RECOMMENDATIONS

The following recommendations were co-developed with the ATACH Secretariat and are directed to its Secretariat and the full ATACH partnership, recognising that ATACH is a collective alliance of WHO Member States and other stakeholders working toward a shared mandate. They are not prioritised within this list, as they address both operational and governance areas for strengthening, all of which are relevant and mutually reinforcing in advancing ATACH objectives.

As the administrative lead for ATACH, the Secretariat will consider how best to prioritise, sequence and operationalise these recommendations within its workplan from 2026 onwards, and will review their relevance in light of evolving contexts and needs. In parallel, ATACH members are encouraged to reflect on how they can deepen their own engagement to strengthen collective action in support of the ATACH mandate.

Recommendation 1. Protect and consolidate ATACH advocacy gains to sustain momentum on climate change and health action

Protecting gains

- **Prioritise a small number of high-value advocacy goals** where ATACH has a clear comparative advantage for the remainder of the strategy period. Commonly cited priorities include: (a) sustaining political attention on CCH so countries do not lose focus; (b) strengthening the economic case for CCH action, including the cost-effectiveness of interventions; and (c) promoting common approaches to monitoring and tracking progress (e.g. common indicators) against CCH commitments.
- **Maintain and pro-actively deploy advocacy materials which defend and reinforce policy gains** where national political and economic conditions are shifting, particularly in relation to economic resilience, cost-effectiveness and co-benefits of CCH interventions. ATACH should also remain responsive to evolving country needs, adapting messages and products to reflect changing priorities and constraints.
- **Broaden domestic ownership** where useful. Pilot targeted engagement with parliamentarians (and, where relevant, sub-national leaders) to strengthen political backing for implementation and resourcing. This could build on existing parliamentary initiatives in the health or other sectors.

Consolidating climate change and health commitments

- **Map global, regional and national commitments on CCH to showcase these commitments as complementary.** Building on the COP26 commitments tracker, develop a practical tracker that links country-level commitments to relevant global and regional frameworks, and tracks progress over time. This would help members understand how commitments fit together and support a manageable, streamlined burden of indicator reporting.¹⁵
- **Continue strengthening common measurement approaches.** Continue advancing the development of shared methodologies and metrics to enable more comparable indicators and assessments across national climate change and health priorities and commitments.
- Encourage COP Presidencies to work on the **implementation of existing CCH commitments rather than creating new CCH frameworks** to avoid overburdening countries and partners.

Recommendation 2. ATACH's role as a broker for country-level technical support, capacity strengthening and access to financing to implement CCH priorities

Recommendation Area 2.1: Support prioritisation with Ministries of Health

- Support country members and other relevant national institutions to **map and prioritise what has been committed across national CCH-related policies and plans.** These should be integrated and fully aligned with climate change and health actions outlined in relevant UNFCCC plans (e.g., National Adaptation Plans (NAPs),

¹⁵ The ATACH Secretariat is already working towards the development of a new ATACH Global Monitoring Report (tripartite WHO/WMO/UNFCCC).

and Health National Adaptation Plans (HNAPs) and Nationally Determined Contributions (NDCs)) and would help identify gaps which require partner support. This should be translated in a workplan which would support the co-creation of activities with national institutions, strengthen national ownership, and improve the prospects for sustainability. This would also give visibility of country priorities to other country members and funders.

- **Support multisectoral engagement:** Support Ministries of Health to convene and coordinate with finance, planning, environment, energy, agriculture/food systems, and disaster risk management actors, recognising that key policy and financing decisions often sit outside the health sector. This is easier where countries already have a political mandate on climate and health. When capacity exists, this could be done by better leveraging WHO's convening role at country and regional level as a mechanism to also strengthen the match-making function of the ATACH.

Recommendation Area 2.2: Support and broker technical support, capacity strengthening and learning opportunities

For those technical topics prioritised by countries, develop an overall approach to increase efforts on country capacity strengthening and technical support, and that encourages learning across the diverse ATACH membership. This should also identify country needs for translating the ATACH knowledge products into concrete policies and actions. Potential modalities could entail:

- **Provide technical support matchmaking:** create a light-touch “supply and demand” mechanism to connect country requests with partners’ technical assistance, tools, and opportunities.
- **Facilitate peer-peer exchange and learning:** organise targeted peer-learning (bilateral or small-group) among countries in the same region, or with similar CCH priorities, or governance contexts (e.g. centralised vs federal systems). This is already happening at the initiative of some country members, and through formal engagement moments such as COPs and WHAs, with strong country interest for greater opportunities. Some country members also asked for more frequent meetings among country focal points and more capacity building, including for products developed by Task Teams.
- **Create a dedicated training section** (separate to the Resource Repository) within the Community of Practice, including links to relevant WHO Academy CCH content and other CCH trainings.

Recommendation Area 2.3: Support and broker country access to financing for implementation

- **Strengthen knowledge and capacity on financing and funding access:** for instance, through workshops on the climate finance architecture, how to prepare applications, and common barriers, including raising awareness of the barriers for health sector access to financing among those with influence. In a recent Steering Group meeting, it was agreed that a Task Team on tools to support countries accessing funding and finance for climate change and health will be proposed in the next iteration of expression of interest for Task Teams and Technical Meetings. WHO has also committed to organise regional trainings to support countries access Green Climate Fund and Adaptation Fund funding and other relevant partners (e.g., World Bank, Global Fund) are invited to do the same.
- **Act as ‘matchmaker’ by linking countries to implementing partners and financing:** develop a more systematic approach to “matching supply and demand”, including routinely capturing what countries require and what partners can provide, such as implementation support and financing. ATACH could also better serve as an information platform for bilateral, multilateral, philanthropic and other financing (including communicating opportunities and entry points). For example, once more information is available, ATACH could disseminate information how the philanthropic commitment of US\$300 million to implement the BHAP will be implemented.

Recommendation 3. ATACH should further leverage WHO's convening power at all levels, including regional convenings with partners

- **Further engage WHO regional and country offices to support the ATACH mandate, building on existing WHO regional mechanisms** (e.g., Clim-Health Africa) **and through collaborations with other existing CCH regional initiatives** (e.g. the European Health and Climate Partnership, Africa Centres for Disease Control and Prevention (Africa CDC), and networks such as CHANCE). This should be done through a stepwise and strategic approach, recognising regional differences and finite resources. The regional mechanisms would support

greater alignment of global and regional commitments (e.g., WHO regional resolutions and workplans) and multisectoral agendas, knowledge exchange and capacity building, enabling countries to adapt solutions to their local contexts more effectively. Given the importance of ATACH in ensuring global coherence, a good middle-ground must be found between global and regionally-led efforts which takes into account the constrained country capacity for engagement. ATACH should thus clarify complementarity between the global and regional platforms and how each adds distinct value.

Recommendation 4. Pivot the Task Teams, Technical Meetings, Community of Practice and other operational mechanisms to further strengthen country implementation support

- **Package knowledge products by country context and priorities, and make them easy to access:** Help countries navigate and prioritise the most relevant knowledge products for their context, and synthesise evidence to guide use. ATACH could package selected key tools and products based on country typology/context and disseminate them on the ATACH website, Community of Practice and with country members in an easily accessible and applicable manner.
- **Rationalise and prioritise Task Teams and Technical Meetings**, adapting them to evolving country needs with a stronger focus on implementation. These should be focused on country priorities, identified in a systematised manner, with decisions made on the basis of how it will contribute to country implementation support. Further recommendations in this area are to:
 - Harmonise Task Teams and Technical Meetings where mandates overlap to reduce duplication. This could include merging Task Teams focused on financing, namely the “Smart buys” for climate change and health interventions, and the “Costing and prioritisation of climate change and health interventions;
 - Remove Technical Meetings where a lead has not been identified;
 - Consider having one or two countries co-leading each Task Team to support country buy-in.
- **Ensure each Task Team has an updated workplan** that includes steps how outputs/products can be applied and support country implementation, and assigns clear roles and responsibilities across Task Team members. Such workplans would not need to be onerous but should recognise the work does not ‘stop’ at outputs.
- **Make all outputs operational mechanisms accessible and upload them online in the Members Area**, including knowledge products, meeting agendas and recordings from Technical Meetings, annual meeting, Task Teams, and all capacity-building/training materials. These should be made more accessible in a consistent and easy way. In particular, ensure that all Task Team documents, including workplans and progress reports, are available to all members online and kept to date.

Recommendation 5. Strengthen communications around the ATACH governance and overall membership to maximise collective engagement and action

Recommendation Area 5.1: Strengthen governance engagement and information

- **Improve communication and clarity of governance processes and roles**
 - Communicate better the role of the Steering Group and its representatives;
 - Provide Steering Group representatives with meeting material earlier and information on whether the material is for information, discussion and/or approval, so they can prepare for the meeting and consult with their constituency members for inputs;
 - Constituency representatives to better convene and help guide members on ways they can contribute to ATACH;
 - Strengthen communication with all ATACH members on governance updates and Steering Group meeting outcomes including through the ATACH online Community of Practice Members Area.
- **Differentiate ATACH and WHO roles:** consistently communicate the distinction between WHO as the leading technical agency on climate change and health and the ATACH Secretariat role as a WHO-hosted network (focused on advocacy, alignment, financing facilitation, knowledge generation, dissemination and capacity

building, and monitoring/tracking), to manage expectations and increase awareness of ATACH's distinct identity and added-value.

- **Develop a short strategy defining how each constituency will engage with ATACH** including the constituency's purpose, contribution pathways, and engagement model, While the role of the constituency representatives sitting in the ATACH SG is to provide strategic direction to ATACH rather than technical/operational, constituencies are encourage to continue discussing with the ATACH Secretariat and SG on best ways to leverage the broader constituency and consult with them for strategic advice to the ATACH.

Recommendation Area 5.2: Strengthen overall communications with all members

- Report on country implementation and progress through an annual report or updates to the ATACH country tracker, leveraging information from other country reporting mechanisms to avoid creating another reporting system for countries.
- Communicate more clearly which activities/products are the result of ATACH vs single members.
- Provide more guidance, especially to Member States, on how to use and leverage the online Community of Practice.
- Ensure more communication with new members to facilitate their onboarding.
- Increase ATACH's social media presence.

Recommendation Area 5.3: Strengthen member engagement in ATACH's operational mechanisms

- Involve more populations most affected by climate change, including Small Island States.
- Ensure more predictable and timely meeting schedules, including rotating time zones to improve accessibility across regions.
- Host the annual ATACH meeting in a hybrid modality to ensure broader attendance.
- Establish new tools to foster ongoing dialogue between members (e.g. online workspace) between meetings.

Recommendation 6. Set realistic expectations for the 2026-2027 workplan and prioritise activities in line with the ATACH Secretariat's capacity

- **The ATACH Secretariat should develop an operational plan** that builds on the results of this evaluation, the systematic assessment of country needs and priorities, and the level of funding that is required to advance these. This plan should include different scenarios depending on budget available and should be the basis to develop the 2026-2027 workplan. This will help to prioritise based on available resources and to communicate what the ATACH Secretariat can and cannot deliver with available resources. It will also support the Secretariat to manage expectations.
 - **Strengthen member-led delivery** by encouraging ATACH members to lead selected activities, including Task Teams (i.e., product development and coordination), and organising Technical Meetings, which would allow the Secretariat to direct its resources to other key priorities.
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Appendix A **BIBLIOGRAPHY**

Appendix A provides the list of documents and materials used for this report.

ATACH documents and materials

ATACH 2.0 Governance Overview

ATACH 2024-2026 Workplan

ATACH 2024-2025 Strategy

ATACH Online Community of Practice and Members Area. <https://www.atachcommunity.com/> (last accessed on 22nd January 2026)

ATACH (2025) Country needs, priorities and suggested activities for ATACH analysis

ATACH (2024) Climate Resilient and Low Carbon Health Systems: Resource mapping and screening for ATACH resource repository

ATACH (2024) General Members Meeting summary notes, 22 October 2024

ATACH (2025) Technical Report to FCDO, May 2025

ATACH (2025) Technical Report to FCDO, October 2025

ATACH (2025) Steering Group Meetings summary notes and slides, 7 February 2025; 1 October 2025

Foundation S, The Sanofi Collective, Reaching the Last Mile, The Rockefeller Foundation, SEEK Development, Adelphi consult, and AfriCatalyst (2025: Resourcing Climate and Health Priorities. Mapping of International Finance Flows, 2018-2022. Available from: <https://www.rockefellerfoundation.org/wp-content/uploads/2025/01/Resourcing-Climate-and-Health-Priorities-Full-Report-Final.pdf>

World Bank (2025). Smart Buys High Value Actions for Health Sector Adaptation. Available from: <https://www.atachcommunity.com/resources/resource-repository/smart-buys-high-value-actions-for-health-sector-adaptation/>

World Health Organization (2025). Measuring greenhouse gas emissions in health systems. Available from: <https://iris.who.int/handle/10665/384569>

World Health Organization (2025). Decarbonizing the healthcare supply chain strategic actions for health systems. Available from: https://www.atachcommunity.com/fileadmin/user_upload/Decarbonizing_the_healthcare_supply_chain_final.pdf

Other materials

The Belém Health Action Plan for the adaptation of the health sector to climate change. Available from: <https://cdn.who.int/media/docs/default-source/climate-change/en---belem-action-plan.pdf>

Health Policy Watch (2025) Global Philanthropies Commit \$300 Million at COP30 Towards Climate and Health Solutions. Available from: <https://healthpolicy-watch.news/global-philanthropies-commit-300-million-at-cop30-towards-climate-and-health-solutions/>

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World Health Organization (2023) Operational framework for building climate resilient and low carbon health systems, Available from: <https://www.who.int/publications/i/item/9789240081888>

Appendix B **STAKEHOLDER CONSULTATION LIST**

Appendix B provides in Table B.1 the list of stakeholders interviewed. A total of 24 stakeholders were interviewed: 14 country member representatives and 10 partners.

Table B.1. List of stakeholder consultations

Stakeholder group/Country	Organisation
Country members	
Commonwealth of Australia	Department of Health, Disability, and Ageing
Republic of Azerbaijan	Ministry of Health
Federative Republic of Brazil	Ministry of Health
Canada	Health Canada
Republic of Colombia	Ministry of Health and Social Protection
France Republic	Ministry of Labor, Health, Solidarity and Family
Republic of Guinea	Ministry of Public Health and Hygiene
Ireland	Ministry of Health
Kingdom of the Netherlands	Ministry of Health
Kingdom of Norway	Norwegian Agency for Development Cooperation (NORAD)
Republic of Senegal	Ministry of Health and Social Action
Republic of South Africa	National Department of Health
United Arab Emirates	Ministry of Health and Prevention
United Kingdom of Great Britain and Northern Ireland	Foreign, Commonwealth & Development Office (FCDO)
Partners	
Academic and research institutions	Centre for Sustainable Medicine
Global Health Financing Mechanism	Global Fund
Health Professional Associations	Doctors for Environment Australia
Multilateral Development Banks (MDBs)	World Bank
Non-Governmental Organizations (NGOs)	Aga Khan Health Services
Non-Governmental Organizations (NGOs)	Health Care Without Harm
Philanthropies and Foundations	Wellcome
Private Sector Alliances	International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
UN Agencies	Food and Agriculture Organization (FAO)
UN Agencies	Unitaid

Appendix C **INTERVIEW GUIDE QUESTIONS**

This Appendix presents the general interview guides used for the stakeholder interviews. The interviews were conducted in English. Interviews with country stakeholders were also conducted in local languages as required.

1. What have been the key achievements of ATACH in the last year in advancing its mandate?
2. Thinking about ATACH overall (including its 5 functions and their delivery, and the operational and governance mechanisms), what is ATACH doing well and less well?
 - a. What might be areas for improvement to better engage countries and partners?
 - b. What might be areas for improvement to better support implementation of country priorities?
3. What kind of structures or mechanisms do you think could be implemented to allow ATACH to better advance its mandate at regional and country levels?
4. Do you have any other practical recommendations how ATACH could more efficiently advance its mandate, noting it will now also serve as the Secretariat of the Belem Health Action Plan (BHAP)?

Appendix D **EVALUATION SURVEY**

Appendix D provides a summary of the evaluation survey. The evaluation survey was shared with all ATACH members on the 16th December 2025 and remained open until the 12th January 2026. The survey was also available in French and Spanish. In total, 89 ATACH members completed the survey, representing an overall 42% response rate. Of these, 15 respondents did not respond to all questions. Of the 89 responses, 64 were collected in English, 13 in Spanish and 12 in French.

Section D.1 provides an overview of the evaluation survey questions and Section D.2 provides an analysis of the quantitative responses.

D.1. EVALUATION SURVEY QUESTIONS

This section provides the evaluation survey questions.

Section 1 - ATACH membership and engagement in governance and operational mechanisms

1. How long have you been a member of ATACH?
 - Joined ATACH in 2022 - 2024
 - Joined ATACH in 2025
2. What ATACH membership best describes you?
 - Country member
 - Bilateral donors, Philanthropies and Foundations
 - Non-Government Organisations
 - Private Sector Alliances
 - Health Professional Associations
 - Academic and research institutions
 - Global Climate Financing Mechanism, Global Health Financing Mechanism, MDBs, UN agencies
3. Are you a member of the ATACH Steering Group?
 - Yes
 - No
4. Have you engaged in any of the following ATACH governance and operational mechanisms in the last year (past 12 months)? *Check all that apply*
 - Constituency consultations
 - Task Team
 - Technical Meeting
 - Submitted or accessed information shared via the online Community of Practice (CoP)
 - Attended an annual in-person ATACH meeting
 - I have not participated in any of the above ATACH mechanisms

[IF select not participated – then skip 5]

5. In your experience, how well have the following ATACH governance and operational mechanisms supported meaningful engagement in the last year?
 - Limited/Insufficient, Acceptable, Strong, Unable to assess/ Not relevant
 - Constituency membership
 - Task Team
 - Technical Meeting

- Online Community of Practice (CoP)
- Annual in-person ATACH meeting

6. (Optional) Please include any recommendations to improve meaningful engagement in these mechanisms

Section 2 - ATACH performance in the last year, including progress against objectives and delivery across the five ATACH key functions

7. To what extent do you agree with this statement: “In the last 12 months, ATACH has made a significant contribution towards its mandate to identify and address country needs and priorities for climate change and health implementation.”

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

The ATACH strategy for 2024-2028 sets out four main objectives that support the Alliance to fulfil its role as a catalyst, interface, platform, accountability partner and advocate for country, regional and partner action on climate and health. Please rate the quality and pace of progress over the first year of the strategy (the past 12 months) for each objective.

8. Objective 1. Advocate for and enable concrete, ambitious commitments and priorities on climate change and health in the health sector and health-determining sectors

- Slow or insufficient progress
- Acceptable progress
- Strong progress
- Not able to assess

9. (Optional) Comments on progress against Objective 1 (past 12 months)

10. Objective 2. Promote information sharing and partnership building among actors and sectors to facilitate coordination and alignment of climate change and health efforts

- Slow or insufficient progress
- Acceptable progress
- Strong progress
- Not able to assess

11. (Optional) Comments on progress against Objective 2 (past 12 months)

12. Objective 3. Support countries to deliver on climate change and health priorities by facilitating access to required financial and technical support, and by promoting evidence-based best practices, knowledge and innovative solutions.

- Slow or insufficient progress
- Acceptable progress
- Strong progress
- Not able to assess

13. (Optional) Comments on progress against Objective 3 (past 12 months)

14. Objective 4. Track and measure collective progress towards climate change and health commitments and priorities (with a focus on CRHS* and LCSHS*) through standardised approaches* Climate Resilient Health Systems and Low Carbon Sustainable Health Systems

- Slow or insufficient progress
- Acceptable progress
- Strong progress
- Not able to assess

15. (Optional) Comments on progress against Objective 4 (past 12 months)

16. ATACH meets its objectives of supporting country needs on climate and health through carrying out activities that are organised into five key functions. In the past 12 months, how well do you think ATACH has delivered on each of its five key functions?

Limited/Insufficient delivery Acceptable delivery Strong delivery Not able to assess

- FUNCTION 1 Advocacy & agenda-setting: Influencing shifts in global cross sectoral climate and health policy through countries' and CCH actors' collective power
- FUNCTION 2 Alignment & coherence: Promoting and facilitating alignment, coherence and collaboration between CCH actors and initiatives, and health- determining sectors.
- FUNCTION 3 Finance: Identifying financing needs, breaking down the barriers, and supporting countries - particularly middle- and low-income countries - to access finance for climate and health interventions
- FUNCTION 4 Knowledge generation & sharing: Identifying and collectively addressing gaps in knowledge responding to country needs, and creating a platform to share experiences, expertise, and technical assistance
- FUNCTION 5 Monitoring & Tracking: Tracking and measuring the collective impact and progress of the ATACH in supporting implementation of commitments and priorities at country level.

17. (Optional) Comments on delivery of ATACH key functions (past 12 months) [open text]

Section 3 – Effectiveness of ATACH 2.0 operational mechanisms and contribution to supporting Ministries of Health [Questions in Section 3 only relevant to country members]

18. In the past 12 months, how effective have the ATACH operational mechanisms been in supporting country implementation priorities and needs on climate and health?

Limited/ insufficiently effective Acceptably effective Very effective Not able to assess

- Task Team
- Technical Meeting
- Online Community of Practice (CoP)
- Annual in-person ATACH meeting

19. (Optional). Please share any specific examples how ATACH operational mechanisms have contributed to implementing country priorities (e.g. if you have applied any Task Team products in the last 12 months)

20. (Optional) Please include any recommendations on (i) how to improve the effectiveness of existing operational mechanisms, or (ii) any new mechanisms required to better support country implementation priorities and needs

21. To what extent do you agree with this statement: “ATACH has made a positive contribution to supporting Ministries of Health to coordinate domestic and international partners (e.g. UN, donors, civil society) around government priorities on climate and health action.”

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

22. (Optional) Comments and recommendations for improvement (if any)

23. To what extent do you agree with this statement “ATACH has made a positive contribution to supporting Ministries of Health to engage other sectors/ministries on climate and health.”

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

24. (Optional) Comments and recommendations for improvement (if any) [open text]

Section 4 – Priorities for ATACH support

25. Please include any comments or suggestions of priorities and technical topics for ATACH to focus on.

D.2. ANALYSIS OF EVALUATION SURVEY RESPONSES ACROSS THE QUANTITATIVE QUESTIONS

Figure D.1. How long have you been a member of ATACH? (Survey Question 1, n=89)

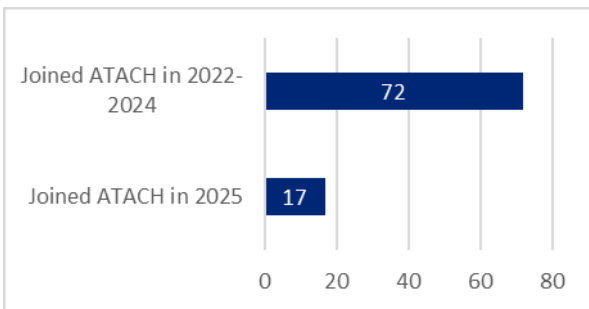


Figure D.2. Have you engaged in any of the following ATACH governance and operational mechanisms in the last year (past 12 months)? (Survey Question 3, n=89)

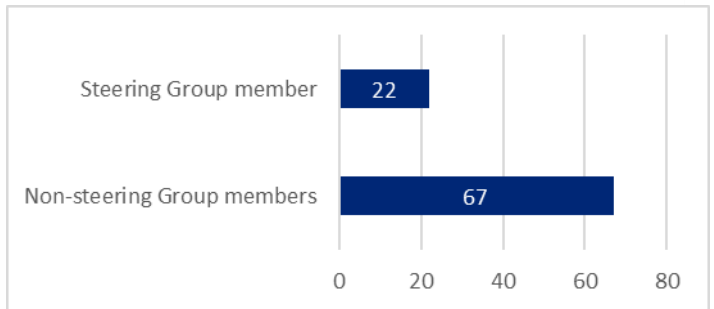


Figure D.3. What ATACH membership best describes you? (Survey Question 2, n=89)

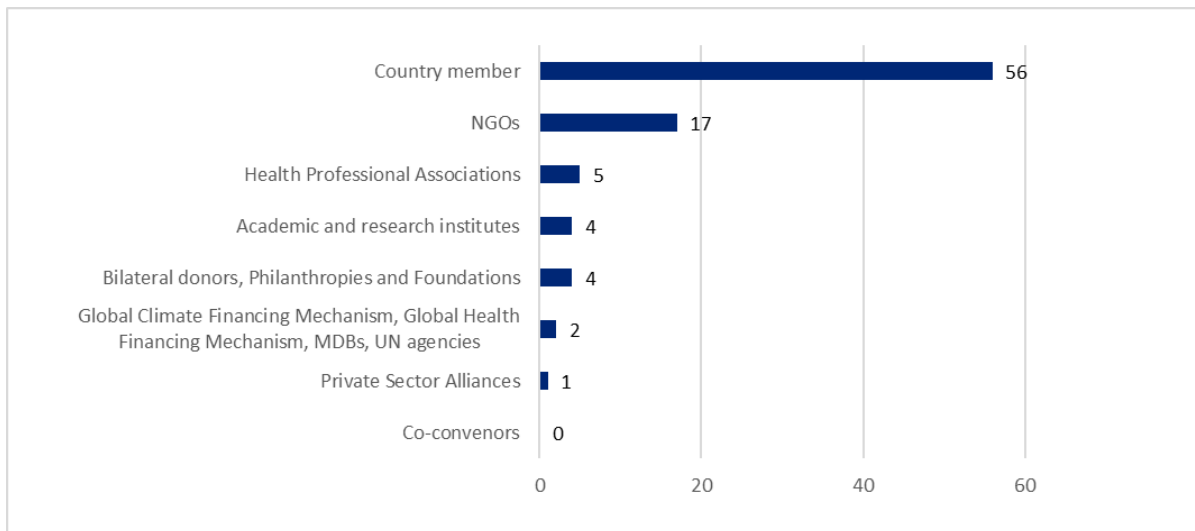


Figure D.4. Have you engaged in any of the following ATACH governance and operational mechanisms in the last year (past 12 months)? (Survey Question 4, n=89)

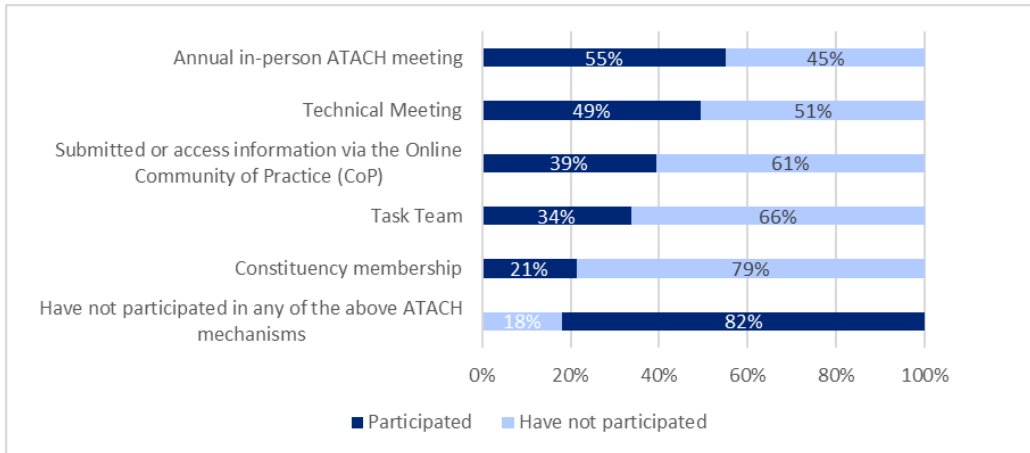


Figure D.5. In your experience, how well have the following ATACH governance and operational mechanisms supported meaningful engagement in the last year? (Survey Question 5, n=69)

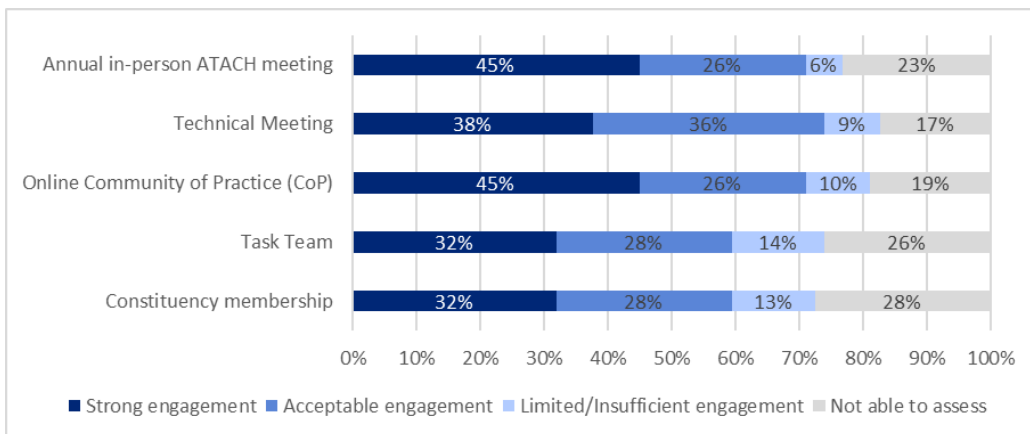


Figure D.6. To what extent do you agree with this statement: “In the last 12 months, ATACH has made a significant contribution towards its mandate to identify and address country needs and priorities for climate change and health implementation.”? (Survey Question 7, n=84)

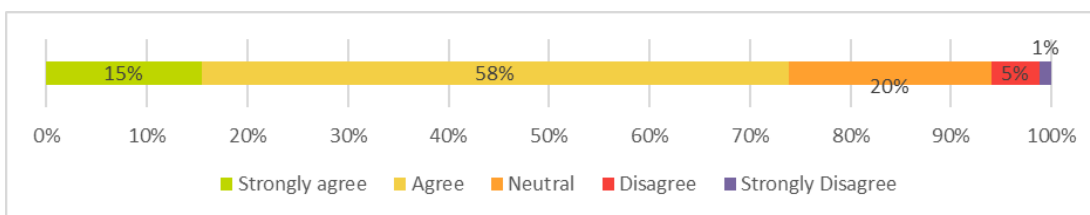


Figure D.7. To what extent do you agree with this statement: “In the last 12 months, ATACH has made a significant contribution towards its mandate to identify and address country needs and priorities for climate change and health implementation.”? (Survey Question 7, country respondents only, n=53)

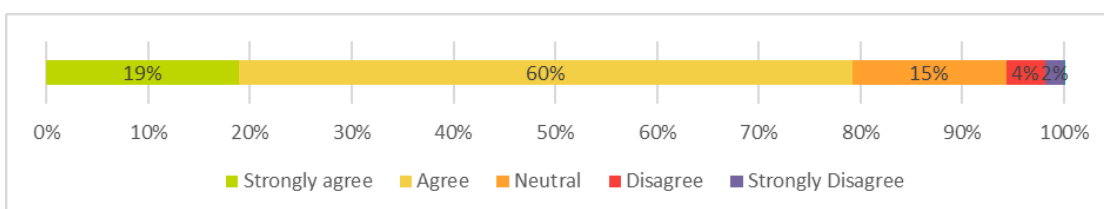


Figure D.8. Please rate the quality and pace of progress over the first year of the strategy (the past 12 months) for each objective. (Survey Question 8, n=74)

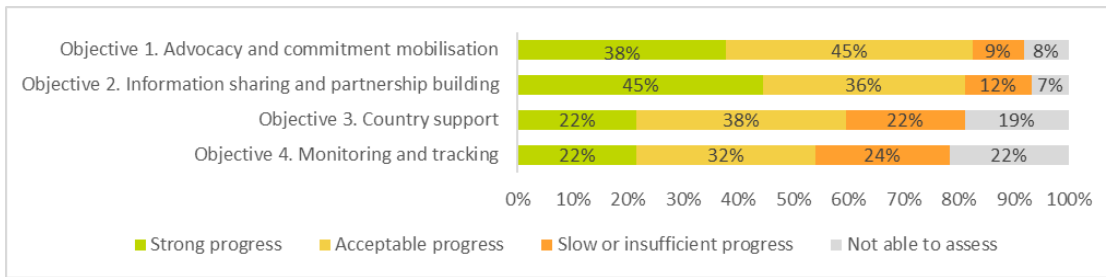


Figure D.9. Please rate the quality and pace of progress over the first year of the strategy (the past 12 months) for each objective. (Survey Question 8, country respondents only, n=49)

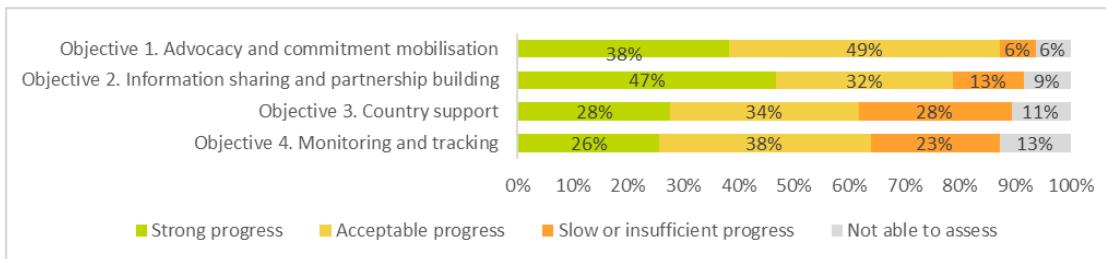


Figure D.10. In the past 12 months, how well do you think ATACH has delivered on each of its five key functions? (Survey Question 16, n=71)

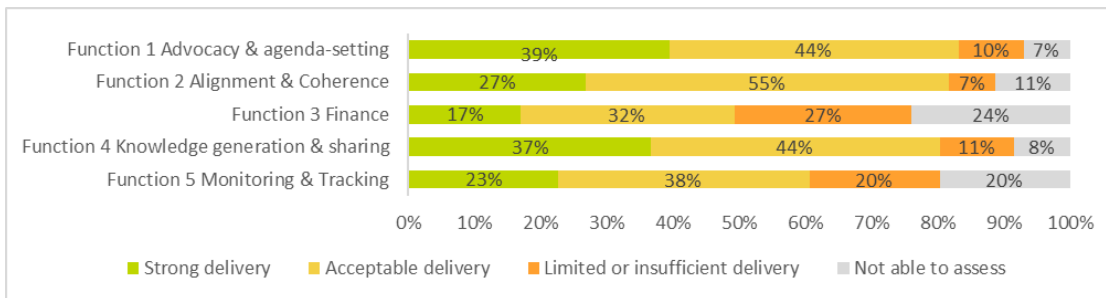


Figure D.11. In the past 12 months, how well do you think ATACH has delivered on each of its five key functions? (Survey Question 16, country respondents only, n=45)

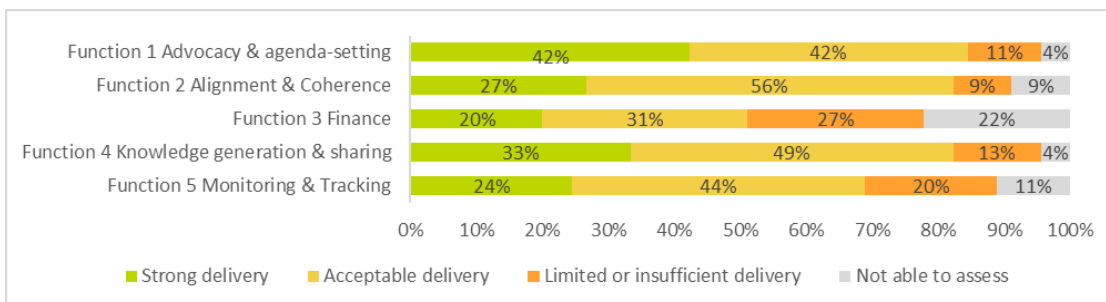


Figure D.12. In the past 12 months, how effective have the ATACH operational mechanisms been in supporting country implementation priorities and needs on climate and health? (Survey Question 18, country respondents only, n=45)

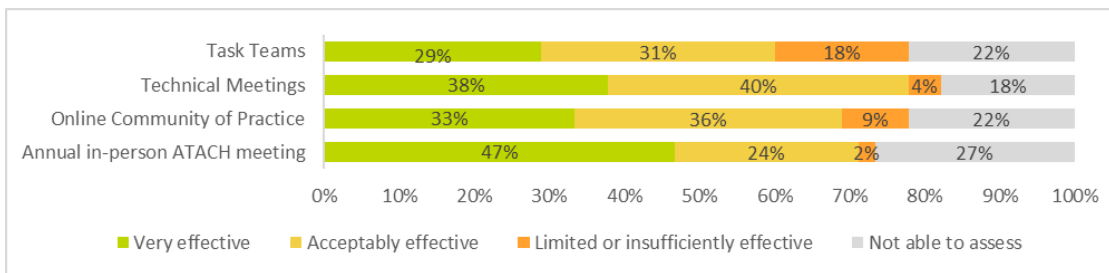


Figure D.13. To what extent do you agree with this statement: “ATACH has made a positive contribution to supporting Ministries of Health to coordinate domestic and international partners (e.g. UN, donors, civil society) around government priorities on climate and health action.” (Survey Question 21, country respondents only, n=45)

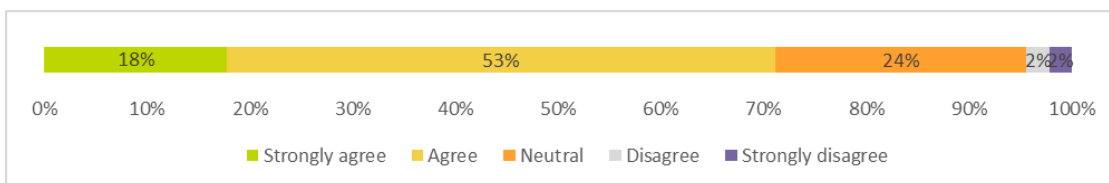
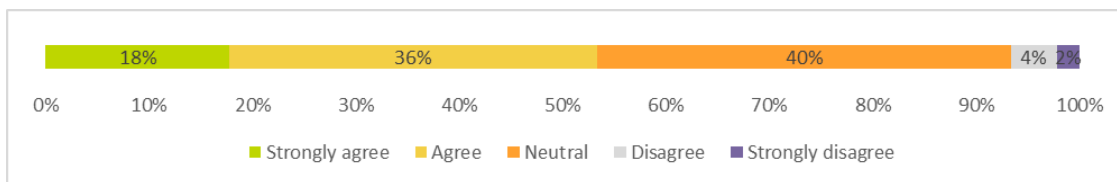


Figure D.14. To what extent do you agree with this statement “ATACH has made a positive contribution to supporting Ministries of Health to engage other sectors/ministries on climate and health.” (Survey Question 23, country respondents only, n=45)



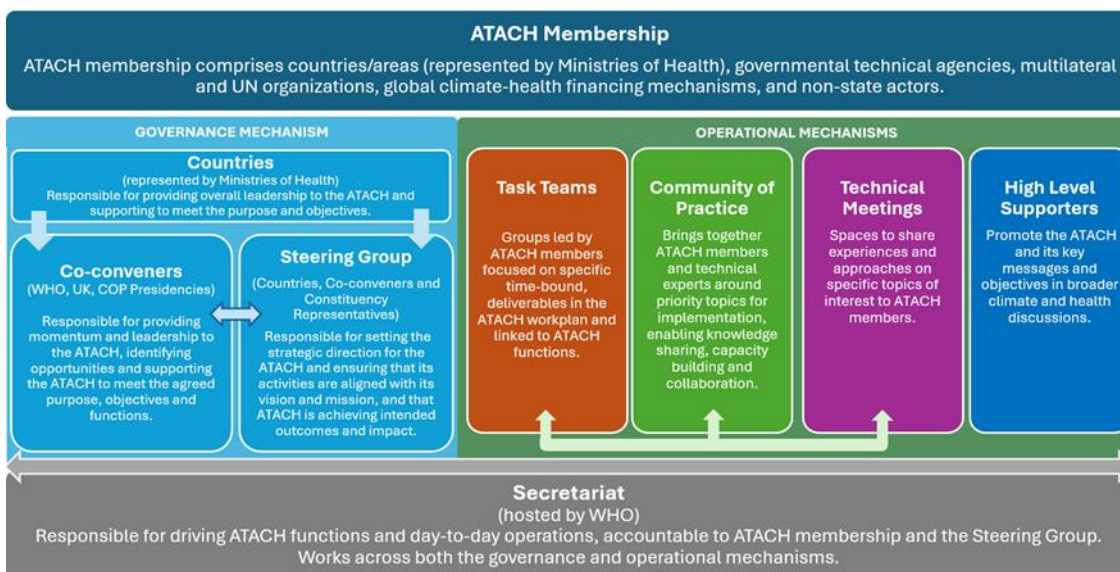
Appendix E ATACH STRUCTURE AND THEORY OF CHANGE

Appendix E provides an overview of the ATACH new governance structure and theory of change (Figure E.1). In 2025, ATACH transitioned to a new governance and operational structure (Figure E.2). The ATACH Steering Group serves as a governing body for ATACH and is composed of 21 representatives: 4 co-conveners; 6 country representatives; 2 bilateral donors; 9 constituency representatives (Table E.1).¹⁶ There are four key operational mechanisms: (i) Task Teams (Table E.2); (ii) Community of Practice; (iii) Technical Meetings; (iv) High Level Supporters.

Figure E.1. ATACH Theory of Change, including objectives, functions, outcome and impact

ATACH Theory of Change				
Problem	Objectives	Functions	Outcomes	Impact
Climate change is already impacting population health, including via impacts to key health-determining sectors. This compromises health systems' ability to protect and promote health. Meanwhile, health systems contribute to a sizable proportion of global GHG emissions, exacerbating the impacts of climate change. Investment and efforts (both adaptation and mitigation) are needed to address these challenges.	Health systems shift priorities to reduce risks to health from climate change. They are equipped to take action and do so in coordination with other actors and sectors.	ATACH supports countries' needs and activities to ensure they meet the climate and health commitments. Certain activities are performed within each function.	ATACH activities lead to policy outcomes and shared tools enabling countries to meet climate and health commitments and priorities.	Country-level action drives measurable improvements in health systems' climate resilience and low-carbon sustainability, and improved global health outcomes.
<p>KEY BARRIER 1 Insufficient cross-sectoral political will to protect and promote health and strengthen the climate resilience and low carbon sustainability of health systems.</p> <p>KEY BARRIER 2 Weak coordination and alignment of efforts among CCH actors at all scales.</p> <p>KEY BARRIER 3 Inadequate availability and/or lack of access to finance, knowledge and tools by countries.</p> <p>KEY BARRIER 4 No systematic approach to measure collective progress towards climate resilience and low carbon sustainability in health systems.</p>	<p>OBJECTIVE 1 Advocate for and enable concrete, ambitious commitments and priorities on climate change and health in the health sector and health-determining sectors.</p> <p>OBJECTIVE 2 Promote information sharing and partnership building among actors and sectors to facilitate coordination and alignment of CCH efforts.</p> <p>OBJECTIVE 3 Support countries to deliver on CCH priorities by facilitating access to required financial and technical support, and by promoting evidence-based best practices, knowledge and innovative solutions.</p> <p>OBJECTIVE 4 Track and measure collective progress towards CCH commitments and priorities (with a focus on CRHS and LCSHS) through standardized approaches.</p>	<p>FUNCTION 1 Advocacy & agenda-setting Influencing shifts in global cross-sectoral climate and health policy through countries' and CCH actors' collective power.</p> <p>FUNCTION 2 Alignment & coherence Promoting and facilitating alignment, coherence and collaboration between CCH actors and initiatives, and health-determining sectors.</p> <p>FUNCTION 3 Finance Identifying financing needs, breaking down the barriers, and supporting countries - particularly middle- and low-income countries - to access finance for climate and health interventions.</p> <p>FUNCTION 4 Knowledge generation & sharing Identifying and collectively addressing gaps in knowledge responding to country needs, and creating a platform to share experiences, expertise, and technical assistance.</p> <p>FUNCTION 5 Monitoring & Tracking Tracking and measuring the collective impact and progress of the ATACH in supporting implementation of commitments and priorities at country level.</p>	<p>OUTCOME 1 A shift in international policy and programming which places climate and health as a priority for action among and within countries.</p> <p>OUTCOME 2 Alignment and collaboration between and other relevant sectors.</p> <p>OUTCOME 3 Progress made by ATACH members and the ATACH collectively towards climate change and health action.</p> <p>OUTCOME 4 Funding and investment for climate and health made available and accessed by countries.</p> <p>OUTCOME 5 Evidence, guidance and tools required by countries to implement their CCH priorities are available from a growing and dynamic Community of Practice.</p>	<p>IMPACT 1 Improved adaptation and resilience of health systems to climate change Stronger evidence-based tools, shared knowledge, technical know-how, and increased funding access enable health systems to adapt faster and more effectively to climate change-related threats.</p> <p>IMPACT 2 Reduced GHG emissions from health systems Evidence-based tools, robust monitoring, and sufficient funding for technological advancements result in measurable emission reductions across health sector sources, including supply chains. While net or near net-zero emissions are attainable in some cases, low-carbon health systems will be more realistic for others. Reduced global emissions from the health sector lead to improved health outcomes on a widespread scale.</p> <p>IMPACT 3 Health protected and promoted in the face of climate change through cross-sectoral collaboration As resilience of health systems increases, and health systems lower emissions, overall capacity of health systems to protect and promote health in the face of climate change increases. Other health determining sectors integrate health within their adaptation and mitigation policies and actions, also contributing to promoting and protecting health.</p>

Figure E.2. ATACH 2.0 Structure



¹⁶ ATACH 2.0 Governance Overview

Table E.1. ATACH Steering Group Composition

Governance Mechanisms/Groups	Number of representatives on the Steering Group
Co-Conveners	4
<ul style="list-style-type: none"> • Founding Members (FCDO and WHO) • Most Recent COP Presidency • Forthcoming COP Presidency 	<p>2</p> <p>1</p> <p>1</p>
Countries	6 (comprised of 2 HIC, 2 MIC, and 2 LIC, 1 per WHO region + at least 1 SIDS)
Bilateral Donors	2
Constituencies	9
<ul style="list-style-type: none"> • Philanthropies and Foundations • NGOs • Private Sector Alliances • Health Professional Associations • Academic and research institutions • Global Climate Financing Mechanism • Global Health Financing Mechanism • Multilateral Development Banks • UN agencies 	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1 (other than WHO)</p>

Table E.2 Task Teams and contributors

Task Team	Number of engaged contributors (countries/technical partners)
Climate Change and Health Indicators	38
Measuring GHG emissions of national health systems	20
Smart Buys for climate change and health interventions	30
Quality criteria for V&As	14
Costing and Prioritization of climate and health interventions	20
Mapping and description of financing opportunities	14
Alignment of National Procurement Standards - Health Systems Sub-Task Team	19
Alignment of National Procurement Standards - Food Procurement in Health Settings Sub-Task Team	15

Appendix F **EXAMPLES OF ATACH KNOWLEDGE PRODUCTS**

Appendix F provides a list of key ATACH Knowledge products developed over the past 12 months.

F.1. TASK TEAM OUTPUTS

Table F.1 provides an overview of the products developed by the ATACH Task Teams over the past year.

Table F.1. ATACH Task Team products

Task Team	Knowledge product
Climate Change and Health Indicators	<ul style="list-style-type: none"> Development and alignment on health indicators for the Global Goal on Adaptation action plan
Measuring GHG emissions of national health systems	<ul style="list-style-type: none"> Measuring greenhouse gas emissions in health systems report
Smart Buys for climate change and health interventions	<ul style="list-style-type: none"> Smart Buys High Value Actions for Health Sector Adaptation report
Quality criteria for V&As	<ul style="list-style-type: none"> Guidance on quality criteria for conducting climate change and health vulnerability and adaptation assessments (V&As) report
Alignment of National Procurement Standards	<ul style="list-style-type: none"> Decarbonizing the healthcare supply chain strategic actions for health systems report

F.2. COUNTRY CASE STUDIES

ATACH developed 19 case studies in advance of the Brasilia Global Conference on Climate Change and Health in July 2025 showcasing practical actions and policy recommendations from ATACH Members aligned with the draft Belém Health Action Plan. Case studies were published on the ATACH Community of Practice, promoted on interactive screens at the Global Conference venue and promoted during COP30. Below is a list of the case studies.

- [Egypt: Advancing climate and health through digital resilience, leadership, and governance](#)
- [Lao PDR: Integration of Health in NDCs](#)
- [Climate Change and Health in the UAE](#)
- [A mother's last journey: what does a death in Timor-Leste tell us about health equity and climate injustice?](#)
- [An Adaptive and Sustainable Health System for a Changing Climate in Grenada](#)
- [Local implementation of the climate-resilient and environmentally sustainable health care facilities \(CRESHCF\) Framework in Viet Nam](#)
- [Climate Resilient Infrastructure for Basic Services \(CRIBS\) in Nigeria](#)
- [Monitoring and surveillance of climate risks on health in Mozambique](#)
- [Building Resilient Health Systems in Pakistan through Equity-Centered Adaptation](#)
- [Developing a climate-based tool to identify dengue and leptospirosis risks in Southeast Asia](#)
- [Building National Capacity on Climate Change Adaptation for Health in Canada](#)
- [Legal framework on Climate Change in the Health Care Sector of Georgia](#)
- [Advancing Evidence-Based and Coordinated Climate Health Action in Uganda](#)
- [Enhancing Health Workforce Capacity for Climate Action in Nepal](#)
- [Operationalizing Climate-Health Governance: Rwanda's Technical Working Group](#)

- [Kenya Climate Change and Health Strategy Development for 2024-2029](#)
- [National Heatwave Plan to reduce heat-health risks in the Netherlands](#)
- [Local leadership drives village health adaptation to climate change in Indonesia](#)
- [Health National Adaptation Plan \(HNAP\) Development in Iraq](#)



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