

Operational Strategy  
2026 – 2028

# Alliance for Transformative Action on Climate and Health





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# Acknowledgements

The work of the Alliance for Transformative Action on Climate and Health (ATACH) and its long-term direction is led and delivered by the Secretariat at the World Health Organization, who ensure that the Alliance remains technically rigorous, grounded in countries' needs, and well-integrated with the broader climate and health agenda. The overall strategic framework for the 2024–2028 ATACH Strategy and this 2026–2028 Operational Strategy was provided by Elena Villalobos Prats, Dr Amy Savage, Marina Maiero, Alexandra Egorova, Dr Christian Schweizer, Dr Olena Zotova, Stephanie Cheng, and Dr Diarmid Campbell-Lendrum.

Coordination and the development of this Operational Strategy were led by Professor Nick Watts, Jit Sohal, Mita Huq, Reni Chng Cai Lok, Associate Professor Chantelle Rizan, and Thomas Andrew at the Centre for Sustainable Medicine at the National University of Singapore.

Cambridge Economic Policy Associates (CEPA) conducted the independent evaluation of ATACH's governance and operations in 2025, the findings of which have directly informed the priorities and design of this strategy.

This document draws on the knowledge, priorities, and direct experience of the countries and areas, technical partners, and other members of the Alliance. The Secretariat is grateful to all those who participated in surveys, consultations, and the country needs assessment process. Their inputs are the foundation on which this strategy rests. Particular thanks are due to the members of the ATACH Steering Group, whose guidance, challenge, and commitment throughout the development of this strategy have shaped it in every substantive respect.

*Though this strategy operates over a three-year period, from 2026 to 2028, it is intended to be a living document. It will be reviewed and updated regularly to reflect the evolving nature of the community, changing country needs, and shifts in the external environment. As always, ATACH members are encouraged to engage directly with the Secretariat with feedback, evidence, and proposals for its continued development.*

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## Where we've come from

Last year, the world recorded its hottest year in human history, with the past 11 years now confirmed as the 11 hottest on record.<sup>(1)</sup> This has seen global average surface temperatures exceed 1.5°C across a three-year rolling average, driven by a profound shift in the Earth's fundamental climate systems, with the rate of ocean warming more than doubling compared to its historic baseline, and Earth's total energy imbalance surging to the highest recorded level since monitoring began.<sup>(2-4)</sup> If the entirety of the world's implemented policies were to remain in-force and are implemented in full, the planet would be on track for a 2.8°C rise in temperatures.<sup>(5)</sup> However, fossil fuel emissions continue to rise, now at 38.1 billion tonnes of CO<sub>2</sub> in 2025, 1.1% higher than the year before.<sup>(6)</sup>





## Vision

A world where health systems are built and equipped to manage the impacts of a changing climate without contributing to worsening its impacts, and in which the health sector works collaboratively with other health-determining sectors to protect and promote health in the face of climate change.

## Mission

To protect and promote population health in the face of climate change by supporting the development of climate resilient and low carbon sustainable health systems worldwide, ensuring that the climate change and health nexus is integrated into cross-sectoral national, regional and global plans, and that climate change and health interventions can be practically implemented.

### Commitment 1

#### Climate-Resilient Health Systems

- Conduct climate change and health **vulnerability and adaptation assessments (V&As)** at the population- and/or healthcare facility level
- Develop a **health national adaptation plan (HNAP)** to form part of the National Adaptation Plan
- Use the V&A and HNAP to facilitate access to **climate change funding for health**

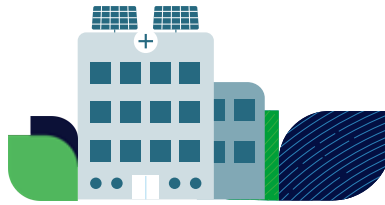
### Commitment 2

#### Sustainable, Low-Carbon Health Systems

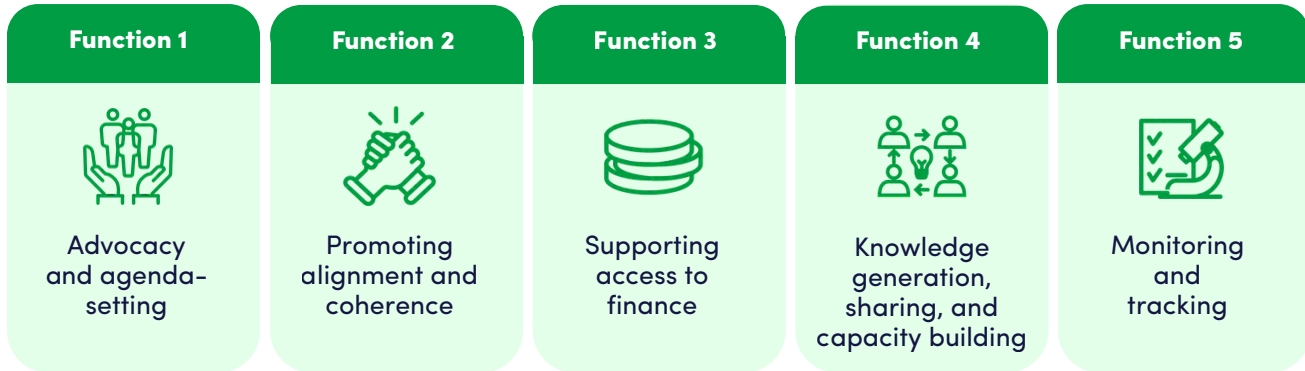
- Set a **target date for net zero healthcare emissions** (for high-ambition, or high-emitting countries)
- Deliver a baseline **emissions assessment** for the national healthcare system
- Develop an **action plan** towards a low-carbon sustainable health system

Health systems in every part of the world have absorbed the consequences. In Southern Europe, overwhelmed emergency departments tackled unusually intense heatwaves, with over 540 000 deaths per year globally, a 63% rise since the 1990s.(7) Primary care professionals from London to New Delhi are working to protect the hearts and lungs of their patients from unsafe air, with over 5 million deaths driven by the combustion of fossil fuels annually.(8) Medical supply chains across the Philippines were disrupted by fierce storms, and critical health infrastructure was damaged beyond repair with over 1 in 12 hospitals at risk of 'partial or total shutdown' globally, due to extreme weather by the end of the century.(9)

The 78th World Health Assembly and the world's health ministers have responded – adopting the Global Action Plan on Climate and Health – the clearest signal yet that the health sector understands both the scale of what is coming, and its responsibility and ability to act.(10)



## Five Core ATACH Functions



It is in this context that the World Health Organization's (WHO) Alliance for Transformative Action on Climate and Health (ATACH) enters its fifth year, having grown into a pivotal global platform where health ministries, intergovernmental bodies, technical experts and the wider community convene to accelerate the health sector's response to climate change.<sup>(11)</sup> The pace and scale of that growth has been rapid, with ATACH now bringing together 106 countries and areas across every WHO region and more than 100 actors from across the global health community. This change in scale has been mirrored by a change in focus and ambition. Where four years ago, the primary challenge was centred on building political commitment and establishing shared frameworks, the focus has now shifted decisively towards implementation: translating national plans into action; mobilizing the finance needed to deliver them; and building the capacity that countries need to move forward.

The COP26 Health Programme in Glasgow brought forward two core commitments from ministers, which have become the foundation of ATACH. These are focused on the dual role of a health system in responding to climate change, protecting the health of the public through increased system resilience and continuity of service, and providing higher-quality, more sustainable care for patients. Critically, the commitments recognize that action must occur both within the four walls of a healthcare system – where health ministries often exert direct influence – and in partnership with others, across each of the broader determinants of health.

“ ... ATACH [is] an 'accelerator' that has enabled more coherent collaboration than would otherwise have been possible. ”

*ATACH Independent Evaluation report (2026)*



**Jun 2022 - Dec 2025**

Iterative and ongoing input from countries and partners

**Oct 2024**

2024 to 2028 Strategy published and ATACH Governance Refreshed

**Dec 2025 - Jan 2026**

Independent formal evaluation conducted

**May 2026**

Ongoing consultation with countries and partners

**Jun 2026**

Publication of the provisional ATACH 2026-2028 Operational Strategy

“ If ATACH didn't exist, the first thing you would do, is build it. ”

*Partner, 79th World Health Assembly ATACH Strategy Consultation (2026)*

Convened by its Secretariat at the WHO, the Alliance operates within the framework of its Governance and Operational Mechanisms, and within the framework of its 2024 to 2028 Strategy, which laid out the platform's theory of change and five central functions: advocacy and agenda-setting; promoting alignment and coherence; supporting access to finance; knowledge generation, sharing, and capacity building; and monitoring and tracking.

This Operational Strategy sits at the intersection of a changing climate with temperatures hovering at 1.5°C above pre-industrial averages, a landmark World Health Assembly resolution, and the mid-point of the 2024–2028 ATACH Framework Strategy. It reviews the progress to-date, reflects on inputs from both countries and partners, draws on the results of an independent, formal evaluation process, and sets out concrete steps to accelerate progress from 2026 to 2028.<sup>1</sup>

<sup>1</sup> The data used throughout this document has been drawn from a number of sources, including: the results of an independent formal evaluation process which sought quantitative feedback on each element of ATACH's work and carried out a range of focus groups across its members; and an iterative member input survey conducted by the Secretariat across the lifetime of the Alliance.



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## 106 countries and counting

**Launched with the momentum of the COP26 Health Programme in November 2021 and a handful of countries, ATACH has grown to 106 countries and areas – more than half of the world’s nations – and an expanded community of over 100 partner organizations.**

This expansion has been well-distributed across each of the WHO regions, with ATACH membership comprising 66% of AFRO Member States, 76% of EMRO, 70% of SEARO, 51% of PAHO, 50% of WPRO, and 32% of EURO. This diversity is also seen in the income settings of the health ministries represented, with 14% of ATACH Members coming from Low-Income Countries, 30% from Lower-Middle-Income Countries, 29% from Upper-Middle-Income Countries, and 27% from High-Income Countries.

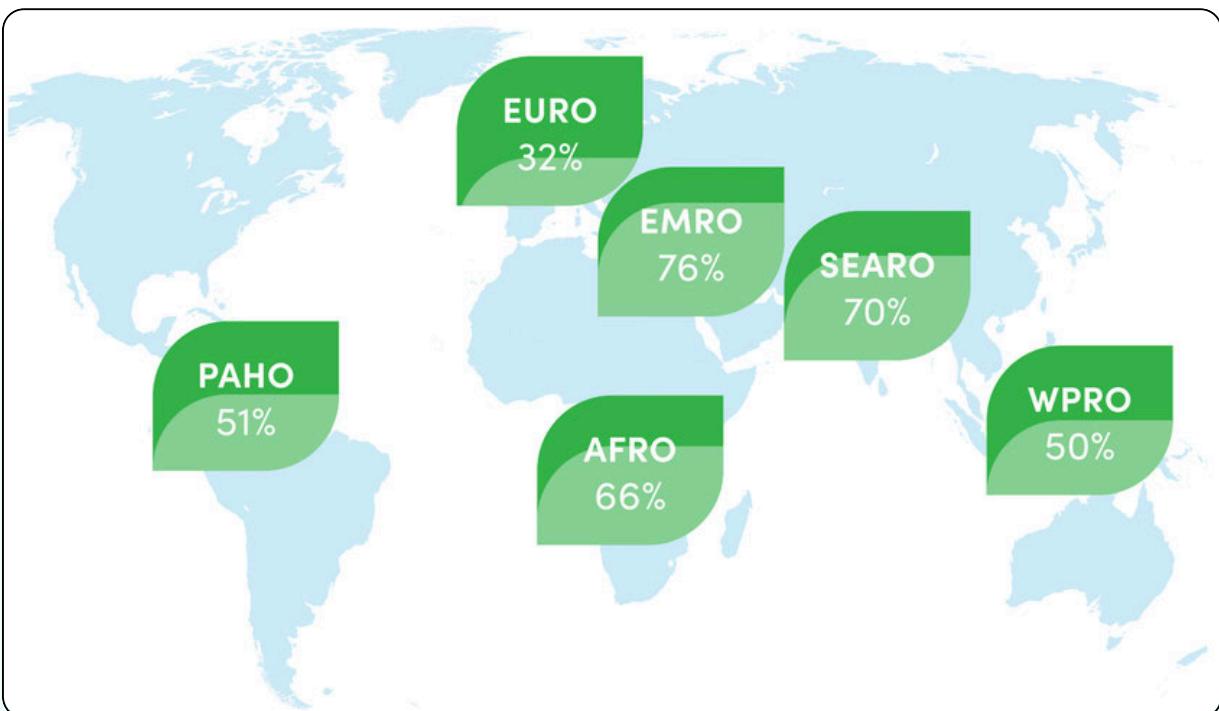
Critically, this has been accompanied by a shift from commitment into action across both of the foundational pillars of the Alliance. The number of countries that have completed a V&A assessment has increased to over 60 countries – nearly three-fold since ATACH began – while the number of countries with a finalized HNAP has risen from only 22, up to 54. Over the same period, the number of national healthcare systems with net zero targets by at least 2050 has grown from just one to 41, and corresponding national decarbonization roadmaps have more than doubled to 18. This progress is mirrored in the broader health community, with the Lancet Countdown reporting over 57 000 peer reviewed articles published on the links between climate change and human health since 1990, reflecting an enormous spike in both knowledge and capacity.(7)

### Box 1: WHO and ATACH – mutually reinforcing roles

The **World Health Organization** is the United Nations' lead technical agency for global health. On climate change and health, its mandate spans the full breadth of the challenges and solutions: evidence generation, technical guidance, normative frameworks, cross-sector advocacy, and direct country support.

The **Alliance for Transformative Action on Climate and Health** starts from a different point of entry: what health ministries can both directly control, and what they can influence. Focused on the building blocks of a health system and the two foundational commitments, ATACH functions as a convening point where over 100 countries can share experience, align efforts, and build capacity. Hosted by WHO, the Alliance is able to leverage both WHO's global presence and technical expertise, and the experience and support of over 100 partners, to accelerate progress at the intersection of climate change, health, and healthcare.

**Figure 1:** Percentage of countries and areas in each WHO region that are members of ATACH

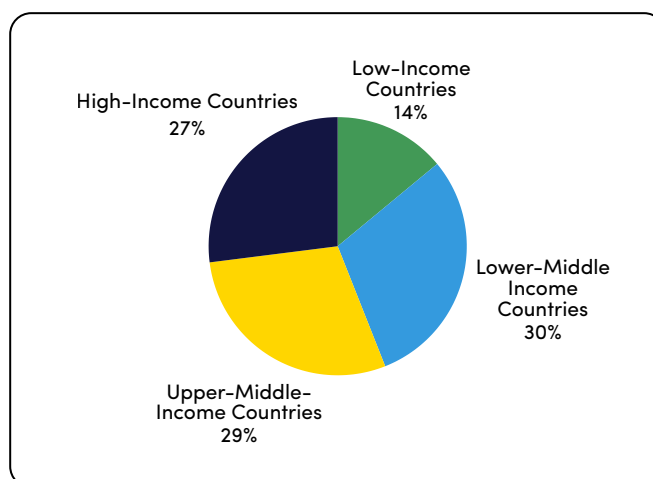


Part 2 and the sections below cover each of ATACH's five central functions: advocacy and agenda-setting; alignment and coherence; finance; knowledge generation, sharing, and capacity building; and monitoring and tracking. Each draws on the full body of activity and progress since its inception, iterative feedback from countries and partners over the life of the Alliance, and the results of an independent formal evaluation, to establish what work continues and what work is accelerated. Part 3 then builds off this with a set of cross-cutting priorities designed to accelerate momentum. Together, these describe the strategic ambition for ATACH from 2026 to 2028. Each of the initiatives and directions presented are implementable and scalable as support from members and additional resources become available over time.

## 2.1 Advocacy and agenda-setting

Drawing its mandate from over 100 countries and areas and over 100 partners across the wider community, ATACH advocates for accelerated action on policy at the intersection of health systems and climate change, at the international and regional level. Delivering on this requires sustained engagement at the highest levels, from the Conference of the Parties (COP) to the United Nations Framework Convention on Climate Change (UNFCCC) and the World Health Assembly (WHA), to wider global fora across non-health sectors.

**Figure 2:** Proportion of total ATACH countries and areas by income group



### Box 2: A force multiplier

The engagement of health systems and health ministries in climate change has expanded rapidly, and that growth is itself a sign of progress. However, a field that grows quickly can risk fragmentation: parallel initiatives, inconsistent methodologies, and missed opportunities for collective leverage. A shared platform where countries and partners can develop common language, agree on shared frameworks, and build the working relationships that underpin real collaboration is not a luxury, it is a fundamental pre-condition of success. If ATACH did not exist, the community would need to build it.

Through its global platform, ATACH acts as a force multiplier for the community's efforts. Its Task Teams, Technical Meetings, and Regional and Global Meetings are only possible because of the tireless contributions of a committed community, with estimates of in-kind support exceeding US\$ 1.8 million per year. Beyond this, ATACH is able to draw on the technical expertise and the global and regional architecture of WHO – a resource that no standalone alliance could replicate. The independent evaluation assessed the budget and capacity of ATACH against comparable entities, noting that it was operating at approximately one third of the budget and staffing of similar global alliances, while still “punching well above its weight”.

It requires a coherent and consistent policy position that asserts the sector's role as a pivotal solution to climate change, an informed and engaged community capable of operating at the local, national, and international level, and trusted partnerships that amplify the health sector's voice beyond what any single actor could achieve alone.

While significant progress has been made here over the years, it remains fragile and in need of constant support to maintain forward momentum and prevent backsliding.

At the international political level, the precise form of this progress has varied over time. In Glasgow, Dubai, and Baku these advances were often political, taking the form of the new COP26 Health Programme which led directly to the formation of ATACH, the COP28 UAE Declaration on Climate and Health supported by 123 Member States and the Baku COP Presidencies Continuity Coalition.<sup>(12-14)</sup> In Sharm El-Sheikh and Belém, these advances were more programmatic, focused on the launch of the Initiative on Climate Action and Nutrition (I-CAN) at COP27, and the Belém Health Action Plan for the Adaptation of the Health Sector to Climate Change.<sup>(15-17)</sup>

At each successive COP, a WHO Pavilion and a dedicated ATACH day are now established to bring together the wider community, and provide a focal point for events, announcements, networking, and the kind of sustained ministerial engagement needed to ensure health is visible within the climate negotiations. In the last three years alone, over 120 different countries and partners have been represented through these moments. This political engagement is paired with wider communications support from across the community, with over 80 000 unique visitors to the online Communities of Practice, nearly 100 000 visitors to the resource section, 3 300 subscribers to the newsletter, and over 60 ATACH meetings since the end of September 2022.

Over 83% of members were satisfied with ATACH's work on advocacy and agenda-setting, and 42% of countries stated that delivery was 'strong' across this function. Providing further support for this function, when surveyed, nearly half of country respondents cited additional opportunities for engagement, networking, and collaboration as a top priority for the Alliance.



80% of country members say ATACH has made a **significant contribution towards advancing their national mandate** on climate change and health.

*ATACH Independent Evaluation report (2026)*



From 2026 to 2028, this work must move from strength to strength, with:

- A strong and coordinated presence at the WHA and the COP:** A strong ATACH presence at regular set-piece moments every year, providing an opportunity for coordination within the Alliance and broader community, shining a light on progress among countries, and lifting up the voice of healthcare systems. This takes the form of coordinating the ATACH day, set-piece meetings and coordination services at both conferences, and hosting the WHO pavilion.
- A global summit:** From Madrid to Brasília to Paris, ATACH has sought to provide a single moment where the health and climate change community can meet. Targeted to fit between the WHA and COP each year and taking on an adaptable form, ATACH will continue to seek the resources needed to ensure this approach continues, providing an opportunity for Communities of Practice, Task Teams, and Technical Meetings to occur; a moment for governance discussions within ATACH; and a common place where the community can come together to align on priorities for the coming year.
- ATACH Champions:** An expanded and formalized programme of ATACH Champions, engaging senior public leaders across public health and climate change as ambassadors for the issue and for the Alliance, working with them to raise political ambition across global fora.
- Calendar of events:** A carefully curated calendar of strategic events for ATACH engagement, supporting members to plan a predictable annual rhythm of convenings, Technical Meetings, and key advocacy moments.
- Enhanced communications strategy:** Implementation of the refreshed ATACH Communications Strategy, shifting from reactive, event-driven communications to a proactive, coordinated approach, with dedicated assets for countries and partners to amplify agreed messages and a growing suite of digital channels including a dedicated newsletter and LinkedIn presence.
- Feature Stories from across the membership:** A structured, country-level storytelling programme featuring stories that make the impact of climate change on health more visible, and provide further evidence and a human face to national and global advocacy.

Ultimately, the strength of ATACH's advocacy and agenda-setting work rests not just on the positions it takes and the influence it has, but on the field it builds. Consistent feedback from members focused squarely on the centrality of ATACH as an epistemic community with shared frameworks, shared evidence, and shared purpose, that is more resilient to external shocks precisely because it does not depend on any single actor, government, or funding stream. This is explored further in Part 3.

## 2.2 Alignment and coherence

The greatest strength of ATACH is the diversity of its 106 countries and areas and the diversity of the way they are tackling climate change at the national level. At the global level, challenges and solutions are often shared, lending strength to an approach that encourages collaboration and collective action. Any rapidly growing field risks duplication, divergence, and unnecessary tension. ATACH serves as a platform and interface to address this directly, serving as a forum for shared discussion and coordinated action across national borders and between diverse actors.

Six initial Task Teams were created to identify and carry out work on a range of areas where collective action was particularly important. Together, these have engaged over 170 individual members, covering everything from cost-effective interventions for health systems through to the integration of nutrition in climate policies. Three early outputs are worth resting on here. The Task Team on Climate and Health Indicators brought together health ministries, the UNFCCC, the WHO and the Lancet Countdown into a single coordinated process. Tasked with producing health adaptation indicators for the UNFCCC Global Goal on Adaptation, this cross-institutional alignment is a strong example of where ATACH is uniquely placed to convene and strengthen the health sector's voice at the global level. Similarly, two Task Teams focused on shared sustainable procurement standards (co-led by the NHS and the WHO), and Task Team on Healthcare Decarbonization Analytics (co-led by the NHS, the NUS Centre for Sustainable Medicine, and the WHO) produced technical guidance that is now in place to better align efforts towards net zero.<sup>(18-19)</sup>

### Phase 1 Task Teams

- Climate change and health indicators
- Alignment of national procurement standards
- Healthcare decarbonization analytics
- Integration of nutrition in climate policies
- "Smart Buys" for climate change and health interventions
- Costing and prioritization of climate change and health interventions

### Proposed Phase 2 Task Teams

- Mapping and description of financing opportunities
- Guidance to integrate gender and equity considerations in climate change and health policies and planning
- Standards for climate resilient and low-carbon sustainable healthcare facilities
- Mapping of capacity building needs of different types of actors
- Practical recommendations for the integration of heat into existing climate change and health risk assessment and management approaches

These global efforts are paralleled by regional coordination efforts, with PAHO and WPRO ATACH regional meetings held in Bridgetown, Barbados and in Singapore in 2025.


Through independent evaluation, ATACH's efforts on alignment and coherence were amongst its second highest performing function, with 83% of countries rating delivery as either meeting or exceeding expectations. At the health ministry level, 71% either agreed or strongly agreed that ATACH positively influences national-to-international coherence, supporting alignment across Ministries of Health and playing a critical role in connecting them with national and global actors on a similar trajectory.

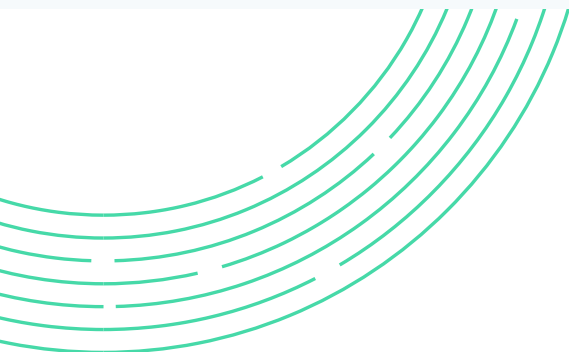
From 2026 to 2028, ATACH will continue to strengthen this function, by:

 **Focused technical collaboration:** New Task Teams will be established where there is clear and present demand from countries, focus on a technical deliverable within the scope of a Community of Practice, sufficient capacity to deliver, and a genuine case for global coordination around shared norms, standards, or common goods. In addition to the existing proposed expansion of the Task Teams, a focus on health equity and a just transition remains a priority.

 **Regional coordination meetings:** Countries repeatedly describe the importance of physical, regional meetings as a way of strengthening engagement. Building on the regional meetings held in Barbados and Singapore in 2025, ATACH will look to source the resources needed to convene at least two regional meetings per year, working with WHO Regional Offices to ensure these are responsive to locally specific needs and priorities.

 **Broadening participation:** ATACH is actively working to ensure that voices from a broad diversity of actors are reflected in its work, including patients, ethnic minorities and Indigenous communities, community groups, and young people – recognizing that those most affected by climate change are often those least represented in global health policy processes.

 **Mapping partner activities:** A growing community needs visibility across its diversity to support alignment. Through its partners, ATACH will build and maintain a shared overview of activities and initiatives from its members, hosted within its Communities of Practice.





The outputs we have seen so far... 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.**



Country member, ATACH Independent Evaluation report (2026)

Throughout the consultation process and independent evaluation, three themes consistently emerged from members: a desire to focus technical collaboration on areas that bring genuine capacity into the network and have a clear case for collective action; making better use of the Communities of Practice as the primary mechanism for coordination and alignment; and the need to move closer to countries and regions, where the impacts are felt and the solutions are realized. Each of these are explored in turn, in Part 3.

### Alignment of national procurement standards



**Decarbonizing the healthcare supply chain: strategic actions for health systems**

### Climate and health indicators



**Health adaptation indicators for the UNFCCC Global Goal on Adaptation**

### Healthcare decarbonization analytics



**Measuring greenhouse gas emissions in health systems**



1.0 Where we've come from

2.0 106 countries and counting

3.0 Accelerating momentum

4.0 Next steps

Annex

## 2.3 Access to finance

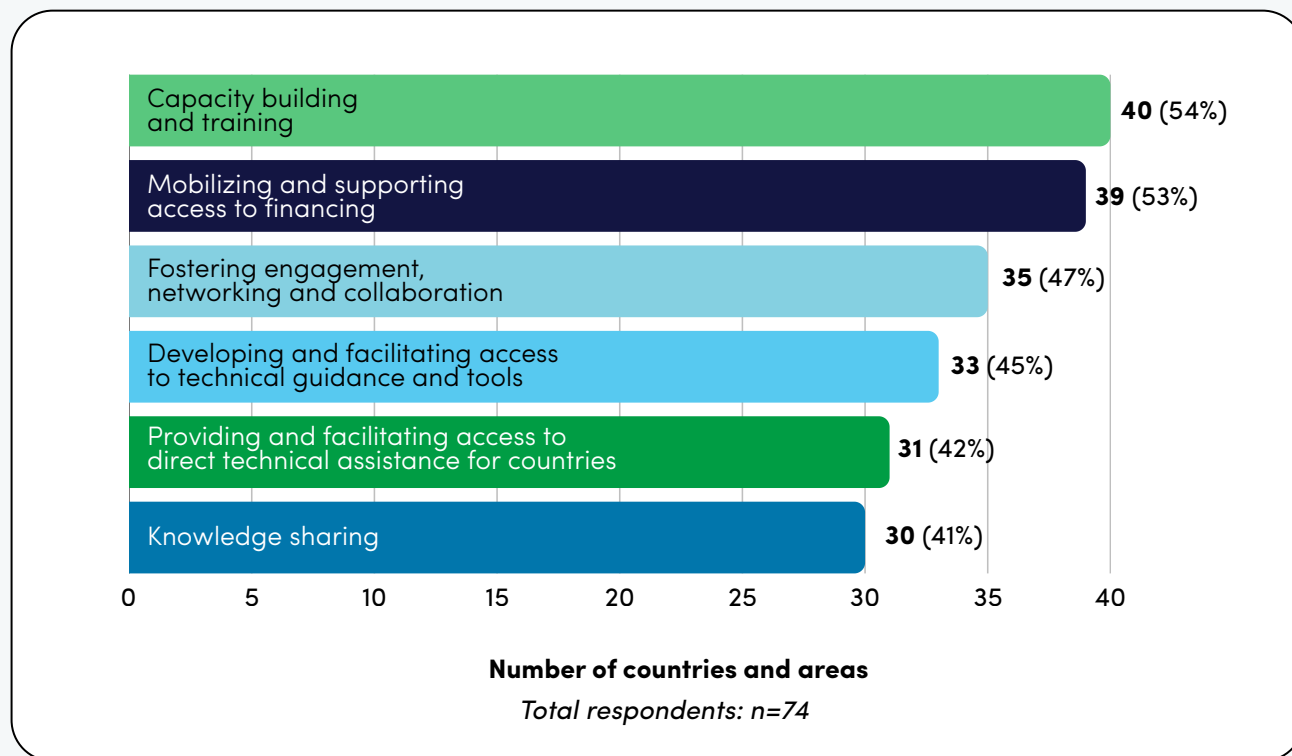
At the global level, access to adequate finance remains a significant barrier to action on climate change, with the Adaptation Gap Report placing the annual adaptation finance need for non-Annex I at US\$ 310–365 billion by 2035 for all sectors, and US\$ 22 billion for the health sector.<sup>(17, 20)</sup> In this context, access to finance covers capital investments in resilient physical infrastructure, disease surveillance and early warning systems, energy efficiency and the electrification and digitization of health systems, and medical supply chain resilience.

The landscape here is changing rapidly, and while it is never moving fast enough, the total committed funding at the intersection of climate change and health is estimated at US\$ 7.1 billion across the five years leading up to 2022.<sup>(21)</sup> Having recently been on an upwards trajectory, these budgets are now under significant pressure from competing priorities, and the need to make the case for investing in the health of the public has never been stronger.

As in each of the five functions, ATACH's real strength is in creating the space for partners to come together, across the world. From the Asian Development Bank (ADB), the World Bank and the Asian Infrastructure Investment Bank (AIIB) through to the Rockefeller Foundation and Wellcome, ATACH provides a space where demand can meet, discuss, and prioritize with supply. Partnership across these institutions forms the core of the outputs here, with the Task Team on Smart Buys (co-led by the World Bank, the Inter-American Development Bank (IADB), and the German KfW), and the Rockefeller Foundation-convened report on Resourcing Climate and Health Priorities continuing to deliver value for members.<sup>(22)</sup> This has been supplemented by regionally-focused work, such as a dedicated ATACH meeting on accessing climate finance for health, held in Dili, Timor-Leste in 2025, which offers an early model of the kind of direct country support members are asking for.



**Figure 3:** Top six ATACH priority actions mentioned by countries and areas between October 2024 and January 2026



It is the **one stop platform** to disseminate new evidence and get feedback from partners in a very flexible way.

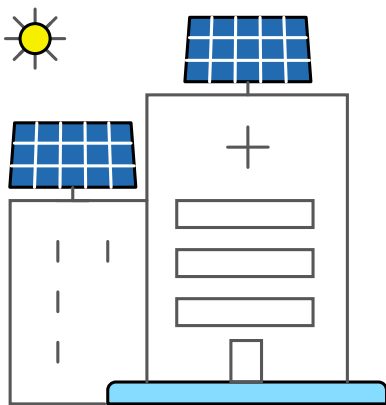


*ATACH Independent Evaluation report (2026)*

Unsurprisingly, given the core findings of the UN Adaptation Gap Report, facilitating access to further funding was high amongst the priorities of ATACH members, and an area where countries and partners alike wanted to see more action. In the independent evaluation, more than half (51%) of ATACH countries reported wanting to see the Alliance do more in this field, and 53% of country respondents ranked it among their top priorities – second only to capacity building.

More details on the response to this country-driven demand are provided in Part 3, with work underway to establish a new Task Team focused on the “Mapping and Description of Financing Opportunities”.

## 2.4 Knowledge generation, sharing, and capacity building



Over the years, the capacity and capabilities of the field have evolved significantly. In the earlier stages, the work focused on raising awareness of the links between climate change and health and building the case for action both within and beyond the sector. Though the pace of change must always be accelerated, that initial work is largely, now, complete. With 54 countries having finalized national-level health adaptation strategies and 41 national healthcare systems having committed to net zero emissions, the membership has now moved decisively from planning to delivery. With this comes a corresponding shift in the knowledge and learning the community needs, focusing less on ‘what to do’, and more on ‘how to do it’ in a specific health system, a specific climate context, and with specific resources. Global guidance remains critical, but the closer countries move to implementation, the more it needs to be complemented with local knowledge. The most important knowledge that ATACH now holds is not in its resource repository, it is in the experience of its 106 country members as they make decisions, learn from mistakes, and find solutions that work in practice.

Built from the ground up, the ATACH online Community of Practice now serves as a central repository of knowledge for members, bringing together over 270 resources spanning curated technical guidance, key country documents, case studies, and a ‘First Wins Library’, capturing early implementation progress across the members. Launched at COP30, the Belém Health Action Library adds a further 65 real-world examples of health system adaptation actions from every WHO region.

Ten in-depth Technical Meetings across seven priority topics have drawn in over 730 participants, covering a wide range of areas from climate-informed surveillance to the development of resilient healthcare facilities. A number of in-depth workshops and training sessions complement this, such as the four-day 'train the trainer' workshop in Jordan, providing health ministries with detailed policy guidance on all aspects of healthcare adaptation policy. Beyond its global platform, ATACH draws on the broader technical capacity of WHO, its Regional Offices, and partners to provide direct country support in anything from HNAP development to GHG baselining assessments, translating the global knowledge base into nationally specific action.

Independent evaluation suggests that ATACH's knowledge generation, sharing, and capacity building efforts are meeting the needs of 81% of countries, with over a third listing this as an area of particularly strong delivery. Focus group discussion centred on the importance of personal relationships developed at annual meetings such as those in Madrid and Brasília and regional meetings (described above) as a way of complementing resource libraries and technical guidance.



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.**



*Country member, ATACH  
Independent Evaluation report  
(2026)*



Moving forward, this work will continue and expand from 2026 to 2028, including through:

-  **A growing body of knowledge:** continued development of the online ATACH knowledge sharing platform by expanding the resource repository and First Wins implementation guidance by deepening its case study library (including the Belém Health Action Library as a living record of what works in practice), and by expanding the search and discovery functionality of the platform.
-  **Technical meetings on priority topics:** a new programme of Technical Meetings for 2026–2027, covering member-identified priorities, has been announced. These include dedicated sessions on gender and equity in climate and health policy and planning, and further work on climate-resilient and low-carbon healthcare facilities – two of the most consistently requested areas across the membership.
-  **Enhanced Communities of Practice:** as described above and developed further in Part 3, the Communities of Practice will serve as the overarching architecture for ongoing knowledge exchange, peer learning, and capacity building across the Alliance, organized across ATACH's five core thematic areas.
-  **A new Capacity Accelerator:** a new, structured programme, designed to support countries and future leaders in health and climate change to build the skills and capabilities they need to move from commitment to implementation, covered in more detail in Part 3.

Across all forms of member feedback and evaluation, capacity building and training is consistently identified as the single-highest priority for ATACH and for the community, going forward. The response to that demand is set out in Part 3.

## 2.5 Monitoring and tracking

Developing the data flows and the evidence base that demonstrates whether action on health systems and climate change is working (and whether it is not) can be as important as the action itself. It provides an honest assessment of progress, and importantly, provides the Alliance and its partners with crucial information on where further technical guidance, access to finance, and capacity building is required. Drawing on WHO's wider information systems role, including through the WHO Health and Climate Change Global Survey, ATACH provides a shared framework within which the achievements described throughout this document can be measured, verified, and built upon.

In practice, this function is delivered through two complementary approaches. The first of these leverages partnerships already described above, through its Task Teams. These efforts, focused on Climate Change and Health Indicators and on Healthcare Decarbonization Analytics provide the intellectual foundations and maturity frameworks that allow others (for example, the UNFCCC's Global Goal on Adaptation) to measure progress. The second of these takes the form of ATACH's own publicly available tools: a Commitment Tracker, which maps the COP26 Health Programme commitments made by all 106 countries; and a Progress Tracker, which records what countries have actually delivered against those commitments. The data here forms many of the headline numbers cited throughout this strategy.

These partnerships and this work will continue through to 2028, with ATACH expanding its progress tracker to incorporate new metrics of progress aligned with the Belém Health Action Plan and I-CAN commitments, ensuring that the full scope of what members have committed to is visible in a single, coherent framework. Continued collaboration with the Lancet Countdown and the UNFCCC on the Global Goal on Adaptation will ensure alignment across the various global reporting frameworks.



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## Accelerating momentum: 2026 to 2028

With 106 countries across every WHO region and every income setting, and over 100 partners, ATACH has grown into a global platform built to turn political commitment into health system action. However, the world it operates in today is not the world in which it was launched. The community has grown exponentially; health ministries are moving into the delivery phase of their journey, and expectations have shifted accordingly; and the external environment has become less certain. These changes require the Alliance to become more focused, more resilient, and closer to the countries it serves. The two central commitments from the COP26 Health Programme, and the five core functions described in the overarching 2024–2028 strategy remain the foundation of ATACH. What follows here are four cross-cutting priorities, designed to meet the needs of members in a changing world.

## 3.1 Moving closer to countries

As the platform has grown, so too have the needs of the members, and the depth and specificity of what they are asking for. This is a direct consequence of the success of ATACH, but presents a new challenge: how to complement the demand for global guidance and international convening with support contextualized to the region, the health system, and the focus of each member.

From 2026 to 2028, ATACH will strengthen its regional presence across the WHO regions. This begins with placing a **dedicated ATACH focal point within WHO Regional Offices**, tasked with strengthening ties between health ministries and the wider alliance, identifying implementation needs, connecting countries to relevant partners and resources, and ensuring that the global work of ATACH is responsive to the local realities. Over time, the Alliance will look to expand this capacity into **ATACH regional hubs** by collaborating with partners across the region, to better meet the needs of members where the demand exists.

In parallel, ATACH will look to identify resources for a **formalized and expanded programme of regional meetings, with two dedicated summits** planned each year. This builds on the success of the 2025 PAHO meeting in Bridgetown and the Western Pacific Action Forum in Singapore, and provides members with a structured space for peer exchange, technical deep dives, and progress review within their own regional contexts.

For countries ready to move into implementation, the platform will look to develop a dedicated **ATACH Catalyst Fund** – a competitive grant system, providing funding of US\$ 50 000–100 000 for ATACH countries. These grants will be designed as catalytic support, intended to help members pilot and evaluate new approaches, or bridge the gap between a plan and its first funded activity. Available to all country members, the call will prioritize low- and middle-income countries, the areas where initial support will have the greatest impact, and countries with a strong and dedicated track record of action. In its first instance, the Catalyst Fund will be launched as a pilot programme, with the ATACH Secretariat actively seeking opportunities for the Fund to be expanded in a systematic way over the course of this strategic period.



## 3.2 Building implementation capacity

At every moment, and across every survey and evaluation conducted over the past three years, one request has come through more consistently than any other: more direct, more practical, and more sustained support to build the skills and the capacity to act. As the community has evolved, it has begun to require more than just the introductory knowledge you can obtain from a single webinar or a four page policy brief; it now requires deeper technical competencies, interactions with experienced peers who have tried, failed, and tried again, and support that stays with a country through the messy process of turning a plan into a programme.

ATACH will continue to invest in the breadth of its capacity support. As described above, the website will continue to grow as an **ATACH living online resource**, with new materials, case studies, and tools added regularly. A new **Members Welcome Pack** has been developed to ensure that every new member can quickly identify what ATACH offers, what is expected of them, and where to start. And the programme of Technical Meetings and webinars will continue, with an increasing emphasis on signposting members to the right resources and connections rather than delivering content from the centre.

However, breadth alone is clearly not enough. From 2026, the Alliance will launch the **ATACH Capacity Accelerator**: a structured, country-driven programme of deeper implementation support, built around three complementary tracks.



**ATACH Executive Fellowship programme**



**ATACH Country Partnership Programme**



**ATACH Implementation Clinics**





The first is a dedicated **ATACH Executive Fellowship programme**, provided as a university-level degree-bearing course. The competitive application programme will combine distance-learning with two in-person intensive sessions each year. It is designed for advanced practitioners who are already working at the intersection of climate change and healthcare, who need deeper technical skills and peer relationships to lead transformation at the national level.



The second is a peer matching and peer support programme. The **ATACH Country Partnership Programme** looks to pair small groups of two to three member countries together for sustained collaboration over a two-year period. Partners who are interested will be deliberately paired for a diversity of income settings and geographies but aligned on time zones and technical priorities. Matching will be selective and carefully managed, with the programme possibly extending to include secondments or exchange arrangements between health ministries.



Finally, hosted within each of the five Communities of Practice, a suite of **ATACH Implementation Clinics** will be established. These will exist as structured, hands-on sessions where countries can bring real implementation challenges, draft plans, or specific technical problems to ATACH partners and WHO experts, and receive rapid expert input, peer examples, and practical guidance.

The breadth and depth of the capacity accelerator will expand over time as resource becomes available, and as support from ATACH members grows.

### Box 3: Health systems and health equity

The Belém Health Action Plan rightly placed health equity at the centre of the global response to climate change, noting that between 3.3 and 3.6 billion people live in settings highly vulnerable to climate hazards, where weak health systems amplify risk.<sup>(23)</sup>

At its core, this strategy is a direct response to the underlying inequity exacerbated by climate change. The Catalyst Fund prioritizes low- and middle-income members, and the peer-to-peer Country Partnership Programme and the Capacity Accelerator are designed to reduce the gradient between health systems with very different starting points. There is always more that can be done, and equity must also be woven through all of the technical work of the Communities of Practice, their Task Teams, and everything ATACH does.

### 3.3 Unlocking climate finance for health

The financing landscape for sustainable healthcare has shifted considerably since ATACH first began its work: the volume of climate finance available to health systems has grown, new instruments and mechanisms have come online, and the economic case for investing in health has never been stronger. Yet, navigating the financing landscape remains difficult and application processes are complex, leading to a significant gap between available funding and funded projects.

While ATACH and the WHO are not direct funders, there are a number of ways the platform can address the needs of its members. Firstly, a dedicated **health and climate finance navigator** will be developed and maintained as part of the online resources, mapping available instruments, eligibility criteria, and entry points for health ministries.

The second mechanism is by continuing to build the investment case, and expanding on the work conducted through the ATACH Task Teams over previous years. In the first instance, a new Task Team has been established to focus on mapping out financing opportunities, examining the role of private and blended finance, and drawing on country experience to understand what works in practice.

The third pathway marks a potential step-change in what ATACH can offer directly. The WHO's recent **accreditation as an implementing entity for both the Green Climate Fund and the Adaptation Fund** is a significant development, and creates a potential pathway for countries to access dedicated climate finance for health that did not previously exist. Translating accreditation into funded projects takes time, and the process of building the pipelines, relationships, and project readiness required is already underway. Over time, ATACH will look to leverage this mechanism to host a **dedicated finance support function**. Initially small, and growing over time, this will be designed to provide direct support to countries through the project preparation and application phases.

## 3.4 Sustaining a community through action

Over the past four years, ATACH has grown into a platform of scale and ambition – with five core functions, seven Task Teams (and five more planned), over 20 Technical Meetings, and a plethora of online resources. Regular feedback provided throughout the review process stressed the importance of ensuring clarity and alignment across everything the platform is delivering, to ensure that the work adds up to a force that is greater than the sum of its parts. The next three years will focus on channelling this energy more deliberately and organizing the work around a clearer implementation architecture.

From 2026, the five 'Communities of Practice' will take on a central organizational role within ATACH. Fixed for the three-year period of this strategy across the five thematic areas – health system resilience, healthcare decarbonization, supply chains, financing, and nutrition – each CoP will provide the structured home for ATACH's technical work. Every Community will be co-led by both nominated ATACH members and the WHO Secretariat, with the focus being on building the depth of technical capacity and programmatic support needed to help the members thrive. Task Teams and Technical Meetings will sit within and serve these Communities, and over time, each will develop a maturity framework aligned to its thematic area to provide a clearer picture of progress across the platform. Where focused political interest exists, these Communities of Practice may also serve as home to a coalition of health ministries ready to commit to a specific, ambitious, and time-bound action, together.

As demand from countries arises, new Task Teams and Technical meetings will be established against clear criteria. To be accepted, a proposed Task Team must address a genuine global, regional, or country need that no one country could meet alone, it must be action-oriented, have dedicated and existing technical capacity and resources to deliver, and it must produce a global good – guidance, tools, evidence – that is available to and usable by the full membership.





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The platform will also launch a new **ATACH Special Initiatives Framework**, designed to harness the energy and momentum that comes with the annual COP. Developed in collaboration with the host country, this looks to create a structured and formal pathway for Presidency-linked initiatives to be supported by the wider ATACH network for up to three years. At the end of that period, each initiative will either be integrated into the CoP architecture or, having delivered on its objectives, concluded.

The Alliance will expand on its new **ATACH Champions programme**, identifying senior leaders who are ready to use their voice and their experience to elevate climate change and health at the highest levels. The programme will expand beyond its current cohort, with Champions drawn from across regions and sectors, providing the Alliance with a network of advocates whose reach extends well beyond what the Secretariat alone can achieve.

No alliance can serve its members without fully understanding their needs, and no field can assess what has worked, without first understanding what progress has been made. The platform will introduce a periodic ATACH Pulse Survey, issued to all countries and partners. This will look to capture how members experience ATACH, what they value, and what can be strengthened over time. Aggregated results will be published through the ATACH online platform, providing membership and the wider community with a clear picture of where progress is being made, and where support is most needed.

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## Next steps

**The ambition described in this strategy will evolve as the community does, as new evidence emerges, and as macro political and economic pressures continue to shift. This document should therefore be read as a living strategy, reviewed and updated regularly.**

A number of the key priorities and new initiatives described in Parts 2 and 3 cannot be delivered in isolation. They require two things in order to be successful. The first, is the active participation from countries and from members – providing direct engagement and technical support. The second, is that each of the core concepts and initiatives described are fundamentally scalable, and in many cases, pilot programmes are proposed with the intention of expanding the breadth and depth of work as funding becomes available. Subject to this, the ATACH Secretariat will look to nominate co-leads for each of the five Communities of Practice. Separately, the first cohort of the ATACH Executive Fellowship, the inaugural call for the ATACH Catalyst Fund, and the first matching round of the ATACH Country Partnership Programme will all open for applications towards the end of the year, with details on eligibility and process shared with all members.



A home for a community with a common purpose.

The priorities described in this strategy reflect what the Alliance knows it can deliver, and what it believes is possible with the right support. It is a sign of a growing community that ambition is consistently outpacing available resource. To that end, ATACH will continue to seek funding partners willing to contribute to the core of the platform, as well as to specific priorities – from the establishment of Regional Hubs to the expansion of a new climate finance support facility.

Ultimately, the Alliance for Transformative Action on Climate and Health exists as a home for a community with a common purpose: to deliver resilient and sustainable healthcare systems that protect and promote the health of our patients and the public in the face of a changing climate. Its five functions – raising the collective voice of the community, supporting coordination across its priorities, facilitating access to the finance needed to act, building the capacity of its members to deliver, and providing clarity and visibility across what is being achieved – are not ends in themselves. They exist to grow, connect, and strengthen the most important thing ATACH has: its members.



1.0 Where we've come from

2.0 106 countries and counting

3.0 Accelerating momentum

4.0 Next steps

Annex

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# Annex – Key Deliverables and Actions by ATACH Function

The following summarizes the key priorities and initiatives for 2026 to 2028, organized by ATACH's five core functions. Each concept here is implementable and scalable depending on the ambition of the community, the support available from ATACH countries and technical partners, and continued and expanded resources.

**TYPE** **Continuing** = carried forward from 2024 to 2026 workplan  
**Expanded** = existing work, broadened in scope  
**New** = introduced in this Operational Strategy  
**Task Team rows** are shaded green

ATACH Function	Ongoing Priorities & Task Teams	Key Deliverables & Actions (2026 to 2028)	Type
<p><b>1. Advocacy and Agenda-Setting</b></p> <p>Lifting up the voice of ATACH members and partners in key global settings throughout the year.</p>	<p>1.1 Advocacy and events</p>	<p><b>i. Presence at the WHA and COP:</b> coordinated ATACH events and set-piece moments at the World Health Assembly each year; a dedicated WHO Pavilion and ATACH Day at each COP, providing a focal point for ministerial engagement and announcements.</p> <p><b>ii. Annual summit:</b> a dedicated convening between the WHA and COP each year (building on Madrid, Brasília, and Paris), providing a forum for Communities of Practice, Task Teams, governance discussions, and community alignment.</p> <p><b>iii. Calendar of strategic events:</b> a curated annual calendar for ATACH engagement across COP, WHA, UNGA, and other key settings.</p>	<p>Continuing</p>
	<p>1.2 ATACH Champions Programme</p>	<p><b>i. Expanded and formalized ATACH Champions Programme:</b> senior leaders drawn from across regions and sectors, engaged to elevate climate change and health systems at the highest levels, beyond the reach of ATACH alone.</p> <p><b>ii.</b> Champions deployed at priority global events, including COP, WHA, and the annual summit.</p>	<p>Expanded</p>
	<p>1.3 Communications and outreach</p>	<p><b>i. Refreshed ATACH Communications Strategy deployed:</b> ATACH has sharpened its communications strategy for 2026, with a shift from reactive, event-driven communications to a proactive, coordinated approach.</p> <p><b>ii. Dedicated digital assets</b> for members and partners, including newsletter (at least 5x per year), LinkedIn presence, and a Members Welcome Pack for all new members.</p> <p><b>iii. ATACH Feature Stories:</b> a new, structured country-level storytelling programme, making the impact of health system action on climate change visible and providing a human face to national and global advocacy.</p>	<p>Expanded</p>
<p><b>2. Alignment and Coherence</b></p> <p>Promoting alignment and complementarity of efforts and supporting collective action at the global and regional level.</p>	<p>2.1 Dedicated Regional ATACH Focal Points</p>	<p><b>i. Dedicated ATACH focal points</b> placed within every WHO Regional Office, strengthening ties between health ministries and the Alliance and identifying implementation needs.</p> <p><b>ii. At least two regional ATACH meetings per year,</b> building on the 2025 PAHO meeting in Bridgetown and Western Pacific Action Forum in Singapore, co-organized with WHO Regional Offices.</p> <p><b>iii. ATACH regional hubs</b> developed over time in collaboration with regional partners, providing deeper, locally contextualized support to members.</p>	<p>New</p>
	<p>2.2 Communities of Practice architecture</p>	<p><b>i. Five restructured Communities of Practice</b> across ATACH's core thematic areas, each co-led by two member countries (spanning WHO regions and income settings) and enabled by a nominated technical partner.</p> <p><b>ii. Task Teams and Technical Meetings</b> anchored within and serving their respective Community of Practice.</p> <p><b>iii. ATACH Special Initiatives Framework</b> to provide a structured pathway for Presidency-linked COP initiatives to be supported by the ATACH network for up to three years.</p> <p><b>iv. Mapping of global and regional commitments</b> (including BHAP and I-CAN) maintained and published on the online Communities of Practice.</p>	<p>Expanded</p>
	<p>2.3 Equity and inclusive participation</p>	<p><b>i.</b> Mechanisms developed to broaden participation in ATACH, including patients, ethnic minorities, Indigenous communities, youth groups, and community organizations.</p> <p><b>ii.</b> Equity and just transition maintained as a cross-cutting priority across Task Teams and Communities of Practice.</p>	<p>Expanded</p>

ATACH Function	Ongoing Priorities & Task Teams	Key Deliverables & Actions (2026 to 2028)	Type
	<p><b>Task Teams</b></p> <p><b>2.4 Task Teams</b></p>	<p>i. <b>Continuing Task Teams:</b> Climate Change and Health Indicators (coordination with UNFCCC on Global Goal on Adaptation); Alignment of national procurement standards; Healthcare Decarbonization Analytics (new name to reflect its focus); Integration of nutrition in climate and healthcare policies (I-CAN linked); Costing and prioritization of climate and health interventions.</p> <p>ii. <b>Proposed new Task Teams (2026):</b> Mapping and description of financing opportunities; Guidance on gender and equity in climate and healthcare policies and planning; Standards for climate-resilient and low-carbon sustainable healthcare facilities; Mapping of capacity building needs; Practical recommendations for integrating heat into existing climate and health risk assessment and management approaches.</p>	Continuing/ New
<p><b>3. Access to Finance</b></p> <p>Identifying financing needs and supporting members to access climate finance for health systems.</p>	3.1 ATACH Climate Finance Navigator	<p>i. <b>ATACH Climate Finance Navigator</b> developed and maintained as part of the online resources, mapping available instruments, eligibility criteria, and entry points for health ministries.</p> <p>ii. Updated annually to reflect new instruments, including the Green Climate Fund, Adaptation Fund, and bilateral mechanisms.</p>	New
	3.2 Leveraging WHO accreditation for direct climate finance access	<p>i. <b>Translating WHO accreditation with the Green Climate Fund and the Adaptation Fund</b> as an implementing entity, into directly funded climate change and health system resilience and decarbonization projects for ATACH countries.</p> <p>ii. <b>Dedicated finance support function:</b> subject to available resources, direct support to members through project preparation and application phases, growing over time.</p>	New
	3.3 ATACH Catalyst Fund	<p>i. <b>Inaugural call for applications</b> offering competitive grants of US\$ 50 000 to 100 000 to ATACH countries to pilot new approaches or bridge the gap between a plan and its first funded activity.</p> <p>ii. Priority given to low- and middle-income countries with a strong track record of action.</p>	New
	<p><b>Task Teams</b></p> <p><b>3.4 Task Team on Mapping and Description of Financing Opportunities</b></p>	<p>i. Mapping of private and blended finance opportunities for healthcare and climate, including case studies of country experience in accessing financing.</p>	Expanded
<p><b>4. Knowledge, Sharing, and Capacity Building</b></p> <p>Addressing gaps in knowledge; building a platform for shared learning; and equipping members with the capabilities needed to act.</p>	4.1 ATACH online resource library	<p>i. <b>ATACH online library expanded</b> continuously, with new case studies, guidance materials, and country documents, including the First Wins Library and the Belém Health Action Library.</p> <p>ii. Search and navigation functionality improved to facilitate access across different technical needs and contexts.</p>	Continuing
	4.2 Technical meetings programme	<p>i. <b>Annual programme of technical meetings</b> on member-identified priority topics, hosted within the relevant Community of Practice.</p>	Continuing
	4.3 ATACH Capacity Accelerator	<p>i. <b>ATACH Executive Fellowship:</b> a university-level, degree-bearing programme combining distance learning with two in-person intensive sessions per year, for advanced practitioners leading national health system transformation.</p> <p>ii. <b>ATACH Country Partnership Programme:</b> groups of two to three member countries paired for sustained peer collaboration over two years, matched across income settings and geographies but aligned on technical priorities.</p> <p>iii. <b>ATACH Implementation Clinics:</b> structured, hands-on sessions hosted within each Community of Practice, where countries bring real implementation challenges to WHO experts and ATACH partners for rapid, practical input.</p>	New
<p><b>5. Monitoring and Tracking</b></p> <p>Tracking and measuring ATACH's collective contribution, and providing shared visibility of progress at the country and global levels.</p>	5.1 Commitment and Progress Trackers	<p>i. <b>Annual ATACH Pulse Survey</b> conducted and published, capturing self-reported country progress, emerging needs, and member priorities across the five functions.</p> <p>ii. <b>Online Commitment and Progress Trackers</b> expanded and updated, with country progress information available, alongside new indicators centred on I-CAN and BHAP commitments. Developed with close integration with existing international frameworks, such as the UNFCCC's Global Goal on Adaptation and the work of the Lancet Countdown.</p>	Expanded
	<p><b>Task Teams</b></p> <p><b>5.2 Task Team on Climate and Health Indicators</b></p>	<p>i. Continued coordination on health adaptation indicators for the Global Goal on Adaptation, with consideration of whether scope should expand to capture broader national and health system progress beyond the GGA framework.</p>	Continuing