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# 2025 WHO Health and Climate Change Global Survey

## Support Document

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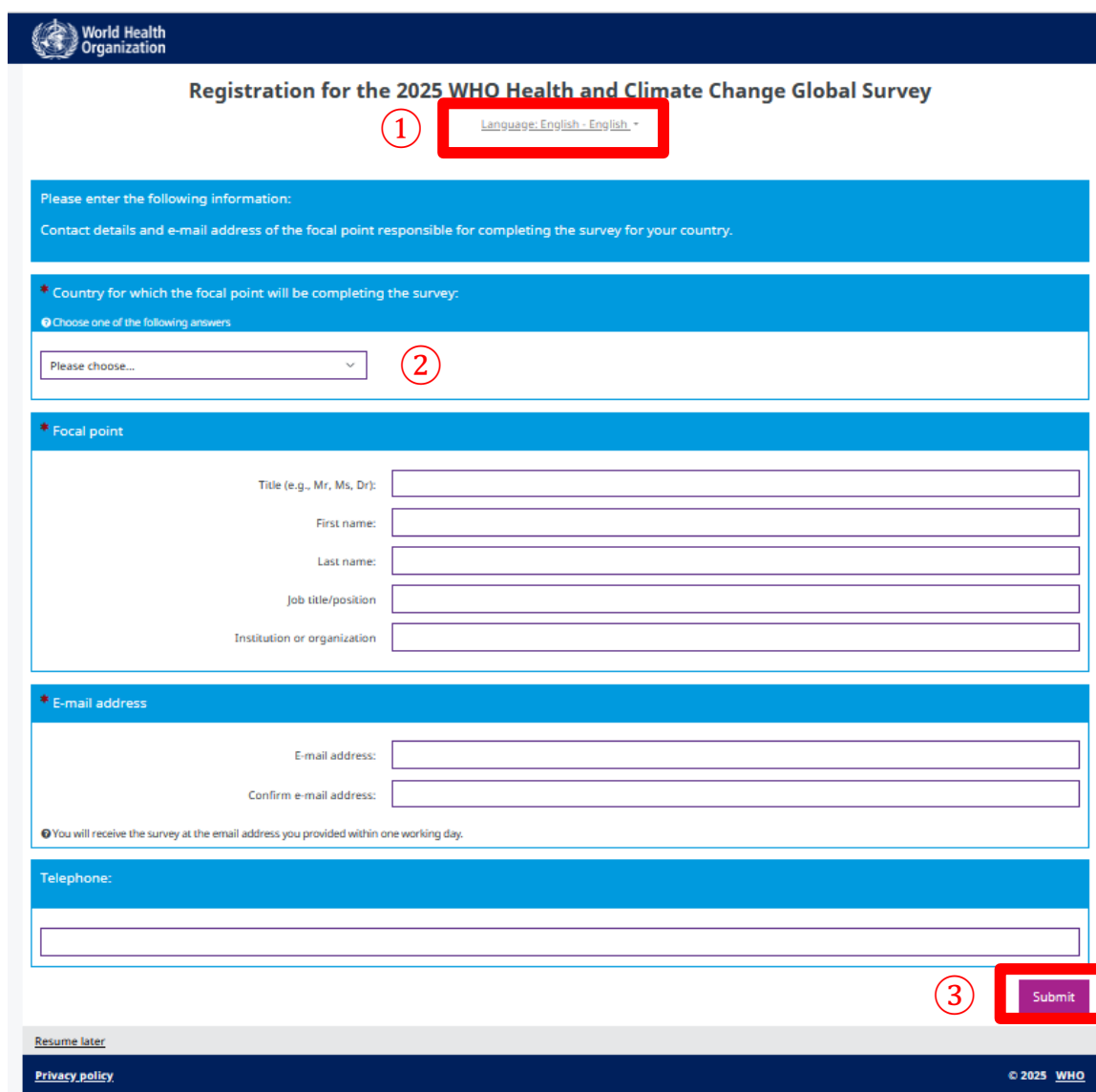
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## 1. How to register for the survey

1) Register as the focal point in the Ministry of Health to complete the survey using the link provided by WHO (see below):

- English: <https://extranet.who.int/dataformv6/index.php/119153?lang=en>
- Arabic: <https://extranet.who.int/dataformv6/index.php/119153?lang=ar>
- Chinese: <https://extranet.who.int/dataformv6/index.php/119153?lang=zh-Hans>
- French: <https://extranet.who.int/dataformv6/index.php/119153?lang=fr>
- Russian: <https://extranet.who.int/dataformv6/index.php/119153?lang=ru>
- Spanish: <https://extranet.who.int/dataformv6/index.php/119153?lang=es>



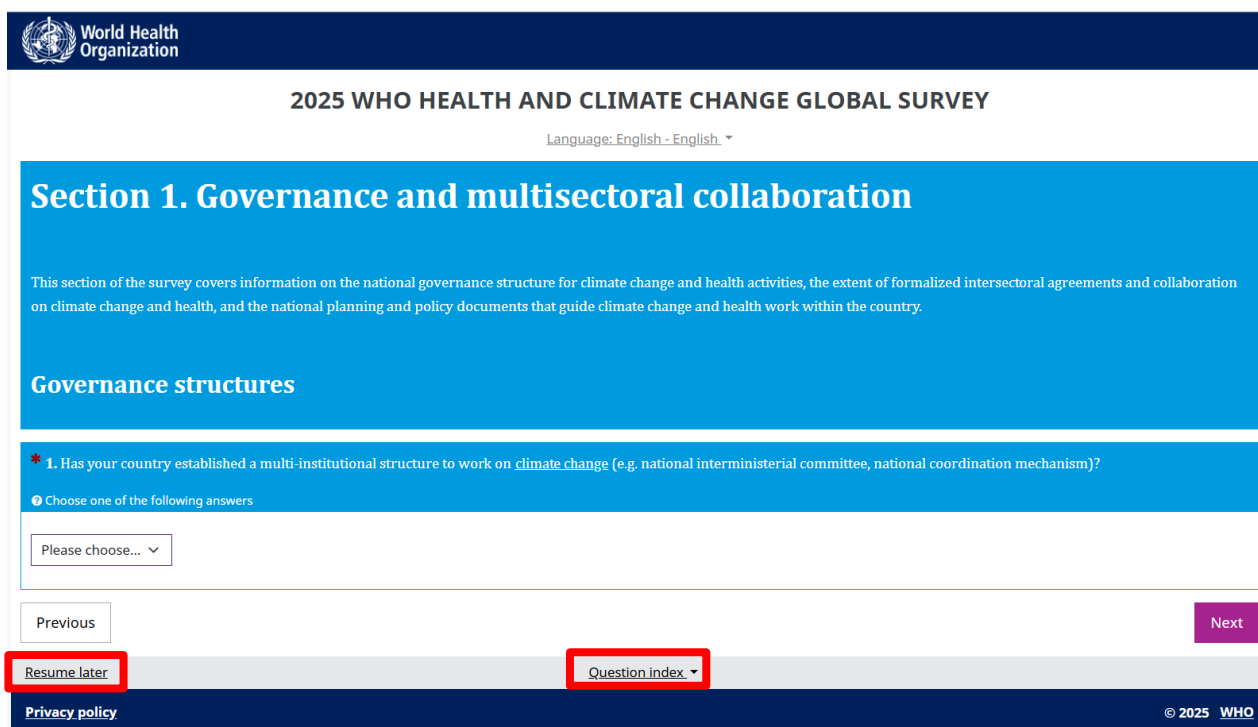
*Figure 1: An example of the registration page*

- ① Select any of the six official WHO languages
- ② Fill in the required information: make sure to submit the e-mail address of the main officer in the Ministry of Health responsible for completing the survey.

- ③ Click "Submit"

## 2. How to complete the survey

- 1) Within two working days after registering as focal point a personalized link to the actual survey will be sent to the registered e-mail address from [climatehealthmonitoring@who.int](mailto:climatehealthmonitoring@who.int). Please save this e-mail, as the included link will be required to access the survey until it is completed.
- 2) Open the e-mail and click on the personalized link to begin completing the global survey.
- 3) If you'd like to view other pages without yet answering mandatory question(s), please click on "Question Index" at the bottom centre of the screen.
- 4) Before leaving, make sure to click "Resume later" at the bottom left of the screen to save your responses. This will allow you to close and return to complete the survey at any time using the same link. Use a laptop or computer to complete the survey — avoid using mobile devices or tablets.



World Health Organization

2025 WHO HEALTH AND CLIMATE CHANGE GLOBAL SURVEY

Language: English - English ▾

### Section 1. Governance and multisectoral collaboration

This section of the survey covers information on the national governance structure for climate change and health activities, the extent of formalized intersectoral agreements and collaboration on climate change and health, and the national planning and policy documents that guide climate change and health work within the country.

#### Governance structures

★ 1. Has your country established a multi-institutional structure to work on climate change (e.g. national interministerial committee, national coordination mechanism)?

⊙ Choose one of the following answers

Please choose... ▾

Previous Next

**Resume later** **Question index ▾**

[Privacy policy](#) © 2025 WHO

**Important note:** You can share the personalized link with colleagues if necessary. However, we recommend that only one person fills out the survey. If you share the link with others and to avoid unintentional loss of data, please ensure that multiple persons do not open and edit the survey at the same time. Consultations with colleagues could be done using the offline Microsoft Word version of the survey before submitting the replies online.

### 3. Background

Global progress on the health sector response to climate change is monitored through the WHO Health and Climate Change Country Survey. This survey is sent to national health authorities who, in collaboration with other relevant ministries and stakeholders, provide updated information on key areas including:

- Governance and multisectoral collaboration (institutional structures, national planning, vulnerability and adaptation assessments, research and evidence, and social, gender, and equity considerations)
- Integrated risk surveillance and early warning
- Climate resilient and sustainable low carbon health systems (health workforce, low carbon health system, and climate resilient and low carbon health facilities)
- Financing (governmental/ministerial funds and international/external/private funds)

Regular updates on these key health and climate change indicators help provide insights into the implementation of health and climate change policies and plans; the status of assessments of health vulnerability and capacity to respond to climate change; and better understand the barriers to achieving health adaptation and mitigation priorities. Through global monitoring of the national health sector response to climate change, a vital snapshot of the overall progress made by governments around the world can be developed. Furthermore, this process helps identify what work remains to better protect populations from the health impacts of climate change.

The WHO health and climate change global survey is conducted every three years.

More information about the WHO Health and Climate Change Global Survey can be found here: <https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/evidence-monitoring/global-survey>

### 4. Key Outputs

Survey responses from the 2025 WHO Health and Climate Change Survey will be used for a number of outputs including:

- 2025 WHO Health and Climate Change Global Survey Report
- Baseline reporting on the WHO Fourteenth General Programme of Work (GPW 14) indicator on more climate resilient health systems that are addressing health risks and impacts (outcome 1.1) and other related GPW14 output indicators.
- Baseline reporting on relevant aspects of the Global Action Plan on Climate Change and Health
- Tracking progress and supporting implementation of key regional health and climate change frameworks and commitments, such as:
  - PAHO Policy for Strengthening Equity-Oriented Health Sector Action on Climate Change and Health;
  - Weaving Health for Families, Communities and Societies in the Western Pacific Region

- (2025–2029);
- Declaration of the Seventh European Ministerial Conference on Environment and Health (Budapest, 2023): Accelerating action for healthier people, a thriving planet, a sustainable future;
- Framework for building climate-resilient and sustainable health systems in the WHO African Region 2024–2033;
- Malé declaration on building health systems resilience to climate change; South-East Asia Regional plan of action for the global strategy on health, environment and climate change 2020–2030: healthy environments for healthier population; and
- Climate change, health and environment: an Eastern Mediterranean regional framework for action, 2023–2029
- Updated WHO UNFCCC Health and Climate Change Country Profiles

## 5. Glossary

### **Assessing climate resilience of health care facilities**

Assessing climate resilience of health care facilities refers to a process whereby health planners and/or health care facility managers assess if a health care facility is able to respond to, recover from and adapt to climate-related shocks and stresses while leveraging opportunities to enhance functions and services.

### **Climate change and health Vulnerability and Adaptation Assessment (V&A)**

A climate change and health vulnerability and adaptation assessment (V&A) is a process and a tool that allows countries to evaluate which populations are most vulnerable to different kinds of health effects from climate change, to identify weaknesses in the systems that should protect them, and to specify interventions to prepare and respond. Assessments can also improve evidence and understanding of the linkages between climate and health within the assessment area, serve as a baseline analysis against which changes in disease risk and protective measures can be monitored, provide the opportunity for building capacity, and strengthen the case for investment in health protection.

### **Climate-informed health early warning systems (EWS)**

Climate-informed health early warning systems (EWS) aim to anticipate risks as early as possible and trigger early warning responses to avoid or reduce impact and prepare for effective response. In the context of a rapidly changing environment and risk landscape, early warning systems are a valuable tool for building the adaptive capacity and climate resilience of health systems. A climate-informed health EWS includes the following core elements ([WHO, 2021](#)):

- monitors environmental conditions;
- forecasts high-risk conditions, initiates active surveillance;
- sends alerts and communication; and
- has an established mechanism for early response.



### **Early warning system for extreme weather events**

An early warning system for extreme weather events is an integrated system which alerts people to hazardous weather, and informs actions by governments, communities and individuals to minimize the impacts ([WMO, 2022](#)).

### **Governmental/ministerial funding sources**

Governmental/ministerial funding sources include all funding from national and subnational public budgets.

### **Greenhouse gases (GHG)**

Gaseous constituents of the atmosphere, both natural and anthropogenic, that absorb and emit radiation at specific wavelengths within the spectrum of radiation emitted by the Earth's surface, by the atmosphere itself, and by clouds. This property causes the greenhouse effect. Water vapour (H<sub>2</sub>O), carbon dioxide (CO<sub>2</sub>), nitrous oxide (N<sub>2</sub>O), methane (CH<sub>4</sub>) and ozone (O<sub>3</sub>) are the primary GHGs in the Earth's atmosphere. Human-made GHGs include sulphur hexafluoride (SF<sub>6</sub>), hydrofluorocarbons (HFCs), chlorofluorocarbons (CFCs) and perfluorocarbons (PFCs); several of these are also O<sub>3</sub>-depleting (and are regulated under the Montreal Protocol).

### **Health Co-Benefits of Mitigation**

The health co-benefits of climate change mitigation refer to the potential human health benefits that may be gained from implementing policies that reduce greenhouse gas emissions and/or short-lived climate pollutants and promote low carbon, sustainable societies. For example, efforts to reduce greenhouse gas emissions in the transport sector can result in reduced air pollution and higher levels of physical activity such as cycling or walking consequently lowering the risks of respiratory diseases, cardiovascular diseases, diabetes and obesity. Conversely, some climate mitigation policies may cause harm to human health or may not maximize potential health gains.

### **Health National Adaptation Plan (HNAP)**

A health national adaptation plan (HNAP) is a national plan developed by the Ministry of Health to address the health risks of climate change through health adaptation and resilience. A HNAP is developed as part of the national adaptation plan (NAP) process.

### **Health surveillance system**

A health surveillance system is the continuous and systematic collection, analysis and interpretation of health-related data, in order to plan, implement and evaluate public health practice ([WHO, 2017](#)).

### **International/external/private funding sources**

International/external/private funding sources are those not coming from the national government. They include development banks (e.g. World Bank), multilateral donors (e.g. Adaptation Fund, Green Climate Fund, The Global Fund), bilateral donors (e.g. development assistance), philanthropic funds and private sector funds, among others.

### **Long-term Low Emissions Development Strategies (LT-LEDs)**

Long-term Low Emissions Development Strategies (LT-LEDs) are comprehensive plans developed by countries to transition to low-carbon economies over an extended period, typically spanning several decades. These strategies outline pathways to reduce greenhouse gas emissions while fostering sustainable economic growth and development. LT-LEDs are intended to guide national policies and investments towards achieving long-term climate goals, such as those set by the Paris Agreement, with an emphasis on resilience and environmental sustainability.

### **Memorandum of Understanding (MOU)**

A memorandum of understanding (MOU) is a formal agreement between two or more parties that outlines the terms and details of a mutual understanding or agreement, noting the intentions of all parties involved.

### **Meteorological Information**

Meteorological information refers to either short-term weather information, seasonal climate information or long-term climate information.

### **Multi-stakeholder Mechanism**

A multi-stakeholder mechanism could be either internal (health ministry only) or external (between the health ministry and other health-determining sectors, organizations and experts).

### **National Adaptation Plan (NAP)**

The National Adaptation Plan (NAP) process was established under the UNFCCC/Paris Agreement agenda to assist least developed countries (LDCs) in addressing medium- and long-term adaptation needs. The primary objectives of the NAP process are to reduce vulnerability to the impacts of climate change by building adaptive capacity and resilience, and to facilitate the integration of climate change adaptation into development planning.

### **National Communication (NC)**

National communication (NC) is a report that each Party to the Convention prepares periodically in accordance with the guidelines developed and adopted by the Conference of the Parties (COP)

### **National Health and Climate Change Strategy**

A national health and climate change strategy provides a comprehensive framework and/or guide that informs the government's work on climate change and health. A strategy will often outline key goals and objectives, targets and principles that inform the development of health and climate change plans (e.g. health and national adaptation plans [HNAP]) and programmes.

### **Nationally Determined Contribution (NDC)**

Nationally determined contributions (NDC) are pledges made by countries outlining their commitments to reduce national greenhouse gas emissions and adapt to the impacts of climate change. These contributions are a key component of the Paris Agreement, representing each country's intended efforts to achieve the global climate goals. NDCs are submitted to the UNFCCC and are subject to periodic updates, typically every five years, to reflect increased ambition and progress.



### **Operational areas of health emergency and disaster risk reduction programmes**

Examples of operational areas of health emergency and disaster risk reduction programmes include infrastructure, logistics, procurement, supply chain, travel, transport. Examples of actions to reduce GHG emissions from these operational areas include: efficient equipment and medicines procurement and storage; sustainable food procurement and transportation; low carbon transport for patients and health personnel; sustainable low carbon supply chain; sustainable and energy efficiency consumption and conservation (e.g. in buildings, use of digital technologies, etc.).

### **Scope 1, 2 and 3 emissions in low carbon health systems**

Scope 1 emissions in low carbon health systems are direct emissions from activities of health systems or under their control, scope 2 emissions are indirect emissions from electricity, heating, cooling purchased and used by health systems, and scope 3 emissions are all other indirect emissions (for example, from the supply chain)

### **United Nations Framework Convention on Climate Change (UNFCCC) Conference of the Parties(COP)**

The COP is the decision-making body of the UNFCCC, which meets annually to assess the impact of measures taken by Parties and progress made. All States that are Parties to the UNFCCC are represented at the COP.

## **6. Contact Information**

Should you have any questions or require further information regarding the 2025 WHO Health and Climate Change Global Survey, please contact: [climatehealthmonitoring@who.int](mailto:climatehealthmonitoring@who.int)

## 7. Annex 1: WHO Data Policy

[WHO Data Policy webpage](#). The full text of the policy can be found [HERE](#).

**Translations of the following WHO Data Policy statement:** [AR](#), [EN](#), [FR](#), [SP](#), [RU](#), [ZH](#)

### WHO Data Policy statement

Data are the basis for all sound public health actions and the benefits of data-sharing are widely recognized, including scientific and public health benefits. Whenever possible, the World Health Organization (WHO) wishes to promote the sharing of health data, including but not restricted to surveillance and epidemiological data.

As used in this data collection tool, the term "Data provider" means a duly authorized representative of the governmental body with authority to release health data of the country to WHO (i.e. the Ministry of Health or other responsible governmental authority). The recipient of this data collection tool is responsible for ensuring that he/she is the Data provider, or for providing this data collection tool to the Data provider.

In this connection, and without prejudice to information sharing and publication pursuant to legally binding instruments, by providing data to WHO, the Data provider:

- confirms that all data to be supplied to WHO (including but not limited to the types listed in Table 1) hereunder have been collected in accordance with applicable national laws, including data protection laws aimed at protecting the confidentiality of identifiable persons;
- agrees that WHO shall be entitled, subject always to measures to ensure the ethical and secure use of the data, and subject always to an appropriate acknowledgement of the country:
  - i. to publish the data, stripped of any personal identifiers (such data without personal identifiers being hereinafter referred to as "the Data") and make the Data available to any interested party on request (to the extent they have not, or not yet, been published by WHO) on terms that allow non-commercial, not-for-profit use of the Data for public health purposes (provided always that publication of the Data shall remain under the control of WHO);
  - ii. to use, compile, aggregate, evaluate and analyse the Data and publish and disseminate the results thereof in conjunction with WHO's work and in accordance with the Organization's policies and practices.

Except where data-sharing and publication are required under legally binding instruments (International Health Regulations (2005), WHO Nomenclature Regulations 1967, etc.), the Data provider may in respect of certain data opt out of (any part of) the above, by notifying WHO thereof in writing at the following address, provided that any such notification shall clearly identify the data in question and clearly indicate the scope of the opt-out (in reference to the above), and provided that specific reasons shall be given for the opt-out.

Director Strategy, Policy and information (SPI)  
World Health Organization  
20, Avenue Appia  
1211 Geneva  
Switzerland

**Table 1. List types of data provided to WHO (non-exhaustive)**

<b>Data types</b>	<b>Examples</b>
WHO-supported household surveys	WHO Strategic Advisory Group of Experts (SAGE) on Immunization, WHO STEPwise approach to surveillance (STEPS), World Health Survey
Unit record mortality data	(Not currently collected by WHO headquarters, but by the WHO Regional Office for the Americas/PAHO)
Aggregated mortality data	WHO Mortality Database
Aggregated health facility data	DHIS 2.0 data (not currently collected by WHO headquarters, but hospital data are collected by the WHO Regional Office for Europe)
Case-based health facility data	WHO Global Burn Registry data <sup>a</sup>
Health expenditure data	WHO Global Health Expenditure Database (National Health Account indicators)
Health facility surveys	Availability of medicines and diagnostics
Health research data (other than clinical trials) <sup>b,c</sup>	Case-control investigations, prospective cohort studies
Key informant surveys	Existence of national road traffic laws
National survey reports	Prevalence of hypertension or tobacco use
Disease surveillance data	HIV prevalence in pregnant women or tuberculosis treatment outcomes
Surveillance of notifiable diseases	Total number of cases of plague

<sup>a</sup> Note: Case-based health facility data collection such as that in the WHO Global Burn Registry does not require WHO Member State approval.

<sup>b</sup> The world health report 2013: research for universal coverage. Geneva: World Health Organization; 2013. ([http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837_eng.pdf)).

<sup>c</sup> WHO statement on public disclosure of clinical trial results. Geneva: World Health Organization; 2015 (<http://www.who.int/ictrp/results/en/>).