

Climate Change and Health: What to Expect from COP 30?

Mudanças climáticas e saúde: o que esperar da COP 30?

Cambio Climático y Salud: ¿Qué esperar de la COP 30?

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Climate change is no longer a future possibility, but is manifesting itself concretely in the present through extreme heat waves, prolonged droughts, floods, and the increase in vector-borne diseases. The World Health Organization (WHO) warns that between 2030 and 2050, global warming could result in approximately 250,000 additional deaths per year, related to malnutrition, malaria, diarrhea, and heat stress. This context reinforces the urgency of analyzing the effects of the climate crisis on health and discussing the role of COP 30 in developing global responses⁽¹⁾.

The Conference of the Parties (COP) is the main forum for international climate negotiations, where mitigation targets, adaptation strategies, financing mechanisms, and compensation for losses and damages are discussed. However, health has historically occupied a peripheral position in the deliberations, often treated as a secondary effect of environmental change. This lack of centrality compromises the strategic integration of health in international agreements, restricting its relevance to an ancillary aspect⁽²⁾.

For COP 30, to be held in Belém, greater emphasis is expected on health, with the presentation of the Belém Health Action Plan, a document that seeks to align climate justice and equity, prioritizing the building of resilient health systems. The plan also aims to establish objective indicators of climate adaptation related to health, which is essential for transforming political commitments into effective actions⁽³⁾.

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Despite this, financing remains one of the biggest obstacles. Data from the Global Climate and Health Alliance indicate that less than 1% of the resources allocated to addressing climate change worldwide are focused on health. Without adequate investment, adaptation initiatives—such as modernizing hospital infrastructure, strengthening epidemiological surveillance, and implementing early warning systems - remain limited and insufficient⁽³⁾.

An equally critical aspect is inequality⁽¹⁾. The impacts of the climate crisis do not affect all populations evenly: developing countries, indigenous peoples, peripheral communities, and groups without adequate access to sanitation and health services suffer disproportionately. COP 30 will have to address these asymmetries, otherwise it will produce generic commitments without concrete instruments for international support.

Beyond adaptation, it is essential to advance the relationship between mitigation and health. The transition to less polluting energy sources and the reduction of atmospheric emissions bring immediate benefits, such as a decrease in the incidence of cardiovascular and respiratory diseases. However, political and economic pressures from sectors linked to fossil fuels can reduce the ambition of these commitments, weakening the health agenda⁽⁴⁾.

Another central challenge is the creation of solid indicators to measure the effects of climate change on health⁽³⁾. Without reliable parameters, it becomes impossible to monitor progress, which leaves room for inaccurate statements. Although the Belém Health Action Plan presents proposals in this regard, many countries still lack consistent epidemiological data, especially in areas with poor infrastructure.

The risk of repeating past failures cannot be overlooked. COP 28 was criticized by the health community for failing to adopt binding measures to gradually reduce fossil fuel consumption, despite scientific evidence of their harmful impacts. Therefore, there is a possibility that the next conference will be limited to symbolic pronouncements, without effective structural changes⁽²⁾.

The effectiveness of actions will depend on the ability to coordinate across different sectors. Protecting health requires the integration of areas such as transportation, agriculture, energy, housing, and urban planning⁽⁴⁾. Strategies such as epidemiological warning systems, adapting cities to heat waves, and sustainable agricultural policies will only have a real impact if implemented jointly, avoiding treating health in isolation.

Another essential element is social participation⁽³⁾. The Belém Health Action Plan calls for the inclusion of historically marginalized groups - Indigenous, riverine, and quilombola communities - in decision-making processes. The effective presence of these communities can increase the legitimacy of proposals, but there is a risk that their participation will be merely symbolic, without concrete influence on

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In this context, monitoring and accountability mechanisms become essential. More than presenting plans, it is necessary to ensure regular reports, independent audits, and transparency in the allocation of resources for climate health. Otherwise, there is a risk that the COP 30 documents will remain merely formal, without practical results.

Thus, COP 30 represents a unique opportunity to put health back at the center of global climate negotiations. If there is progress in financing, strengthening adaptation, and promoting equity, the conference could mark a historic turning point. However, if narrow interests and empty commitments prevail, the event could result in frustration, further worsening global health vulnerability. For public health, failure in Belém would not only mean the loss of a decisive political moment, but the continuation of a scenario of growing suffering, especially among the most vulnerable populations.

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