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SUMMARY REPORT: HOW TO IMPLEMENT HEALTH AND WELLBEING POLICIES ON CLIMATE CHANGE

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1 CONTEXT OF THE CONFERENCE

The conference “How to implement health and wellbeing policies on climate change” was organised by the Department of Care, Flanders in co-organisation with the WHO/Europe Regions for Health Network and the European Committee of the Regions in Brussels on 15, 16 and 17 September 2025.

The health sector’s role in climate advocacy is underestimated and underutilized. Climate action must be fully embedded in healthcare and health policies — it is not separate from health, it is health. Addressing climate-health challenges requires structured knowledge sharing and collaboration across disciplines and regions. A three-step approach — prevention, cure, and crisis preparedness — ensures resilient, health-driven climate action.

The conference was set up with specific purposes in mind:

- Share challenges, solutions and success factors on "how"
- Align the regional approaches on health and wellbeing

- Share good practices
- Networking: building and strengthening regional networks for collaboration

Regions can act as the interface between coordination of local action and drafting of national plans. From high-level plenary sessions to hands-on workshops with room for networking, we have shared knowledge, debated the pressing challenges we are facing, and discussed potential solutions and success factors. And above all, we inspired each other with good practices.

2 PLENARY SESSION

The conference was opened by **Karine Moykens**, Secretary General of the Department of Care, emphasizing the urgency of climate action and its disproportionate impact on children and future generations. The health impacts of climate change were highlighted, such as heatwaves, droughts, floods, and emerging vector-borne diseases, which particularly affect vulnerable groups. **Hans Kluge**, WHO Regional Director for Europe, stressed the urgency of action due to recent extreme weather and the pressure on health systems. He praised Flanders' climate-health plan as a model with strong legal and financial foundations, and highlighted WHO Europe's support for integrating health into climate policy through regional collaboration and its Pan-European Commission on Climate and Health to boost political awareness and action¹. **Katrín Jakobsdóttir**, Former Prime Minister of Iceland and Chair of the Pan-European Commission on Climate and Health, highlighted the health threats of climate change, the social inequalities it exacerbates, and the need for science-based policies, stressing both mitigation and adaptation while promoting cross-sector proposals and regional collaboration².

Adam Banaszak, member of the European Committee of the Regions, Councillor of Inowrocław County (PL), highlighted the crucial role of cities and regions in promoting health through urban planning, mobility, green spaces, and social inclusion, stressing the Committee of the Regions' function as a bridge to EU legislation and the need to translate local experiences into European policies through multi-level collaboration. **Colin O'Hehir**, Climate Change Policy Lead of the Department of Health (IE) and member of the WHO European Environment and Health Process (EHP), explained that the EHP addresses challenges and shares best practices for climate adaptation and mitigation in healthcare through thematic sessions on issues like transport emissions and pharmaceutical footprints, emphasizing its bottom-up approach that relies on practitioner expertise and integration into national systems. **Julie Berckmans**, Climate Scientist with the European Environment Agency outlined climate-related health risks in Europe, including rising heatwaves, floods, droughts, wildfires, and infectious diseases, stressing disparities in exposure, the need for harmonized data, and the limited subnational health focus. She noted that the European Environment Agency manages the Climate and Health Observatory for knowledge sharing and policy advice. **Bettina Menne**, Senior Policy Advisor on Healthy Settings – WHO/Europe, concluded the first part of the plenary session by emphasizing that climate-related health impacts vary by region and population, highlighting the need for preparedness through strong legal frameworks, early warning systems, and community engagement. She stated that the Regions for Health Network fosters collaboration among 42 regions in 26 countries and provides practical support on issues like carbon reduction and environmental challenges.

During the second part of the plenary session, colleagues from the **Department of Care** highlighted the importance of regional collaboration in health policies addressing climate change, combining mitigation and adaptation for health benefits. Flemish policy aligns with international frameworks such as the SDGs and the Budapest Declaration and is based on eight principles, including evidence-based action, data-driven insights, and attention to vulnerable groups. Since 2020/21, the Department of Care has coordinated climate and health initiatives through project groups and a climate health plan approved in 2023, guiding actions toward 2030. A

¹ Pre-recorded video message

² Pre-recorded video message

key initiative is the Green Deal Sustainable Care (2023), bringing together 233 organizations in a learning network to facilitate their actions towards a more sustainable and climate-resilient healthcare sector. VIPA, the division for care infrastructure, supports healthcare facilities with funding, advice, and audits, resulting in significant CO₂ reductions and cost savings. Sustainability criteria for construction and renovation are applied and updated according to European standards. The **Marie Elizabeth Belpaire building**, where the conference took place, exemplifies circular and innovative design with 97% material reuse and annual savings of around €10 million.

3 WORKSHOPS

3.1 HEALTH GOVERNANCE ON CLIMATE CHANGE

3.1.1 Summary

Different countries and regions have different approaches to integrating health governance with climate policy. Key themes are:

- Policy integration: aligning health and climate strategies through legislative mandates, intergovernmental cooperation, and international frameworks (e.g. WHO partnerships).
- Climate-health plans: Regions shared approaches on risk and vulnerability analyses, carbon-neutral health systems, and local initiatives like heatwave taskforces and hospital climate-health teams.
- Data & monitoring: Emphasis on data collection, modelling health impacts, and on using vulnerability indices. Citizen science projects were highlighted for local engagement.
- Attention to vulnerable groups: Strategies to support older people, socially isolated individuals, and minority communities through practical measures and improved communication.
- Communication & politics: Addressing political polarisation by focusing on tangible issues (heat, air quality), building trust, and linking climate action to health and economic benefits.
- Innovation & economy: Promoting wellbeing economies and partnerships to drive sustainable development and community involvement.
- Follow-up actions: Tasks include evaluating warning systems, improving outreach to vulnerable groups, sharing methodologies, developing health impact indicators, and maintaining political and public engagement.

3.1.2 Take aways

1. Make use of coordinated, joint roadmaps towards climate resilience and neutrality. At the governance level we need both.
2. Seize the momentum.
3. Embed initiatives on climate health and wellbeing into legislation. It is a significant factor in increasing the likelihood of future success. When climate-health initiatives are rooted in laws and procedures, they become more than just policy aspirations. They become enforceable commitments. This legal grounding equips policymakers and institutions with a powerful tool to drive implementation, ensure accountability, and withstand political shifts.

3.2 CLIMATE ACTION AS A WINDOW FOR OPPORTUNITIES: HEALTH IN ALL POLICIES, WELLBEING IN ALL POLICIES AND CLIMATE HEALTH CO-BENEFITS

3.2.1 Summary

To strengthen climate and health resilience, it is essential to implement Health in (and for) All Policies across all governance levels. Climate adaptation inherently intersects with key domains such as health, housing, and habitat. Shared ownership and the ability to address climate and health through multiple entry points represent significant strengths that must be fully leveraged. Furthermore, systematic exchange of good practices and experiences is crucial for building broad support and accelerating action.

Effective collaboration at all levels is required to translate policy into tangible outcomes that generate real impact for citizens. A practical example is the development and implementation of local Heat–Health Action Plans, which demonstrate how integrated approaches can generate measurable impact.

3.2.2 Take aways

1. Create and maintain shared ownership. The economic/health benefits must be made concrete for the other policy areas involved
2. Health impact and vulnerability assessments and local action plans are not always used to its full potential.
3. Encourage peer learning among regions.

3.3 EMPOWERING THE CARE SECTOR FOR SUSTAINABLE CARE

3.3.1 Summary

Towards management

Embedding sustainability as a core strategic priority is essential for strengthening resilience. Organizations should align sustainability with broader challenges—such as the war for talent—where sustainability can serve as a strong branding and recruitment advantage. Building resilience also means reducing dependency on vulnerable supply chains and socio-economic fluctuations.

A proven good practice is to provide targeted training for senior management and identify ambassadors at this level to act as influential messengers within their peer groups. From a policy perspective, sustainability should be integrated into care legislation, making it a core component of quality care. Additionally, rolling funds can help bridge initial investments, enabling organizations to take the first steps toward sustainable transformation.

Towards the care workforce

Bottom-up initiatives should be stimulated and supported, as they often spark broader movements and influence policy and board-level decisions. Changing habits is challenging; therefore, sustainability must become the norm from the outset—starting with education and training for students entering the care professions.

3.3.2 Take aways

1. Towards management:
 - ✓ Focusing on sustainability
 - ✓ Good practice: specific training targeted to the high management levels

- ✓ Good practice for policy: legislation incorporating sustainability + funds to bridge the initial investments
- 2. Towards the care workforce:
 - ✓ Stimulate and support bottom-up initiatives
 - ✓ Sustainability must be the norm from the beginning

3.4 SUSTAINABILITY CRITERIA FOR HEALTHCARE BUILDING DESIGN

3.4.1 Summary

Reducing carbon emissions alone will not deliver healthy and resilient buildings. To truly safeguard wellbeing, we must also prioritize daylight, fresh air, greenery, and optimal indoor climate conditions. Buildings are often constructed only once in a generation, making it critical to invest in thoughtful, climate-responsive design from the outset.

The importance of these principles is not new. Florence Nightingale already advocated for features such as natural light and fresh air—elements now scientifically proven to enhance health outcomes. Today, sustainability must evolve beyond efficiency toward sufficiency, asking: What is truly enough to ensure wellbeing?

By aligning health and sustainability objectives, we create win–win environments that heal, adapt, and endure. This requires a shift in investment priorities toward spaces that are not only energy-efficient but also support human health and resilience in the face of climate change.

3.4.2 Take aways

1. Prioritize climate-responsive design from the start: investing early in location-sensitive, climate-adaptive design strengthens resilience and long-term sustainability.
2. Align health and sustainability goals: design strategies that enhance daylight, green spaces, and summer comfort often deliver both health benefits and environmental gains.
3. Broaden the focus beyond carbon: while carbon reduction is vital, evidence-based infrastructure planning should also emphasize health outcomes and co-benefits

3.5 RETURN ON INVESTMENT OF HEALTHY AND RESILIENT HEALTH INFRASTRUCTURE?

3.5.1 Summary

Investments in climate and health generate benefits that extend far beyond the healthcare sector — improving productivity, educational outcomes, wellbeing, and even contributing to crime reduction. The returns can be significant, with some estimates indicating up to 14-fold ROI, though these benefits often materialize over a 5–10 year horizon, requiring sustained, long-term commitment. Nature-based solutions, such as green spaces, deliver proven health and economic value, particularly for vulnerable populations. To ensure smart and impactful investments, we need new metrics that capture cross-sector gains, including reduced absenteeism and enhanced quality of life.

The evidence is compelling, and the urgency is undeniable: delaying action will cost more than acting now. Aligning health and climate objectives is not only a moral imperative but also an economic strategy that builds resilience and shared prosperity.

3.5.2 Take aways

1. Climate and health investments create broad societal value. Benefits extend beyond the health sector—boosting productivity, education, and even reducing crime—across diverse groups and sectors.
2. Long-term vision pays off. Returns on investment can be substantial (up to 14x), but they require time. Policies must be guided by long-term thinking.
3. Act without delay. Lack of data should not justify inaction. The cost of waiting is higher than the cost of acting now.

3.6 BUILD TAILORED SUFFICIENCE GUIDELINES FOR VENTILATION³

3.6.1 Summary

Ventilation in healthcare buildings is a major lever for climate and health impact. Yet current practices vary up to sixfold across regions, revealing a critical knowledge gap. We urgently need clear, health-based guidelines on what is sufficient—balancing infection control, energy use, and comfort. Hospitals account for 55% of healthcare’s greenhouse gas emissions, with ventilation alone responsible for 20%. Simple measures can save up to 80% of energy in operating rooms, while improving comfort and resilience. Ventilation systems must be designed for daily use, with appropriate measures at hand for crisis situations. Ventilation must support everyday well-being and have a plan at hand for infectious disease outbreaks—resilience starts with daily use. Well-tuned systems improve air quality, reduce infections, support staff well-being, and are financially sound. Delaying action costs more than acting now.

A European framework based on sufficiency is urgently needed — one that balances hygienic and epidemiological needs with energy efficiency.

3.6.2 Take aways

1. Close the knowledge gap with clear guidance. There is a critical lack of shared standards.
2. Design for daily health, prepare for crisis.
3. Urgent need for a European framework for ventilation in healthcare buildings.

3.7 EMERGING THREATS: HEAT, FLOODS AN EMERGING TIGER MOSQUITOES⁴

3.7.1 Summary

All three workshops on emerging threats i.e. heat, floods and emerging tiger mosquitoes have one action in common that is of crucial importance: “Invest in strong local networks that connect with individuals” .

1. Shift towards integrated heat action planning and cross-sectoral collaboration:
 - ✓ A new policy trend emphasizes moving beyond traditional Heat Health Action Plans (HHAPs) focused solely on vulnerable groups, toward integrated approaches that address health, housing, and the broader living environment for the entire population. Effective heat resilience strategies require stronger coordination across policy domains at both local and regional levels.

³ This combines two workshops: SUFFICIENT INDOOR AIRQUALITY IN HOSPITALS AND LOW ENERGY CONSUMPTION and IMPLEMENTING AN ADAPTIVE VENTILATION (IAQ) STRATEGY IN RESIDENTIAL CARE FACILITIES

⁴ This combines three workshops: HEAT HEALTH ACTION PLANS – FROM THEORY TO PRACTICE, PREVENTING OVERFLOWING OF HEALTHCARE CAPABILITIES BY PREPARING FOR FLOODS and HOW TO COPE WITH EMERGING TIGER MOSQUITOES AND RELATED ARBOVIRUSES

2. Support local action with modular tools and strong networks:
 - ✓ To empower municipalities, promote flexible, modular toolkits tailored to local needs, and foster engagement through structured knowledge-sharing platforms such as networks, webinars, meetings, and newsletters.
3. The cost of inaction is enormous:
 - ✓ Flood-related damages—economic, infrastructural, and health-related—can be devastating. One hospital alone can cost €50 million to rebuild. Investing in climate resilience is a financial imperative.
4. Responsibility ultimately falls on government:
 - ✓ In times of crisis, the public turns to government. Proactive investment in resilient care infrastructure is not just strategic—it's expected. The high stakes and potential losses should be used to build momentum for climate-resilient infrastructure planning and funding
5. Use available tools to prepare for multiple climate risks:
 - ✓ The LIFE RESYSTAL toolbox offers practical solutions to enhance preparedness for heatwaves, flooding, and wildfires—helping local and regional authorities implement targeted, effective measures.
6. Clarify roles and strengthen local response capacity:
 - ✓ Local governments are expected to lead in crisis situations. Strengthening networks and clearly defining responsibilities—especially between public authorities and care institutions—is essential, as the public will ultimately hold governments accountable.
7. Engage citizens as key partners in prevention of vector-borne disease:
 - ✓ Public awareness and participation—supported by local networks, school-based education, and personal feedback mechanisms—are essential pillars for citizen engagement
8. Invest in rapid response through diagnostics and coordination:
 - ✓ Timely action, fast diagnostics (e.g. rapid tests!!), and strong interdisciplinary cooperation at the local level are key to reducing health impacts from vector-borne threats.
9. Coordinated action needed:
 - ✓ There is an urgent need for collaboration on the regional EU level for legal frameworks for vector control.
 - ✓ More evidence is needed on how green-blue infrastructure influences vector populations, to guide sustainable and health-safe adaptation strategies.

3.7.2 Take aways

Personal contact plays a critical role in fostering citizen engagement and creating caring neighbourhoods that promote health and wellbeing.

4 CONCLUSION

1. Stimulate joint action for building legal frameworks
 - ✓ Support peer learning among subnational levels
 - ✓ Financing is (the?) major bottleneck. Measure and communicate the cost of inaction and return on investment
 - ✓ Build strong local actor networks with good information flows to and from regional levels → action, trust building and support
2. Build interdisciplinary teams at regional and local levels for integrated action planning. It works!
3. Start a (European) regional group on how to implement health and wellbeing policies on climate change: Health Makers Climate Platform
4. Make the case for European standards

We will build on the connections established during this conference, guided by the key takeaways outlined in this report, to accelerate the implementation of actions and policies that advance health and wellbeing in the face of climate change.

Collaboration will be essential in order to achieve climate-resilient and climate-neutral healthcare.