

Research Systems and Observation: Possible Themes for the 18th Meeting of the Research Dialogue

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The [Global Climate and Health Alliance](#), the [Lancet Countdown on Health and Climate Change](#), the [Climate Solutions for Health Lab](#) at the University of Wisconsin-Madison and the [Pathfinder Initiative](#) of the London School of Hygiene and Tropical Medicine welcome the opportunity to contribute to the call for submissions on possible themes of the 18th Research Dialogue. This dialogue creates a vital space for researchers and policymakers to collaborate and learn from one another to help drive urgent climate action. Sharing knowledge is important to identify new and exciting opportunities for climate action and address existing gaps in knowledge. This in turn can assist in implementing the Paris Agreement and UNFCCC goals and drive ambitious climate mitigation and adaptation. We look forward to working with Parties, organizations, and other research scientists at the 18th Research Dialogue.

Proposed Theme for the 18th Research Dialogue

The IPCC AR6 report acknowledges that while there have been improvements in mitigation and adaptation policies globally, persistent gaps continue to exist that can ultimately lead to unavoidable impacts, particularly to human health and well-being (IPCC, 2023). Further, as mentioned in the informal summary report of the 17th Research Dialogue, strategies that advance climate action and sustainable development can provide co-benefits, including for/to health (SBSTA, 2025). However, as also noted by the SBSTA 62 report (paragraph 28), a gap remains in the sharing of knowledge on the impact of adaptation action on reducing risk and sustainable development in mitigation pathways (SBSTA, 2025). Bridging the gap of available evidence and policy, particularly in reducing the health risk through mitigation and adaptation action, is important to address in the research dialogue.

Thus, we propose **“Health Opportunities of Climate Action”** as a theme for the 18th Research Dialogue. The aim of this theme is to share how existing climate and health research can connect to proven and innovative policy initiatives and climate action.

The health research community has a robust evidence-base to bridge this gap and connect new policy instruments with existing levers that lead to human health benefits while also supporting net-zero pathways, decarbonization, and adaptation action ([Lancet Countdown](#); [Pathfinder Initiative and London School of Hygiene and Tropical Medicine, 2025](#)). The health co-benefits and opportunities of climate action are well-documented in the research literature with some examples here:

- In 2022, there were 2.52 million deaths attributable to ambient fine particulate matter from fossil fuel combustion, with 1.12 million of these deaths were related to the use of fossil fuels in road travel (Romanello et al., 2025). Other estimates report even higher mortality from air pollution attributed to fossil fuels at 5.13 million every year globally (Lelieveld et al., 2023).
- In 2022, the monetised value of anthropogenic, ambient air pollution-related mortality was estimated at \$4.84 trillion, equivalent to 4.7% of global GDP (Romanello et al., 2025).
- In 2024, a record-high 640 billion potential work hours were lost due to heat exposure, particularly for workers in construction, service, manufacturing, and agriculture (Romanello et al., 2025).
- Embedding health in climate policy implementation across energy, agriculture, and transit for just nine countries is estimated to reduce 1.18 million air-pollution related deaths, 5.86 million diet-related deaths, and 1.15 million physical activity-related deaths every year by 2040 (Hamilton, 2021).

- Air pollution modelling in line with Paris Agreement mitigation action shows that the health savings of reduced air pollution far outweigh the cost of implementing mitigation strategies depending on the country (Markandya, 2018).
- Specific sectoral mitigation interventions also offer a range of health co-benefits such as improving insulation and ventilation in homes, promoting active travel and public transport, and integrating green areas in city environments can reduce heat and cold deaths, improve physical activity and reduce obesity, and protect against extreme heat and improve mental health and wellbeing respectively (Pathfinder Initiative, 2023).
- Increasing the availability of telehealth services that replace relevant in-person, face-to-face health visits can both increase access to healthcare services and also reduce a significant amount of CO₂ and air pollutants from reduced patient-miles travelled (Cockrell et al., 2022; Penaskovic et al., 2022; Gunn et al., 2024).

This theme will give Parties the information, evidence, and knowledge to identify opportunities and actionable solutions, based on national circumstances and priorities, to urgently scale up action and accelerate implementation while also improving health as part of sustainable development. Climate actions can be designed and implemented in a way that can lead to multiple benefits, particularly health, with minimal extra work. The need for technical health experts has been evident in other negotiations, such as the Global Goal on Adaptation, in which their expertise was valuable in crafting measurable health adaptation indicators. Health is also a cross-sectoral issue and opportunity, relevant for mitigation and adaptation across transport, energy, industry, health, and agriculture sectors, thus allowing this topic to help inform other negotiations and actions if needed.

Proposed Format of Research Dialogue

We propose this theme for the 18th Research Dialogue is conducted with two main actions:

1. Present the current scientific evidence on climate change and health, including topics such as (1) the health risks of climate change across regions, (2) potential health co-benefits of both mitigation and adaptation actions, and (3) case studies of health and climate actions.
2. Allow Parties and Observers to collaborate, discuss, and reflect on potential opportunities and actionable solutions that can help accelerate action and improve health. This includes Parties sharing what they need from researchers in this area.

Given these two main actions, we propose a hybrid and recorded plenary session that allows experts to give presentations and have time for a Q&A session. This can be followed by a collaborative and open World Cafe or breakout session to facilitate interaction between experts, observers, and Parties. This allows for additional time for discussion and collaboration that the plenary session may not be able to accommodate.

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