



POLICY BRIEF

INTEGRATING CLIMATE CHANGE AND HEALTH EQUITY IN SOUTHEAST ASIA AND CHINA: KEY RISKS, GAPS, AND ACTION PRIORITIES

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ACRONYMS

NCD	Non-Communicable Diseases
MEL	Monitoring, Evaluation, and Learning
SDGs	Sustainable Development Goals
DRRM	Disaster Risk Reduction and Management
LGU	Local Government Units
PPP	Public-Private Partnership
ODF	Overseas Development Financing
DRF	Disaster Risk Financing



INTRODUCTION

CONTEXT AND URGENCY

Climate change is a health risk multiplier and inequity amplifier in Southeast Asia and China. Priority groups with vulnerabilities highlighted in main report: urban poor, rural communities, Indigenous peoples, women, informal/outdoor workers, elderly, migrants; plus environmental defenders in high-risk contexts.

POLICY PROBLEM STATEMENT

While climate and health are increasingly integrated within high-level strategies at national and regional levels, implementation is hindered by operational misalignment, a lack of unified regional architecture to translate shared priorities into action, and limited translation from evidence into policy and implementation—particularly in operationalizing equity within programs, tools, and decision-making processes.

In this brief, health equity in the context of climate change is understood not only as improving outcomes for populations experiencing heightened vulnerability, but also as addressing how inequities are produced and sustained within climate–health systems. This includes the distribution of climate-related health risks and resources; the extent to which diverse lived experiences—particularly of communities most affected—are recognized in defining problems and priorities; the degree to which these groups are able to meaningfully participate in decision-making processes; and the ways in which different forms of knowledge, including local and Indigenous understandings of health, are incorporated into policy and practice. As such, addressing populations with vulnerabilities alone does not constitute equity if underlying structures of exclusion, fragmented governance, and technoscientific bias remain unaddressed, as evidenced across the region. Moreover, inequities are often intersecting, with climate-related health risks shaped by overlapping social, economic, environmental, and political conditions that compound vulnerability across groups and contexts.

PURPOSE OF THE POLICY BRIEF

To translate a CMB/EI commissioned climate change and health equity ecosystem scan into decision-ready, inclusive climate-health priorities for national policymakers (e.g. in health, environment, finance, planning, labor, social protection), ASEAN-sectoral bodies and regional development partners (e.g. World Health Organization regional offices, Asian Development Bank).



RESEARCH TECHNIQUES

STUDY DESIGN

A complementary phased mixed-methods ecosystem scan was conducted between January to October 2025



Desk review (2005-2025)

English-language review of 105 sources from 2005-2025 across peer-reviewed and gray literature with a focus on ASEAN/ASEAN+3 and WHO regional offices



Network survey (May-June 2025)

CMB/EI Climate Justice Warriors network survey (n= 24) including descriptive analysis only (not generalizable)



Key informant interviews (Jul-Aug 2025)

15 participants across public, private, academic, CSO, philanthropy, and intergovernmental sectors via purposive and snowball sampling



Focus group discussion (Aug 2025)

9 community-centered actors representing countries from across ASEAN and China



Validation of findings (Aug 2025)

Topline findings were validated in a policy roundtable workshop in Bangkok attended by 49 participants representing international and local nongovernment organizations, community organizations, private sector organizations, and academic units working in climate and health, some of whom participated in the survey, key informant interviews, or focus group discussion

RESEARCH QUESTIONS

- Which institutions have been active in promoting community-level climate and health initiatives across the region?
 - What are the focus themes, geographical areas, and vulnerabilities addressed by their key projects? How are they financed? What methods do they use to measure impact?
 - How do they communicate their work to their communities, donors, and the general public?
- How do regional policies drive climate and health equity engagements in the region?
 - Which climate- and health equity-adjacent policies are leveraged by regional actors?
- What are the best platforms and approaches for regional policy change in climate and health equity?
- What are the barriers to fostering regional collaboration for climate and health?
- What challenges do partners face (funders, private sector, governments, community leaders) in advocating for and implementing climate and health initiatives and how are these addressed?

LIMITATIONS

- Desk review: regional data on climate includes health disaggregated impacts - therefore, the health impacts discussed in this paper are not as extensive as they could be
- Representation challenges: participant recruitment relied on the professional networks of the lead researchers and CMB/EI, resulting in uneven representation across countries and regions, despite the team's best efforts to ensure diversity and inclusivity

KEY FINDINGS

FINDING 1

Rising climate-health risks are rapidly exacerbating existing vulnerabilities, but responses are undermined by fragmentation, low climate-health literacy, and competing priorities.

Health impacts span non-communicable diseases (NCDs), infectious disease, food/water insecurity, and underacknowledged mental health burdens, with intersecting and compounding inequities shaped by social, economic, and environmental conditions across groups living in climate extremes.

Governance remains siloed, with limited ASEAN coordination and poor integration of health co-benefits in climate strategies.

FINDING 2

Evidence, monitoring, evaluation, and learning (MEL), and knowledge translation need to be applied evenly and consistently to drive policy at scale.

Policy progress is hampered by an uneven evidence base linking climate to health impacts (notably in NCDs, health workforce preparedness), a lack of standardized indicators for resilience, and limited data-sharing.

Monitoring often tracks activities/participation rather than outcomes/impact, with uneven translation to policy and decision-makers.

Across contexts, practitioners face a lack of practical tools and guidance to integrate equity into climate-health planning, implementation, and monitoring.

FINDING 3

Narrow framings can exclude communities, but flexible, culturally-grounded approaches show promise.

Technocratic/biomedical bias sidelines Indigenous/cultural determinants of health and limits equity in decision-making, with heightened risks for environmental defenders in certain contexts.

Broad framings (e.g., Sustainable Development Goals [SDG]/sustainability) can help attract legitimacy/funding, but may remain too abstract to drive implementation.



In many contexts, locally led climate-health initiatives—such as community cooling practices, flood response systems, or informal health support networks—are active but remain under-documented and difficult to translate into policy.

A structured approach could include:

- Rapid documentation of community-led practices, including context, actors, and outcomes
- Validation with local stakeholders and technical actors (e.g., health, disaster risk reduction and management [DRRM], local government units)
- Identification of enabling conditions (e.g., governance, financing, social networks)
- Translation into short guidance notes or decision-support tools for adaptation in other settings

This approach supports the integration of community knowledge into formal systems while enabling replication and scale across contexts.

FINDING 4

Advocacy is active but fragmented, and the region lacks a unified climate-health narrative.

Diverse channels (including social media, conferences, workshops, publications) are used, each with merits and advantages, but are not yet coordinated around a shared regional strategy.

Many community-led and locally grounded practices remain under-documented, insufficiently validated, or difficult to translate across contexts, limiting their influence on policy and replication.



FINDING 5

Convenings matter for trust and networks, but face inclusivity constraints.

High costs and donor-heavy participation limit equity, but thoughtfully designed and executed hybrid/rotating models can improve accessibility.

FINDING 6

Climate-health financing is expanding, but equity, ethics, and health-integration are at risk.

The funding landscape is diverse (public, public-private partnerships [PPPs], donor grants/overseas development financing [ODF], disaster risk financing [DRF], loss and damage), but fragmented and short-term + health adaptation remains severely underfunded.

Ethics/accountability challenges arise in Public-Private-Partnerships (PPPs) and donor alignment.

EXAMPLE: APPLYING EQUITY CONSIDERATIONS IN CLIMATE-HEALTH FINANCING DECISIONS

Climate-health financing in the region is diverse but often fragmented, short-term, and insufficiently aligned with equity objectives, with limited resources reaching the communities most affected by climate-related health risks.

A more equity-informed approach to financing could include:

- Prioritizing funding for populations and locations with the highest exposure and lowest adaptive capacity
- Assessing whether proposed investments address underlying drivers of vulnerability (e.g., housing, working conditions, access to services), not only immediate risks
- Ensuring transparency and accountability in partnerships, including alignment with health and climate goals
- Enabling access to flexible, community-level funding (e.g., small grants, pooled mechanisms) alongside larger financing streams
- Incorporating criteria that assess who benefit from investments and whether they reduce or reinforce existing disparities

Such approaches can help align financing decisions with health equity objectives while improving the effectiveness and sustainability of climate-health interventions.

FINDING 7

Partnerships are essential but incentives and structures for collaboration are missing.

Collaboration can enable interoperable monitoring systems and co-designed solutions, but incentives and structures for sustained coordination are limited.

FINDING 8

Regional platforms provide opportunity but require stronger operational mandates

Existing ASEAN and cross-border mechanisms can play critical roles in systematically mainstreaming climate-health equity through clearer mandates and existing frameworks, such as shared indicators and implementation roadmaps.

ACTION PRIORITIES

In addition to longer-term system reforms, there is a need for near-term, pilotable actions that can be implemented, tested, and refined across contexts, with clear pathways for integration into existing systems. These actions should generate practical tools, evidence, and lessons to inform scale-up and policy uptake.

01 BUILD REGIONAL COHERENCE AND CAPABILITY

- Facilitate regional collaboration and knowledge exchange (regular ASEAN-adjacent dialogues, learning platforms, informal coordination).
- Develop accessible climate-health training and communications toolkits for health workers, NGOs, community leaders, and climate actors.
- Institutionalize participation of climate-affected groups in agenda-setting and policy discussions (participatory evidence, storytelling, community representation standards), with attention to intersecting vulnerabilities and barriers to participation across context.

02 ADDRESS THE EVIDENCE-TO-POLICY PIPELINE

- Strengthen cross-country research collaboration and data-sharing, including standard metrics for resilience and equity outcomes.
- Build MEL capacity using fit-for-context methods (including qualitative/participatory approaches) that still produce policy-relevant evidence.
- Translate evidence into decision products (e.g. policy briefs, visual summaries, community-facing materials) tailored to policymakers and funders.
- Develop and adopt indicators that capture not only overall health outcomes, but also differential impacts across intersecting vulnerabilities (e.g. by gender, livelihood, geography, and exposure), as well as levels of participation and inclusion in decision-making processes, including whether interventions reduce or reproduce existing inequities.

EXAMPLE: MEASURING EQUITY IN HEAT-HEALTH INTERVENTIONS

Instead of tracking only overall reductions in heat-related illness, indicators can nuance differences in risk exposure and access to safeguards. These illustrative dimensions highlight the types of equity-sensitive indicators that could be further developed, tested, and refined through a regional Policy Lab, supporting the translation of climate-health evidence into decision-relevant tools:

- Differences in heat exposure and health outcomes across occupational groups (e.g., outdoor vs. indoor workers).
- Access to protective measures (e.g., shaded rest areas, water, adjusted work hours) across formal and informal sectors.
- Inclusion of affected workers in the design of heat adaptation policies and workplace guidelines.
- Whether interventions reduce disparities between high-exposure and lower-exposure groups over time.



03 SHIFT FRAMING TOWARD INCLUSION AND IMPLEMENTATION

- Promote inclusive, culturally grounded frameworks, especially Indigenous/cultural determinants of health, and women-led and community-based leadership.
- Bridge global frameworks with local practice using concrete guidance and case studies to operationalize SDGs/One Health/Planetary Health.
- Approaches must be adaptable to diverse contexts (e.g., urban, rural, coastal, and small-island settings), rather than relying on uniform models.

04 COORDINATE ADVOCACY AND CONVENINGS FOR SUSTAINED INFLUENCE

- Develop a regional climate-health communications strategy with shared narrative, audience segmentation, and partner alignment across platforms.
- Invest in participatory and creative communication approaches (e.g. arts-based, youth-driven, local-language formats).
- Identify and empower “communication champions” who can connect grassroots perspectives with policy opportunities.
- Redesign convenings for equity (hybrid, rotating locations, sponsorships, structured follow-up; diminish hierarchies between online/in-person participants).
- Leverage digital/media platforms to sustain advocacy and momentum beyond events.

05 SUPPORT EQUITABLE, ETHICAL, AND HEALTH-INTEGRATED FINANCING

- Support end-to-end collaborative partnerships (from co-design to co-production) that generate interoperable monitoring and durable implementation capacity.
- Develop and adopt ethical financing guardrails and guidelines (e.g. donor risk registers; accountability standards for PPPs and private sector involvement).
- Enable health-sector participation in Loss and Damage financing, including technical support to integrate health and equity needs in mechanisms.

06 STRENGTHEN PARTNERSHIP ECOSYSTEMS AND COMMUNITY-LED FUNDING

- Integrate climate-health considerations into urban planning, labor protections, social protection systems, and local governance processes, with clear roles and coordination mechanisms.
- Expand flexible, community-driven funding access through small grants, pooled funds, and reduced donor rigidity.



The Equity Initiative is a
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