



ECOSYSTEM SCAN OF CLIMATE ACTION AND HEALTH EQUITY IN SOUTHEAST ASIA AND CHINA

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EXECUTIVE SUMMARY

Climate change is intensifying health risks across Southeast Asia and China, deepening inequities for those already most vulnerable. Rising heat, storms, floods, and pollution have driven increases in cardiovascular and respiratory illnesses, food and water insecurity, and mental health burdens. These impacts disproportionately affect the urban poor, rural communities, Indigenous peoples, women, informal workers, and the elderly. Yet despite escalating risks, climate-health linkages remain under-recognized in policy and public discourse, and concern for climate change has declined in recent years.

The Equity Initiative (EI) recognizes the urgent need for integrated strategies that connect climate justice and health equity. Guided by the principles of One Health and Planetary Health, EI seeks to bridge local and regional action through three strategic priorities: community-led solutions, ASEAN policy engagement, and capacity building of climate justice networks. Working with funders, private sector actors, governments, and community leaders, EI aims to amplify frontline voices, connect resources, and influence responsive policies.

As such Ecosystem Scan was conceptualized to guide EI's next phase of climate and health action in four key areas through synthesizing findings from a desk review, survey, semi-structured interviews, and a focus group discussion. The first area focuses on centering equity and inclusion by prioritizing the voices of vulnerable communities in decision-making processes. The second involves fostering cross-sector collaboration by building alliances across sectors and regions to address the transboundary nature of climate impacts. The third area aims to innovate financing and policy solutions to invest in climate-resilient health systems, safeguarding communities now and for future generations. Lastly, the fourth key area is identifying immediate priorities to advance EI's climate and health equity agenda within the one to three years following this study.

By aligning evidence, strategy, and partnership, EI is positioned to catalyze community-driven, regionally coordinated solutions that advance climate justice and health equity across Southeast Asia and China.



MAIN THEMATIC FINDINGS

FINDING 1 :

RISING CLIMATE-HEALTH RISKS ARE UNDERMINED BY POLICY FRAGMENTATION, LIMITED AWARENESS, AND COMPETING CONCERNS

- **Escalating climate-health threats:** Heat, air pollution, and vector-borne diseases are worsening across Southeast Asia and China, disproportionately affecting marginalized and outdoor-working populations, while mental health impacts remain underacknowledged.
- **Intersecting vulnerabilities:** Women, the elderly, Indigenous peoples, informal workers, and the urban poor experience compounding risks due to weak infrastructure, occupational exposure, and social exclusion.
- **Fragmented governance:** Policy siloes and weak ASEAN coordination hinder integrated climate-health responses; most initiatives remain sectoral and disconnected from a unified regional framework
- **Low awareness and literacy:** Limited understanding of climate-health linkages among health and climate professionals constrains political will, resources, and cross-sector collaboration.
- **Competing priorities and weak regional cooperation:** Economic and geopolitical concerns often overshadow climate-health action, with uneven regional awareness and inadequate equity-centered governance mechanisms impeding progress.

FINDING 2 :

LIMITATIONS OF RESEARCH, MONITORING, EVALUATION, AND LEARNING RESTRICT POLICY INFLUENCE

- **Insufficient and uneven evidence base:** Data on the health impacts of climate change—especially on non-communicable diseases and health worker preparedness—remain limited and inconsistently documented, constraining coordinated policymaking and action.
- **Weak monitoring and evaluation systems:** Existing indicators focus on activities and participation rather than long-term health or climate outcomes, preventing a clear assessment of adaptation effectiveness and policy impact.
- **Fragmented learning and low institutional capacity:** Limited training, climate-health literacy, and data-sharing mechanisms weaken the capacity of health professionals and institutions to generate, use, and learn from evidence that could strengthen policy influence.
- **Restricted access and poor knowledge translation:** Communities and non-government actors face barriers to accessing research, while findings are often poorly communicated to policymakers, reducing political will and resource mobilization.
- **Limited standardization and methodological diversity:** The absence of shared metrics for resilience, coupled with weak qualitative and epistemically diverse evidence, undermines a comprehensive understanding of climate-health dynamics.

FINDING 3 :

NARROW CLIMATE-HEALTH NEXUS FRAMINGS HAVE LED TO EXCLUSION AND LIMITED POLICY APPLICATION, BUT THERE IS PROMISE IN FLEXIBLE, MULTI-LAYERED STRATEGIES

- Limited translation from principle to practice: Although climate justice and health equity concepts are increasingly referenced in regional research and policy rhetoric, their concrete operationalization in programs and governance remains weak and uneven.
- Technoscientific bias and exclusion: Overreliance on biomedical and technocratic framings sidelines Indigenous, cultural, and holistic understandings of health, excluding marginalized groups—especially women and environmental defenders—from decision-making and exposing them to heightened risks.
- Strategic but superficial framing: Positioning climate-health initiatives within broader agendas like the SDGs and sustainability attracts legitimacy and funding, yet often remains too abstract to guide implementation or produce tangible equity outcomes.

FINDING 4 :

IN THE ABSENCE OF A UNIFIED NARRATIVE, STRATEGIC USE OF DIVERSE PLATFORMS ADVANCES INCLUSIVE CLIMATE-HEALTH ADVOCACY

- Fragmented yet diverse communication landscape: Organizations use multiple platforms—from social media to conferences and community workshops—to promote climate-health work, but these efforts remain dispersed and lack a unified regional communication strategy.
- Need for participatory and structured communication: Respondents and interviewees highlighted that effective advocacy requires audience-appropriate, inclusive, and structured communication processes that engage all stakeholders and connect climate, health, and ecosystem issues.
- Emerging opportunities for coordinated advocacy: Initiatives like the Perdana Fellows Programme, ASEAN Energy Awards, and regional alliances (e.g., RISE, AVPN Lighthouse) demonstrate potential pathways to link grassroots actors, policymakers, and regional champions under a more coherent climate-health narrative

FINDING 5 :

CONFERENCES AND CONVENINGS FACE INCLUSIVITY AND TOKENISM CHALLENGES BUT REMAIN VITAL FOR TRUST-BUILDING AND RAPPORT ALONGSIDE OTHER PLATFORMS

- Network-building as strategic foundation: Convenings within and beyond EI are valued for fostering cross-sectoral collaboration and strengthening the regional climate-health advocacy network, though their impact depends on inclusivity and accessibility.
- Mixed value of in-person conferences: While participants acknowledge their importance for trust-building and informal dialogue, many critique their donor-heavy composition, high costs, and limited diversity, calling for more equitable, hybrid, and rotating models.
- Diversified and complementary advocacy channels: Beyond conferences, tools such as policy briefs, webinars, media campaigns, and social media are seen as critical for sustaining engagement and influencing policy—provided they are coordinated into a cohesive regional communication ecosystem.

FINDING 6 :

FINANCING IS DIVERSE AND EVOLVING, BUT ETHICS, EQUITY, AND SUSTAINABLE HEALTH-INTEGRATION ARE AT RISK

- **Diverse but fragmented financing landscape:** Climate-health funding in Southeast Asia and China spans public budgets, PPPs, donor aid, and newer instruments such as loss and damage funds and disaster risk financing, yet remains unevenly distributed and weakly coordinated across the region.
- **Dominance of donor and grant-based models:** Grants and ODF remain the main financing channels but are typically short-term, rigid, and donor-driven—limiting cross-border collaboration, flexibility, and sustainability in climate-health initiatives.
- **Ethical and accountability challenges:** Public–private partnerships and donor financing can conflict with health-equity and justice objectives, leading some organizations to establish ethical risk registers to manage misaligned or extractive funding relationships.
- **Urgent need for equitable and sustainable financing frameworks:** Dependence on external aid, fossil-fuel-linked economies, and slow budget approvals highlight the importance of developing regionally led, justice-oriented financing systems that safeguard vulnerable communities and sustain long-term climate-health resilience.
- **Severe underfunding of health adaptation and loss and damage:** Despite rising climate finance pledges, less than 0.5% of global adaptation finance targets health, and current loss and damage commitments cover only a fraction of developing countries' estimated needs.

FINDING 7 :

PARTNERSHIPS EXPAND POSSIBILITIES BUT COORDINATION MECHANISMS ARE LACKING

- **Partnerships as enablers of policy and practice integration:** Participants emphasized that multi-level, co-designed partnerships—spanning community to national scales—are vital for linking programs with evidence-based policy advocacy and improving data interoperability for regional climate-health monitoring.
- **Cross-sector collaboration for resources and equity:** Partnerships with private sector actors, including those in carbon credit and sustainability initiatives, can mobilize technical and financial support for community adaptation, but their value depends on ensuring equity, accountability, and tangible benefits for marginalized groups.
- **Fragmented coordination and untapped potential:** Despite numerous partnerships among governments, NGOs, academia, and private actors, weak institutional incentives and siloed operations continue to hinder collective action, limiting the region's ability to leverage partnerships for systemic climate-health change.

FINDING 8 :

CMB/EI CAN ADVANCE CLIMATE-HEALTH EQUITY THROUGH LEADERSHIP AND NETWORK MOBILIZATION FOR COMMUNITY ACTION, KNOWLEDGE BROKERAGE, AND ADVOCACY

- Catalyst for leadership and coordination: CMB/EI is widely seen as uniquely positioned to convene diverse actors—governments, academia, civil society, and the private sector—building leadership and cross-community learning that embed health equity within regional climate resilience agendas.
- Network mobilization for community-led action: CMB/EI's extensive fellows and affiliates network can be leveraged to mainstream climate-health thinking, channel grants toward grassroots initiatives, and connect high-level policy frameworks with on-the-ground experiences.
- Knowledge brokerage and advocacy for equity: Through its role as a neutral intermediary and regional advocate, CMB/EI can guide strategic investments, amplify Asian equity-focused perspectives in global climate-health dialogues, and translate community knowledge into policy influence.



RECOMMENDATIONS

FINDING 1 :

RIISING CLIMATE-HEALTH RISKS ARE UNDERMINED BY POLICY FRAGMENTATION, LIMITED AWARENESS, AND COMPETING CONCERNS

- **Recommendation 1:** Facilitate Regional Collaboration and Knowledge Exchange
- **Recommendation 2:** Develop Accessible Climate-Health Training Modules and Communication Materials
- **Recommendation 3:** Amplify Voices of Vulnerable Groups in Policy Discussions

FINDING 2 :

LIMITATIONS OF RESEARCH, MONITORING, EVALUATION, AND LEARNING RESTRICT POLICY INFLUENCE

- **Recommendation 4:** Strengthen Regional Research Collaboration and Data Sharing
- **Recommendation 5:** Build Capacity for Evidence Generation and Use
- **Recommendation 6:** Translate Research into Policy-Relevant Knowledge Products

FINDING 3 :

NARROW CLIMATE-HEALTH NEXUS FRAMINGS HAVE LED TO EXCLUSION AND LIMITED POLICY APPLICATION, BUT THERE IS PROMISE IN FLEXIBLE, MULTI-LAYERED STRATEGIES

- **Recommendation 7:** Promote Inclusive and Culturally Grounded Frameworks
- **Recommendation 8:** Bridge Global Frameworks with Local Practice

FINDING 4 :

IN THE ABSENCE OF A UNIFIED NARRATIVE, STRATEGIC USE OF DIVERSE PLATFORMS ADVANCES INCLUSIVE CLIMATE-HEALTH ADVOCACY

- **Recommendation 9:** Develop a Regional Climate-Health Communication Strategy
- **Recommendation 10:** Invest in Participatory, Inclusive, and Creative Communication Approaches
- **Recommendation 11:** Identify and Empower Communication Champions

FINDING 5 :

CONFERENCES AND CONVENINGS FACE INCLUSIVITY AND TOKENISM CHALLENGES BUT REMAIN VITAL FOR TRUST-BUILDING AND RAPPORT ALONGSIDE OTHER PLATFORMS

- **Recommendation 12:** Foster Inclusive and Accessible Convenings
- **Recommendation 13:** Leverage Digital and Media Platforms for Sustained Advocacy



FINDING 6 :

FINANCING IS DIVERSE AND EVOLVING, BUT ETHICS, EQUITY, AND SUSTAINABLE HEALTH INTEGRATION ARE AT RISK

- **Recommendation 14:** Facilitate End-to-End Collaborative Partnerships
- **Recommendation 15:** Promote Ethical and Equitable Financing Practices
- **Recommendation 16:** Support health-sector participation in Loss and Damage financing

FINDING 7 :

PARTNERSHIPS EXPAND POSSIBILITIES BUT COORDINATION MECHANISMS ARE LACKING

- **Recommendation 17:** Strengthen Cross-Sector and Private Partnerships for Equity
- **Recommendation 18:** Strengthen Access to Flexible, Community-Driven Funding

FINDING 8 :

CMB/EI CAN ADVANCE CLIMATE-HEALTH EQUITY THROUGH LEADERSHIP AND NETWORK MOBILIZATION FOR COMMUNITY ACTION, KNOWLEDGE BROKERAGE, AND ADVOCACY

- **Recommendation 19:** Position CMB/EI as a Knowledge and Advocacy Hub
- **Recommendation 20:** Invest in Climate-Health Leadership and Capacity Development for Youth Advocates
- **Recommendation 21:** Launch a Regional Climate-Health Innovation Fund with an Awards Component



I. INTRODUCTION

Climate change is exacerbating existing health inequities, disproportionately affecting vulnerable populations across Southeast Asia and China. Rising heat, floods, storms, and pollution are driving increases in cardiovascular and respiratory diseases, mental illness, vector- and water-borne illnesses, and food insecurity. These impacts are especially severe for the urban poor, rural communities, Indigenous peoples, women, migrants, informal workers, and the elderly. The scale and complexity of these risks underscore the urgent need for integrated approaches that bridge climate action with health equity.

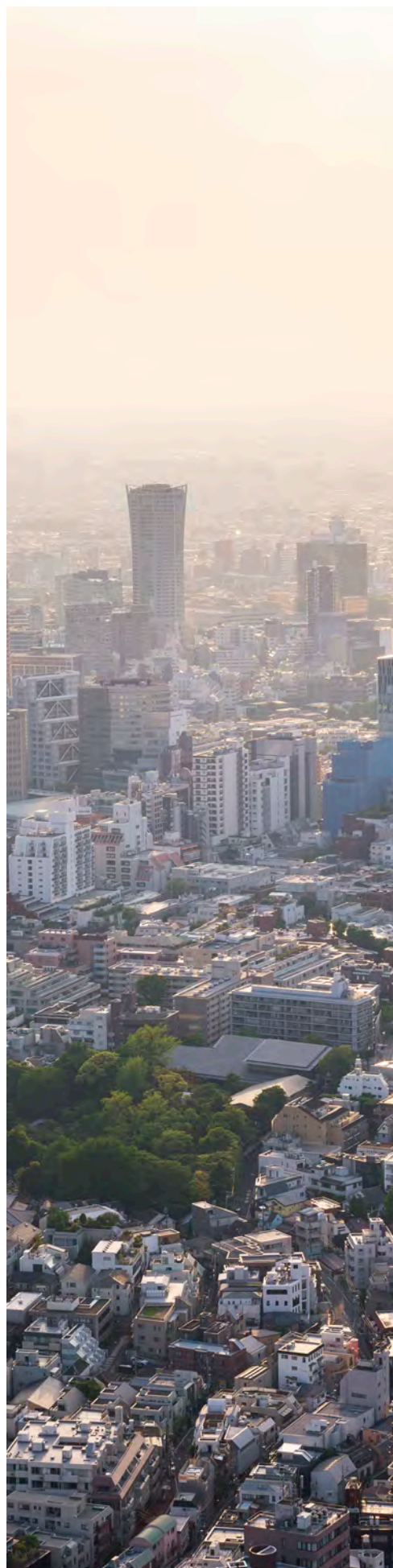
Addressing this intersection requires not only scientific and technical innovation but also justice-oriented approaches that elevate community knowledge, redress systemic inequalities, and strengthen regional solidarity. Drawing on the principles of One Health and Planetary Health, the Equity Initiative (EI) recognizes its critical role in advancing solutions that connect the local to the regional. This includes promoting community-led adaptation strategies, shaping ASEAN policy development, and building the capacity of diverse leaders and networks to apply a climate justice lens to health.

To meet this challenge, EI has identified three Strategic Priorities:

- **Community-Led Solutions** – supporting locally tailored adaptation initiatives, addressing gender disparities, and empowering women in disaster-prone and climate-sensitive contexts.
- **ASEAN Policy Engagement** – aligning regional strategies with the needs of vulnerable populations, and facilitating equitable access to climate finance for health.
- **Capacity Building of Climate Justice Networks** – equipping leaders with skills to integrate justice into climate-health work and fostering cross-border cooperation on shared challenges.

Advancing this agenda depends on collaboration with key partners: funders who can channel resources to community-led work; private sector actors who must be engaged in inclusive mitigation and adaptation; governments who can align national policies with global frameworks; and community leaders whose knowledge and lived experience anchor effective and just responses.

This report reflects EI's ongoing effort to bring these priorities to life - documenting insights from the region, highlighting gaps and opportunities, and charting a pathway toward integrated, equitable, and durable climate-health solutions.



PURPOSE OF THE SCAN

As such, Ecosystem Scan was conceptualized with the purpose of guiding EI's next phase of climate justice and health action in four priority areas:

- P1 Center Equity and Inclusion – prioritizing the voices of vulnerable communities in decision-making processes
- P2 Foster Cross-Sector Collaboration – building alliances across sectors and regions to address the transboundary nature of climate impacts
- P3 Innovate Financing and Policy Solutions – investing in climate-resilient health systems to safeguard communities now and for future generations
- P4 Identify Immediate Priorities – advancing EI's climate and health equity agenda in the 1–3 years following this study

By aligning evidence, strategy, and partnership, EI is positioned to catalyze community-driven, regionally coordinated solutions that advance climate justice and health equity across Southeast Asia and China.



SCOPE AND RESEARCH QUESTIONS

The following questions guided the research:

- RQ 1 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?
- RQ 2 How do regional policies drive climate and health equity engagements in the region? Which policies are directly related to climate and health equity?
Which climate- and health equity-adjacent policies are leveraged by regional actors?
- RQ 3 What are the best platforms and approaches for regional policy change in climate and health equity?
- RQ 4 What are the barriers to fostering regional collaboration for climate and health?
- RQ 5 What challenges do EI partners face (funders, private sector, governments, community leaders) in advocating for and implementing climate and health initiatives and how are these addressed?
- RQ 6 Which gaps can EI fill in this space?

II. RESEARCH APPROACH

To achieve our study aims, we undertook a complementary phased mixed methods approach as follows:

Phase 1: Desk review of policies and academic literature

This desk review sought to:

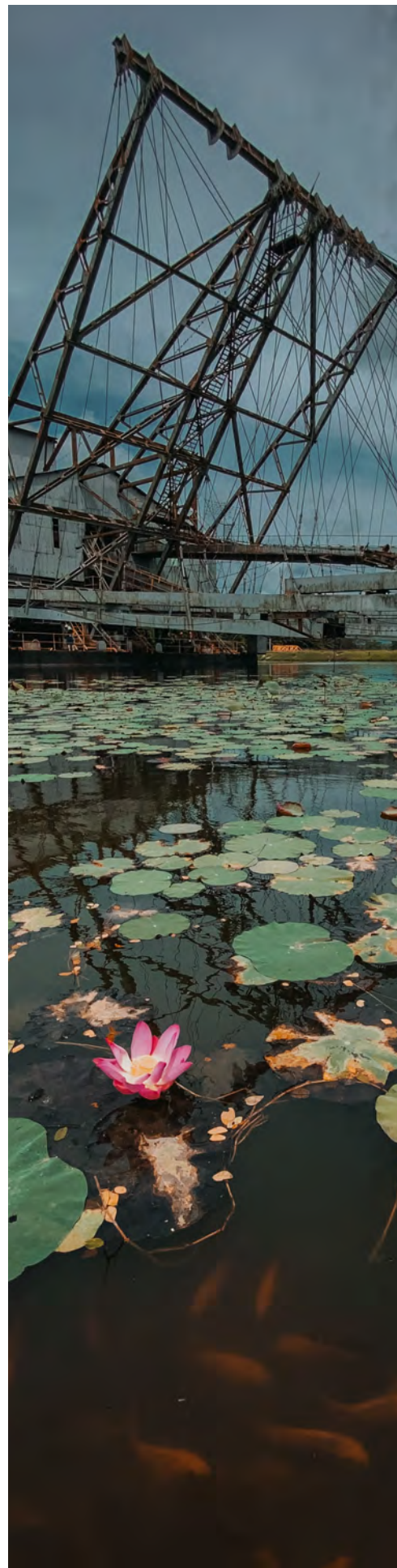
- Explore the links between climate justice and health equity in Southeast Asia and China, with a focus on regional dynamics
- Identify key climate-related health risks and vulnerabilities affecting populations in the region
- Map the range of climate justice and health equity-related terminologies used to operationalize climate-health efforts across Southeast Asia and China
- Highlight existing communication and collaboration platforms and partnerships in climate and health in the region
- Summarize prevailing climate-health financing models in the region
- Identify the challenges hindering regional climate-health integration and action across key areas, including policy and financing, implementation, and evidence generation
- Distill key recommendations for action to support more equitable and effective climate-health responses at the regional level

This desk research, conducted in English, examined climate justice and health equity across Southeast Asia and China, with reference to ASEAN, ASEAN+3, and WHO regional offices (Western Pacific (WPRO) and Southeast Asia (SEARO)). The review covered a 20-year period from 2005 to 2025, capturing foundational literature and recent policy developments, acknowledging the emerging nature of climate justice, health equity, and their integration in the region.

The 105 sources consulted included peer-reviewed studies (i.e. quantitative, qualitative, mixed methods, economic evaluations, reviews, and meta-analyses) and grey literature from policy documents, bulletins, blogs, and other reputable outputs by NGOs, intergovernmental bodies, think tanks, philanthropic organizations, universities, and relevant industry actors. Emphasis was placed on evidence illustrating the climate-health nexus with a focus on aspects of equity, such as access, vulnerability, response, and adaptation capacities, in regional and national contexts.

We prioritized regional analyses on Southeast Asia and China, and where gaps existed, examples from subregions (e.g., the Mekong) or shared challenges (e.g., transboundary haze, urban heat, disaster response) were included.

This review also built on previous regional climate-health work, most notably the Equity Initiative's Delivering Climate Justice for Health Equity in Southeast Asia and China (Nov 2024) and the Wellcome Trust's Understanding and Enhancing Transdisciplinary Climate and Health Collaboration in the Asia-Pacific.



Phase 2: Network survey of CMB/EI climate justice fellows and affiliates

Building on the findings of the Delivering Climate Justice for Southeast Asia and China report presented at the December 2024 EI Climate Justice and Health Equity Workshop, a quantitative survey was conducted with members of the CMB/EI Climate Justice Warriors network. The survey was designed to inform the refinement of EI's policy and advocacy roadmap and targeted EI fellows and close affiliates, including national committee members, who are engaged in advancing climate and health initiatives across diverse sectors. It sought to:

- Capture the network's experiences and perspectives on active institutions, regional policies, and best practices driving equitable climate and health action
- Inform strategies for strengthening cross-sector collaboration, innovating financing and policy approaches, and amplifying the voices of vulnerable communities

The survey was open from May to June 2025, and a total of n=24 responses were received; this sample, while small, both reflects and represents the entirety of the CMB/EI Climate Justice Warriors community. Descriptive analysis was used to summarize trends, highlight patterns, and generate insights. Inferential statistical methods were not applied, as the sample does not meet the assumptions required for reliable generalization beyond the surveyed population.

Phase 3: Qualitative component

This qualitative phase of the scan sought to:

- Examine how institutions, policies, and leaders across Southeast Asia and China are shaping climate and health equity work today
- Explore and identify local innovations, funding flows, effective platforms, and approaches for regional policy change, and regional/national/local policies, particularly those that center the voices of at-risk/affected communities, that influence implementation
- Ideate on the potential regional role of the Equity Initiative in the climate justice-health equity space moving forward

Key informant interviews with policymakers, CSOs, and funders

To achieve these aims, we conducted n=15 in-depth key informant interviews with selected leaders and experts working in climate justice, health equity, and/or the intersection of climate and health in Southeast Asia and China between July and August 2025. Participants were recruited through a combined purposive and snowballing approach, leaning into the professional networks of the lead researchers and CMB/EI. Efforts were made to ensure diversity and inclusion of participants from across public, private, academic, non-profit/philanthropic, development, and intergovernmental sectors. To ensure coverage of both climate and health challenges and developments, we specifically reached out to practitioners and researchers who have an overview of regional efforts in both areas.

Focus group discussion with representatives from civil ground-level advocates, activists, and academics working at the community level

We additionally conducted an in-person focus group discussion in Bangkok, Thailand, on August 15, 2025 with nine community-centered actors representing Brunei Darussalam, China, Indonesia, Malaysia, Myanmar, the Philippines, and Singapore. Participants were purposively sampled based on their experiences and expertise in community-level work, including research, organizing, and advocacy and were recruited via the professional and personal networks of the lead researchers and CMB/EI. The focus group discussion was designed to complement the macro-level perspectives from the semi-structured interviews and aimed to validate key findings from the first three phases, capture grounded experiences from different stakeholders, and identify practical ways to strengthen climate justice and health equity work in the region.

Validation of findings

Topline findings were validated in a policy roundtable workshop in Bangkok in August 2025. The roundtable included 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.

Study Limitations

This study is largely exploratory in nature and, as such, reflects certain limitations. The desk review shows that regional data on climate rarely includes health-disaggregated impacts; therefore, the health impacts discussed in this paper are not as extensive as they could be. Secondly, the research relied on the professional networks of the lead researchers and CMB/EI for recruitment, mainly because of the specific participant profiles needed for the study. This resulted in uneven representation across countries and regions, despite best efforts to remain diverse and inclusive.

III. MAIN THEMATIC FINDINGS

This section synthesizes findings from across all four study phases into eight themes as follows:

FINDING 1 :

RIISING CLIMATE-HEALTH RISKS ARE UNDERMINED BY POLICY FRAGMENTATION, LIMITED AWARENESS, AND COMPETING CONCERNS

Escalating Climate-health Threats

Climate change heightens health risks in Southeast Asia and China, exacerbating communicable and non-communicable diseases and disproportionately harming marginalized groups. Rising heat drives cardiovascular, respiratory, and kidney emergencies in China, Vietnam, and Thailand, especially among outdoor and factory workers (Friel & Loring, 2011; Wang, 2023; Chu et al., 2022; Tawatsupa et al., 2012). Urban heat waves and coastal salinization compound risks for communities with weak infrastructure, while climate shifts expand dengue, cholera, diarrheal outbreaks, and vector-borne diseases such as malaria, schistosomiasis, and Japanese encephalitis in China (Friel & Loring, 2011; Ebi & Hess, 2020; Kan, 2011; Choisy et al., 2022).

Intersecting Vulnerabilities

Mental health burdens are often underrecognized (Patwary et al., 2024). Extreme events trigger PTSD, depression, and suicide across South and Southeast Asia (Anbumozhi & Setyawati, 2024). In China, heat and air pollution worsen psychiatric risks (Liu et al., 2018; Wang et al., 2018; Zhang et al., 2024; Gao et al., 2017; Qiu et al., 2022; Liu et al., 2023). In Indonesia, coastal hazards raise depression rates among women, youth, and informal workers (Maharani et al., 2025).

Droughts and floods threaten rice production, freshwater access, and nutrition, driving malnutrition and disease (Ebi & Hess, 2020). The urban poor, slum dwellers, migrants, and rural farmers are highly exposed, while low-emitting countries face disproportionate harms relative to wealthier, higher-emitting neighbors (Friel & Loring, 2011; Ebi & Hess, 2020; Anbumozhi & Setyawati, 2024; Solomon, Gribble & Weiser, 2025). Older adults, women, Indigenous peoples, and informal workers face compounded risks from displacement, occupational hazards, and exclusion from decision-making (Ebi & Hess, 2020; Friel & Loring, 2011; Solomon, Gribble & Weiser, 2025).

Fragmented Governance

Weak policy, institutional, and governance systems undermine prevention, adaptation, and equitable responses to regional climate-health threats. ASEAN coordination is limited, and national responses are fragmented, creating misalignment between climate and health sectors (Resilience Development Initiative & Diana, 2024). Many interviewees and a third of survey respondents (8 out of 24) cited policy siloes and competing priorities as hindrances to regional collaboration on climate justice and health equity. As expressed by an interviewee from an international NGO:

“ PEOPLE WORKING AT THE PRIMARY LEVEL ARE NOT AWARE OF ... HOW CLIMATE IMPACTS EQUITY ... LACK OF AWARENESS IN THE HEALTHCARE SECTOR ITSELF IS A BIG GAP THAT NEEDS TO BE FILLED IN.”

Additionally, most survey respondents (16 out of 24) viewed current mechanisms for equitable climate-health action as inadequate.

Policy misalignment reduces integration of health co-benefits into climate strategies, limiting the prioritization of health in the climate action agenda (Resilience Development Initiative & Diana, 2024; Quicksand et al., 2023). Weak regional cooperation, absent binding treaties, and poor environmental governance further undermine climate justice (UNEP, 2021; Equity Initiative, 2024; Caballero-Anthony & Goh, 2025). Rising climate litigation highlights judiciaries as emerging channels for enforcing climate commitments and protecting citizens' rights in the face of climate harms (UNEP, 2021).

Both survey¹ and interview findings show mixed adoption and influence of global frameworks (SDGs, UNFCCC, Paris Agreement) versus weaker uptake of ASEAN and national policies. Programs often align with sustainability and development narratives but remain sectoral and fragmented (e.g., DRRM-Health, Local CCAPs, One Health) rather than unified under a regional climate-health framework. This fragmented landscape arguably facilitates piecemeal implementation of climate justice and health equity initiatives rather than coherent, equity-centered action, as highlighted by an academic working in disaster and climate resilience:

“ THE MOST CRITICAL GAPS ARE LINKED TO INSUFFICIENT PRIORITIZATION OF EQUITY WITHIN CLIMATE ADAPTATION STRATEGIES. MANY REGIONAL POLICIES FOCUS ON ECONOMIC RECOVERY OR INFRASTRUCTURE DEVELOPMENT, WHILE HEALTH AND SOCIAL DIMENSIONS RECEIVE LESS ATTENTION.”

¹ For detailed survey findings on policies that most influenced respondents' work in climate and health, please refer to Annex B

Low Awareness and Literacy

Low awareness of climate-health linkages reduces political will, resources, and urgency (Resilience Development Initiative & Diana, 2024). Even among health professionals, literacy remains moderate, limiting preparedness and adaptation (Resilience Development Initiative & Diana, 2024). Interviews confirm weak cross-sector understanding: climate actors lack health expertise and vice versa and persistent misconceptions (e.g., healthcare's low contribution to environmental issues) and competing priorities across health, energy, economy, and poverty deepen neglect and stymie progress. Regional disparities, such as uneven awareness of the climate-health nexus in the Mekong, further hinder collaboration.

In open-ended questions, some survey respondents described the climate-health nexus as only emerging or in early stages of recognition in specific contexts (e.g., Laos). Against this backdrop, they identified capacity- and awareness-building for leaders as the highest EI priority (ranked 1st out of 7 options by rank score), pointing to the importance of strengthening social-justice lenses and climate-health literacy as a critical step toward advancing awareness of climate-health challenges and compelling collective action.

Competing Priorities and Weak Regional Cooperation

Evidence suggests that climate awareness is rising, but competes with persistent economic and geopolitical anxieties. In a recent survey, 55.3% of respondents in ten ASEAN countries named climate change and extreme weather as the region's biggest challenges, surpassing unemployment and recession (Seah et al., 2025). Concern was highest in the Philippines and Vietnam (~70%), followed by Malaysia and Thailand (~50%). Yet nearly half of respondents still cited economic stagnation and regional geopolitical tensions, particularly in the South China Sea, as major worries. Alongside, economic development priorities often clash with climate action. Grassroots protests, for example, in Indonesia, have opposed clean energy and climate infrastructure projects, reflecting public concerns about their social and environmental impacts (Goh and Gordon, 2025).



FINDING 2 :

LIMITATIONS OF RESEARCH, MONITORING, EVALUATION, AND LEARNING RESTRICT POLICY INFLUENCE

Insufficient and Uneven Evidence Base

Key evidence gaps related to climate and health in Southeast Asia include a lack of sufficient data on the impact of climate change on health, particularly non-communicable diseases, and inadequate information on health workers' climate-health literacy, training needs, and readiness to manage diseases like dengue and heatstroke (Quicksand et al., 2023; Resilience Development Initiative & Diana, 2024). Documentation of stakeholder roles, funding, and timelines for climate-health initiatives in national policies is inconsistent, limiting coordinated action (Resilience Development Initiative & Diana, 2024).

Fragmented Learning and Low Institutional Capacity

Meanwhile, disease models that predict climate change impacts are limited by the unprecedented nature of future conditions, requiring extrapolations without available data (Choisy et al., 2022). There is also a lack of standardized indicators to assess health system resilience, such as hospital adaptive capacity and disease surveillance effectiveness (Adaptation Knowledge Platform, 2011). Qualitative evidence and epistemic diversity remain weak, restricting a comprehensive understanding of climate-health dynamics (Quicksand et al., 2023), thus corroborating comments about exclusion from the focus group.

Restricted Access and Poor Knowledge Translation

Access to evidence is often difficult for community representatives and non-government actors, and existing information is poorly communicated to policymakers and key stakeholders (Quicksand et al., 2023). Public and government awareness of climate-health links is low, undermining political will, resource allocation, policy enforcement, and community engagement (Resilience Development Initiative & Diana, 2024). Health professionals generally have limited knowledge of how climate change affects public health risks and lack sufficient training to implement climate-resilient health systems, negatively affecting preparedness and response capabilities (Resilience Development Initiative & Diana, 2024). There is also a lack of standardized indicators for tracking resilience (Adaptation Knowledge Platform, 2011)

Weak Monitoring and Evaluation Systems

Monitoring focuses on activities rather than long-term outcomes: survey results indicate that the two most commonly collected 'impact' metrics among respondents' primary organizations were programs/activities implemented (16 out of 24 selected "often") and community engagement/participation (17 out of 24 selected "often"), rather than medium to long-term indicators like improved adaptive capacity, health, or climate outcome improvements, and policy changes adopted². Survey findings also show that the main method used by CMB/EI Climate Justice Warriors' primary organizations to measure the impact of climate and health work is qualitative methods (18 out of 24), potentially due to feasibility and resource constraints.

Limited Standardization and Methodological Diversity

Respondents' heterogeneous answers to questions about other metrics that their primary organizations use to measure impact point to the same conclusion. Examples include mixed use of SDGs, city prosperity indices, community engagement measures, media/publicity outputs, and notes like "Climate outcome improvement is not mandatory for my KPI". This diverse patchwork of indicators and the admission that climate-health outcomes and impacts are not consistently measured point to narrow framings and evidence gaps that limit the sector's ability to make a robust and cohesive policy case.

² For detailed survey findings on metrics used by respondents' primary organizations to measure the impacts of their climate and health work, please refer to Annex B

FINDING 3 :

NARROW CLIMATE-HEALTH NEXUS FRAMINGS HAVE LED TO EXCLUSION AND LIMITED POLICY APPLICATION, BUT THERE IS PROMISE IN FLEXIBLE, MULTI-LAYERED STRATEGIES

Limited Translation from Principle to Practice

Despite the use of climate justice and health equity (e.g., climate resilience, energy justice, climate-proof health systems, health co-benefits, one health, planetary health) principles and terminologies in regional academic literature, evidence of their effective operationalization in climate-health policies and programs has been limited in the area of policy and practice (Mohan-Khemka, 2024; Khan et al., 2024; McMillan et al., 2022; Quicksand et al., 2023); United Nations Environment Programme, 2021).

Furthermore, the overreliance on techno-scientific framings has led to the exclusion of marginalized groups in climate-health initiatives (Archer & Dodman, 2015; Equity Initiative, 2024; Quicksand et al., 2023). A climate justice advocate who works on biodiversity emphasized the need to go beyond technoscientific paradigms:

“ SOMETHING THAT I THINK WE REFUSE TO SEE ARE THE INDIGENOUS DETERMINANTS OF HEALTH OR CULTURAL DETERMINANTS OF HEALTH. WE NEED TO GO BEYOND THE BIOMEDICAL MODELS. I THINK WHEN WE TALK ABOUT HEALTH EQUITY BECAUSE EQUITY IN ITSELF IS SO COMPLEXLY INTERCONNECTED WITH EVERY ASPECT OF OUR LIVES. SO, YEAH, THAT PROCESS OF REDEFINING HEALTH IS HOW WE WOULD APPROACH HEALTH EQUITY.”

Focus group participants echoed the lack of attention to Indigenous models of health that directly tie individual and community well-being to the land. They emphasized that these models view health holistically, incorporating spiritual, emotional, and environmental connections rather than isolating physical symptoms. This gap in recognition limits the effectiveness of health interventions and neglects the deep-rooted relationship Indigenous peoples have with their ancestral territories.

Exclusion is mirrored in, for example, jargon-laden language that prevents groups living in climate extremes from fully participating in consultative sessions and applying for grants as well as in the absence of such groups in spaces where climate-health decisions are being made altogether. At worst, this exclusion can turn into threats to liberty and life that comprise human rights violations, particularly against climate justice campaigners and environmental defenders (United Nations Environment Programme, 2021). A climate justice organizer shared:

“ I’VE HAD MY FAIR SHARE OF COLLEAGUES OR CONTACTS WHO HAVE BEEN IN PRISON, ARRESTED, KILLED, BRANDED AS TERRORISTS, AND DISAPPEARED BECAUSE THEY’RE ACTIVISTS. THIS IS GLOBAL.”

The discussion further emphasized how risks of being subject to state-sponsored attacks can be greater for women who are vocal about their opinions, thus highlighting the intersectionality of human rights violations in this space.

Strategic but Superficial Framing

Desk research findings suggest that projects advancing climate justice and health equity have been more strongly encouraged when framed under broad, widely recognized concepts such as sustainability, sustainable development, and biodiversity (Campbell-Lendrum & Corvalan, 2007; Ebi & Hess, 2020; Lerner & Berg, 2017). This reflects a strategic tendency among both researchers and practitioners: findings signpost that integration of climate and health depends less on narrowly defined climate- or health-specific language, and more on the ability to situate initiatives within larger global and regional agendas.

Embedding climate-health work into frameworks like the Sustainable Development Goals, biodiversity, or sustainability transitions enables leverage on existing political momentum, financing channels, and institutional commitments. These framings resonate across multiple organizations represented by most interview participants and survey respondents, the vast majority of whom cited the Sustainable Development Goals as the policy that most influenced their climate-health (17 out of 24 survey respondents). The implication is that language and framing are not just semantic choices, but also serve as strategic tools for engagement, collaboration, and bridge-building. Despite this, several interviewees from the private sector highlighted the limited utility of conceptual policy framing in their everyday operational contexts. One impact investor noted:

“ WE FOLLOW SDGS MORE BROADLY. SDGS ARE HOLISTIC. BUT ... SOME OF THESE POLICY FRAMEWORKS ARE TOO THEORETICAL. BUT WE ARE THINKING MORE AT THE LEVEL IF THINGS DON'T REALLY APPLY ON A DAY-TO-DAY, WE LOOK AT HOW TO HAVE IT IN THE BACKGROUND. YOU'RE NOT AGAINST IT OR YOU'RE OPERATING WITHIN THAT, BUT IT'S NOT GRANULAR ENOUGH FOR ME TO IMPLEMENT IT ON A DAY-TO-DAY BASIS.”

FINDING 4 :

IN THE ABSENCE OF A UNIFIED NARRATIVE, STRATEGIC USE OF DIVERSE PLATFORMS ADVANCES INCLUSIVE CLIMATE-HEALTH ADVOCACY

Fragmented yet Diverse Communication Landscape

Survey findings point to a broad, diverse mix of platforms used by CMB/EI Climate Justice Warriors' primary organizations to communicate their climate and health work to stakeholders³. The most commonly cited was social media, especially to maximize reach to the general public (16 out of 24 respondents), with other platforms including academic publishing, factsheets, org blogs, conferences and convenings, youth group outreach, and community workshops. Respondents justified platform choice on very different grounds (i.e., broad-based reach vs. stakeholder engagement vs. targeted audience). The coexistence of highly different channels and rationale, plus multiple respondents saying that platforms are chosen to fit phase/target audience, shows that communications, while targeted and thoughtful, remain plural and fragmented rather than coordinated around a single regional narrative or strategic framework.

Need for Participatory and Structured Communication

Several survey answers explicitly call for better, more audience-appropriate, participatory communications (e.g., interactive village workshops, arts), reinforcing this finding. Similarly, interview and focus group participants have emphasized the need for a more focused approach to communication. According to a climate justice campaigner from the focus group,

“ CLIMATE COMMUNICATION ALSO IS ONE APPROACH TO CONNECT THE DOTS BETWEEN HEALTH, ECOSYSTEM AND CLIMATE.”

³ For detailed survey findings on platforms used by respondents' primary organizations to communicate their climate and health work to key stakeholders, please refer to Annex B

Furthermore, in an email interview, a regional expert in resilience highlighted the role of structured communication to navigate policy challenges at the climate-health intersection:

“ SUCCESSFUL NAVIGATION OF THESE CHALLENGES OFTEN COMES DOWN TO CREATING STRUCTURED COMMUNICATION AND DECISION-MAKING PROCESSES THAT INVOLVE ALL KEY STAKEHOLDERS.”

Meanwhile, a youth advocate in the focus group discussion expounded on the communication challenges of cultivating an audience that is specifically interested in climate and health in Myanmar and who can contribute to advocacy:

“... FIRST, WE WOULD LIKE TO SPECIFICALLY FOCUS ON THE PEOPLE WHO ARE REALLY INTERESTED IN THIS ISSUE [CLIMATE AND HEALTH] SO THAT THEY CAN ADVOCATE TO THE PEOPLE DUE TO THEIR COMMUNITY, LIKE THEY HAVE FAMILIES, THEY HAVE FRIENDS. SO, MAINLY TARGETING THE PEOPLE WHO ARE INTERESTED IN HEALTH AND ECOSYSTEM APPROACHES.”

However, communication campaigns in Myanmar are hampered by the lack of trustworthy sources of information regarding climate change. This limits the capacity of the public to form their own interpretations of climate events. The youth advocate further elaborated:

“ THERE IS NO MEDIA OR CHANNEL THAT WE CAN RELY TO WATCH AND... GET THE CLIMATE INFORMATION. SO, THAT'S WHY THE PROBLEM IS THAT IF SOMETHING HAPPENED, WE DON'T KNOW WHERE, WHICH KIND OF CHANNEL OR MEDIA TO LISTEN TO GET RELIABLE RESOURCES OR INFORMATION.”



Emerging Opportunities

The findings reveal promising platforms for coordinating and integrating policy and advocacy. Specifically, focus group participants emphasized the need to identify champions who can connect communities with policymakers. One participant from the international NGO sector mentioned how the Perdana Fellows Programme, a youth mentorship and internship program run by the Malaysian government, was essential to connecting grassroots actors to high-level government officials and other influential individuals, regardless of their ideological differences:

“ BUT [THE PERDANA FELLOWS] ARE THE ONES WHO ORGANIZE THEIR CLIMATE FINANCE SUMMIT. THEY'RE ORGANIZING THE YOUTH ECONOMIC SUMMIT. THEY'RE THE ONES ORGANIZING A LOT OF THESE KINDS OF TALKS WITH EX-PRIME MINISTERS, LIKE THEY HAVE THOSE ACCESS. SO, IN MALAYSIA'S CONTEXT, PERDANA FELLOWS IS ONE WAY WHERE WE CAN MEET KIND OF NEPO BABIES ... AND FOR THEM TO JUST [SET UP] A MEETING, REGARDLESS OF WHETHER YOU IN PRINCIPLE BELIEVE IN THEM OR NOT, RIGHT? BUT THEY CAN SET UP THE MEETING.”

Moreover, award shows such as the ASEAN Energy Awards were seen as useful for drawing out the work of champions from various sectors and locations who do not normally participate in mainstream policy discussions and programs (Richardson-Barlow & Dahlan, 2024). Still further, regional alliances like RISE South East Asia Alliance for Health and Climate and AVPN's Lighthouse Initiative provide useful nodes for networking and South-South collaboration (Health Care Without Harm, 2025; AVPN, 2025). Other climate-health advocacy platforms include trainings by UNEP/OHCHR trainings as well as Climate COP “Green Zone” activities, where NGOs and community organizations are welcome to voice out their views (Geiger, 2020; UNEP, 2021; Yeh & Loizeaux, 2024)



FINDING 5 :

CONFERENCES AND CONVENINGS FACE INCLUSIVITY AND TOKENISM CHALLENGES BUT REMAIN VITAL FOR TRUST-BUILDING AND RAPPORT ALONGSIDE OTHER PLATFORMS

Network-building as Strategic Foundation and Mixed Value of In-person Conferences

Both survey findings and interviews pointed to network-building convenings, not just within EI but also beyond, as critical avenues to reach policymakers and governments (13 out of 24 respondents) and peers/colleagues (12 out of 24 respondents) and strategically gather like-minded partners across sectors to strengthen the regional network of practitioners, advocates, activists, and academics. However, several interview participants raised concerns about the lack of substance within in-person conferences as platforms for climate-health policy advocacy. For example, an academic observed the lack of diversity among climate-health conference attendees, which they felt prioritized donors more than experts in the field:

“ OVER TIME, I THINK IT'S BECOMING REDUNDANT, REPETITIVE, MONOTONOUS, NOTHING REALLY. I MEAN, SURE, IN EVERY CONFERENCE, THERE'S SOMETHING YOU AT LEAST WANT, RIGHT, THAT'S BEING LAUNCHED, ... BUT NOT SO MUCH IF THE USUAL SUSPECTS ARE PRESENT. THERE IS A TENDENCY TO PRIORITIZE FUNDERS AND “USUAL SUSPECTS” IN TERMS OF PRESENTATION SLOTS.”

Similarly, an interview participant from the private sector observed that conferences are mostly attended by funders because conference fees are usually beyond the reach of community actors:

“ IT'S VERY MUCH A FUNDER-HEAVY GROUP [THAT ATTENDS CONFERENCES], AND PART OF THAT IS THE PRICING OF THE CONFERENCE IS NOT EQUITABLE. THERE'S VALUE IF WE CAN MAKE IT MORE ACCESSIBLE.”

In contrast, most interviewees still appreciated in-person conferences as trust-building venues despite the associated carbon footprint. Two development practitioners emphasized that physical meetings allow for communication styles beyond verbal communication and for communication beyond the meeting session halls. Informal in-person meetings can also be avenues for inclusivity, a chance to read non-verbal cues, as well as venues to discuss more sensitive matters. One practitioner stated:

“ SOME CANNOT EXPRESS THEMSELVES IN CONFERENCES AND MEETINGS. WE ALSO DO INFORMAL BACKCHANNELING AND NEGOTIATIONS DURING BREAK TIME. THERE IS SO MUCH WE CAN ACCOMPLISH WITH FACE TO FACE MEETINGS. SOME THINGS DO NOT GET SAID BUT THERE YOU WILL HAVE A SENSE FOR IT.”

Interviewees offered several suggestions to make in-person gatherings more inclusive, such as rotating conference venues, creating sponsorships, and exploring hybrid conferences models. One climate-health specialist also advised that hybrid conferences need to avoid reproducing existing inequalities by creating hierarchies between remote attendees and physical attendees as “first-class citizens.”

Diversified and Complementary Advocacy Channels

Beyond in-person conferences, survey findings highlighted several other communication platforms viewed as relevant by policy and decision-makers, including webinars, convenings, policy briefs, and internal government channels. Respondents also identified a diverse range of effective policy approaches and strategies, such as advocacy, media campaigns, lobbying, activism, regional policy dialogues, and closed-door meetings with governments. Among these, advocacy and media campaigns were ranked as the two most effective for advancing equitable climate-health initiatives in the region. At the same time, respondents emphasized the complementary nature of the other approaches, pointing to the importance of cohesive, ecosystem-level action for policy change and how diverse strategies implemented together can reinforce and amplify one another. Furthermore, both the focus group discussions and desk research underscored the need for consistent and sustained social media campaigns to foster public engagement (Cai et al., 2021). Social media also holds potential for policy influence but must be used more consistently to communicate evidence-based information (Quicksand et al., 2023).

FINDING 6 :

FINANCING IS DIVERSE AND EVOLVING, BUT ETHICS, EQUITY, AND SUSTAINABLE HEALTH INTEGRATION ARE AT RISK

Diverse but Fragmented Financing Landscape

Desk review and survey findings point to the fact that climate-health financing across Southeast Asia and China draws on a mix of public funding, public-private partnerships (PPPs), donor grants and aid, official development finance (ODF), and newer mechanisms such as loss and damage funds and disaster risk financing⁴ (Minas, 2022; Tong et al., 2021; Liu et al., 2020; Hossin et al., 2024; Santhanasamy, 2021; Carty & Walsh, 2022; Seah, 2024; Dayant et al., 2024; Uri et al., 2024).

Dominance of Donor and Grant-based Models

Donor flows and multilateral mechanisms remain substantial. China's ODF to Asia totaled US\$84 billion between 2013 and 2019, with Indonesia and the Philippines receiving US\$10.8 billion and US\$9.9 billion, respectively. Other major commitments include the Green Climate Fund (US\$13.5 billion), Just Energy Transition Partnerships (US\$46.5 billion), Japan's pledge (US\$14.7 billion), and ADB/World Bank loans and co-financing of US\$23.3 billion for the Philippines. Additional donor agencies such as the Global Environment Facility and the Nordic Fund continue to support health and climate projects regionally (Cord, 2025; Global Environment Facility, n.d.; Martinus, 2023; Dayant et al., 2024).

Grants and donor funding provide substantial inflows: survey data confirms that grants remain the predominant financing mechanism supporting regional climate-health work (20 out of 24 respondents), followed by technical assistance (7 out of 24) and blended finance (6 out of 24). Funders are diverse and include multilaterals, bilateral donors, academic institutions, private sector actors, philanthropies, and development banks⁵. Official Development Finance (ODF) in Southeast Asia averaged US\$8.1 billion per year between 2015 and 2022, far below the estimated \$210 billion needed per year up to 2030. Much of this finance comes through China's hydropower investments in Laos, Thailand, Indonesia, and Cambodia - projects that often pose debt-crisis risks, particularly for Laos (Seah, 2024; Dayant et al., 2024). China alone has projected annual climate action needs of US\$520 billion between 2016 and 2030, largely financed through green finance mechanisms.

Meanwhile, Disaster Risk Financing (DRF) mechanisms are also gaining traction. The Southeast Asia Agricultural Risk Finance Facility (ARFF), a collaboration between SEADRIF, FAO, and six ASEAN countries, seeks to reduce insurance premium costs through regional pooling and improve access for underserved farmers (SEADRIF, 2025). These mechanisms show potential but remain at an early stage of scale-up.

Ethical and Accountability Challenges

While these mechanisms signal innovation and growing capital mobilization, each comes with risks and limitations. Public-private partnerships are widely used but can often be misaligned with clean energy and health-equity goals (Hossin et al., 2024), raising ethical and accountability concerns and difficult questions around cooperation, negotiation, and the extent of shared values and goals with other sectors. As articulated by a focus group discussion participant from the non-governmental sector:

"FUNDING HAS ALWAYS BEEN SORT OF A STRUGGLE AND HOW CAN WE NAVIGATE WITH THESE COMPANIES... AT LEAST, IN TERMS OF FOSSIL FUELS WE ARE IN A STAND WHERE WE - HARD, HARD - NO. UNLESS THEY INVITE US TO TALK ABOUT TRANSFORMATIVE CHANGE. ... EVEN THEN, ... IT'S DISAPPOINTING... THEY'RE STILL TALKING ABOUT CAPITAL, THEY'RE STILL TALKING ABOUT INVESTMENT RETURNS."

⁴ For detailed survey findings on funders and financing mechanisms that support respondents' primary organizations' climate and health work, please refer to Annex B

⁵ For detailed survey findings on funders and financing mechanisms that support respondents' primary organizations' climate and health work, please refer to Annex B

Navigating the donor landscape can come with ethical risks, particularly when donor activities and values do not align with policy advocacy organizations in need of funding. One way forward is to develop a risk register that classifies current and potential donors and partners according to the ethical risks they pose to an organization. For example, a climate-health advocate detailed risk categories at their organization:

“FOR EXAMPLE, LIKE THE [DONOR COMPANY REDACTED] CAME OUT LAST MONTH [THAT] THEY WERE INVOLVED IN THE PLANNING OF THIS PLACE.... IN GAZA, AND BUILDING A CITY FOR ISRAEL TO COME IN... AND THE PEOPLE ARE LAUNCHING VERY SOON. SO, HOW CAN WE NAVIGATE THAT KIND OF THING? [IT'S] VERY HARD AS WELL FOR THIS KIND OF BIG ORGANIZATION? BUT WE DO HAVE A PROCESS IN PLACE, THAT KIND OF RISK REGISTER. AND THEN A BLACKLIST, RED LIST, GREEN LIST. SOMEONE WHO'S LIKE ME WHO'S REALLY WORKING [TOWARD] CLIMATE JUSTICE... CAN GET FRUSTRATED WHEN THESE THINGS KIND OF HAPPEN. BUT I THINK THAT'S ONE METHODOLOGY THAT WE ARE TRYING TO IMPROVE AT.”

Urgent Need for Equitable and Sustainable Financing Frameworks

Despite multiple sources of funding, progress across the region remains uneven (Minas, 2022; Tong et al., 2021; Liu et al., 2020). Grants and donor funding enable important inflows but can be rigid, short-term, and donor-driven. A focus group participant who works closely with the government commented,

“EACH MINISTRY...CREATES THIS VERY LONG PROCESS OF GETTING A SINGULAR BUDGET APPROVED. AND BY THE TIME THAT IT GETS APPROVED, YOU'VE LOST OUT ON FUNDING, YOU KNOW, THE PROBLEM EVOLVED INTO SOMETHING ELSE.”

Survey results reinforce these structural issues: despite the pervasiveness of grants, respondents ranked limited funding for cross-border work as the top barrier to regional collaboration for climate justice and health equity (16 out of 24 respondents). They also ranked “establishing mechanisms to support equitable funding for resilient climate-health interventions” low (sixth of seven priorities for EI moving forward) suggesting that equity-focused financing remains underdeveloped. Several respondents also noted that donor mandates often drive project agendas, reinforcing short-termism and undermining sustainability.

Severe Underfunding of Health Adaptation and Loss and Damage

Despite this proliferation of financing models, health-specific adaptation remains severely underfunded, receiving less than 0.5% of global adaptation finance (Ebi & Hess, 2020). Moreover, inequitable economic structures and reliance on fossil fuels continue to drive climate vulnerabilities and limit financing that is sensitive to health equity (ASEAN, 2025; Sembiring, 2024). Furthermore, high adaptation costs and dependence on external assistance undermine long-term sustainability (Resilience Development Initiative & Diana, 2024; Seah, 2022). The absence of dedicated equitable funding mechanisms, combined with the underprioritization of health, indicates that financing trajectories may not sufficiently protect vulnerable communities or address justice concerns. An academic who studies how civil society organizations are affected by recent reductions in development funding remarked:

“SO, [ON] THE SUSTAINABILITY OF CSOS WE DID A FIVE-COUNTRY STUDY OF THIS IN THE GLOBAL SOUTH, AND THE MISSION OF SOME OF THESE CSOS HAD TO CHANGE WHEN FUNDINGS WERE REMOVED DURING THE COVID PERIOD. WE'RE NOT EVEN TALKING ABOUT THE TRUMP PERIOD. WE'RE TALKING ABOUT THE COVID PERIOD.”

Emerging financing mechanisms are also on the rise. For example, the Loss and Damage Fund, established under the United Nations Framework Convention on Climate Change (UNFCCC) and hosted by the World Bank, has received US\$741 million in pledges from 27 contributors as of January 2025. However, the estimated Loss and Damage financing needed by developing countries is \$250 billion to \$400 billion by 2030-35; the pledged amount only covers 0.04% to 0.1% of the need (Aberg, 2025). Moreover, Loss and Damage from 2000-2019 amounted to \$2.8 trillion (costing around \$16 million per hour). Of this damage, 63% of this is attributable to loss of human life (Newman & Noy, 2023). UN agencies (e.g. WHO, n.d., UNEP-CCC, 2025) and the ASEAN mention the urgent need to address Loss and Damage (including health impacts) through, for example, integrating disaster risk reduction and adaptation, and yet only less than 0.5% of global climate adaptation finance targets health despite its clear relevance (Ebi & Hess, 2020; Uri et al., 2024; Bisri & Lutfiananda, 2024).

FINDING 7 :

PARTNERSHIPS EXPAND POSSIBILITIES BUT COORDINATION MECHANISMS ARE LACKING

Partnerships as Enablers of Policy and Practice Integration

The importance of partnerships was a key point of discussion across interviews and the focus group. Many participants viewed partnership strategies as integral to all dimensions and all levels of their work. A global expert in development work emphasized the importance of multi-dimensional partnerships to policy advocacy, especially when complemented with programmatic efforts that yield much-needed evidence of policy effectiveness:

“ POLICY CHANGE IS INTERWOVEN ACROSS PROGRAMMES IN HUMANITARIAN RESPONSE, DEVELOPMENT, AND CLIMATE. STRATEGY INVOLVES COLLABORATING WITH PARTNERS ON THE GROUND AT BOTH THE COMMUNITY AND NATIONAL LEVELS AND USING PROGRAMMES AS EVIDENCE TO ADVOCATE FOR POLICY CHANGE AND DEMONSTRATE THAT POLICY CHANGE HAS TAKEN EFFECT.”

Finding 2 emphasized how the limitations of research, monitoring, evaluation, and learning restrict policy influence. As such, some participants viewed end-to-end partnerships covering co-design, co-creation, and co-production as particularly crucial to establishing data interoperability for monitoring and addressing climate and health risks at the regional scale. According to an academic doing research on climate impacts on vector-borne diseases in the Mekong region:

“ WE ARE NOW TRYING TO INSTITUTE A CLIMATE SERVICE FOR HEALTH, AND TO MAKE PARTNERSHIPS WITH OTHER INSTITUTES, AND INVOLVE LOCAL AUTHORITY IN THE CLIMATE AND HEALTH PARTNERSHIP. IN RESPONSE TO CHALLENGES OF SHARING DATA BETWEEN INSTITUTES, THEY ARE KEEN ON DEVELOPING AGREEMENTS BETWEEN THE TWO PARTNERS FOR DATA-SHARING.”



Cross-sector Collaboration for Resources and Equity

Partnerships with the private sector were also seen as a venue for integrating climate and health concerns, especially through carbon credit projects that engage grassroots actors. These collaborations can offer crucial financial and technical support for community-based adaptation efforts, while also helping companies meet their sustainability targets. A focus group participant working on biodiversity initiatives elaborated on the importance of partnering with corporate actors:

“ I THINK INVESTORS OR EVEN PEOPLE WHO ARE INVOLVED IN CARBON CREDITS CAN PLAY A ROLE AS WELL TO SORT OF BRIDGE THE INTERSECTION OF HEALTH. IF THEY'RE WORKING WITH LOCAL AND RURAL COMMUNITIES TO PLAN TREES FOR THE CARBON CREDIT PROJECTS, WHY NOT PROVIDE THEM ALSO BASIC HEALTH AMENITIES. FOR EXAMPLE, FOR INDONESIA AND MALAYSIA, [THEY] HAVE THAT SORT OF WORK YET, BUT I THINK THAT'S A GOOD PARTNERSHIP TO HAVE IF WE'RE PULLING PRIVATE IN, RIGHT? HOW CAN THEY PROVIDE THOSE KINDS OF, AND GUARANTEE, SORT OF HEALTH PROTECTION TO THOSE COMMUNITIES?”

However, a climate justice organizer emphasized during the focus group that effective partnerships should go beyond quantifying the number of partners an organization has. More essential are the quality of these partnerships:

“ I THINK IT'S EASY TO FALL INTO THE TRACK OF SAYING THAT I'D HOSTED A TRAINING FOR A THOUSAND YOUTH LEADERS, WHATEVER. BUT IT'S THE RELATIONAL QUALITY OF THE LONGER TERM, ENSURING THAT COMMUNITIES HAVE ACCESS TO THE RESOURCES THAT THEY NEED TO BE ABLE TO CAMPAIGN ON THESE ISSUES WHEN MATERIAL REALITIES DON'T QUITE MAKE THAT POSSIBLE, DON'T MAKE POLITICAL ADVOCACY POSSIBLE FOR A LOT OF PEOPLE WHO ARE MARGINALIZED ON THAT.”



Survey findings highlighted a broad spectrum of key institutions operating at the juncture of climate and health, including national government agencies, regional organizations, international multilaterals, including development banks, research/academic institutions, NGOs, foundations and family offices, international networks, and private sector actors like consulting/development firms⁶. In free-text responses, respondents identified a diverse range of trusted partners at international, regional, and local levels, such as the World Health Organization's Western Pacific Regional Office (WHO/WPRO), the Asian Disaster Preparedness Center (ADPC), the United Nations Development Programme (UNDP), NGOs like Health Care Without Harm, universities, national ministries, multilateral development banks, family offices, foundations, citing prior collaborations and access to technical and financial resources as the foundations of trust⁷. Furthermore, desk review findings highlight the importance of partnerships between NGOs, state bodies, and civil society for the sustainability and effective local implementation of climate initiatives (Richardson-Barlow & Dahlan, 2024).

Fragmented Coordination and Untapped Potential

Despite this diversity and potential, desk review findings underscored persistent challenges to effective coordination. While regional research partnerships like Oxford University Clinical Research Unit (OUCRU) in Vietnam, OUCRU Indonesia (formerly the Eijkman-Oxford Clinical Research Unit), and the Mahidol Oxford Tropical Medicine Research Unit (MORU) in Thailand have advanced understanding of climate-infectious disease linkages, they often operate in isolation (Choisy et al., 2022). Similarly, regional and philanthropy-led alliances (e.g. RISE Alliance, AVPN Lighthouse) have built trust and momentum across key sectors, including the private, social enterprise, and giving sectors, but continue to function independently (Health Care Without Harm, 2025; AVPN, 2025).

The absence of institutional incentives for collaboration further limits the integration of climate and health within broader policy and research agendas. As a result, coordination remains fragmented and the region's full potential to leverage partnerships for systemic change remains untapped (Quicksand et al., 2023; Equity Initiative, 2024).

⁶ For detailed survey findings on key institutions or organizations in the region that actively work at the intersection of climate and health, please refer to Annex B

⁷ For detailed survey findings on key institutions or organizations in the region that actively work at the intersection of climate and health, please refer to Annex B

FINDING 8 :

CMB/EI CAN ADVANCE CLIMATE-HEALTH EQUITY THROUGH LEADERSHIP AND NETWORK MOBILIZATION FOR COMMUNITY ACTION, KNOWLEDGE BROKERAGE, AND ADVOCACY

Catalyst for Leadership and Coordination

Interviews and survey data underscored a strong recognition of CMB/EI's potential to play a catalytic and strategic role in advancing climate-health work across Southeast Asia and China. Broadly, interviewees perceived CMB/EI as uniquely positioned to bridge gaps between health equity and climate resilience, providing a platform where community knowledge, technical expertise, and policy advocacy intersect. As one participant articulated,

" [EI COULD BE] A REGIONAL ACTOR WITH A FOCUS ON HEALTH EQUITY COULD PLAY A STRATEGIC AND CATALYTIC ROLE IN BRIDGING EXISTING GAPS. SUCH AN ACTOR CAN PROVIDE TARGETED FUNDING, TECHNICAL EXPERTISE, AND POLICY ADVOCACY TO ENSURE THAT HEALTH EQUITY IS EMBEDDED WITHIN BROADER CLIMATE RESILIENCE AGENDAS."

This function was widely seen as essential to ensuring that regional frameworks remain grounded in local realities and community-led solutions.

Both survey and interview data revealed a shared perception of CMB/EI being uniquely positioned to play a leadership and coordination role in advancing climate-health equity in Southeast Asia and China, grounded in its ability to convene diverse actors and foster cross-community learning. Survey respondents selected leadership capacity-building as an important gap that they believed CMB/EI should address moving forward (ranked 1st out of 7 options), suggesting CMB/EI's potential role as a regional convener and capacity-builder, cultivating leadership that advances climate-health equity. Complementarily, interviewees highlighted opportunities for CMB/EI to be a connector among governments, academia, civil society, and the private sector, cultivating dialogue and exchange across disciplines and geographies. Platforms like webinars, salons, and technical convenings were identified as valuable for building collective understanding and action and democratizing policy discussions through community representation and inclusive perspectives, dovetailing strongly with Findings 4 and 5.

Network Mobilization for Community-led Action

CMB/EI was also perceived as well-placed to build and mobilize its network of fellows and affiliates to advance climate-health priorities within their respective fields. Interviewees noted that many fellowship alumni (i.e. senior fellows) already occupy influential roles in health, environment, and policy sectors, and that this network could be leveraged to embed climate-health thinking in diverse domains. As one private sector interviewee explained,

" WE HAVE RECRUITED FELLOWS BEFORE, AND THEY NOW HAVE VERY GOOD IMPACTFUL POSITIONS IN HEALTH AND CLIMATE... [ONE OF THESE FELLOWS] CONNECTS AND COMBINES ALL THE THINGS TOGETHER TO HAVE MORE IMPACT. I THINK THIS IS ONE THING EI CAN DO HERE."

Knowledge Brokerage and Advocacy for Equity

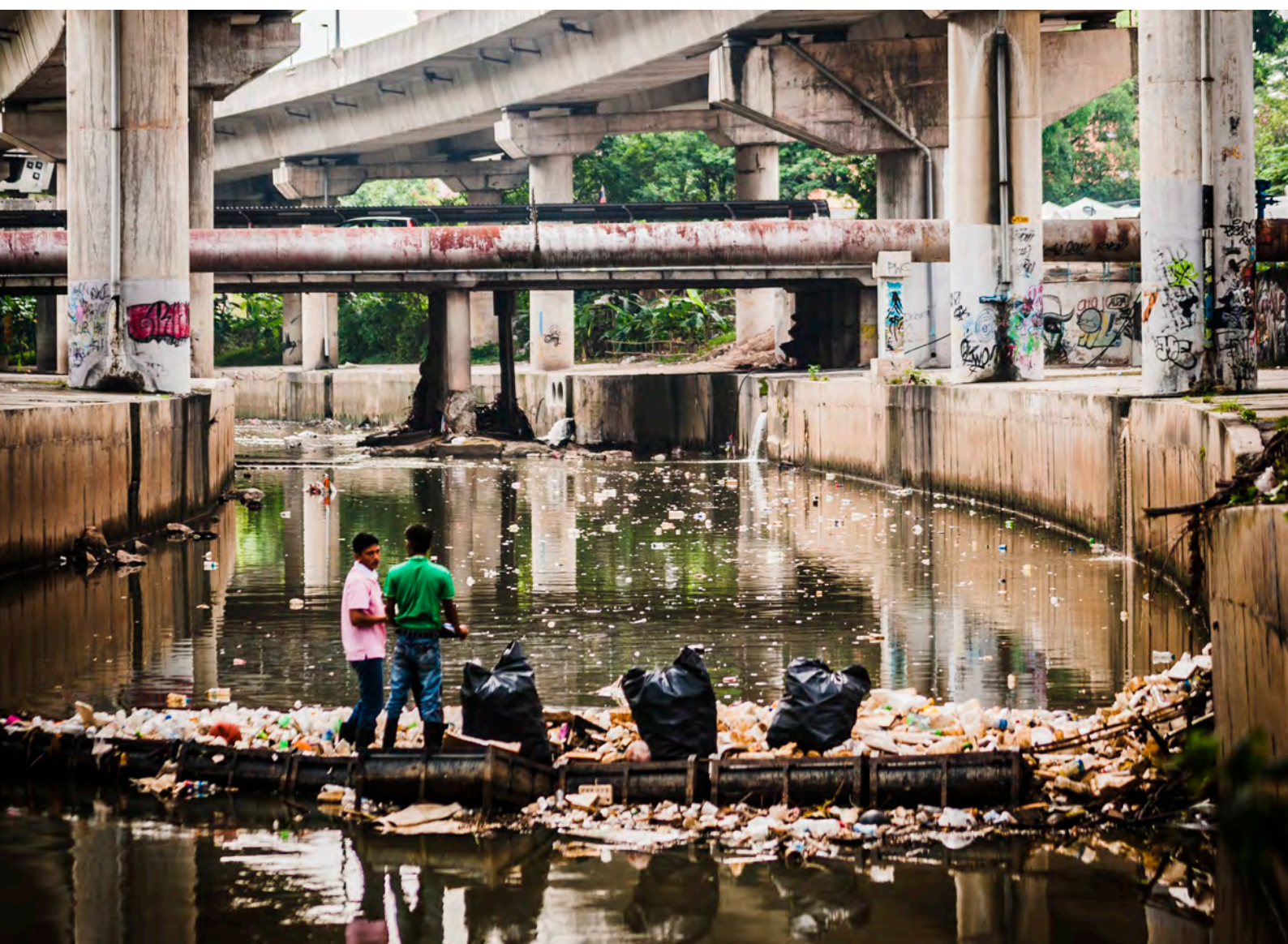
Interviewees highlighted CMB/EI's potential as a knowledge broker and catalyst for targeted funding. Several respondents emphasized the need for a neutral, strategic intermediary, similar to a regional advisory or philanthropic support mechanism, that could guide funders, policymakers, and practitioners toward effective investments in the climate-health nexus. CMB/EI's flexible, equity-focused positioning was seen as enabling it to identify gaps, direct support to underrepresented initiatives, and foster a more conducive policy environment for investment and capacity-building. Survey respondents further ranked grants for community-led

interventions as a top form of support that could be rendered by CMB/EI (ranked 2nd out of 7 options by rank score), highlighting its potential role in amplifying local climate-health action and connecting high-level frameworks with lived experiences through the fellows' network.

Interviewees pointed to CMB/EI's potential role in regional and global climate-health advocacy, amplifying equity-oriented perspectives from Asia at international forums. As one respondent reflected,

"I CAN COUNT ON MY FINGERS WHO ARE THE STAUNCHEST VOICES FOR CLIMATE AND HEALTH FROM ASIA... WE'RE VERY FEW CLIMATE AND HEALTH RESEARCHERS, NOT NECESSARILY WITH A STRONG EQUITY AND JUSTICE LANGUAGE OR PERSPECTIVE."

By curating tangible case studies, showcasing local successes, and sustaining a consistent presence in regional dialogues, CMB/EI could demonstrate the value of integrating equity into climate-health work and inspire and facilitate wider engagement from diverse stakeholders.



IV. RECOMMENDATIONS

FINDING 1 :

RISING CLIMATE-HEALTH RISKS ARE UNDERMINED BY POLICY FRAGMENTATION, LIMITED AWARENESS, AND COMPETING CONCERNS

- **Recommendation 1: Facilitate Regional Collaboration and Knowledge Exchange.**
Convene dialogues, workshops, and learning platforms that bring together civil society, researchers, and policymakers to share evidence, align priorities, and build informal coordination on climate-health issues as a counter to fragmented governance structures.
- **Recommendation 2: Develop Accessible Climate-Health Training Modules and Communication Materials.**
This will strengthen awareness of climate-health linkages among local NGOs, health workers, and community leaders, emphasizing equity and inclusion. Meanwhile, climate-health issues can be integrated in support of community early warning systems and localized resilience planning
- **Recommendation 3: Amplify Voices of Vulnerable Groups in Policy Discussions.**
Aligning with EI's strategic priorities, support participatory research, storytelling, and advocacy initiatives that document and elevate the lived experiences of women, Indigenous peoples, informal workers, and the urban poor to influence regional and national climate-health agendas, especially in key policy battlegrounds.

FINDING 2 :

LIMITATIONS OF RESEARCH, MONITORING, EVALUATION, AND LEARNING RESTRICT POLICY INFLUENCE

- **Recommendation 4: Strengthen Regional Research Collaboration and Data Sharing**
Facilitate cross-country partnerships among universities, NGOs, and government research bodies to co-produce and share standardized data on climate-health impacts, especially on non-communicable diseases and vulnerable populations.
- **Recommendation 5: Build Capacity for Evidence Generation and Use**
Provide training and mentorship for local researchers, practitioners, and civil society actors on monitoring, evaluation, and learning (MEL) methods tailored to climate-health programs, including participatory and qualitative approaches.
- **Recommendation 6: Translate Research into Policy-Relevant Knowledge Products**
Develop direct pathways to policy influence: concise policy briefs, visual summaries, and community-oriented communication tools. Work with creatives and youth leaders to make evidence on climate-health linkages accessible to decision-makers, funders, and the public, thereby bridging the gap between data and advocacy.

FINDING 3 :

NARROW CLIMATE-HEALTH NEXUS FRAMINGS HAVE LED TO EXCLUSION AND LIMITED POLICY APPLICATION, BUT THERE IS PROMISE IN FLEXIBLE, MULTI-LAYERED STRATEGIES

- **Recommendation 7: Promote Inclusive and Culturally Grounded Frameworks**
Support partnerships with Indigenous, women-led, and community-based organizations to integrate local and cultural determinants of health into climate-health initiatives, ensuring that interventions move beyond technocratic and biomedical framings.
- **Recommendation 8: Bridge Global Frameworks with Local Practice**
Develop guidance and case studies showing how broad agendas like the SDGs, One Health, and Planetary Health can be operationalized at the community level—helping practitioners translate high-level concepts into context-specific, equity-focused action.

FINDING 4 :

IN THE ABSENCE OF A UNIFIED NARRATIVE, STRATEGIC USE OF DIVERSE PLATFORMS ADVANCES INCLUSIVE CLIMATE-HEALTH ADVOCACY

- **Recommendation 9: Develop a Regional Climate-Health Communication Strategy**
Coordinate with partners to create a unified, evidence-based communication framework that aligns messaging across social media, community workshops, and policy platforms to strengthen regional coherence and impact.
- **Recommendation 10: Invest in Participatory, Inclusive, and Creative Communication Approaches**
Support local organizations and youth groups in designing inclusive communication campaigns—such as arts-based workshops, storytelling, and interactive media—that make climate-health issues accessible to diverse audiences using sector-specific language.
- **Recommendation 11: Identify and Empower Communication Champions**
Cultivate a network of trusted communicators from communities, academia, and media who can bridge grassroots perspectives with policymaking spaces, amplifying credible voices for climate-health advocacy across Southeast Asia and China.

FINDING 5 :

CONFERENCES AND CONVENINGS FACE INCLUSIVITY AND TOKENISM CHALLENGES BUT REMAIN VITAL FOR TRUST-BUILDING AND RAPPORT ALONGSIDE OTHER PLATFORMS

- **Recommendation 12: Foster Inclusive and Accessible Convenings**
Organize hybrid or rotating regional gatherings that lower financial and logistical barriers for community actors, ensuring diverse participation and more equitable dialogue in climate-health policymaking spaces. Institutionalize post-event follow-up mechanisms to include those who do not feel comfortable participating in person or in a large group.
- **Recommendation 13: Leverage Digital and Media Platforms for Sustained Advocacy**
Strengthen the use of webinars, policy briefs, and coordinated social media campaigns to complement in-person events, enabling continuous engagement and evidence-based advocacy beyond conferences.

FINDING 6 :

FINANCING IS DIVERSE AND EVOLVING, BUT ETHICS, EQUITY, AND SUSTAINABLE HEALTH INTEGRATION ARE AT RISK

- **Recommendation 14: Facilitate End-to-End Collaborative Partnerships**
Support co-design, co-creation, and co-production initiatives that connect researchers, practitioners, and communities to generate shared data systems and interoperable tools for monitoring climate-health risks.
- **Recommendation 15: Promote Ethical and Equitable Financing Practices**
Developing ethical funding guidelines or donor risk registers within EI to navigate conflicting donor interests and align financing with climate justice and health equity principles, and support partner community organizations in doing the same.
- **Recommendation 16: Support health-sector participation in Loss and Damage financing:**
Enable health actors to engage in regional and global negotiations by providing technical support to integrate health impacts, equity concerns, and funding needs into Loss and Damage mechanisms.

FINDING 7 :

PARTNERSHIPS EXPAND POSSIBILITIES, BUT COORDINATION MECHANISMS ARE LACKING

- **Recommendation 17: Strengthen Cross-Sector and Private Partnerships for Equity**
Encourage collaboration between civil society, government, and responsible private sector actors with programs that facilitate easy alignment between climate and health objectives—such as those in green finance or carbon credit projects—to align resources toward equitable, community-centered adaptation.
- **Recommendation 18: Strengthen Access to Flexible, Community-Driven Funding**
Advocate for and facilitate small grants or pooled regional funds that prioritize locally led, health-sensitive climate initiatives—reducing dependence on short-term, donor-driven projects.

FINDING 8 :

CMB/EI CAN ADVANCE CLIMATE-HEALTH EQUITY THROUGH LEADERSHIP AND NETWORK MOBILIZATION FOR COMMUNITY ACTION, KNOWLEDGE BROKERAGE, AND ADVOCACY

- **Recommendation 19: Position CMB/EI as a Knowledge and Advocacy Hub**
Develop CMB/EI's capacity to broker partnerships, curate policy-relevant evidence, and amplify Asian voices in regional and global climate-health dialogues, ensuring that local knowledge and equity perspectives shape broader policy agendas.
- **Recommendation 20: Invest in Climate-Health Leadership and Capacity Development for Youth Advocates**
Design and deliver regional training programs that build the leadership, communication, and policy engagement skills of the youth, supporting them to champion climate-health equity within their institutions and communities.
- **Recommendation 21: Launch a Regional Climate-Health Innovation Fund with an Awards Component**
Establish a small, flexible funding mechanism to support pilot projects, community experiments, and cross-sector collaborations that test new approaches to integrating health equity within climate resilience efforts across Southeast Asia and China. Launch annual awards recognizing outstanding initiatives, research, and partnerships that advance equity-centered climate-health solutions, incentivizing innovation, visibility, and knowledge exchange across the region.



POSTSCRIPT: COP30 BELÉM AND WHY THIS MOMENT MATTERS

The findings of this scan come at a moment of genuine opportunity. COP30 in Belém, Brazil established itself as the 'COP of Implementation', with a focus on accelerating delivery of existing commitments, enabled by transparency and multisectoral partnership. For climate-health equity advocates in Southeast Asia and China, it generated several developments that directly reinforce the scan's call to action:

The Belém Health Action Plan is the first formal integration of health into the UNFCCC action agenda. Comprising 60 action items across surveillance systems, evidence-based policy, and health innovation, and grounded in principles of health equity, participation, and justice, it was endorsed by 30 countries and 50 partner organizations, legitimizing the climate-health integration this scan calls for. Crucially, no new multilateral financial commitments accompanied it; the only dedicated funding was a one-time US\$300 million philanthropic grant (de Carvalho, 2025). This gap between ambition and resourcing further highlights the urgency of this scan's financing recommendations.

The Belém Action Mechanism (BAM), established under the UNFCCC's Just Transition Work Program, promotes equitable shifts to low-carbon economies with explicit attention to social protection, clean energy access, and mental health and psychosocial support during fossil fuel phase-outs. With operationalization targeted for November 2026, BAM provides a concrete entry point for health equity actors to shape just transition frameworks. The scan's findings on narrow climate-health framings and exclusionary governance are directly relevant to how BAM is implemented in the region.

Southeast Asia's first unified ASEAN Climate Pavilion was a pivotal step forward in regional climate diplomacy, with Malaysia spearheading the effort as 2025 ASEAN Chair. Priorities moving forward into the 2026 Philippine chairship include harmonizing carbon markets, advancing nature-based solutions, and protecting transboundary ecosystems. While the Pavilion risks remaining symbolic without a clear implementation strategy, it signals an opening for a unified regional climate-health narrative, particularly as Malaysia's proposed Southeast Asia Alliance Negotiation Group (Group SEA) negotiating bloc moves toward formalizing ASEAN's collective voice within the UNFCCC.

These developments converge to create a window of opportunity: the Health Action Plan legitimizes health adaptation globally; ASEAN's pavilion signals regional ambition; and BAM opens a policy channel for justice-centered transition planning. The scan's identified gaps in governance coherence, evidence-to-policy translation, inclusive implementation, financing equity, and partnership coordination must be addressed if Belém's global and regional commitments are to benefit the communities on the frontlines of climate-health risk in Southeast Asia and China. Regional actors who engage now, bringing equity-grounded evidence, community voices, and implementation capacity, are well-positioned to shape how these commitments are operationalized.

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ANNEXURE

ANNEX A: BIBLIOGRAPHY

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ANNEX B: NETWORK SURVEY QUESTIONNAIRE AND RESULTS

SECTION 1 : DEMOGRAPHICS



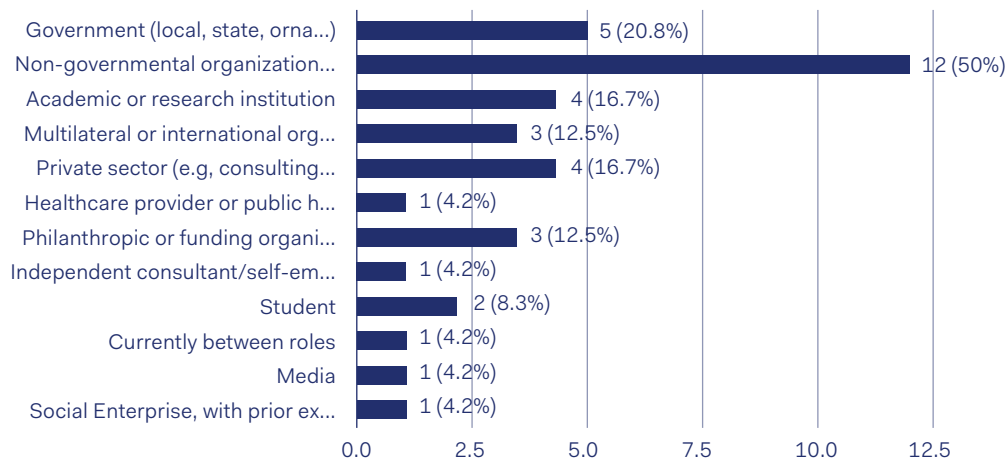
What is your primary role in climate and health work ? [Select one.]

24 responses



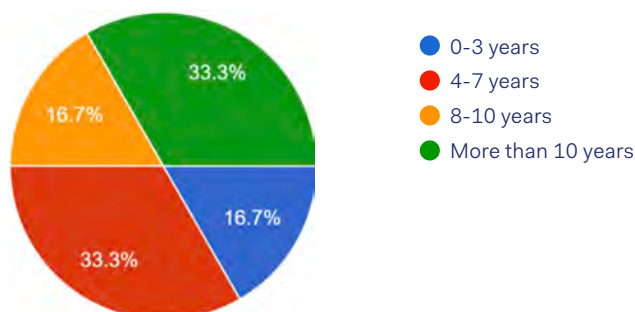
What type of organization/s do you currently work for in the climate and health space?
[Select all the apply]

24 responses

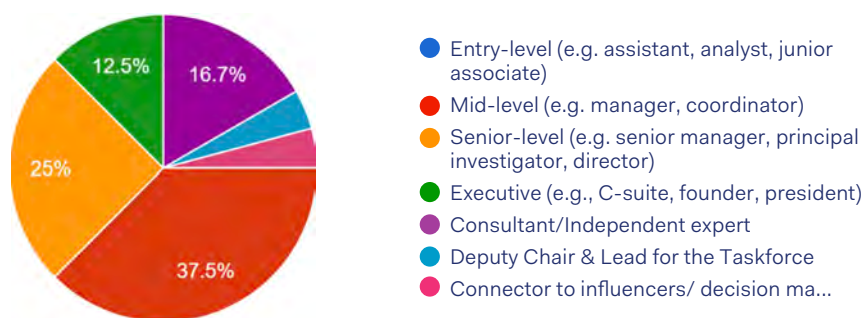


How many years of experience do you have working in climate and health? [Select one.]

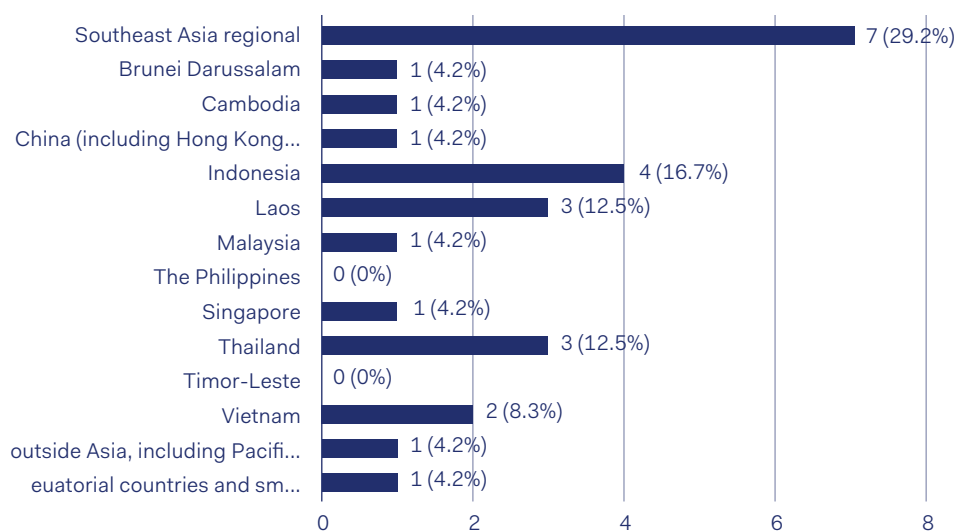
24 responses



Which of the following best describes your current level of seniority in the climate and health space?
24 responses



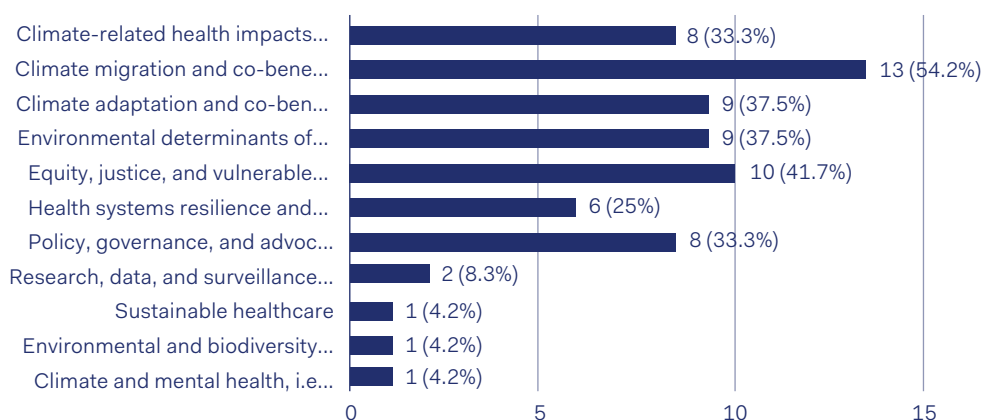
What is the geographical focus area of your climate and health work? [Select all the apply.]
24 responses



SECTION 2 : THEMES AND FUNDING

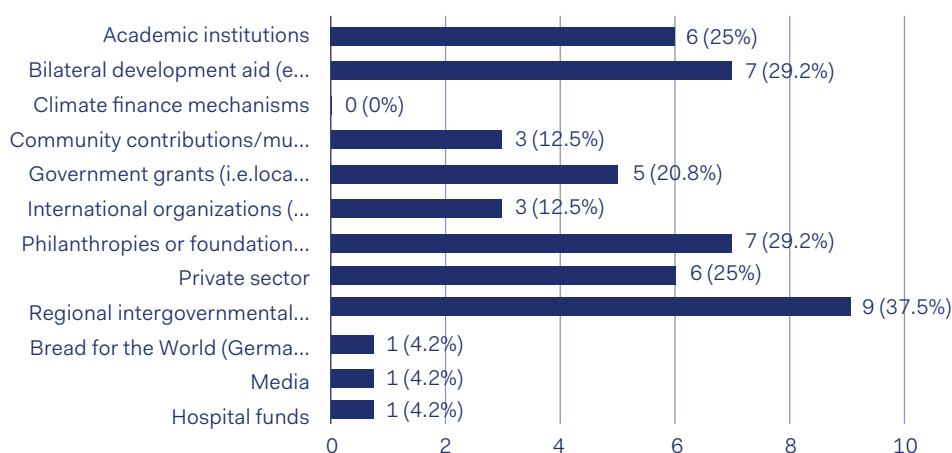
Please select the thematic areas and subthemes that you work in. [Select all the apply.]

24 responses



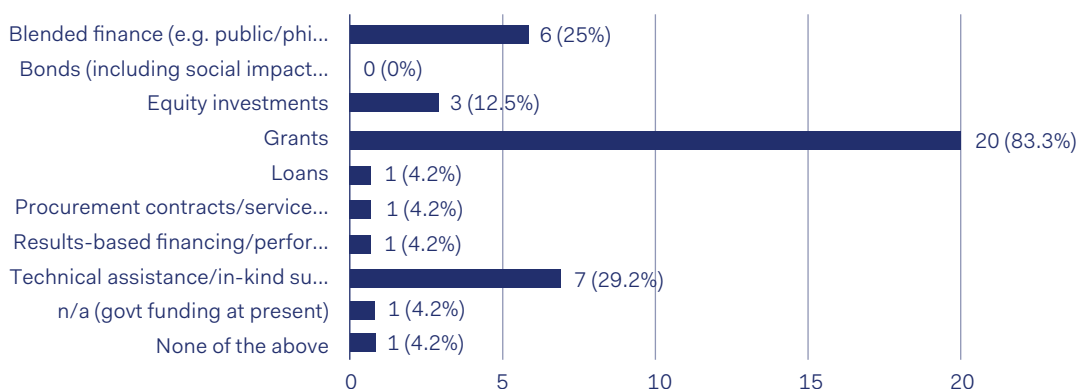
Who are the top three (3) funders who support your primary organization's work? [Select up to three options]

24 responses



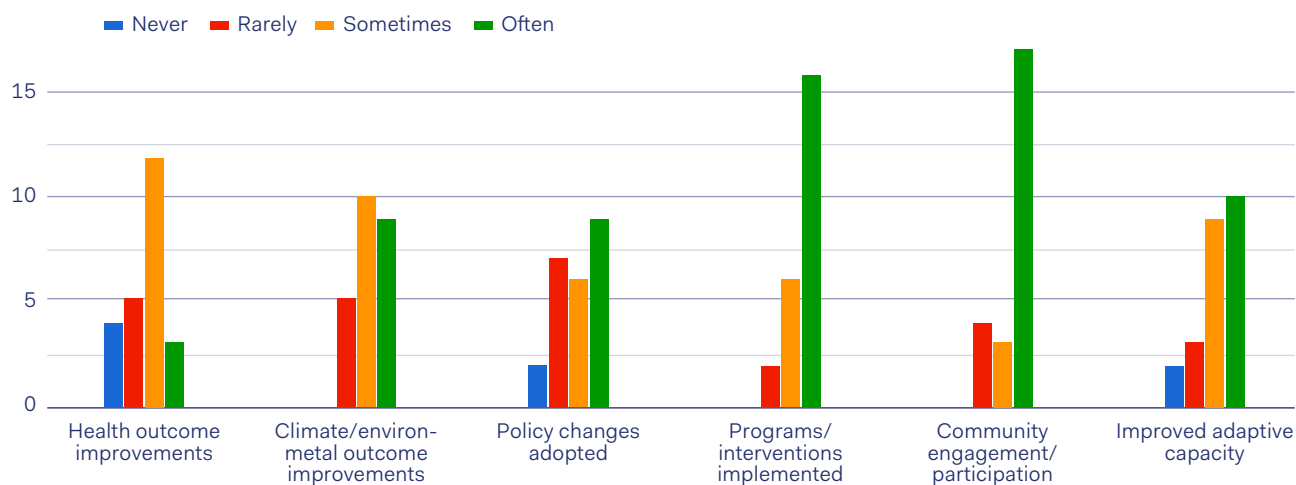
What are the top three (3) financing mechanisms used by funders to support your primary organization's work? [Select up to three options]

24 responses



SECTION 3: IMPACT MEASUREMENT AND COMMUNICATION

➤ To what extent does your primary organization use these metrics to measure the impact of its climate and health work?



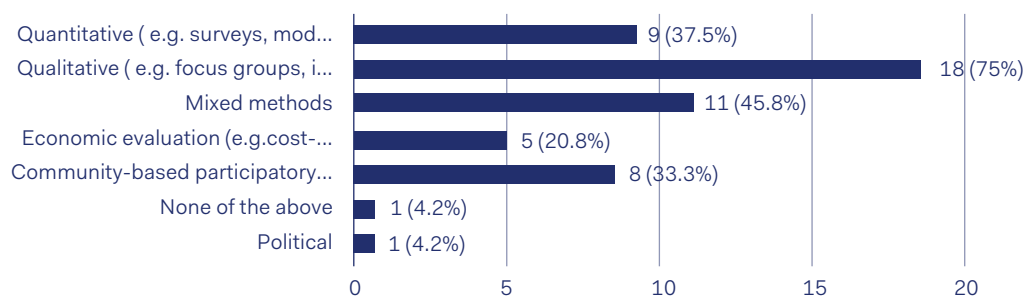
➤ If any, please list other metrics used by your primary organization that are not mentioned in the question above and their frequency of use.

Metric	Response
Climate/environmental outcome improvements	Carbon footprint
Social improvements	City prosperity index (CPI-UN-Habitat) - Sometimes World Cities Report - Sometimes
Development Goals	Sustainable Development Goals IFC Performance Standards
Community engagement/Participation	Increased community knowledge and preparedness actions
Media	Publicity/communications
Policy and Governance	The Viet Nam Provincial Governance and Public Administration Performance Index (UNDP) - Sometimes

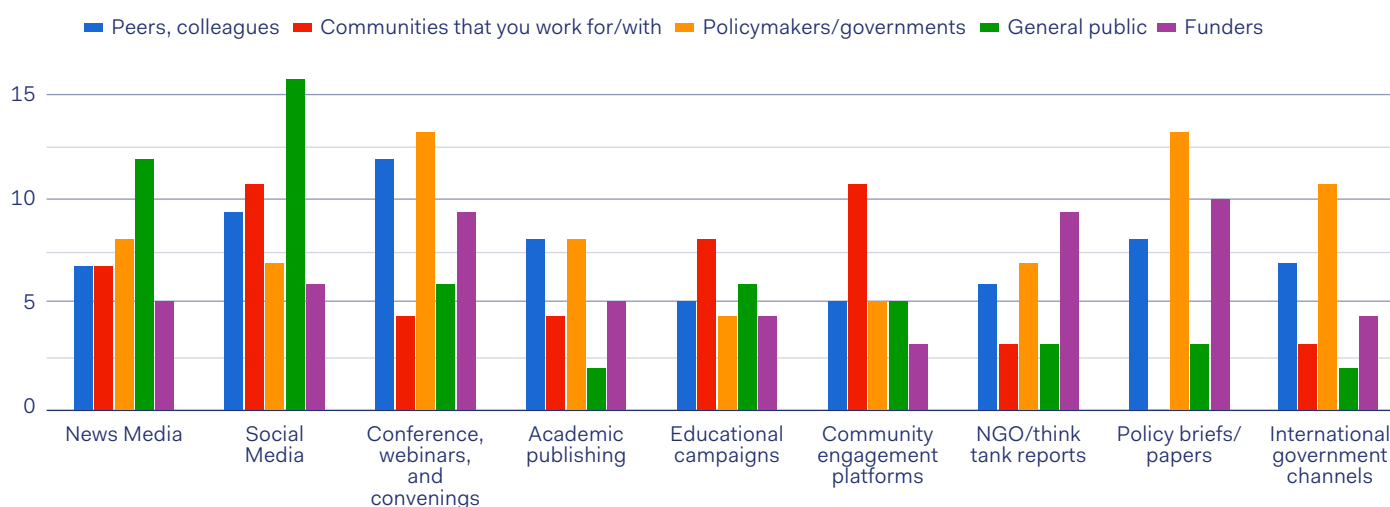
Other Responses/ notes
Climate outcome improvement is not mandatory for my KPI
It's a bit difficult to answer the above question. Does not really apply to me since my primary organization is media.

What methods does your primary organization use to measure the impact of its climate and health?
[Select all that apply.]

24 responses



What platform does your primary organization use to communicate its climate and health work to stakeholders? [Select all the apply.]

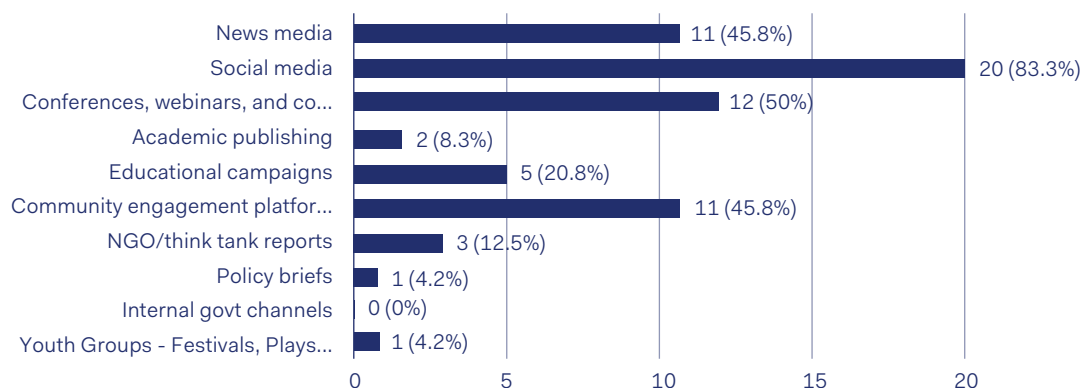


If any, please list other platforms used by your primary organization that are not mentioned in the question above, along with their area[s] of use.

Platform	Areas of use
Factsheet Publication	General public (community, student, researcher in university)
Org blog posts	English-based speakers
Annual Conferences	-
Entertainment (Festivals, Plays, Concert)	Youth Groups

What are the 3 most effective communication platforms that your primary organization uses to communicate climate and health work to stakeholders? [Select up to three.]

24 responses



Why did you select these platforms? [Non-mandatory]

Code/Theme	Response
Audience reach and audience engagement	Social Media such as Facebook reaches to specific public active on this platform. if combined with social influencers, it reaches the intended audience pretty effectively. wider audience they seem to generate the most response/mentions
Stakeholder engagement and use	So far they are effective / serve our purposes, both for internal and external stakeholders use Because this platform requires all stakeholders to participate. Our selection of Educational Campaigns and Community Engagement Platforms is based on their effectiveness in fostering genuine connection and understanding at the grassroots level. Our project utilizes interactive methods such as performing arts, games, and facilitated group discussions during community workshops. This hands-on approach moves beyond passive information dissemination and creates an immersive learning environment. By bringing these activities directly into the villages, we make the complex issues of climate change and environmental protection tangible and relatable to people's daily lives. It empowers them to see the problems firsthand, listen to diverse perspectives, and voice their own questions and comments, which is critical for meaningful and lasting engagement.
Targeted audience	Based on our work in the local government, our scope is directed towards the constituency and these platforms work best for them In our point of views, they fit with our strategies in each phase and targeted audiences. More engagement to young people
Information dissemination	It's very easy for people to access information via Facebook. Conference is also a good platform for policy makers and activists to discuss the issues and find solution together. Report is a good source of information for academia and researchers. Most frequently used platforms to disseminate information (usually cater for the needs of the audience; policy brief for government; turning policy brief into op-Eds for general public etc.)

SECTION 4: INSTITUTIONS AND POLICY ENGAGEMENT

 Please list the names of key institutions or organizations in the region that actively work at the intersection of climate and health. These may include government agencies, research institutes, NGOs, community-based organizations, or international bodies. [Non-mandatory]

Code/Theme	Response
Government Agencies	Department of Climate Change and Environment Department of Climate Change (DCC) National Steering Committee on Climate Change Australia's Department of Foreign Affairs and Trade BARMM Ministry of Interior and Local Government Department of Interior and Local Government National Health Foundation, Local Government Entities Ministry of Agriculture Laos--Ministry of Health, Ministry of Natural Resources and Environment - MoNRE (Department of Climate Change) Department of Health (Philippines), DOH
Regional Organization	Asian Disaster Preparedness Center - ADPC WPRO (World Health Organization Regional Office for the Western Pacific) "EU Delegations across the region, AHA Center"
International Multilateral Organizations / Agencies	Healthcare without harm UNICEF FAO UN-Habitat WWF GIZ RARE "NGOs, international development organizations, community-based organizations" UNDP Indonesia, UNDP UNEP WHO ASEAN Centre for Climate Change (ACCC)
Research Institutions / Educational Institutions	Hanoi University of Public Health Nanyang technological university SDG Academy Indonesia Internal research institution in the Uni, University of the Philippines Sunway Planetary Health (Sunway Centre for Planetary Health, Sunway Uni) CISL (Cambridge Institute for Sustainability Leadership)

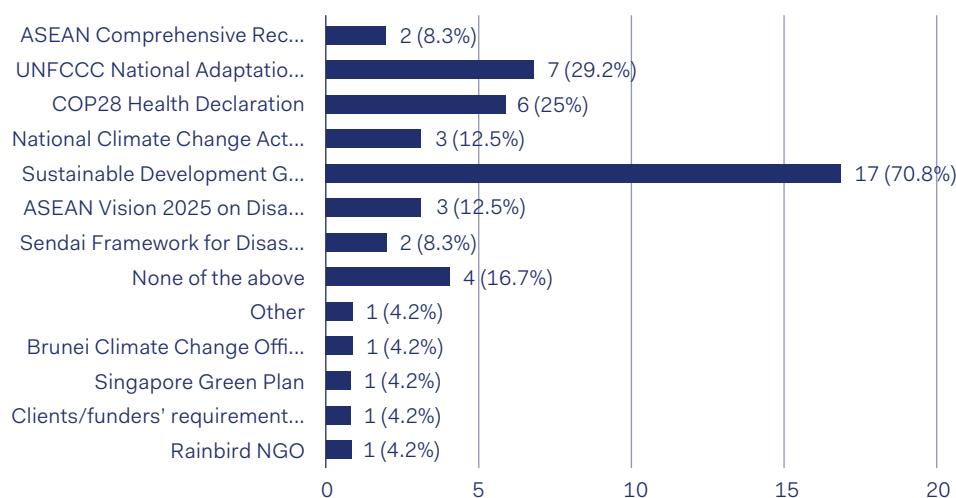
NGOs	"NGOs, international development organizations, community-based organizations" Global Youth Challenges Climate international NGO (Rainbird) Tony Blair Institute
Foundations	SEE Foundation HealthBridge Canada Foundation in Vietnam Pijar Foundation, Paloma Sjahrir Foundation Rockefeller Foundation Energy Foundation
Charitable Organizations	Johnson Johnson Foundation Tara Climate Foundation Green climate fund
Community-based Organizations	"NGOs, international development organizations, community-based organizations"
Multi-Sectoral Movements/ Networks	Thai Climate Justice for All Vietnam NGO's Climate Change Working Group (CCWG) Earth Rights International ICLEI Social Innovations in Health Initiative CARE International SUN CSA Youth4DRR UNFCCC - YOUNGO - YOUNGO HEALTH The ASEAN Working Group on Climate Change (AWGCC) Global Green and Health Hospital Network Planetary Alliance
International Development Banks	Asian Development Bank (Multilateral Development Bank) World Bank (Multilateral Development Bank)
Family Offices	RUMAH (family office), Bayshore Global Management (family office)
Advisory/Development Firms	Palladium
Individuals	High Net Worth Individuals & Their Personal Social Impact Projects

Why did you select these institutions? [Non-mandatory]

Code/Theme	Response	Key institutions Chosen
Institutional Focus and Tools	The institution works closely with government agencies on risk management and resilience people on climate change in Asia and Pacific They provide guidance and tools that we can use Local Community Based Solutions & Engagement are needed	Asian Disaster Preparedness Center - ADPC Health Care Without Harm, Global Green and Health Hospital Network, DOH National Health Foundation, High Net Worth Individuals & Their Personal Social Impact Projects, Local Government Entities
Financial Provision	These organizations provide financial and technical support on climate change in the Laos and in the region Large grant on climate and health	Earth Rights International, GIZ, UNDP, WWF Nanyang technological university
Prior Established Working Relationship	we have worked with them at the WHO level during climate/health WHO meetings and other conferences This is the only organization that we have been working with recently They are our partners in the implementation of climate change adaptation initiatives We are currently working with Rainbird NGO for heatwave survey and female resiliency program I have worked with them Work most frequently with these institution	healthcare without harm, WPRO Global Youth Challenges Climate BARMM Ministry of Interior and Local Government, Department of Interior and Local Government Internal research institution in the Uni, international NGO (Rainbird) WHO, University of the Philippines, UNDP, Department of Health (Philippines), Social Innovations in Health Initiative, ICLEI Sunway Planetary Health; UNDP; UNEP, CISL
Awareness	Because these institutions that I know of working in Laos.	SUN CSA, CARE International, Green Climate Fund, World Bank

Which policies most influence your work in climate and health? Select the top three (3). [Select up to three options]

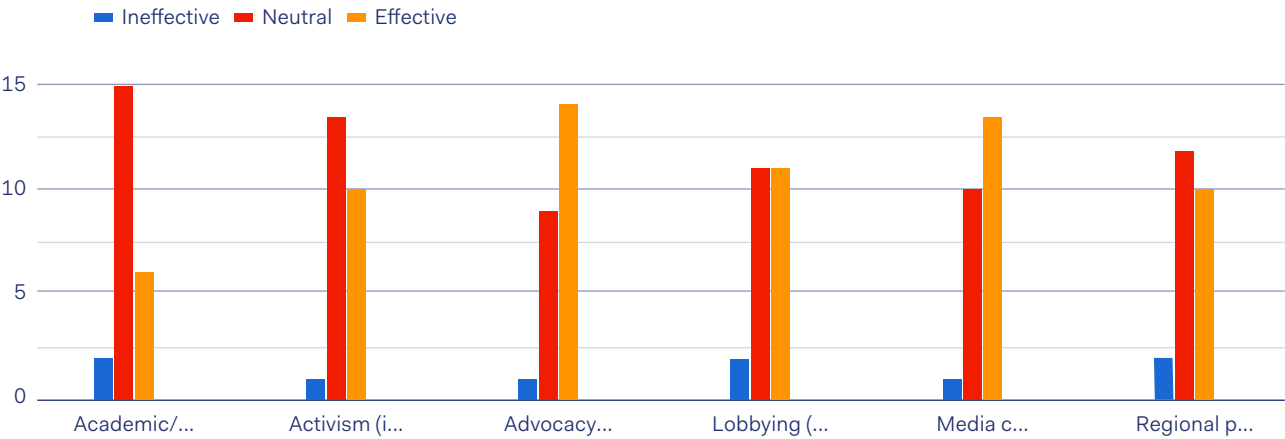
24 responses



If you checked "National Climate Change Acts, if any" in the previous question, please elaborate on these specific acts here. If not, please write "N/A."

DRRM-Health, Local Climate Change Action Plan, One Health Agenda
Malaysia's Climate Change Act part of FGDs

Rate the effectiveness of these policy change approaches on equitable climate and health work in the region:



If any, please list other approaches used that are not mentioned in the question above and their effectiveness.

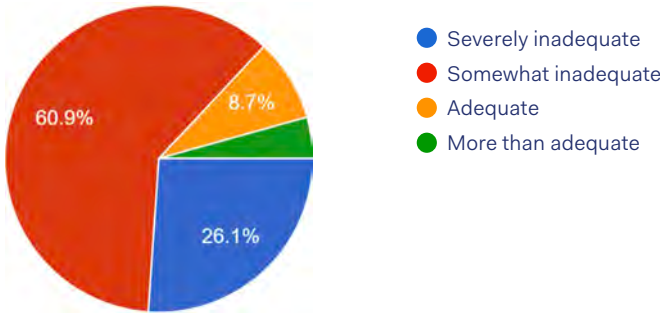
Code/Theme	Response
Community Engage-ment	within communities, community engagement is key---face to face comms Community Development Work & Engagement to co-design locally relevant solutions. Trust needs to be built, and holding participatory processes and spaces are required (ie, I know the solution does not work)
Sectoral Representation	Youth Inclusion

Observation Note:

The selected neutral does not mean ineffective as these are also necessary actions and platforms to make the other activities more effective

In your view, how adequate are current policy change mechanisms for equitable climate-health work in the region ?

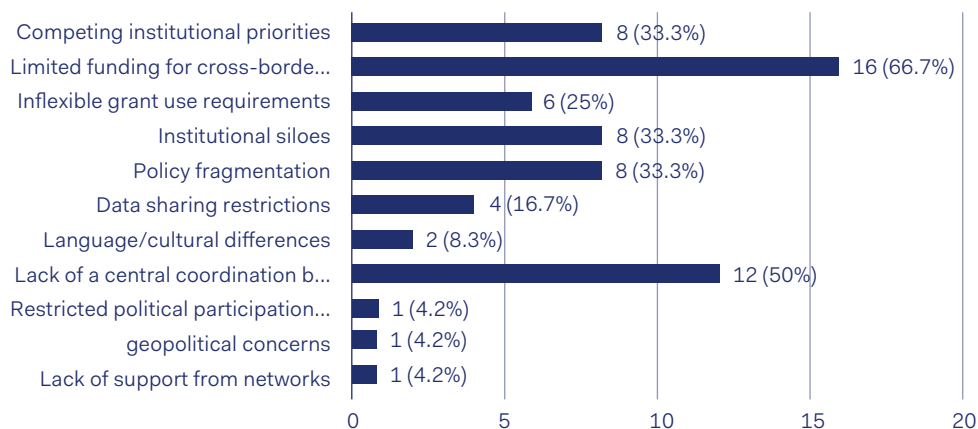
23 responses



SECTION 5: COLLABORATION CHALLENGES

➤ Select the top three (3) barriers to regional collaboration for climate justice and health equity that your organization faces. [Select up to three options.]

24 responses



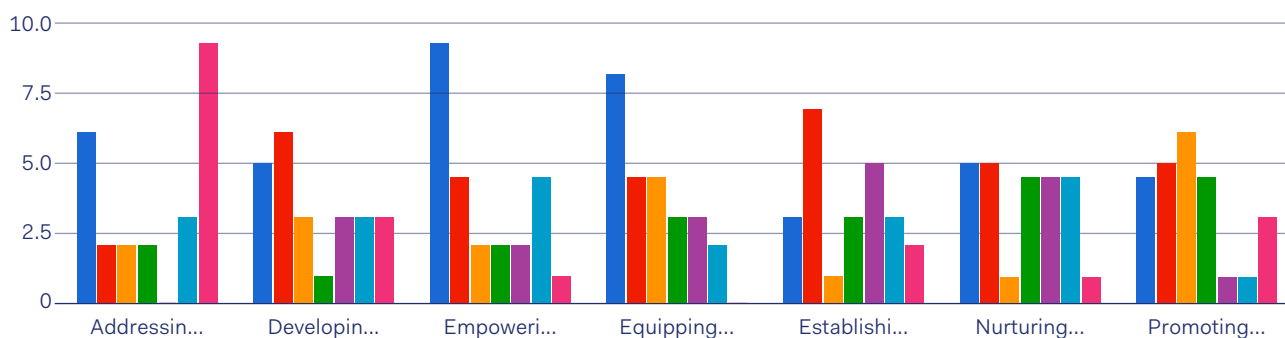
➤ Please elaborate on your previous responses. What thoughts or experiences contributed to your choices? [Non-mandatory]

Code/Theme	Response
Political Context and Geopolitical Tensions impacting collaboration	Differences in political context and sovereignty is limited to the data sharing and cooperate among the neighboring countries and regional level Different countries has different priorities current regional geo political conflicts may contribute to lessening collaborative interest across siloed disciplines in the region even when issue of climate and health would require whole of society approach
Oversight of Climate and Health Intersections	The intersection between Climate Justice and Health outcome has not been explicit on the agenda yet. Funding availability will be the enablers to kick start the work more concretely. either people don't think of the intersection, or if they do, it isn't part of the actual focus of say a grant, so it gets sidelined in favor of more urgent (meaning with donor mandate) priorities
Limited Funding	Limited and Competitive Funding for Regional Initiatives
Need for strong and organized EI body	I feel that EI can be this central body/ mechanism. We need strong governance, and clear roles and responsibilities (within our EI team AND also how we engage other organizations and policy makers/ influencers).

SECTION 6: THE EQUITY INITIATIVE'S STRATEGIC ROLE

Which gaps in climate justice and health equity should EI priorities? Please rank the options below from most important to least important, with 1 being the most important and 7 being the least important. [Ranking.]

1st 2nd 3rd 4th 5th 6th 7th

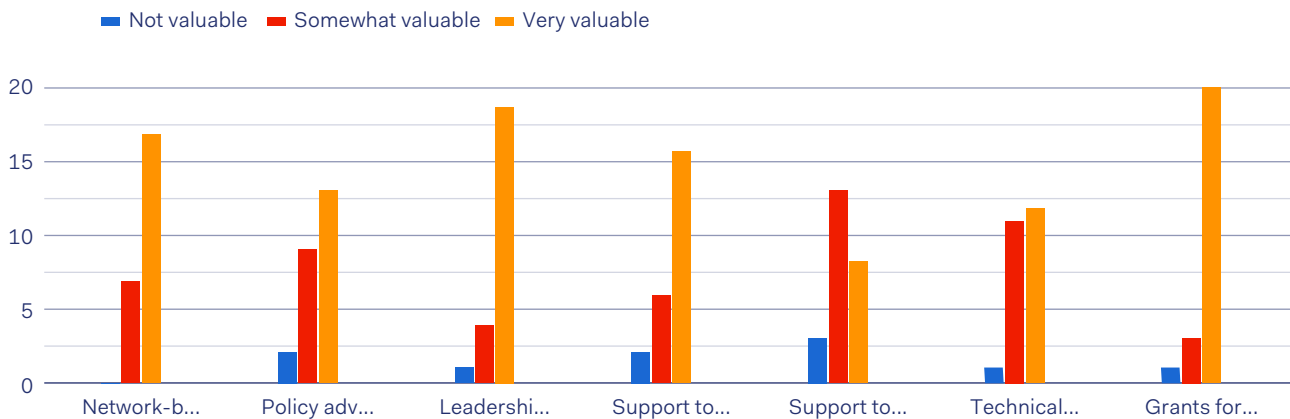


	Average Rank Score	Overall Rank by Rank Score
Equipping diverse leaders and decision-makers with the knowledge and skills to apply a social justice lens to climate and health work	2.875	1
Empowering local communities by supporting locally-led adaptation initiatives	3.33	2
Promoting regional cooperation through partnership-building	3.36	3
Nurturing community and regional leaders in climate justice and health equity	3.50	4
Developing comprehensive strategies to align policies with the needs of vulnerable populations	3.54	5
Establishing mechanisms to support equitable funding for climate-resilient health interventions	3.71	6
Addressing gender disparities and empowering women	4.375	7

What other gaps in climate justice and health equity not mentioned above should EI prioritize? [Non-mandatory]

Nurturing EI Fellows (in a systemic way) working on Climate Justice and Health outcome
Support to Youth working in Disaster Risk Reduction and DRR in general.
Gap in skillsets

How valuable would these EI community supports be to further your work in climate justice and health equity?



OPTIONAL SECTION 7: OPEN RESPONSE

Please list other support types used that are not mentioned in the Likert scale above, along with their usefulness. Examples: Support for community projects - Very valuable. [Non-mandatory]

Support for innovation projects
actual technical input/content on the topic
Sponsored certification. Thematic hybrid convening

What one change would most improve climate-health equity work in your context? Why? [Non-mandatory]

Code/Theme	Response
Inclusive governance and stakeholder engagement	Engagement of Private Sector stakeholders. We ALL need to be accountable for our impact to climate and environment. Private Sector has access to significant financial and other capital to "do good". Private Sector also needs a trusted partner to govern and supporting "doing good"; perhaps, EI can be one of these partners. The single most important change would be to establish a formal multi-stakeholder platform dedicated to integrating climate change and health equity. Currently, the link between climate change and its health impacts is at a very early stage of recognition in Laos. Efforts are often fragmented. A dedicated platform would bring together key government partners, like the Ministry of Health and Ministry of Natural Resources and Environment, with NGOs and research institutions. This collaboration is the essential first step to build a shared understanding, raise the issue's importance on the national agenda, and begin developing coordinated strategies to protect community health from climate risks. Sustaining collaboration among stakeholders is really important to achieve our goals
Awareness of equity and justice in climate-health nexus	Greater awareness about climate justice 'making the case' --- a clear articulation of why this is critical deep understanding of climate-health equity by the key stakeholders/duty bearers
Intersectoral and Community-based approaches and cooperation	Adaptation strategy for rural communities and women Intersectional approaches with solutions based frameworks Skills and guidelines available

01 / 02

Youth empowerment and leadership	One transformative change to significantly advance climate-health equity within ASEAN would be to formally institutionalize youth engagement in disaster risk reduction (DRR) and climate-health policymaking at the regional level. In ASEAN, youth voices remain largely sidelined in strategic discussions, despite young people constituting a significant and major portion of the population while bearing disproportionate impacts of climate-related health threats. DRR and climate-health dialogues often occur without meaningful youth participation, limiting the effectiveness and sustainability of regional interventions. Establishing formal youth representation would ensure that the unique perspectives and innovative solutions proposed by young people are included and prioritized. Such institutional inclusion is critical because ASEAN faces recurrent disasters, which, as we all know, are amplified by climate change and disproportionately affect vulnerable communities. Youth-led DRR initiatives have consistently demonstrated agility, creativity, and resilience at grassroots levels; their integration into regional frameworks would not only strengthen community resilience but also ensure equity in addressing climate and health vulnerabilities.
Food systems, Regeneration, and Local Empowerment	Community capacity to adapt and take their own local leadership. Because they are at the front and center of the impact of Climate Change/crisis. In my context of the food systems and healthy meals and better diets, it is shifting power and resources to support local, regenerative, and culturally relevant food production led by marginalized communities. - Since it combats both climate and health injustice: Industrial food systems are major contributors to greenhouse gas emissions, environmental degradation, and poor nutrition. Meanwhile, marginalized communities often lack access to healthy, affordable, and culturally appropriate food. Supporting local, regenerative food systems addresses both the root environmental and health drivers of inequity; - Promotes ecological and public health: in our approaches of regenerative farming practices—like agro-ecology, permaculture - sequester carbon, restore biodiversity, and avoid toxic chemical use, leading to healthier ecosystems and people.
Strategic Communication	Policy change and mandatory regulation to encourage the stakeholders actions in a transition period into real practice on the ground and create an institution to take responsibility on the climate change regional cooperation
Financing, innovation, and knowledge-sharing	Action, documentation, and share best practices. A climate health fund which is perpetual (self sustaining), open to various funding partners (including venture philanthropists, corporate, and commercial investors), and linked to measurable outcomes on the ground. Via Instellar, I would be happy to co-design, co-fund-raise, and co-manage such a fund together with EI / CMB Foundation / Atlantic Institute Sustainable access to fundings

02 / 02

ANNEX C: KEY INFORMANT INTERVIEW GUIDE

Introductory Question

- To begin, could you briefly describe your role and your organization's work related to climate and health?

RQ2: How do regional policies drive climate justice and health equity engagements in the region?

- Which regional policies or frameworks (e.g., ASEAN CRF, SDGs, UNFCCC NAPs) have most influenced your work on climate and health? Why?
- To what extent do these policies support justice-based or equity-oriented implementation at the national or community level? What gaps are you seeing in the policy landscape?

RQ3: What are the best platforms and approaches for regional policy change in climate and health equity?

- There has been criticism about the carbon footprint of multilateral policy conferences that gather multiple stakeholders from different countries, while others believe that in-person gatherings are crucial to policy change. Could you comment on this? Are there other platforms that are effective for regional policy change that are perhaps being overlooked?

RQ4: What are the barriers to fostering regional collaboration for climate and health?

- What do you see as the most significant barriers to international or regional collaboration on climate and health within Southeast Asia/China?
- What would help make regional networks and platforms more effective in driving shared outcomes?

RQ5: What challenges do EI partners face in advocating for and implementing climate and health initiatives, and how are these addressed?

- What common implementation or advocacy challenges does your organization face when working on climate and health?
- Can you share an example of how you or a partner successfully navigated one of these challenges?

RQ6: Which gaps can EI fill in this space?

- Where do you see the most critical gaps in advancing climate justice and health equity in the region? On a scale of 1-10 (10 highest), to what extent is supporting community-led initiatives significant to advancing climate justice and health equity?
- What role do you think a regional actor like the Equity Initiative could or should play in filling these gaps?

ANNEX D: FOCUS GROUP DISCUSSION GUIDE

Icebreaker (10 mins)

- Prompt: "Please share your name, organization, country of work, country of origin, and one word that captures your biggest advocacy concern right now."

Theme 1 – Current Focus and Understanding (25 mins)

- Q1: In your work, how do you understand or define climate justice?
- Q2: What does health equity mean in your context or advocacy?
- Q3: Have you encountered moments in your work where climate and health issues appeared connected—directly or indirectly?
 - Prompt: What made that connection visible, or why might it have gone unnoticed?

Theme 2 – Possibilities and Barriers to Integration (15 mins)

- Q4: Are there areas in your work where climate and health concerns could be addressed together? Please share an example or two.
- Q5: What kinds of barriers—practical, political, conceptual, or institutional—make this kind of integration difficult?
- Q6: What kinds of partnerships, knowledge, or capacities would help you explore integration further?

Theme 3 – Resource Mobilization and Funding Experiences (20 mins)

- Q7: In your experience—whether as a grantee, grant manager, or funder—what are the current sources of funding that support your work or the work of your partners?
- Q8: Can you describe the types of funding opportunities that you/your organization has encountered/applied for? Are they issue-specific (e.g., climate-only, health-only), or do they allow for integrated work across sectors?
 - Follow-up (if relevant): As someone managing or assessing grants, how often do you encounter proposals that aim to work across sectors like climate and health?
- Q9: Have you been involved in projects that aim to bridge the climate and health sectors? (Prompts: as applicant, funder, project implementor, evaluator, advisor/consultant)
 - Can you tell us more about that experience? What made these projects work—or not work?
- Q10: From your perspective, what kinds of support—technical, institutional, relational, or otherwise—would help organizations (or funders) better pursue and implement integrated, cross-sector work?

Theme 4 – Reflections and Visioning (25 mins)

- Q11: What opportunities—local, national, or regional—do you see for advancing connections between climate and health equity?
- Q12: Should civil society play a role in shaping this agenda? If yes, what might this role look like? If no, why not?
- Q13 (Participatory): Let's imagine you had funding and full support to design a (regional?) project that integrates climate justice and health equity. What would you do?
 - Facilitator prompts (spoken or displayed): Who would it be for? What problem would it seek to address? What activities would you do? Who would your partners/collaborators be? Where would it happen? What would success look like?
 - Format: 2–3 minutes silent jotting → Each participant shares one idea → Facilitator notes and clusters ideas briefly

Wrap-Up (15 mins)

- Recap key themes
- Ask: “Is there anything we missed that you want to add?”



The Equity Initiative is a
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