



EXECUTIVE SUMMARY

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

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A Product of the CMB Foundation and Equity Initiative

ACRONYMS

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





OVERVIEW

Climate change is intensifying health risks across Southeast Asia and China at a pace that far outstrips current adaptive capacity. Rising heat, floods, storms, air pollution, and ecosystem disruption are driving surges in cardiovascular and respiratory illness, vector- and water-borne disease, food and water insecurity, and persistently underacknowledged severe mental health burdens. These risks are not shared equally: the urban poor, rural communities, Indigenous peoples, women, informal and outdoor workers, migrants, and the elderly face compounded harm from weak infrastructure, occupational exposure, and exclusion from the decision-making processes that shape their lives.

Despite the scale and urgency of these threats, governance remains fragmented across health and climate sectors; ASEAN-level coordination is limited; climate-health literacy among professionals also remains low; and financing for health adaptation accounts for less than 0.5% of global adaptation funds¹. Meanwhile, technocratic and biomedical framings continue to sideline Indigenous and culturally grounded understandings of health, leaving the communities most affected furthest from the table.



This executive summary presents the key findings and action priorities from the CMB Foundation (CMB)'s Ecosystem Scan of Climate Action and Health Equity in Southeast Asia and China - a mixed-methods study comprising a desk review of 105 sources (2005–2025), a network survey with 24 participants, 15 key informant interviews, and a focus group with nine community-centered practitioners from across the region. Findings are synthesized across eight thematic areas and translated into five action priority clusters.

1. Ebi, K. L., & Hess, J. J. (2020). Health risks due to climate change: Inequity in causes and consequences. *Health Affairs*, 39(12), 2056–2062. <https://doi.org/10.1377/hlthaff.2020.01125>



RESEARCH TECHNIQUES

The scan employed a complementary, phased mixed-methods design. A desk review examined 105 peer-reviewed and gray literature sources published between 2005 and 2025, covering ASEAN, ASEAN+3, and WHO regional contexts (WPRO and SEARO), with emphasis on equity dimensions including access, vulnerability, and adaptive capacity. A network survey conducted with the CMB/EI Climate Justice Warriors network of 24 participants between May and June 2025 generated descriptive insights into institutional practices, policy engagement, and financing patterns. Findings are illustrative rather than statistically generalizable. 15 key informant interviews with leaders and experts spanning public, private, academic, civil society, philanthropic, and intergovernmental sectors were conducted between July and August 2025 using purposive and snowball sampling. A focus group discussion in Bangkok in August 2025 brought together nine community-centered practitioners from Brunei Darussalam, China, Indonesia, Malaysia, Myanmar, the Philippines, and Singapore to validate emerging findings and capture grounded perspectives. Topline findings were validated in a policy roundtable workshop in Bangkok attended by 49 participants representing international and local nongovernment organizations, community organizations, private sector organizations, and academic units working in climate and health, some of whom participated in the survey, key informant interviews, or focus group discussion.

The study is exploratory in nature. Limitations include uneven country representation due to network-based recruitment, restricted availability of disaggregated climate-health impact data in regional literature, and a focus on English-language sources that may underrepresent local-language evidence and knowledge systems.

KEY FINDINGS



FINDINGS 1

RIISING CLIMATE-HEALTH RISKS ARE OUTPACING ADAPTIVE RESPONSES

Heat, air pollution, flooding, and shifting disease vectors are worsening cardiovascular, respiratory, renal, and mental health burdens across the region. Groups experiencing structural inequality, including women, Indigenous peoples, the urban poor, older adults, and informal workers, face compounded risks from occupational exposure, poor housing, and exclusion from early warning systems. Mental health impacts remain consistently underacknowledged in policy and programming. Governance responses are fragmented, with ASEAN coordination limited and co-benefits that have yet to be integrated into climate health strategies. Most survey respondents viewed current mechanisms for equitable climate-health action as inadequate.



FINDING 2

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

Data on climate impacts on non-communicable diseases, mental health, and health workforce preparedness is thin and inconsistently documented. Monitoring frameworks track activities and participation rather than medium- and long-term health or resilience outcomes, preventing meaningful assessment of adaptation effectiveness. Research is often inaccessible to community actors and poorly communicated to policymakers. The absence of standardized regional indicators for health system resilience compounds these gaps, limiting the sector's ability to make cohesive policies.

FINDING 3

NARROW CLIMATE-HEALTH FRAMINGS EXCLUDE COMMUNITIES AND LIMIT IMPLEMENTATION

Overreliance on biomedical and technocratic paradigms sidelines Indigenous, cultural, and holistic understandings of health, excluding groups experiencing structural violence, particularly women and environmental defenders, from decision-making. Climate justice and health equity concepts are increasingly cited in policy rhetoric, but their operationalization in programs and governance mechanisms remains uneven and superficial. Broad framings such as the Sustainable Development Goals (SDGs) attract legitimacy and funding but can be too abstract to drive equity-centered action at the community level, with several private sector actors noting they lack day-to-day operational utility.

FINDINGS 4 & 5

ADVOCACY IS ACTIVE BUT FRAGMENTED; CONVENINGS FACE INCLUSIVITY CONSTRAINTS

Diverse communication channels, like social media, conferences, workshops, policy briefs, and academic publishing, are routinely deployed across the region, with advocacy and media campaigns as the two most effective approaches for advancing equitable climate-health initiatives. However, these efforts are not unified by a shared narrative or coordinated regional strategy. Additionally, in-person conferences are valued for trust-building and informal dialogue but are criticized for donor-heavy composition, high costs, and limited diversity. Hybrid and rotating formats, alongside sustained digital engagement, are seen as paths to more inclusive advocacy ecosystems.



FINDING 6

FINANCING IS EXPANDING BUT INEQUITABLE AND HEALTH-INSENSITIVE

Climate-health financing draws on public budgets, public-private partnerships, donor grants, official development finance, and emerging mechanisms such as Loss and Damage funds, yet the landscape is fragmented, short-term, and donor-driven. Grants remain the predominant financing mechanism as reported by 20 of 24 respondents, while health-specific adaptation receives less than 0.5% of global adaptation finance¹. The Loss and Damage Fund has received US\$741 million in pledges against an estimated developing-country need of US\$250-400 billion by 2030-35. Ethics and accountability concerns arise where donor or corporate values misalign with health equity objectives.

FINDINGS 7 & 8

PARTNERSHIPS ARE VITAL BUT POORLY COORDINATED; CMB/EI IS UNIQUELY POSITIONED TO LEAD

Multi-level, co-designed partnerships are critical for linking community realities with evidence-based policy advocacy and building interoperable data systems. Cross-sector collaboration — including with private actors in carbon credit and green finance — can mobilize support for community adaptation but must be grounded in accountability and tangible benefit for groups living in the margins. Despite a rich landscape of institutions, weak incentives and siloed operations limit collective action. CMB/EI is widely seen as uniquely positioned to serve as a regional convener, knowledge broker, and catalyst — connecting government, academia, civil society, and the private sector while amplifying equity-focused Asian voices in global climate-health dialogues.

1. Ebi, K. L., & Hess, J. J. (2020). Health risks due to climate change: Inequity in causes and consequences. *Health Affairs*, 39(12), 2056–2062. <https://doi.org/10.1377/hlthaff.2020.01125>



RECOMMENDATIONS

FINDING 1

RIISING CLIMATE-HEALTH RISKS ARE OUTPACING ADAPTIVE RESPONSES

- Recommendation 1: Facilitate regional collaboration and knowledge exchange. Convene structured dialogues, workshops, and peer-learning platforms that bring together civil society, researchers, and policymakers to share evidence, align priorities, and build informal coordination on climate-health issues, serving as a practical counterweight to fragmented governance structures while formal regional mechanisms remain limited.
- Recommendation 2: Develop accessible climate-health training modules and communication materials. Strengthen awareness of climate-health linkages among local NGOs, health workers, and community leaders by integrating equity and inclusion principles into capacity-building resources, and embedding climate-health content within community early warning systems and localized resilience planning processes.
- Recommendation 3: Amplify voices of at-risk groups in policy discussions. Support participatory research, storytelling, and advocacy initiatives that document and elevate the lived experiences of women, Indigenous peoples, informal workers, and the urban poor, with deliberate focus on key policy battlegrounds at regional and national levels.

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 agencies to co-produce and share standardized data on climate-health impacts, with particular attention to non-communicable diseases and at-risk populations where evidence gaps remain most acute.
- 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 methods tailored to climate-health programs, including participatory and qualitative approaches appropriate and relevant to resource-constrained settings.
- Recommendation 6: Translate research into policy-relevant knowledge products. Develop direct pathways from evidence to policy influence through policy briefs, visual summaries, and community-oriented communication tools, working with creatives and youth leaders to make climate-health evidence accessible to decision-makers, funders, and the public.



FINDING 3

NARROW CLIMATE-HEALTH FRAMINGS EXCLUDE COMMUNITIES AND LIMIT IMPLEMENTATION

- 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 interventions move beyond technocratic and biomedical framings that currently dominate regional discourse.
- Recommendation 8: Bridge global frameworks with local practice. Develop guidance and case studies demonstrating how broad agendas, including 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.

FINDINGS 4 & 5

ADVOCACY IS ACTIVE BUT FRAGMENTED, AND CONVENINGS FACE INCLUSIVITY CONSTRAINTS

- Recommendation 9: Develop a regional climate-health communication strategy. Coordinate with partners to establish a unified, evidence-based communications framework that aligns messaging across social media, community workshops, and policy platforms, strengthening regional coherence and collective advocacy impact.
- Recommendation 10: Foster inclusive and accessible convenings. Organize hybrid or rotating regional gatherings that lower financial and logistical barriers for community actors, institutionalize post-event follow-up mechanisms for those unable to participate in person, and complement in-person events with sustained digital engagement through webinars, policy briefs, and coordinated social media campaigns.

FINDING 6

FINANCING IS EXPANDING BUT INEQUITABLE AND HEALTH-INSENSITIVE

- Recommendation 11: Promote ethical and equitable financing practices. Develop ethical funding guidelines and donor risk registers to navigate conflicting donor interests and align financing with climate justice and health equity principles, and support partner organizations in establishing equivalent safeguards. Enable health actors to engage meaningfully in regional and global Loss and Damage financing negotiations by providing targeted technical support to integrate health impacts and equity concerns into emerging mechanisms.

FINDINGS 7 & 8

PARTNERSHIPS ARE VITAL BUT POORLY COORDINATED; CMB/EI IS UNIQUELY POSITIONED TO LEAD

- Recommendation 12: Strengthen cross-sector partnerships and community-driven funding. Encourage collaboration between civil society, government, and responsible private sector actors, including those in green finance and carbon credit initiatives, to align resources toward equitable, community-centered adaptation. 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.
- Recommendation 13: Position CMB/EI as a knowledge, advocacy, and leadership hub. Develop CMB/EI's capacity to broker partnerships, curate policy-relevant evidence, and amplify Southeast Asian and Chinese equity-focused voices in regional and global climate-health dialogues. Design and deliver regional training programs that build the leadership, communication, and policy engagement skills of youth advocates, and establish a small, flexible Regional Climate-Health Innovation Fund, including an awards component, to support pilot projects and cross-sector collaborations that advance equity-centered climate-health solutions across Southeast Asia and China.

[CLICK HERE FOR THE FULL REPORT](#)

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 grant². 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 Programme, 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 chairmanship 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.

2. de Carvalho, F. (2025, November 22). *Belém COP30 delivers climate finance boost and a pledge to plan fossil fuel transition*
| UN News [Multilateral organization site]. UN News. <https://news.un.org/en/story/2025/11/1166433>



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