

A climate-health vision with lessons from India

In July 29-31, 2025, Brazil hosted the 2025 Global Conference on Climate and Health, with delegates from 90 countries shaping the Belém Health Action Plan. Set to be launched at COP30 to be held in November 2025, this plan will define the global agenda on climate and health. India was not officially represented – a significant missed opportunity to emerge as a global exemplar, given its developmental approach offers lessons for implementing the Belém Plan.

Insights from India's welfare programmes

For countries in the Global South seeking synergistic policies that advance multiple developmental goals, India's intersectoral welfare programmes offer valuable insights. Consider the Pradhan Mantri Poshan Shakti Nirman (PM POSHAN), India's flagship nutrition scheme covering over 11 crore children across nearly 11 lakh schools. Its accomplishment lies in also connecting the dots between health, education, agriculture and food procurement systems. By promoting millets and traditional grains, it addresses malnutrition and also builds climate-resilient food systems.

Similarly, the Swachh Bharat Abhiyan has tackled sanitation, public health, human dignity and environmental sustainability, while MNREGA's environmental works have improved rural livelihoods while restoring degraded ecosystems. And with Pradhan Mantri Ujjwala Yojana (PMUY), the switch to clean cooking fuel has reduced household air pollution, a major cause of respiratory illness, while cutting carbon emissions.

None of these initiatives was designed explicitly as "climate policies", yet they have had significant health and climate co-benefits. These policies demonstrate a critical insight: non-health interventions can generate substantial health co-benefits while addressing climate challenges. Each intervention has also proved that intentional, intersectoral action can multiply impact. India's experience has takeaways for operationalising an integrated climate-health



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India's non-health interventions are a model that can generate substantial health co-benefits and also address climate challenges

vision. First, strong political leadership makes a difference. PMUY and Swachh Bharat gained benefits from direct Prime Ministerial involvement, ensuring cooperation across Ministries. When political leaders frame climate action as a health emergency rather than just an environmental issue, it commands attention across government departments and receives wider public support.

Second, community engagement is a vital ingredient. Swachh Bharat leveraged cultural symbolism, invoking Mahatma Gandhi's vision of cleanliness. PM POSHAN built grass-root support through parent-teacher associations and school committees. Similarly, climate action needs cultural anchoring, linking environmental protection to societal values of health and prosperity.

Third, past policies succeeded by building on existing institutions rather than creating parallel structures. Climate action must be embedded in existing social and institutional frameworks. Accredited Social Health Activists, self-help group members, municipal bodies and panchayat representatives can become powerful advocates, especially when they internalise the interlinks between environmental changes and community well-being.

Some challenges

However, experience also reveals fundamental constraints in implementing intersectoral policy through siloed administrative machineries. As policies progress from providing proximal outputs to delivering associated outcomes, divergent responsibilities and institutional mandates of various sectors begin to reassert themselves. For instance, high LPG refill costs under PMUY persist, partly due to oil marketing business interests outweighing beneficiary needs. Further, social and cultural barriers will continue to hinder utilisation and equitable access in the absence of sustained reinforcing mechanisms. These challenges show that climate solutions must also address structural inequities through institutionalised mechanisms that measure

outcomes, not just outputs. India's experience points toward a framework for institutionalised, health-anchored climate governance, built on three pillars.

The first is strategic prioritisation by political leaders through framing climate policies in terms of immediate health rather than abstract future risks. Just as PMUY succeeded by positioning clean cooking as women's empowerment, climate action needs a similar high-level framing that connects environmental policies to health outcomes that people experience directly.

The second is procedural integration across government departments by embedding health impact assessments into all climate-relevant policies. Just as environmental clearances are now standard for major projects, health considerations should be mandatory for policies affecting energy, transport, agriculture and urban planning.

Third, participatory implementation that leverages health as a mobilising force. Communities understand the health benefits of cleaner air, safer water and nutritious food more intuitively than carbon accounting. Local health workers can become climate advocates when they see direct connections between environmental changes and health outcomes in their practice.

A clear choice

The choice is clear. India can continue fighting climate change and health challenges separately, with limited success and mounting costs. Or, it can leverage the institutional wisdom embedded in its welfare policies and deepen its international engagement to create a new model of governance that treats these challenges as interconnected problems requiring coordinated solutions. The stakes are high, the costs of inaction devastating, and the potential for transformative impact immense. India and the world cannot afford anything less than a bold, intersectoral, whole-of-society approach.

The views expressed are personal

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