

YOUTH LEADERSHIP INTEGRATING HEALTH INTO UNFCCC CLIMATE GOVERNANCE



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KEY MESSAGES

- The **climate crisis is a health crisis**; youth leadership is needed for fair, health-centred UNFCCC decisions.
- A **youth-led hybrid delegation** enabled inclusive engagement at **COP29** and **SB62**.
- **Coordination and partnerships** turned technical text into clear advocacy on **health systems, mental health, NCDs**.
- **Pre-COP training** showed big climate–health gaps in education and strong intent to reform.
- Lasting impact needs **hybrid participation, health finance, and formal youth roles**.

BACKGROUND

- Climate change drives **heat, air pollution, disease, food and water insecurity, displacement, and mental health harms**, leading to a **health emergency**.
- Youth, especially in **LMICs**, are heavily affected but **underrepresented**.
- Health now appears in **Global Goal on Adaptation, adaptation and health finance, just transition and loss & damage**.
- Chance for **youth-led climate–health advocacy** to keep health **central**.

OBJECTIVE

To develop and test a **youth-led, health-centred advocacy model** across **COP29** and **SB62**, and refine **equitable, tech-enabled youth participation** for **COP30**, with health integrated into UNFCCC governance.

METHODS

- **Design**: Practice-based case study (observation, activity logs, post-training poll).

COMPONENTS



- 10 in-person, 10 online; focus on **LMIC youth**, gender balance.
- Online: **text tracking, strategy, digital outreach**.



- 3 youth co-hosted sessions: climate-resilient health systems; mental health; NCDs.



- Shared notes; short **daily briefs** (status, key health wording, asks).



- **Adaptation, finance, just transition, mitigation, gender**.



- Youth action framing climate change as a **global health emergency**.

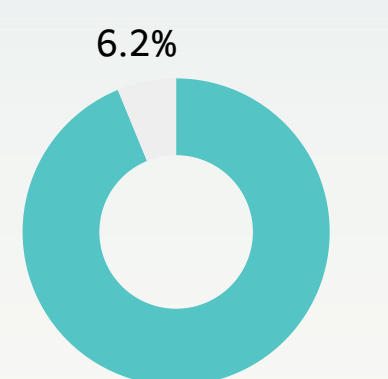


- 5-day hybrid; **>100 participants, >15 speakers**; advocacy kit.

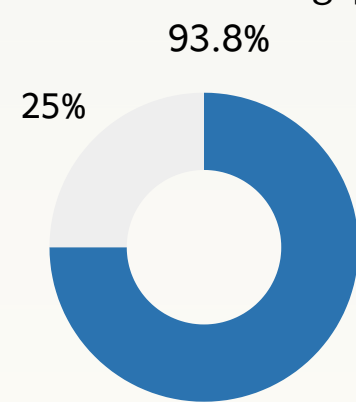


- Curriculum gaps, advocacy confidence, intent to reform.

RESULTS



Climate–health gaps



Committed to reforms
75%

- **Pre-COP outcomes**
 - 100 trainees; >15 speakers
 - Pre vs. Post Evaluation
 - **93.8%** saw **climate–health gaps** in curricula.
 - **>75%** planned **curriculum or institutional reforms**.

HEALTH-CENTRED YOUTH ADVOCACY

HYBRID
PARTICIPATION

COORDINATION

PARTNERSHIPS

- **3 youth-co-hosted WHO Health Pavilion sessions (COP29)**.
- **Daily briefings** across youth, health NGOs, civil society.
- **Social-media explainers** on climate–health and negotiations.
- **Targeted outreach** on:
 - Health in **GGA & national plans**
 - **Finance for climate-resilient health systems**
 - Health in **just transition**.

CHALLENGES

- **Accreditation & finance**: few badges/funding, especially for LMIC youth.
- **Time zones & connectivity**: remote participation difficult.
- **Continuity**: rotating delegates made follow-up and strategy harder.

POLICY IMPLICATIONS

- **Equitable hybrid youth engagement**
 - Recognise remote roles; **digital and financial** support, prioritising **LMIC youth**.
- **Health in climate tools**
 - Indicators in the **Global Goal on Adaptation and Nationally Determined Contributions (NDCs)** to track equity and resilience.
- **Finance climate-resilient health systems**
 - Fund infrastructure, workforce, mental health, NCD care.
- **Health in just transition**
 - Worker and community health as **core elements**.
- **Youth consultations and continuity**
 - Regular youth input; **living briefs, shared repositories, mentorship**.

CONCLUSION

- **A youth-led, hybrid advocacy model across COP29 and SB62**:
 - Lowered barriers and improved **continuity**, especially for **LMIC youth**.
 - Turned complex UNFCCC text into **health-centred, equity-focused advocacy**.
 - Helped link global negotiations to **education and institutional reform**.
- **Scaling needs**:
 - **Equitable hybrid youth engagement**
 - Health embedded in climate policy
 - Investment in **climate-resilient health systems** and **youth continuity**.