World Health Organization

WHO at COP31

Climate change and health briefing and key messages

1. Climate and health priorities for COP31



A **The climate crisis is a health crisis, and its impacts fall unequally on regions and people.**

- **A1** Climate change and its effects are causing measurable harm to health
- **A2** Protect the communities most at risk



B **Strengthen climate-resilient, low-carbon, sustainable health systems**

- **B1** From Belém to Antalya, implement the Belém Health Action Plan
- **B2** Build climate-resilient, low-carbon health systems, including through health-care facilities, climate-informed health surveillance, the health workforce, One Health, and emergency and humanitarian integration
- **B3** Use trusted data, digital health and technologies to support climate, clean air and health action



C **Health is the strongest argument for climate action: with co-benefits from cutting emissions, adapting with health in mind, financing what works, and putting health in the negotiated text.**

- **C1** Mitigation is a critical health intervention: clean air, clean energy and a curb on greenhouse gas emissions
- **C2** Realise the wider co-benefits of adaptation taken with health in mind, including its health and economic benefits
- **C3** Finance proven climate-health actions and harvest the economic and health returns on investment
- **C4** Put health in the negotiations, alongside advocacy, and use health as an indicator of climate action
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A. The climate crisis is a health crisis, and its impacts fall unequally on regions and people

Climate change is a significant threat to human health, and no country or community is immune. The burden of impacts falls unequally on regions and communities. An estimated 3.3 to 3.6 billion people live in contexts highly vulnerable to climate change, and over the past two decades, more than 90% of deaths from climate-related disasters occurred in developing countries. Children, pregnant women and newborns, older people, people with pre-existing health conditions, Indigenous Peoples, migrant and displaced populations, and other locally relevant at-risk populations are at particular risk. Equity is central to the health response; the Pre-COP in Fiji, and COP31 offer opportunities to shine a light on this.

Ask:

Parties to recognise the health impacts of climate change in COP31 outcomes and national plans, with explicit provision for small island developing States and other vulnerable settings; governments to assess their own climate-health vulnerabilities and include specific measures for relevant at-risk populations in NAPs and Health NAPs.

A1 Climate change is causing measurable harm to health

Key message:

Climate change is already causing measurable harm to health, through extreme heat, wildfires, drought and water scarcity, sand and dust storms and other emergencies, and across infectious diseases, water- and foodborne diseases, NCDs, mental health, sexual and reproductive health and rights, and other health impacts. Assessing and recognising these impacts in the national context is the starting point for action.

Background

- The health argument is gaining institutional weight: the WHO Global Action Plan on Climate Change and Health (WHA78(27), May 2025) commits to action on these impacts, and the COP31 Presidency's Action Agenda names health as one of ten priority themes.

The ask

- Parties to recognise the health impacts of climate change in COP31 outcomes and in national plans and reporting, across mitigation, adaptation and loss and damage.

A2 Protect the communities most at risk

Key message:

Climate impacts fall hardest on particular regions (small island developing States, water-scarce regions, conflict-affected settings, and coastal and agricultural communities) and particular groups (pregnant and lactating women and newborns, children, older people, people with pre-existing conditions, Indigenous Peoples, outdoor and informal workers, urban dwellers, people with pre-existing precarity such as insecure nutrition or migration status, etc.), and increases the risk of other factors that affect health, including sexual and reproductive health, child marriage, and gender-based violence. Adaptation plans and health systems must be designed to address these differentiated risks and should enable community-led action and uphold local and Indigenous Peoples' rights, recognising their knowledge systems, leadership and self-determined priorities.

Background

- WHO recently launched priority indicators for monitoring the impact of extreme heat on maternal, newborn and child health (MNCH). The Wellcome Trust has recently launched a multi-year campaign on heat and maternal health.
- WHO has published the second edition of its heat-health action plan guidance, and is launching reports on migration, climate change and health, and (jointly with UNICEF) on the health impacts of air pollution on children.

The ask

- Governments to conduct a health-specific climate change vulnerability and adaptation assessment to identify context-specific risks, and to include specific measures for pregnant women and newborns, children, older people and any locally-relevant more at-risk populations in NAPs and Health NAPs.
- Countries to develop and implement heat-health action plans, and to adopt the WHO heat and MNCH indicators in routine health information systems.



B. Strengthen climate-resilient, low-carbon, sustainable health systems

The WHO Global Action Plan on Climate Change and Health (WHA78) and the 14th General Programme of Work (GPW14) give WHO the mandate to support countries to strengthen climate-resilient, low-carbon, sustainable health systems, critical, given that compared with 1990, hospitals and health facilities already face a 41% increase in the risk of damage from extreme weather events. The Alliance for Transformative Action on Climate and Health (ATACH) supports countries and partners through field-tested strategies and global expertise, and the Belém Health Action Plan (BHAP) sets the priority areas for health adaptation. Regional commitments and initiatives reinforce global commitments, and Antalya is an opportunity to activate plans into action, such as through the Antalya Initiative for Health Resilience (AIR).

Ask:

Countries to renew and report commitments through ATACH at Antalya; implement the Belém Health Action Plan and report progress at the ministerial roundtable; reflect health in national climate and health planning, with a sustainable, prepared workforce, climate-informed health surveillance, applying a One Health approach to interventions, disaster risk reduction and emergency preparedness. Build sustained operational partnerships between health and meteorological institutions to monitor delivery.



B1 From Belém to Antalya, implement the Belém Health Action Plan

Key message:

Every COP since Glasgow has added tools, plans and policies that take action for health in the context of climate change. Antalya is the time to actualise these visions: implement the BHAP and use the AIR to share what works.

Background

- The BHAP outlines three priority areas for health adaptation: surveillance and monitoring; evidence-based policies, strategies and capacity building; and innovation, production and digital health.
- Momentum is growing: 51% of WHO Member States have conducted a vulnerability and adaptation assessment, over half of countries reported (54%) having either a national climate change and health strategy and/or an HNAP in 2025, and ATACH has grown to over 100 countries.
- WHO is launching estimates of the health effects, benefits and costs of prioritised adaptation actions, namely heat-health action plans, and climate-resilient water, sanitation and hygiene interventions.
- WHO is the secretariat of the ATACH, the BHAP and the COP continuity coalition for climate and health. WHO also provides the secretariat to complementary and reinforcing regional initiatives.

The ask

- Countries to renew and report climate-resilient, low-carbon health system commitments through ATACH at Antalya; report progress against the BHAP at the ministerial roundtable; engage with the AIR, which is designed to feed into BHAP implementation and share best practice; and increase investment in scaling up the evidence-based policies prioritised in the BHAP, supported by the BHAP Financing Framework.

B2 Build climate-resilient, low-carbon, sustainable health systems: including through facilities, the health workforce, One Health, and emergency and humanitarian integration

Key message:

Every health facility should be climate-resilient and low-carbon, with reliable electricity, climate-resilient WASH and health-care waste services, and a sustainable and prepared workforce. Services can be supported by utilising climate-informed surveillance, adopting a One Health approach, and ensuring there is a prepared and resourced emergency and humanitarian response. Every country should have a plan to get there, which can be developed using the technical resources and network provided by ATACH.

Background

- The Presidency has named preparedness, surveillance, resilient health infrastructure and equitable access to care as the levers for theme 8 (Health), and the WHO Global Action Plan and GPW14 commit to climate-resilient health systems, integration of meteorological information into surveillance and response, and strengthened health information systems.
- ATACH is a voluntary network of over 100 countries and partners sharing technical experience, expertise and strategies to build climate-resilient, low-carbon and sustainable health systems at country level. Complementary regional instruments include the European Partnership for Health Sector Climate Action.
- Climate change and air pollution are still underrepresented in curricula for health workers.

The ask

- All countries to reflect health in national climate planning: in NAPs, through a Health National Adaptation Plan, in NDCs and long-term low-emission development strategies, and through a national plan for climate-resilient, low-carbon, sustainable health systems.
- Countries and organisations to join ATACH, and at Antalya to renew and report commitments on climate-resilient and low-carbon health systems, and accelerate action to provide all healthcare facilities with reliable energy.
- Countries to train and protect the health workforce for climate-related challenges, including climate-health and clean air content, and occupational heat protection in curricula.
- Countries to advance One Health through a whole-of-government and whole-of-society approach that protects and restores biodiversity and ecosystems, strengthens climate resilience and promotes health and well-being. This should prioritise prevention at source, enable community-led action and uphold Indigenous Peoples' rights, recognising their knowledge systems and leadership.
- Countries to integrate health into emergency and humanitarian response, connecting health system preparedness and surveillance with humanitarian coordination and climate finance access, including for fragile and conflict-affected settings.

B3 Use trusted data, digital health and technologies to support climate, clean air and health action

Key message:

Connecting climate, meteorological, biodiversity, ecosystems and health systems turns information into anticipatory action, and strong monitoring turns commitments into implementation. Action requires sound scientific, digital and technological systems to track progress, inform decisions and demonstrate results.

Background

- The Presidency has placed digital health and AI at the centre of the Health Day, including at ministerial level.
- Countries are increasingly investing in climate-informed surveillance, air quality monitoring, climate services for health, forecasting and early warning systems and related digital capabilities. Implementation gaps remain: fragmentation between climate, meteorological and health information systems; weak governance for operational collaboration; limited experience with end-to-end systems and shared standards; no mechanism to align investments along the pathway; and wide variation in country readiness and digital maturity.
- Many commitments now exist through the BHAP, ATACH and national processes, but monitoring frameworks are often weaker than commitment frameworks, limiting accountability and learning. The Global Goal on Adaptation is driving demand for measurable indicators and reporting.

The ask

- Countries and organisations to recognise data and digital connectivity as a foundational enabler of climate-resilient health systems, and to move from project-based coordination to sustained operational partnerships between health and meteorological institutions, so that health systems can shift from reactive to anticipatory action across extreme heat, air-quality monitoring, climate-sensitive infectious diseases, early warning and emergency preparedness.
- Countries and partners to connect investments across the whole pathway, building on national digital health systems with country-owned capabilities and long-term sustainability as core objectives.
- Countries and organisations to ensure responsible use of technological systems, geospatial technologies and AI for climate risk assessment, surveillance, forecasting and decision-making, with safeguards for data governance, data sovereignty, equity, accuracy, transparency and environmental sustainability.
- Countries to strengthen monitoring of climate-health commitments and outcomes, contributing to reporting under the Global Goal on Adaptation, the BHAP, the WHO Global Action Plan and GPW14, and to use monitoring data to identify implementation bottlenecks and share lessons.

C. Health is the strongest argument for climate action, with co-benefits from cutting emissions, adapting with health in mind, financing what works, and putting health in the negotiated text

Cutting emissions saves lives now through cleaner air, energy and transport; adaptation designed with health in mind multiplies its value across water, food, housing and cities. Investing in the health response is one of the best-value decisions ministries of finance, health, environment and energy can make: scaling up six prioritised climate-health actions globally could save 1.6 million lives a year and generate US$ 3.9 trillion in economic welfare benefits and US$ 5.4 trillion in fiscal benefits annually, with US$ 24 returned for every US$ 1 invested.

Ask:
Parties to account for health benefits and costs in energy, transport, clean cooking and adaptation decisions; to include health in NDCs, NAPs, BTRs and Global Goal on Adaptation indicators; and to protect the evidence base by countering climate and health mis- and disinformation.

Ask:
Finance must reach health**.** Climate finance mechanisms, including investment-ready pipelines, to name health as an explicit eligibility area, and ministries of finance, health, environment and energy to use WHO's economic evidence in NDC and NAP estimations of benefits and costs.



C1 Mitigation is a critical health intervention: we need clean air, clean energy and a curb on greenhouse gas emissions

Key message:

Mitigation is a health intervention: cleaner air cuts deaths from respiratory and cardiovascular disease, cleaner household energy protects women and children, active and public transport improves physical health, and sustainable food systems improve nutrition. Acting on climate through the energy, transport, food and housing sectors delivers for health, economies and the climate at the same time.

Background

- In 2023, 7.1 million deaths were attributable to all anthropogenic $PM_{2.5}$ air pollution. 666 million people lack access to electricity and nearly 2 billion lack clean cooking.
- The major sources are known and the solutions available: policies and investment in cleaner household energy and transport, energy-efficient housing, power generation, industry, sustainable land use and waste management prevent premature deaths, drive sustainable development and mitigate climate change. Polluted air knows no borders, so cooperation between nations and sectors on legislation, financing and delivery saves lives and reduces warming.
- Where emissions are not yet controlled at source, reducing personal exposure is an interim measure, not a substitute. This includes non-combustion particulate matter such as sand and dust storms, which land and water management can mitigate.
- WHO has commissioned a systematic review and meta-analysis on the health effects of black carbon in ambient and household air pollution: full report in 2027, with a snapshot at COP31.
- WHO estimates that global scale up of fiscal policies to efficiently price fossil fuels could save 1.2 million lives per year, avert 16.4 billion tonnes of CO_2 equivalent emissions, and generate economic welfare benefits of US$ 3.0 trillion plus fiscal benefits of US$ 5.4 trillion.

The ask

- Countries to account for health benefits and costs when setting energy, transport and clean cooking targets, with health ministries at the table in energy transition planning.
- Countries to cooperate across sectors and borders on clean air legislation, financing and delivery, and to align with the roadmap on air pollution and health (halve air pollution-related deaths by 2040) and the WHO global air quality guideline levels or interim targets.



C2 Realise the wider co-benefits of adaptation taken with health in mind, including its health and economic benefits

Key message:

Adaptation designed with health in mind multiplies its value: measures across water, food, housing, cities and social protection protect health while delivering wider social, economic and development gains and gender equality. Health co-benefits emerge rapidly and are measurable, which makes them among the fastest visible returns on adaptation investment.

Background

- The evidence base is strengthening: value analyses of eight health adaptation actions, from SMART hospital retrofits to heat action plans, found the monetised benefits from health effects significantly exceeding costs in every case.
- WHO estimates that scaling up heat-health warning systems worldwide would save almost 100,000 lives annually and generate over US$ 800 on each dollar invested. Global scale up of climate-resilient water, sanitation and hygiene services would save approximately 170,000 lives each year, returning between US$ 7 and US$ 34 on each US$ 1 invested.
- Investing in health resilience delivers social, economic and development benefits alongside improved adaptation.

The ask

- Governments to design adaptation measures in all sectors with health outcomes built in from the start, prioritising the actions with the greatest health benefit, and to use health indicators under the Global Goal on Adaptation to capture and report these benefits.
- Governments to protect and restore biodiversity and ecosystems, including through nature-based solutions that strengthen climate resilience and improve health and well-being.

C3 Finance proven climate-health actions and harvest the economic and health returns on investment

Key message:

Climate change is already imposing costs on health systems, through damage to facilities, disrupted supply chains, and rising demand in extreme heat and extreme weather, among others. Health planning and budgeting must account for these costs, and investing in the health response is one of the best-value decisions ministries of finance, health, environment and energy can make. Adaptation finance for health remains a small fraction of what is needed.

Background

- The WHO technical report on the global benefits and costs of six prioritised climate-health actions assesses four adaptation actions (heat-health warning systems; climate-resilient safely managed drinking-water; climate-resilient basic sanitation; climate-resilient hand hygiene) and two mitigation actions (cleaner household energy sources; fiscal policies that efficiently price fossil fuels, through subsidy removal and taxation at general goods and services tax level), prioritised from the WHO and UN interventions compendium, with equity analyses. Scaling up these six actions globally could save 1.6 million lives a year and generate US$ 3.9 trillion in economic welfare benefits and US$ 5.4 trillion in fiscal benefits, returning around US$ 24 for every US$ 1 invested.

- WHO's forthcoming report on Estimating the morbidity from air pollution and its economic costs (EMAPEC) reviews the epidemiological literature on morbidity, selects concentration-response functions for key diseases, compiles regional morbidity data and develops economic cost quantification methods.

The ask

- Health to be an explicit eligibility area in climate finance mechanisms, including the Presidency's Climate Implementation BRIDGE and the investment-ready project pipelines under Thematic Day 11.
- Ministries of finance, health, environment and energy to include the projected costs of climate impacts on health systems in national health planning and budgets, and to use the WHO economic evidence in NDC and NAP costings.
- Climate-health finance to be accessible to community-led and Indigenous-led initiatives and responsive to their priorities.

C4 Put health in the negotiations, alongside advocacy, and use health as an indicator of climate action

Key message:

Advocacy has put health on the COP agenda; the next step is to put it in the negotiated outcomes, in national plans, and in the indicators by which adaptation is measured.

Background

- There are strong calls for health to be translated from advocacy into negotiation text – for example, at the June UN meeting in Bonn, the WHO African Region, negotiators, health leaders and partners advanced a shared roadmap to position health in the UNFCCC process, ahead of COP31 in Türkiye and COP32 on African soil in Ethiopia.
- There is specific training to support health in the UNFCCC climate negotiations.
- The Global Climate and Health Alliance, with civil society and WHO have developed guidance for health in the negotiations.

The ask

- Parties to include health in negotiated outcomes and BTRs, to develop clear pathways for including health in Loss and Damage mechanisms, to support health indicators under the Global Goal on Adaptation, and to consider the inclusion of health in the UNFCCC process.

C5 Follow the science and counter the climate infodemic, mis- and disinformation, and conflicts of interest

Key message:

Accurate information and scientific evidence are a precondition for climate, clean air and health action: mis- and disinformation, and the conflicts of interest that drive them, delay the policies that protect health.

Background

- There is a growing movement in the health community toward countering fossil fuel mis- and disinformation, including WHO action on mis/ disinformation and its impact on health.

The ask

- Governments and organisations including the media to establish a clear process for countering mis- and disinformation about climate change, air pollution and health.
- Governments and partners to build the capacity of health workers and communicators to be trusted messengers, including through the wider work of WHO and by backing the Global Initiative for Information Integrity on Climate Change.



2. Health at COP31

2.1 The COP31 Action Agenda

The COP31 President-Designate Murat Kurum set out in his third letter to the Parties an Action Agenda of ten priority themes anchored in the six axes of the Global Climate Action Agenda. Finance, technology and capacity building are cross-cutting enabling themes. Theme 8, Dynamic and Resilient Health Systems, prioritises climate-resilient and equitable health systems that can anticipate, respond to and recover from climate-related shocks, through preparedness, surveillance, resilient health infrastructure and equitable access to care. Unlike many other themes, health carries no numerical target for 2035.

> *Dynamic and Resilient Health Systems focuses on developing climate-resilient and equitable health systems that can respond effectively to climate-related shocks. Rising temperatures, deteriorating air quality, changing disease patterns and more frequent extreme weather events are placing growing pressure on health systems worldwide. According to the World Health Organization (WHO), climate change could cause hundreds of thousands of additional deaths annually between 2030 and 2050 from malnutrition, malaria, diarrheal disease and heat stress alone. Against this scientific backdrop, developing climate-resilient and equitable health systems represents a science-based implementation priority. Strengthening preparedness, surveillance, resilient health infrastructure and equitable access to healthcare can reduce climate-related health risks while improving the capacity of health systems to anticipate, respond to and recover from future climate impacts. Investing in health resilience therefore delivers significant social, economic and development benefits alongside improved climate adaptation."*
>
> - **President-Designate Murat Kurum** in his third letter to the Parties



2.2 Health Day and the Antalya Initiative for Health Resilience (AIR)

The dedicated Health Day at COP31 on 9 November (Day 1) is part of the Food, Agriculture and Health thematic day. The day is built around three pillars: climate-resilient health systems; connectivity and coordination; and accelerating action. It includes four high-level panels (resilient health systems; climate action and digital health; health technologies and access; humanitarian aid and health integration) and a ministerial roundtable for health ministers to forge commitments and align national priorities.

The Antalya Initiative for Health Resilience (AIR - "accelerating climate-health action: moving from commitment to implementation") is a voluntary, country-driven, non-binding mechanism for sharing national experience in climate-health action, designed to enable peer learning and to bridge to COP32 and beyond. It will be inaugurated with a document setting out Türkiye's achievements, as the standard for country contributions, and offers a non-binding, trust-based framework for sharing lessons, and a bridge to COP32 and beyond through a collective experience pool.

2.3 Key moments pre- and post-COP

October 2026	WHO launches: • Priority indicators to monitor the impact of heat exposure on maternal, newborn and child health. • Technical report on the global benefits and costs of six prioritised climate–health actions. Pre-COP in Fiji, forefronting the experience of small island developing States.
9 November 2026	Health Day at COP31 (Day 1: Food, Agriculture and Health), including the AIR launch and ministerial roundtable. Launch of the WHO 2025 CCH Global Survey Report.
10 November 2026	ATACH Day
9 to 20 November 2026	Health and climate change events throughout COP31 at the COP31 Health Pavilion.
By 31 December 2026	The Presidency encourages Parties to submit second Biennial Transparency Reports, post-2030 NDCs and National Adaptation Plans.

2.4 Where health fits in the COP31 thematic days

Date	Thematic day	How health fits in
9 Nov	Day 1: Food, Agriculture and Health	Official Health Day: four panels, ministerial roundtable, AIR launch. Nutrition and food security link.
10 Nov	Day 2: Energy and Transport	ATACH Day C1 mitigation C2 health co-benefits.
11 Nov	Day 3: Zero Waste (Leaders' Summit day 1)	B2 Healthcare waste; climate-resilient, low-carbon health systems.
12 Nov	Day 4: Resilient Cities and Built Environment (Leaders' Summit day 2)	B2 facilities; A2 communities most at risk.
13 Nov	Day 5: Finance and Trade	C3 economic case for financing climate-health actions.
14 Nov	Day 6: Children, Youth, Education and Skills	A2 communities most at risk; B2 health workforce.
16 Nov	Day 8: Science, Industry and Technology	B3 data, digital health and AI. C5 follow the science.
17 Nov	Day 9: Ocean, Seas, Nature and Land Use (Rio Synergy)	A2 B2 C2 One Health, including biodiversity and ecosystem protection, nature-based solutions for health, prevention at source, and community-led and Indigenous-led action.
18 Nov	Day 10: Human and Social Development	A2 communities most at risk. C2 realise the wider co-benefits of adaptation taken with health in mind, including its health and economic benefits.
19 Nov	Day 11: Enhancing Implementation	B1 delivering on the BHAP; C3 investment-ready pipelines.
20 Nov	Day 12: Final Negotiations	C4 health in negotiated outcomes.

3. Resources

ATACH: WHO initiative page; ATACH community of practice.

Belém Health Action Plan: WHO-hosted PDF; Brazil MoH English summary: gov.br. Two companion WHO documents: COP30 special report on health and climate change: Delivering the BHAP and the supporting document on social participation.

Black carbon and health, WHO systematic review: snapshot to be presented at COP31; full report 2027.

BRIDGE: the Climate Implementation Bridge, described in the Presidency's action agenda as a mechanism to move countries from climate priorities to investment-ready project portfolios by strengthening project preparation, institutional capacity and access to finance. Coverage: Eco-Business.

Children's health and air pollution, WHO and UNICEF report: pending publication.

Climate change and workplace heat stress: technical report and guidance.

COP31 Presidency: third letter to Parties (PDF on UNFCCC); thematic days; programme overview; thematic days announcement.

EMAPEC: WHO activity page; CCAC project page pending publication.

Global Goal on Adaptation / Belém adaptation indicators: UNFCCC GGA COP30 decision text; a peer-reviewed piece on the health indicators, Operationalising the Belém adaptation indicators for health.

Global Initiative for Information Integrity on Climate Change: UN page; UNESCO page.

Health at COP31 (WHO): Health at COP31; COP31 Health Pavilion; ATACH COP31 Health Day page.

Heat and maternal, newborn and child health: WHO priority indicators for monitoring the impact of extreme heat on MNCH, launch 22 October 2026; Wellcome Trust global call to action on heat and maternal health.

Heat-health action plans: guidance, second edition.

IMF, Underpriced and Overused: Fossil Fuel Subsidies Data 2025 Update.

Lancet Countdown 2026 report: due October 2026.

Migration, climate change and health, WHO report.

Protecting Health in the Age of Climate Disinformation: position paper from the WHO Civil Society Working Group on Climate and Health.

Roadmap on air pollution and health (WHA78, halve deaths by 2040): WHO daily update, 26 May 2025; the updated road map document via the NCD Knowledge Action Portal.

V&A assessment guidance (SA8).

WHO AFRO strategic insights report, SB64.

WHO Global Action Plan on Climate Change and Health, WHA78 document A78/4. WHO event page for the WHA78 debate: Health and climate change at the 78th World Health Assembly.

WHO Global benefits and costs of prioritized actions on climate change and health: technical report.

WHO global air quality guidelines (2021): NCBI Bookshelf edition; WHO launch page.

2025 WHO health and climate change survey report: pending publication.

World Health Day 2026 campaign.

This briefing has been prepared in consultation with WHO experts from HQ, Regions and Countries, and has been endorsed by the WHO Civil Society Organizations Working Group on Climate Change and Health.

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