

POLICY BRIEF



Enabling Global Architecture for a Health-Equitable Just Energy Transition Through Country Platforms and Multilateral Diplomacy

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Accelerating Climate Action and the Just Energy Transition



Abstract

The global climate crisis and its intersection with public health inequities represent one of the most pressing challenges of our time, disproportionately impacting marginalised populations in low- and middle-income countries through air pollution, energy poverty, and climate-driven disasters. Systemic inequities compound these dual crises: the Global South bears the brunt of climate impacts despite minimal historical emissions, while Global North institutions dominate financing and decision-making, perpetuating energy poverty and stalling progress toward the Sustainable Development Goals. Initiatives like the Health and Energy Platform of Action and just energy transition partnerships (JETPs) offer frameworks for progress, yet gaps persist. Nationally Determined Contributions (NDCs) lack concrete metrics to operationalise health co-benefits, and only 15% of climate finance targets health-related adaptations. As the world's largest economies and emitters, G20 countries have unparalleled leverage to recalibrate this trajectory. To close this gap, this brief proposes four actionable pillars for the G20:

- Establishing a global environmental agency under UN auspices to enforce climate–health equity targets, harmonise fragmented initiatives like JETPs, and mandate accountability for NDCs through penalties and standardised metrics.
- Launching a climate justice council to reform multilateral finance by redirecting 30% of MDB concessional funds to health-centric energy transitions, introducing debt-for-climate–health swaps for LMICs, and adopting majority voting to accelerate climate finance decisions.
- Piloting a planetary emergency platform to operationalise regional coalitions such as ASEAN and the AU, scaling proven country platforms like Kenya's solar clinics, and integrating WHO health–climate data into a "One Health" dashboard for real-time tracking.
- Creating binding sectoral agreements modelled on the IMO's maritime emissions pact, including mandates for G20 nations to allocate 5% of climate finance to renewable-powered health infrastructure by 2025 and just transition covenants for coal regions.

By prioritising Global South representation in governance, blending public–private finance for decentralised energy grids, and leveraging the 2024 Summit of the Future to initiate UN Charter reforms, the G20 can transform climate–health synergies into a cornerstone of global governance. These measures would unlock a triple dividend: averting millions of air pollution-related deaths, accelerating fossil fuel phase-outs, and reducing inequality. Without urgent action, climate-driven health disparities will deepen, but by centring equity in multilateral frameworks the G20 can catalyse a just transition that safeguards both planetary and human health.

Keywords: Health; Equity; Energy; G20; Diplomacy

Diagnosis

The global climate crisis and its intersection with public health inequities represents one of our most pressing challenges; health disparities are exacerbated by climate change, disproportionately impacting marginalised populations in low- and middle-income countries (LMICs).¹ At the same time, energy systems reliant on fossil fuels continue to cause air pollution, leading to respiratory diseases and premature deaths, while a lack of access to electricity and a reliance on polluting fuels for cooking cause mortality from household air pollution.² At the same time, climate-driven disasters, from heatwaves to floods, displace communities and strain healthcare systems while deepening poverty.³ Systemic inequities compound these crises: the Global South, responsible for a fraction of historical emissions, bears the brunt of climate impacts, while Global North nations and institutions dominate climate financing and decision-making.⁴ This imbalance undermines global solidarity, perpetuates energy poverty, and stalls progress toward the Sustainable Development Goals (SDGs).

Our brief builds on initiatives such as the Health and Energy Platform of Action (HEPA) and the Principles for Just and Inclusive Energy Transitions to amplify health and climate action synergies.⁵ There has been some progress, as evidenced by South Africa's Just Energy Transition Investment Plan (JET-IP).⁶

¹ World Health Organization (WHO) and International Energy Agency (IEA), Tracking SDG7: Energy Progress Report 2023 (Geneva: WHO, 2023), 12.

² WHO and IEA, Tracking SDG7: Energy Progress Report 2023 (Geneva: WHO, 2023), 14.

³ Intergovernmental Panel on Climate Change (IPCC), Climate Change 2022: Impacts, Adaptation, and Vulnerability (Cambridge: Cambridge University Press, 2022), 12–15.

⁴ Jason Hickel et al., "Imperialist Appropriation in the World Economy," *The Lancet Planetary Health* 5, no. 8 (2021): e543–e544.

⁵ WHO and IEA, Health and Energy Platform of Action: Framework for Partnership (Geneva: WHO, 2021), 8–10.

⁶ South African Presidential Climate Commission, Just Transition Framework (Pretoria: PCC, 2022), 23.

Yet a cornerstone of national climate action, Nationally Determined Contributions (NDCs), while acknowledging health co-benefits, lack concrete metrics and the funding to operationalise them.⁷

Just energy transition partnerships (JETPs), while innovative in mobilising finance, require stronger safeguards to ensure community engagement and health protection in coal-dependent regions. These gaps underscore a broader systemic failure: health equity in global climate governance is sidelined, undermining sustainability and social justice.

There is a disconnect between country platforms' national strategies for climate and development and the global financing and diplomatic systems needed to scale them. When designed inclusively, country platforms can align energy transitions with local health priorities, such as electrifying rural clinics or replacing diesel generators with solar microgrids. However, many LMICs lack the fiscal space or technical capacity to implement such projects, while multilateral development banks (MDBs) remain constrained by risk-averse lending practices and outdated governance structures. Only 15% of climate finance targets health-related adaptations, and less than 2% reaches community-led energy initiatives.⁸ This financing gap entrenches energy poverty and leaves health systems vulnerable to climate shocks, as seen in Pakistan's 2022 floods, which disrupted healthcare for 33 million people.⁹

South Africa's G20 priorities on inequality, solidarity, and just transitions propose actionable pathways to align climate action with health equity. While the JET-IP has made financial commitments to phase out coal plants, the plan's success depends on addressing gaps in community participation and health safeguards,

⁷ World Resources Institute (WRI), Tracking Progress in Health References in NDCs (Washington, DC: WRI, 2023), 7.

⁸ Organisation for Economic Co-operation and Development (OECD), Climate Finance for Health and Energy Access (Paris: OECD Publishing, 2023), 7.

⁹ World Bank Group, Pakistan Floods 2022: Post-Disaster Needs Assessment (Washington, DC: World Bank, 2023), 45.

a challenge mirrored globally.¹⁰ By embedding health metrics into energy transition strategies and reforming multilateral finance, the G20 can turn such lessons into scalable models. The G20, representing 85% of global GDP and 75% of greenhouse gas emissions, holds unparalleled leverage to recalibrate this trajectory.¹¹ Previous G20 outcomes, such as the 2021 Naples Declaration on Health and Climate Change, recognised the need for integrated policies but stopped short of actionable commitments.¹² Meanwhile, the Indian G20 presidency's emphasis on "One Earth, One Health" and South Africa's 2025 priorities signal growing political will to address these intersections.¹³

The gravity of the situation cannot be overstated, and delaying action on health-equitable energy transitions risks immense economic and human costs.¹⁴ Conversely, integrating health into climate strategies offers a triple dividend: averting deaths, accelerating decarbonisation, and reducing inequality.

Recommendations

1. Establish a global environmental agency to strengthen multilateral accountability

Building on the Climate Governance Commission's proposals, the G20 should champion the creation of a global environmental agency under UN auspices to oversee compliance with climate–health equity targets.¹⁵ This agency would harmonise fragmented efforts like JETPs and HEPA, mandate standardised health–climate metrics such as air pollution mortality reductions, and enforce NDCs'

¹⁰ South African National Treasury, Just Energy Transition Investment Plan (Pretoria: Government of South Africa, 2022)

¹¹ United Nations Development Programme (UNDP), Principles for Just and Inclusive Energy Transitions (New York: UNDP, 2021), 12–15.

¹² G20 Italy, Naples Declaration on Health and Climate Change (Rome: G20, 2021), para. 6.

¹³ Government of India, G20 Presidency Priorities: One Earth, One Health (New Delhi: Ministry of External Affairs, 2023), 4.

¹⁴ World Health Organization (WHO), Health and Climate Change Country Profiles (Geneva: WHO, 2023), 30.

¹⁵ Climate Governance Commission, Global Climate Governance Report (New York: CGC, 2023), 45.

accountability through non-compliance penalties.¹⁶ To ensure legitimacy, the agency's governance must prioritise Global South representation, drawing lessons from South Africa's JET-IP community engagement model.¹⁷

2. Launch a G20 climate justice council to reform multilateral finance

The G20 should establish a climate justice council to realign multilateral finance with equity and efficiency. The council would:

- redirect 30% of MDB concessional finance by 2030 to health-centric energy transitions, such as India's PM-Ujjwala clean cooking programme, blending public and private capital to scale decentralised solar grids for rural healthcare;¹⁸
- introduce "debt-for-health-climate swaps" for LMICs, linking debt relief to reductions in energy poverty and healthcare disparities – for example, adapting Belize's debt-for-nature model to fund solar clinics, freeing fiscal space without worsening debt;¹⁹
- adopt the International Maritime Organization's (IMO) majority-voting model to break the gridlock in climate finance decisions, accelerating high-impact project approvals and moving beyond consensus-based stagnation;²⁰ and
- strengthen country platforms, such as Kenya's solar clinics and Bangladesh's resilient healthcare infrastructure, via regional partnerships, pooling private funds.²¹

¹⁶ World Resources Institute (WRI), Tracking Progress in Health References in NDCs (2023), 7.

¹⁷ South African National Treasury, Just Energy Transition Investment Plan (2022), 6.

¹⁸ Government of India, G20 Presidency Priorities (2023), 4.

¹⁹ World Bank, Debt-for-Nature Swaps: Lessons from Belize (Washington, DC: World Bank, 2022), 12

²⁰ International Maritime Organization (IMO), Revised GHG Strategy (London: IMO, 2023), 9.

²¹ World Bank Group, Pakistan Floods 2022 (2023), 45.

3. Pilot a planetary emergency platform for regional diplomacy

The G20 should catalyse a planetary emergency platform to operationalise the UN's proposed Declaration of Planetary Emergency.²² This platform would:

- prioritise regional coalitions, for example ASEAN and the AU, to scale country platforms like Kenya's solar clinics and Bangladesh's cyclone-resilient healthcare infrastructure;²³
- integrate World Health Organization (WHO) Climate and Health Country Profiles into a "One Health" dashboard, tracking progress on metrics like electrified healthcare facilities and fossil fuel phase-out timelines;²⁴ and
- leverage the Summit of the Future (2024) to initiate a UN Charter Review Conference, addressing governance gaps in climate and health equity.²⁵

4. Create binding sectoral agreements for health-energy synergies

Inspired by the IMO's legally binding maritime emissions pact, the G20 should spearhead sector-specific treaties targeting high-impact industries:²⁶

- Healthcare: Legally bind G20 nations to allocate 5% of climate finance to renewable-powered health infrastructure by 2025, prioritising solar microgrids for rural clinics.²⁷
- Energy: Mandate just transition covenants for coal-dependent regions, requiring corporate actors to fund retraining programmes and health safeguards modelled on South Africa's JET-IP.²⁸

²² United Nations, Declaration of Planetary Emergency (New York: UN, 2023), 3.

²³ OECD, Climate Finance for Health and Energy Access (2023), 7.

²⁴ WHO, Health and Climate Change Country Profiles (2023), 30.

²⁵ United Nations, Summit of the Future Outcome Document (New York: UN, 2024), 18.

²⁶ IMO, Revised GHG Strategy (2023), 15.

²⁷ WHO and IEA, Tracking SDG7: Energy Progress Report (2023), 14.

²⁸ South African Presidential Climate Commission, Just Transition Framework (2022), 23.

Credit Authorship Contribution Statement

Sumbal Javed: Conceptualisation, writing – original draft, formal analysis.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this brief.

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