TERMS OF REFERENCE

Antalya Initiative for Health Resilience (AIR)

1. Background

Climate change is increasingly affecting health systems, communities and populations through a wide range of direct and indirect impacts, including extreme heat, floods, droughts, wildfires, changing patterns of infectious diseases, food and water insecurity, air pollution, and pressures on health infrastructure and services.

Countries and health systems are developing and implementing a growing number of approaches to strengthen health resilience in the face of these challenges. However, practical knowledge and lessons learned from these experiences are not always systematically documented, easily accessible, or shared across countries and institutions.

There is therefore a need for a practical, open and voluntary mechanism through which countries and relevant stakeholders can share experiences, lessons learned, tools and examples of implementation in climate and health.

The Antalya Initiative for Health Resilience (AIR) is proposed in the context of COP31 as an experience-sharing initiative aimed at advancing dynamic and resilient health systems as a practical response to the growing health risks created by climate change.

AIR seeks to create a shared pool of experiences from countries and other relevant stakeholders, enabling participants to learn from one another, avoid repeating challenges that others have already encountered, and facilitate access to approaches, tools and practices that have demonstrated value in specific contexts.

AIR is conceived as a non-binding, voluntary and knowledge-sharing initiative. Participation in AIR will not require formal endorsement or the adoption of a common declaration. Countries and stakeholders may participate according to their interest and capacity and may share experiences on a voluntary basis.

The coordination and technical facilitation of AIR will be undertaken through the WHO Alliance for Transformative Action on Climate and Health (ATACH), which will support the collection, organization, documentation and dissemination of experiences shared through the Initiative.

2. Objectives

The specific objectives of AIR are to:

1. **Create a shared pool of experience**
   Establish a structured pool of country and stakeholder experiences relating to climate change and health resilience.
2. **Facilitate peer-to-peer learning**

Enable countries and stakeholders to learn from the practical experiences of others, including both successful approaches and implementation challenges.

3. **Capture lessons learned**
   Document what has worked, what has not worked as expected, why particular approaches were adopted, and what lessons may be relevant for others.
4. **Promote practical knowledge exchange**
   Facilitate access to practical tools, methodologies, guidance, implementation models and other resources that may support climate-resilient health action.
5. **Reduce avoidable duplication and repeated challenges**
   Help countries identify existing experience and lessons before developing or implementing similar interventions.
6. **Support adaptation and replication**
   Make experiences sufficiently accessible and contextualized to allow interested countries and stakeholders to assess whether and how an approach could be adapted to their own circumstances.
7. **Strengthen the climate and health knowledge base**
   Contribute to the broader evidence and knowledge base on effective approaches to health resilience in the context of climate change.

3. Guiding Principles

AIR will operate according to the following principles:

3.1 Voluntary participation

Participation in AIR will be entirely voluntary. Countries and other stakeholders may contribute experiences according to their interests, priorities and capacities.

No formal endorsement of AIR will be required in order to participate or share an experience.

Participation in the Initiative will not create any financial, legal, political or reporting obligation for participating countries or organizations.

3.2 Open knowledge sharing

AIR will promote the sharing of knowledge and practical experience for the benefit of the wider climate and health community.

3.3 Learning from both successes and challenges

AIR will not be limited to examples considered successful. Experiences may include implementation challenges, barriers, lessons learned, adaptations and approaches that did not produce the expected results.

The purpose is to support learning rather than to create the best examples.

3.4 Context matters

Experiences will be documented with sufficient contextual information to allow users to understand the circumstances in which an intervention was implemented.

AIR will recognize that an approach that is effective in one setting may require adaptation in another.

3.5 Accessibility
Where possible, shared knowledge and resources should be made easily accessible to countries and stakeholders, including through openly available or no-cost resources where such resources are available.

3.6 Equity and inclusiveness
AIR will seek to ensure that experiences from countries and settings with different levels of resources, institutional capacities, geographical contexts and climate vulnerabilities can be represented.

3.7 Practicality
The Initiative will prioritize information that can be useful for policy-makers, health authorities, practitioners and other actors involved in implementing climate-resilient health action.

4. Scope

AIR may cover experiences across the broad climate and health agenda, including but not limited to:

- climate-resilient and environmentally sustainable health systems;
- climate-resilient health facilities and infrastructure;
- health system preparedness for extreme weather and climate-related hazards;
- heat-health action and heat resilience;
- climate-sensitive infectious diseases;
- water, sanitation and hygiene in the context of climate change;
- food systems, nutrition and climate-related health risks;
- air pollution and health;
- emergency preparedness and response;
- climate-informed surveillance and early warning systems;
- climate and health data and information systems;
- climate-informed health planning and risk assessment;
- health workforce preparedness and capacity-building;
- climate and health financing;
- governance and institutional arrangements;
- community engagement;
- vulnerable populations and health equity;
- adaptation planning in the health sector;
- mitigation measures;
- resilient supply chains and procurement;
- climate-resilient medicines, technologies and services; and
- other emerging areas relevant to health resilience.

The scope may evolve in response to the experiences and priorities emerging from participating countries and stakeholders.

5. Participation

AIR will be open to:

- Parties to the Paris Agreement;
- ministries and national health authorities;
- international organizations;
- intergovernmental organizations;
- development partners;
- academic and research institutions;

Participation may take different forms, including:

- submitting a country or institutional experience;
- contributing lessons learned;
- sharing tools or methodologies;
- participating in peer-learning activities;
- providing technical input;
- identifying areas where further knowledge exchange is needed; and
- using and adapting knowledge made available through AIR.

No minimum level of contribution will be required.

6. Experience Submission and Knowledge Management

Participants will be invited to submit experiences through a simple and standardized mechanism developed in cooperation with ATACH Secretariat to facilitate documentation and comparison.

Where feasible, submissions should include information such as:

- country/setting;
- institution or implementing entity;
- climate and health challenge addressed;
- objectives of the intervention;
- description of the approach;
- implementation period;
- geographical and population context;
- resources and capacities required;
- key implementation partners;
- challenges encountered;
- adaptations made during implementation;
- lessons learned;
- available evidence or results;
- tools or resources developed;
- transferability or potential relevance to other settings; and
- links to publicly available resources, where applicable.

ATACH Secretariat will serve as the coordination and technical facilitation mechanism for AIR.

ATACH will support the:

- collection of experiences;
- organization and categorization of submissions;
- documentation of experiences in a consistent format;
- development and maintenance of an accessible AIR knowledge pool;
- identification of common themes and emerging lessons;
- dissemination of submitted experiences and resources;
- facilitation of connections between countries with relevant experience; and
- periodic synthesis of lessons emerging from the Initiative.

7. Peer Learning and Exchange

In addition to written documentation, AIR may facilitate opportunities for direct peer exchange, including:

- technical dialogues;
- country-to-country exchanges;
- thematic learning sessions;
- webinars;
- workshops;
- other knowledge-sharing formats.

8. Role of Participating Countries and Stakeholders

Participating countries and stakeholders are encouraged to:

- share experiences voluntarily and in good faith;
- provide accurate and sufficiently contextualized information;
- identify relevant limitations and implementation challenges;
- share publicly available tools and resources where appropriate;
- update previously submitted experiences when significant new information becomes available; and
- engage in peer learning where feasible.

9. Data Protection, Confidentiality and Intellectual Property

Participation in AIR will be subject to applicable data protection, confidentiality and intellectual property requirements.

Participants should not submit confidential or personally identifiable information unless there is an appropriate legal basis and mechanism for doing so.

AIR will prioritize the dissemination of materials that can be openly accessed and used, where this is possible and appropriate.

10. Governance and Coordination

AIR will operate as a voluntary knowledge-sharing initiative, rather than as a new intergovernmental governance structure.

The initiative will be coordinated through ATACH, with engagement from participating countries and relevant stakeholders.

11. Relationship with COP31

AIR will be launched by the Ministry of Health of the Republic of Türkiye in the context of COP31 in cooperation with the UNFCCC Secretariat as a practical contribution to strengthening international cooperation and knowledge exchange on climate and health resilience.

The launch at COP31 is intended to provide visibility and an opportunity for countries and stakeholders to begin contributing experiences.

AIR is envisaged as a continuing initiative beyond COP31. Its knowledge pool and peer-learning activities are intended to maintain and further develop through successive COP cycles and other relevant international climate and health processes.

The Initiative is intended to retain its voluntary and non-binding character irrespective of the COP under which it is hosted or showcased. Its continued development should remain focused on facilitating practical knowledge exchange, documenting lessons learned, and making relevant experiences accessible to countries and stakeholders.

12. Outputs

Potential outputs of AIR may include:

- an online AIR experience and knowledge pool;
- thematic collections of experiences;
- lessons-learned summaries;
- practical tools and resource libraries;
- peer-learning sessions;
- thematic webinars and workshops;
- periodic synthesis reports; and
- identification of recurring implementation challenges and knowledge gaps.

Outputs should prioritize usability, accessibility and practical value for countries and health stakeholders.

Annex 1 – Illustrative AIR Experience Sharing Template

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1. Basic Information

- Brief description of the input:
- Country:
- Institution/organization:
- Contact point:

2. Climate and Health Challenge

- What climate-related health challenge was being addressed?
- What population(s) or health system component(s) were affected?

3. Intervention

- What was done?
- Why was this approach selected?
- Who implemented it?
- What were the main partners?

4. Implementation

- How was the intervention implemented?
- What resources, capacities or institutional arrangements were required?
- What were the main implementation challenges?

5. Adaptation and Lessons Learned

- What worked well?
- What did not work as expected?
- What was changed during implementation?
- What would you do differently if starting again?
- What advice would you give to another country considering a similar approach?

6. Results and Evidence

- What results have been observed?
- Is there monitoring, evaluation or other evidence available?
- Are there important limitations or uncertainties?

7. Transferability

- In what types of contexts might this experience be relevant?
- What conditions would need to be considered before adapting it elsewhere?

8. Resources, if any

- Are tools, guidance documents, protocols, publications or other resources available?
- Are these resources publicly accessible?