

Climate change and health: directions for policy

The Hague, 21 May 2026

Health Council of the Netherlands | No. 2026/05e

Netherlands Scientific Climate Council | WKR-advice 009e

Executive summary

A joint advisory report of:



Executive summary

The climate is changing, and these changes are happening faster than previously assumed.

Temperatures are rising, both periods of drought and periods of precipitation are increasing, and weather extremes such as heatwaves and extreme precipitation are becoming more frequent and more intense.

Climate change has adverse effects on health.

The Health Council of the Netherlands and the Netherlands Scientific Climate Council have therefore jointly prepared this advisory report on their own initiative.

The aim of this advisory report is to identify the health risks of climate change, examine how the government can better protect the population against these risks, and determine which groups should be prioritised in policy. The advisory report focuses both on the situation in European Netherlands and on the islands of Bonaire, Sint Eustatius and Saba, which together form the Caribbean part of the Netherlands (hereinafter: the Caribbean Netherlands). The temporary

Committee on Climate Change and Health was established for this advisory report.

Health risks from climate change are increasing

Climate change is already leading to health risks, disease burden and mortality. Without measures, these risks will continue to increase. Some of the health risks result from known environmental factors.

Climate change is exposing the population more frequently and for longer periods to higher temperatures, UV radiation, summer smog and pollen. Infectious disease risks are increasing, partly because a warmer and wetter climate is more favourable to the growth of pathogens, including in surface water, and to mosquitoes and ticks that transmit these diseases.

Climate change is already estimated to cause 250 heat-related deaths each year. Without additional measures, this figure will be 3 to 6 times higher by around 2050, depending on the extent of climate

change. This is only a small proportion of the total disease burden caused by climate change.

Broad estimates of the scale of other health effects of climate change show that these are also already substantial and will continue to increase. Health effects also have societal and economic consequences, such as loss of labour productivity, greater pressure on healthcare and rising healthcare costs.

Climate change leads to weather extremes, disasters and new health risks

Another part of the health risks caused by climate change results from weather extremes, such as extreme rainfall and heatwaves, and disasters, such as flooding and wildfires. These affect physical and mental health, both in the acute phase and in the longer term. Weather extremes are also becoming more extreme and more intense, leading to new situations and risks, such as simultaneous high exposure to heat

and pollen, or extreme precipitation in unexpected locations. The warmer and wetter climate increases the likelihood of new infectious diseases, for example because mosquitoes capable of transmitting new infectious diseases become established.

Climate change exacerbates unjust health inequalities

Some people are at greater risk of climate-related harm to health than others. This may be due to high susceptibility, as in young children and older people, or high exposure, as in people who work outdoors. People with limited capacity to adapt to or avoid health risks, or to recover from harm to health, are also at greater risk. It is this last group in particular whose health is coming under pressure due to climate change. Examples include tenants in poor-quality housing who cannot make their homes climate-resilient, or children in a hot school building. These health risks are unjust because others are able to avoid them and because they contribute to widening

health inequalities. From the perspective that everyone deserves equal opportunities for good health (the health equity perspective) this means that more or something different needs to be done for some people. The committee therefore prioritises this group in its policy recommendations.

Residents of the Caribbean Netherlands face greater health risks

The Caribbean Netherlands is among the regions most vulnerable to the effects of climate change worldwide. Rising temperatures in its warm climate lead to greater health risks than in the European Netherlands. There are also increasing health risks from both new and existing infectious diseases, such as dengue. Climate change is also manifesting itself in more severe hurricanes, heavy rainfall and flooding due to sea-level rise. This places additional strain on the healthcare system and on food and drinking water supplies, which are already under pressure. A relatively large proportion of people also live in unfavourable

socioeconomic circumstances. As a result, high exposure to climate-related health risks contributes to unjust health inequalities.

Protect the population, especially high-risk groups

Climate change is leading to a new reality, with an increase in both known and new health risks. Current policy is not yet sufficiently designed or prepared for this. The committee recommends a structural policy approach to protecting the population against the health risks of climate change. This policy should focus on limiting exposure as far as possible to environmental factors such as heat, UV radiation, summer smog and pollen, preventing new and existing infectious diseases, and ensuring adequate preparedness for extreme weather conditions and disasters.

The committee makes three general recommendations that apply to all health policy in a changing climate:

1 Implement structural and coherent policy to protect people from the health risks of climate change, now and in the future.

Structural policy entails long-term allocation of responsibilities and funding. To achieve this, central government must take the lead and encourage and support local authorities, civil-society organisations and businesses. Coherent policy integrates multiple policy objectives and is developed jointly across policy areas and levels of government. When developing coherent policy, existing inter-departmental structures and other existing partnerships are preferred.

2 Prioritise policy development for groups that find it difficult to adapt to or avoid health risks, or to recover from harm to their health.

The aim of this policy is to make it possible and easy for people to adapt to increasing risks, avoid them, or recover from harm to their health; for example, by

improving the physical living environment and social conditions. As a tool, the committee has developed a step-by-step plan for policy development on climate-related health risks, aimed at reducing unjust health inequalities.

3 Prioritise policy development for residents of the Caribbean Netherlands.

All policy recommendations apply with greater urgency to the Caribbean Netherlands. Each relevant and responsible ministry is involved in national policy. It is essential that the ministries concerned enter into dialogue with the public entities and local parties to develop and implement policy that fits the local context.

Based on these general recommendations, the committee makes more specific recommendations for various policy domains, on which work can begin now.

4 Make homes resilient to heat and other climate risks, starting with rental properties.

Develop additional regulations for existing homes, make binding agreements with landlords, such as

housing associations, for both existing and new homes, and support this with subsidies if appropriate.

5 Make buildings used for education and long-term care resilient to heat and other climate risks.

To this end, encourage owners of these buildings to make them more climate-resilient by setting standards or advisory values, providing subsidies, introducing a climate label, or providing information.

6 Make neighbourhoods resilient to heat and other climate risks, starting with neighbourhoods where people face the highest health risks.

This can be done by establishing urban greening standards, providing municipalities with funding for greening and water retention, removing regulations that hinder climate adaptation measures, or providing information to prevent potential health risks arising from these measures.

7 Ensure that climate risks are better embedded in occupational health and safety policy.

Do this through regulation, binding agreements with employers' and employees' organisations, or by encouraging employers to better identify climate-related risks and take action.

8 Strengthen the knowledge base and monitoring to limit future health risks.

To this end, fund and facilitate the monitoring of climate-related exposures and impacts, the detection of new and existing infectious diseases, research into the health effects of climate change, and research into the effectiveness of measures.

9 Increase people's resilience to the health risks of climate change and support people who are less self-reliant.

To this end, facilitate and encourage initiatives by local authorities and civil society organisations that help improve social structures and reach specific groups of people. This will strengthen both collective and individual resilience.

10 Increase society's resilience by preparing emergency services and the healthcare sector for extreme weather events, disasters and new infectious diseases.

To this end, support emergency services and the healthcare sector in their preparations, for example by establishing a joint standard for climate adaptation, stress tests, protocols, capacity and funding. .

The advice *Climate change and health: directions for policy* is a joint publication by the Health Council of the Netherlands and the Scientific Climate Council.

The Health Council of the Netherlands is an independent scientific advisory body to the government and parliament on the broad field of public health and healthcare.

For more information, see healthcouncil.nl

The Scientific Climate Council (WKR) advises the government and parliament on the development of a climate-neutral and climate-resilient society, based on broad scientific insights and with an eye to other societal challenges.

For more information, see english.wkr.nl

You can download this document, the summary and the visual summary at healthcouncil.nl and english.wkr.nl. The advice has been translated into English and Papiamentu.

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Health Council of the Netherlands/Netherlands Scientific Climate Council. *Climate change and health: directions for policy*

The Hague: Health Council of the Netherlands, 2026; publication no. 2026/05e. Netherlands Scientific Climate Council. WKR-advice 009e

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