PLANETARY HEALTH EUROPE REGIONAL HUB

European Declaration on Heat and Health

A call from Europe's health community to the institutions of the European Union

Planetary Health Alliance – European Regional Hub and Core Partners · August 2026

We, health professionals, researchers and organisations of the European planetary health community, raise an alarm: the heatwaves that struck Southern, Western and Central Europe in June and July 2026 were a public health disaster that was foreseeable and met without an adequate response.

Under a heat dome that made June 2026 the hottest June ever recorded in Western Europe, **several thousands excess deaths were recorded in the peak heatwave week alone, and the toll is still rising.** The victims are overwhelmingly older people, disproportionately women; they also include infants, pregnant women, the chronically ill, outdoor workers, and those living in poverty and poorly adapted housing. Wildfires fed by heat and drought killed dozens more and blanketed cities in smoke that will continue to claim lives long after the flames are out: wildfire smoke already causes an estimated 1.8 deaths per 100,000 Europeans each year. These are no longer exceptional summers. Heatwaves are already becoming more intense, more frequent and longer, they increasingly occur outside the summer months, and climate change will accelerate all of this. Business as usual is therefore no longer an adequate strategy.

As health professionals we witness what statistics conceal: silent deaths in overheated flats, patients with chronic diseases who decompensate, exhausted colleagues holding the system together. We refuse to accept this as the new normal.

Europe has plans. They are failing.

This is not a story of absent policy. Most European countries have national heat–health action plans, early warning systems are in place, the EU adopted an Adaptation Strategy in 2021, the European Climate Risk Assessment has identified heat among Europe's most urgent risks, and the European Parliament declared a climate and environment emergency as early as 2019. Nevertheless, the 2026 Europe report of the Lancet Countdown on Climate Change and Health documents that heat-related mortality has risen in 99.6 % of monitored European regions, with roughly 63,000 heat deaths in 2024 alone, while extreme heat warnings have more than quadrupled. The current level of ambition has been tested against reality and has failed.

The reasons are structural. Europe's response compensates for damage instead of preventing it. Cooling of homes, hospitals, nurseries and care homes remains severely underdeveloped, and occupational heat protection is a patchwork gap. Of the climate adaptation finance provided by European donors internationally, a mere 0.07 % is granted for health. Within the Union, national adaptation strategies exist on paper but almost nowhere as funded, multi-year budgets, and the 2021 EU Adaptation Strategy contains no binding targets.

This failure is also an economic one. Recurring extreme heat could cost the most exposed European economies 5–7 % of GDP over the coming five years, while heat losses remain largely uninsurable and are ultimately paid by households, patients and public budgets.

The declaration was initiated by:

Generalitat de Catalunya
Consell Assessor per al Desenvolupament Sostenible

chs centre for health & society

PLANETARY Health Cluster

Consiglio Nazionale delle Ricerche

Istituto di Scienze dell'Atmosfera e del Clima

Cochrane Planetary Health

ISGlobal Barcelona Institute for Global Health

Karolinska Institutet

HELSUS
HELSINKI INSTITUTE OF SUSTAINABILITY SCIENCE

KLUG
Deutsche Allianz Klimawandel und Gesundheit

Col·legi de Metges de Barcelona

Erasmus School of Health Policy & Management

cpsa
Conselho Português para a Saúde e Ambiente

LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE

Universitat Oberta de Catalunya

FSM
Fundació Sanitària Mollet

UNIVERSITÀ CATTOLICA del Sacro Cuore

Finnish Institute for Health and Welfare

ALIANZA MÉDICA
POR LA SALUD PLANETARIA

MEDICINSKI FAKULTET NOVI SAD

EUPHA ENVIRONMENT AND HEALTH

Prevention is far cheaper than repair, and the opportunity is real: in June 2026, the very month of the heatwave, solar power delivered a quarter of the EU's electricity for the first time and saved billions in fossil fuel imports. Inaction is not thrift; it is a guaranteed way to lose both lives and prosperity. Prevention is not a cost but an investment: every euro spent on adaptation returns many times its value over a decade, with the highest returns in the health sector. Inaction, on mitigation as on adaptation, is not thrift; it is a guaranteed way to lose both lives and prosperity.

Why we address the European Union

Health care delivery is the responsibility of the Member States. The Treaties, however, oblige the Union to ensure a high level of health protection in all its policies (Articles 9 and 168 TFEU) and to act on serious cross-border threats to health, and the drivers of this emergency, from energy to occupational safety, are governed largely at European level. The Commission is now preparing a new European Climate Resilience Framework for adoption at the end of 2026; this framework will decide whether the lessons of this summer become binding obligations or another strategy without consequence. The European Court of Human Rights has ruled that inadequate climate action violates the rights of older people to life and health; WHO Europe calls climate change a health crisis and its resolution a health opportunity.

At the very moment when this summer's dead are being counted and wildfires are still burning, the European institutions are debating more flexible climate targets, while billions in energy-crisis relief flow into fossil fuels.

Our demands: a radical change in ambition

Europe does not lack plans, pilot projects or reports. It lacks ambition commensurate with the threat. We call on the European Commission, the European Parliament and the Council to deliver a radical change in ambition, evidence, funding and speed:

1. **Move to operative emergency.** Seven years and tens of thousands of heat deaths after Parliament's declaration of a climate emergency in 2019, the forthcoming European Climate Resilience Framework must deliver what strategies have not: legally binding adaptation obligations, health outcome targets, heat as a priority risk, and the recognition of extreme heat as a serious cross-border threat to health.
2. **Adopt a European Heat-Health Action Plan with an emergency adaptation fund** to climate-proof health and care institutions and services, nurseries and schools and to build integrated heat and wildfire-smoke health warnings in every Member State, and implementing the Belém Health Action Plan endorsed at COP30. Every measure must be evaluated, with heat mortality, morbidity and productivity losses as the metrics of success, and health must rise from a rounding error of EU adaptation finance to one of its priorities.
3. **Close the gap in European occupational heat protection.** EU law today imposes only general duties on employers. Adopt the directive on the prevention of occupational heat risks that Europe's trade unions have already called for, with binding, regionally calibrated temperature thresholds based on common European risk-assessment standards, automatic work restrictions and compensation rules that reach seasonal, migrant and platform workers.
4. **Guarantee access to safe indoor temperatures for vulnerable people**: extend the Energy Performance of Buildings Directive so that passive cooling reaches the existing housing stock, and plan electricity grids for summer peaks.

5. **Accelerate mitigation as health policy.** Phase out the more than €400 billion in annual fossil fuel subsidies, as the EU has already committed to do, deliver the Green Deal and the 2040 climate targets in full, and redirect these resources to clean energy, clean air and resilient health systems, and align the common agricultural policy with healthy, sustainable diets. Every tonne of greenhouse gases avoided prevents illness and death in Europe today and tomorrow.
6. **Put health, evidence and equity at the centre of all EU climate policy**: prioritise measures that protect health, cut emissions and build resilience at once, assess the health co-benefits and co-harms of Union legislation, sustain independent monitoring, and give health professionals and affected communities a formal voice in European climate governance.

An annex to this declaration sets out what this change of ambition means in practice for European and national governance, for the health and care system, and for municipalities.

We do not exempt ourselves. The health sector must lead by example: we commit to making our own hospitals, practices and care institutions climate-resilient and climate-neutral, to protecting our patients and staff from heat, and to bringing the health voice into every climate decision.

Adaptation saves lives through the summers ahead; mitigation is the only intervention that addresses the cause. The EU has the knowledge, the institutions and the wealth to lead. We, health professionals, researchers and organisations, stand ready to help build a Europe in which no one dies a preventable heat death.

Connect with the European Hub of the Planetary Health Alliance:

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Web planetaryhealthalliance.org/regional-hubs/planetary-health-europe/

Annex

What a change of ambition means in practice

Signatories endorse the declaration above. This annex illustrates its implementation across three levels of action; it is not exhaustive and will evolve with the evidence.

A. European and national governance

implements demands 1, 2 and 5

- Anchor extreme heat as a recognised hazard in crisis management and civil protection, with clear responsibilities across all levels of government, reliable situational awareness, and regular exercises.
- Make heat-health action plans binding by coupling concrete, mandatory measures to each warning level, such as the activation of crisis units, extended service hours and the protection of exposed workplaces, so that warnings trigger action rather than mere awareness.
- Adopt and fund the Belém Health Action Plan for the climate adaptation of health systems in every country.
- Replace ad hoc emergency packages with reliable multi-year budgets for heat resilience, covering institutions, workforces, neighbourhoods and critical infrastructure, because prevention costs far less than repair.
- Evaluate every measure against outcomes, with heat-related mortality and morbidity as the metrics of success, measured with harmonised European indicators so that progress can be compared across countries, and include the professions of care and social work in crisis structures.

B. The health, care and social sector

implements demands 2 and 6, and our own commitment

- Implement real-time epidemiological surveillance and early warning, linked to health-care and mortality data.
- Establish Institution-specific heat plans in hospitals, health centres, long-term care, nursing homes and daycare, with trained staff, prepared surge procedures and the protection of personnel, without whom no facility can protect anyone.
- Outreach proactively to isolated older people, the chronically ill and people at social risk, in cooperation with community nursing, social services and family carers.
- Build climate-resilient health infrastructure: adaptation of buildings to extreme heat through ventilation, shading and greenery, on the way to climate-neutral operation.
- Train health professionals in climate and health, and clear, simple public information on prevention, hydration, cooling and warning signs.

C. Municipalities

implements demands 2 and 4

- Provide accessible cooling centres with extended hours, drinking water and social referral, and targeted responses for homeless people and outdoor workers.
- Map urban heat islands and vulnerable residents, link health data with social and spatial analysis, together with voluntary registration and contact structures so that help reaches people in a crisis.
- Make cities cooler by design: rapid scaling of nature-based solutions, more trees, shade, green corridors and drinking fountains, together with light or permeable surfaces.
- Establish neighbourhood and volunteer networks such as buddy systems, local heat teams and community centres, which turn residents from objects of protection into actors of protection.
- Establish multilingual, targeted communication for those hardest to reach, and intersectoral coordination of health, housing, civil protection and social services.