



## Convention on Biological Diversity

Distr.: General  
1 November 2024  
Original: English  
**Advance unedited**

**Conference of the Parties to the  
Convention on Biological Diversity  
Sixteenth meeting**  
Cali, Colombia, 21 October–1 November 2024  
Agenda item 22  
**Biodiversity and health**

### **Decision adopted by the Conference of the Parties to the Convention on Biological Diversity on 1 November 2024**

#### **16/19. Biodiversity and health**

*The Conference of the Parties,*

*Recalling* its decisions [XII/21](#) of 17 October 2014, [XIII/6](#) of 17 December 2016, [14/4](#) of 22 November 2018 and [15/29](#) of 19 December 2022,

*Recalling also* that the Kunming-Montreal Global Biodiversity Framework<sup>1</sup> acknowledges the interlinkages between biodiversity and health and the three objectives of the Convention on Biological Diversity,<sup>2</sup>

*Recalling further* the framework for a cross-cutting initiative on biodiversity for food and nutrition, adopted by the Conference of the Parties in its decision VIII/23 of 31 March 2006,

*Recognizing* that the implementation of the Kunming-Montreal Global Biodiversity Framework will contribute to the improvement of health and well-being, including physical and mental health, by addressing drivers of biodiversity loss, which are often also drivers of ill health, and noting the information available in document CBD/SBSTTA/26/INF/3,

*Noting* that the term “health” is defined in the Constitution of the World Health Organization as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,

*Recognizing* the important role of education and awareness-raising for mainstreaming biodiversity and health interlinkages through the One Health approach and a whole-of-government and whole-of-society approach,

*Welcoming* the participation of the Quadripartite alliance on One Health in the preparation of the draft global action plan on biodiversity and health, while acknowledging the importance of maintaining consistency with existing mandates,

<sup>1</sup> Decision 15/4, annex.

<sup>2</sup> United Nations, *Treaty Series*, vol. 1760, No. 30619.

*Noting* the ongoing work of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services on the thematic assessment of the interlinkages among biodiversity, water, food and health,

*Taking note* of the options to integrate biodiversity into the coronavirus disease (COVID-19) stimulus and recovery measures, as contained in document CBD/SBSTTA/26/INF/3, and in the Manifesto for a healthy recovery from COVID-19 of the World Health Organization,<sup>3</sup>

*Noting* the importance given to biodiversity and health interlinkages by other organizations and initiatives, including the United Nations Environment Assembly through its resolution 5.6 on biodiversity and health, the United Nations Framework Convention on Climate Change<sup>4</sup> and the Paris Agreement<sup>5</sup> through relevant decisions, the Permanent Forum on Indigenous Issues<sup>6</sup> and the Global Framework on Chemicals – For a Planet Free of Harm from Chemicals and Waste,<sup>7</sup> as well as the current negotiations held at the World Health Organization on a new accord on pandemic prevention, preparedness and response, *Considering* the importance of cooperation with other multilateral environment agreements and relevant organizations and initiatives to support the mainstreaming of biodiversity and health interlinkages and the need to avoid the duplication of efforts,

1. *Adopts* the Global Action Plan on Biodiversity and Health, as contained in annex I to the present decision, as a voluntary plan for supporting the implementation of the Kunming-Montreal Global Biodiversity Framework,<sup>8</sup> complementary to the guidance contained in decisions [XIII/6](#), [14/4](#) and [15/29](#);

2. *Takes note* of document CBD/SBSTTA/26/8, in particular enclosures I, II of annex I and annex II, related to biodiversity and health;<sup>9</sup>

3. *Encourages* Parties, in accordance with national circumstances and priorities and on a voluntary basis:

(a) To implement the Global Action Plan when mainstreaming biodiversity and health interlinkages and provide information on their implementing activities and the result thereof, including in national reports, as appropriate;

(b) To enhance national coordination, knowledge exchange, implementation and the sharing of good practices and lessons learned among biodiversity and health actors, including those working in human, animal, plant and ecosystem health, the environmental sector and traditional medicine systems, and to work comprehensively with health and health-related agencies and professionals at the national level, including through the designation of a national focal point on biodiversity and health, as appropriate;

(c) To ensure the full and effective participation of youth in decision-making and action on biodiversity and health;

(d) To integrate biodiversity and health interlinkages into biodiversity-related policies and programmes, in line with decision 14/4 and, if appropriate, in their national biodiversity strategies and action plans, taking the elements of the Global Action Plan into account, in line with section C of the Framework;

---

<sup>3</sup> World Health Organization, “Manifesto for a healthy recovery from COVID-19: prescriptions and actionables for a healthy and green recovery”, 2020.

<sup>4</sup> United Nations, *Treaty Series*, vol. 1771, No. 30822.

<sup>5</sup> Adopted under the United Nations Framework Convention on Climate Change (see FCCC/CP/2015/10/Add.1, decision 1/CP.21, annex).

<sup>6</sup> See [E/C.19/2023/5](#), para. 24.

<sup>7</sup> International Conference on Chemicals Management resolution V/1.

<sup>8</sup> Decision 15/4, annex.

<sup>9</sup> Enclosures I and II to annex I and annex II to document CBD/SBSTTA/26/8 were prepared by the Secretariat and not discussed by the Parties.

(e) To recognize the need to address the drivers of biodiversity loss urgently to reduce risks to health, while contributing to the implementation of the Framework, in particular paragraph 7 (r) of section C and Target 14;

4. *Invites* other Governments, the governing bodies and secretariats of relevant multilateral environment and health agreements and international organizations, including the members of the Quadripartite alliance on One Health, to raise awareness of the Global Action Plan, and to contribute to mainstreaming biodiversity and health interlinkages across sectors, respecting self-determined national priorities, and to further support the development and implementation of measures, guidance and tools for promoting and supporting the mainstreaming of biodiversity and health linkages;

5. *Invites* indigenous peoples and local communities, relevant stakeholders, including the private sector and academia, women, children and youth to contribute to the implementation of the Global Action Plan;

6. *Invites* the World Health Organization to take synergies into account, as appropriate, in its work on biodiversity and health undertaken pursuant to its fourteenth General Global Programme of Work, 2025–2028, as well as resolutions of the World Health Assembly related to One Health and to environmental determinants of health, and the work undertaken under the Convention on Biological Diversity;

7. *Encourages* Parties, in accordance with Article 20 of the Convention, and invites other Governments, relevant multilateral environmental and health agreements, relevant organizations, donors and relevant financial institutions to provide financial and technical support, as appropriate, for capacity-building and development for the effective implementation of biodiversity and health interlinkages and of the Global Action Plan;

8. *Invites* Parties, other Governments, relevant multilateral environmental agreements and other organizations to share measures, guidance and tools, examples, best practices and lessons learned in the implementation of the Global Action Plan and the mainstreaming of biodiversity and health interlinkages at all levels;

9. *Requests* the Executive Secretary, subject to the availability of resources:

(a) To complete the work conducted pursuant to paragraph 13 (a) of decision [14/4](#) on the development of integrated science-based indicators, metrics and progress measurement tools on biodiversity and health, taking account of section III and paragraph 14 of annex I, among others;

(b) To facilitate, in collaboration with partners, capacity-building, technical and scientific cooperation and technology transfer activities to support Parties, indigenous peoples and local communities and stakeholders, such as relevant organizations, academia, women, children, youth, the elderly and persons with disabilities, in the uptake and implementation of the Global Action Plan, including by convening regional workshops and facilitating dialogues, ensuring the participation of indigenous peoples and local communities, women and youth, in collaboration with, inter alia, members of the Quadripartite alliance on One Health and the secretariats of other multilateral environmental agreements;

(c) To continue to raise awareness at all levels, including through relevant processes of other multilateral environmental agreements and intergovernmental bodies, of the important interlinkages between biodiversity and health, including their relevance to the implementation of the Framework;

(d) To enhance and strengthen cooperation with international organizations and the secretariats of other multilateral environmental, health and human rights agreements with regard to biodiversity and health interlinkages, consistent with international obligations;

(e) To explore, in consultation with the World Health Organization and the other members of the Quadripartite alliance on One Health, the development of an online information platform to collate knowledge, tools and experiences on interlinked biodiversity and health policies and actions,

including case studies, indicators, assessments and methodologies, in order to facilitate knowledge-sharing and capacity-building for integration of the One Health approach, thereby further supporting the implementation of the Global Action Plan;

(f) To report on the outcomes of that work to the Subsidiary Body on Scientific, Technical and Technological Advice at a meeting held before the seventeenth meeting of the Conference of the Parties and to the World Health Assembly at its seventy-ninth meeting.

## **Annex I<sup>10</sup>**

### **Global Action Plan on Biodiversity and Health**

#### **I. Purpose**

1. In line with, and further to, decisions [XII/21](#) of 17 October 2014, [XIII/6](#) of 17 December 2016, [14/4](#) of 22 November 2018 and [15/29](#) of 19 December 2022, the objective of the Global Action Plan on Biodiversity and Health is to support Parties and other Governments at all levels, relevant organizations and initiatives, indigenous peoples and local communities, women, children, youth, the private sector and other stakeholders in mainstreaming biodiversity and health interlinkages into national policies, strategies, programmes and accounts, in line with national circumstances, priorities and legislation and in a manner consistent with relevant international obligations. The Plan is aimed in particular at enabling relevant government authorities to collaborate closely and coordinate their work on biodiversity and health interlinkages.

2. The Global Action Plan includes a set of voluntary actions that can be implemented at various levels and on different scales, from international to national and local and from multisectoral to sector-specific, with cross-sectoral collaboration at the governmental level, and that allow for the participation of civil society, indigenous peoples and local communities, women, children, youth, the elderly and people with disabilities, as well as academia and the private and financial sectors, among others. In view of the cross-cutting nature of biodiversity and health interlinkages, other multilateral instruments and processes should also be considered when implementing the Plan, in a consistent manner with relevant international obligations.

3. The Global Action Plan builds on previous work undertaken under the Convention on Biological Diversity,<sup>11</sup> including that conducted in collaboration with the World Health Organization on biodiversity and health interlinkages through a joint work programme from 2012 to 2021. It is intended to complement and support the implementation of earlier decisions of the Conference of the Parties on biodiversity and health (decisions [XII/21](#), [XIII/6](#), [14/4](#) and [15/29](#)) and to facilitate the realization of biodiversity and health co-benefits from the implementation of the Convention and the Kunming-Montreal Global Biodiversity Framework.<sup>12</sup>

4. The Global Action Plan should be implemented recognizing the importance of the three objectives of the Convention, namely, the conservation of biological diversity, the sustainable use of its components and the fair and equitable sharing of the benefits arising out of the utilization of genetic resources, in a balanced manner, to further work on the interlinkages between biodiversity and health. It also serves as an acknowledgement that the provision of adequate means of implementation to developing countries, including adequate and predictable financial resources, capacity-building, scientific and technical cooperation, and technology transfer, is critical to enable the implementation of the Plan and ensure equity. The Plan stresses the urgent need to address inequities in global health and the need to strengthen health systems in developing countries and countries with economies in transition, including through North-South, South-South and triangular cooperation.

---

<sup>10</sup> It is noted that the finalization of text currently in brackets may have implications for currently unbracketed text.

<sup>11</sup> See CBD/SBSTTA/26/INF/3.

<sup>12</sup> Decision 15/4, annex.

5. Nothing in the present Global Action Plan should be interpreted as modifying the rights and obligations of a Party under the Convention or any other international agreement.

6. The Global Action Plan also draws on the following:

(a) The findings of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, namely, that: (i) nature underpins all dimensions of human health and contributes to non-material aspects of the quality of life (inspiration and learning, physical and psychological experiences and supporting identities), which are central to the quality of life and cultural integrity; (ii) nature's contributions to people<sup>13</sup> play an essential role in human health by regulating material and non-material contributions; (iii) worldwide, social groups have unequal access to nature's contributions to people; (iv) the decline in nature's contributions to people threatens the quality of life; (v) the deterioration of nature and consequent disruption of benefits to people have both direct and indirect implications for public health and can exacerbate existing inequalities in access to health care or healthy diets; and (vi) the global environment can be safeguarded through enhanced international cooperation and linked, locally relevant measures;

(b) The findings of the Intergovernmental Panel on Climate Change, which include, that climate change is a threat to human well-being;<sup>14</sup>

(c) The study on indigenous determinants of health in the 2030 Agenda for Sustainable Development,<sup>15</sup> welcomed by the Permanent Forum on Indigenous Issues;

(d) The lessons learned from the coronavirus disease (COVID-19) pandemic and other emerging zoonoses, which have further highlighted the importance of the relationship between health and well-being and biodiversity, the urgent need to conserve, restore and sustainably use biodiversity, the need to address inequities in global health, including with regard to equitable access to medicines, vaccines, diagnostics and medical equipment, and the need to enhance global collaboration and cooperation for a sustainable and inclusive recovery, thereby contributing to minimizing the risk of future diseases of zoonotic origin.

7. The following is recognized:

(a) Biodiversity loss, ecosystem degradation and negative health outcomes share many common drivers, including direct drivers of environmental change, which result from an array of underlying causes and are underpinned by social values and behaviours;

(b) Biodiversity is a key environmental determinant<sup>16</sup> of human and animal health, and the conservation, restoration and sustainable use of biodiversity benefit health by maintaining ecosystem services, which contributes to fulfilling the psychological needs for nature relatedness and realizing the vision of living in harmony with nature by 2050;

(c) The relationship between biodiversity loss, the emergence and spread of communicable and non-communicable diseases and increasing health inequalities is well known, as is the role of conservation, restoration and sustainable use of biodiversity in prevention, reduction and proactive management of communicable and non-communicable disease risks;

---

<sup>13</sup> Nature's contributions to people are defined by the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services as all the contributions, both positive and negative, of living nature (i.e. diversity of organisms and ecosystems and their associated ecological and evolutionary processes) to people's quality of life.

<sup>14</sup> Hans-Otto Pörtner and others, eds., *Climate Change 2022: Impacts, Adaptation and Vulnerability: Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change* (Geneva, Intergovernmental Panel on Climate Change, 2022).

<sup>15</sup> E/C.19/2023/5.

<sup>16</sup> Environmental determinants of health are global, regional, national and local environmental factors that influence human health. They include physical, chemical and biological factors external to a person. Further information on environmental determinants of health is available on [the Pan American Health Organization website](https://www.paho.org/en) at [www.paho.org/en](https://www.paho.org/en).

(d) Emerging infectious diseases in wildlife, domestic animals, plants or people can be exacerbated by human activities, such as unsustainable land-use change practices and habitat fragmentation;

(e) Sustainable development, in its three dimensions (social, economic and environmental), and the protection of the environment, including ecosystems, contribute to and promote human well-being and the full enjoyment of all human rights, including the right to health and the right to a clean, healthy and sustainable environment,<sup>17</sup> for present and future generations;

(f) Ensuring the fair and equitable sharing of benefits arising from the utilization of genetic resources and from digital sequence information on genetic resources and traditional knowledge associated with genetic resources, including for Parties that provide genetic resources for health-related research and development, is critical to the achievement of more equitable health systems;

(g) Within the context of ensuring healthy lives and promoting well-being for all at all ages (Sustainable Development Goal 3), children, youth, the elderly and those living with pre-existing medical conditions are more physically, mentally and emotionally vulnerable to environmental degradation and environmental change;

(h) Biodiversity loss and its direct drivers are a threat to animal, human and plant health;

(i) Environmental degradation and biodiversity loss contribute to health inequities, especially for people in vulnerable situations, including women, children, youth, the elderly and people with disabilities, and have severe adverse impacts, especially on the health of indigenous peoples and local communities and their unique interdependent relationship with local ecosystems, including their physical and mental health, livelihoods, foodways and traditional medicine systems;

(j) More effective and integrated policy coordination on biodiversity and health, including by enhanced communication, dialogue and collaboration across government ministries and all governments and sectors, is needed. This includes the need to strengthen the environmental dimension of the One Health approach and other holistic approaches, while acknowledging the need to enhance international cooperation with a view to addressing the specific challenges faced by developing countries in implementing the One Health approach or other holistic approaches, including by strengthening capacity for health surveillance and promoting equitable responses, in line with national circumstances and priorities.

## **II. Considerations and tools for supporting the implementation of the Global Action Plan on Biodiversity and Health**

8. Taking account of the cross-cutting nature of biodiversity and health interlinkages, the implementation of the Global Action Plan should be carried out in accordance with national circumstances and in a manner consistent with international obligations and agreements.

9. The Global Action Plan embodies the view that the health of the environment and the health of all species are interconnected and interdependent, and that a whole-of-government and whole-of-society approach is required to mainstream that view into national policies, strategies, programmes and accounts. The concept of biodiversity and health interlinkages should take into consideration both individual and collective systemic levels, across and between species and ecosystems, and the multiple dimensions of health and well-being. Elements of the Plan should be actioned towards enabling improved stewardship of the environment, animals, plants and other taxa and the realization of the vision of living in harmony with nature by 2050.

10. The implementation of the Global Action Plan may be further supported by a compilation of resources, including a list of tools and resources that can assist its implementation.<sup>18</sup>

---

<sup>17</sup> See General Assembly resolution 76/300.

<sup>18</sup> CBD/SBSTTA/26/INF/3, annex I



### III. Actions to mainstream biodiversity and health interlinkages into national policies, strategies, programmes and accounts

11. The following voluntary actions may be taken by Governments, at the appropriate level, in accordance with national circumstances and with relevant international obligations, and, where relevant, by other actors, to mainstream biodiversity and health interlinkages, thereby generating benefits for health and the environment. The proposed general actions (sect. A) can be complemented with actions to integrate biodiversity and health interlinkages into the implementation of the Framework (sect. B).

#### A. General actions

12. Proposed general actions include the following:

(a) Assessing biodiversity and health interlinkages, including nature's contributions to people that are related to health, the environmental determinants of health and the environmental burden of disease<sup>19</sup> at the national level, taking account of biocultural diversity,<sup>20</sup> diverse value systems and a comprehensive understanding of health and well-being, including physical, sexual, reproductive and mental health, cognitive development, learning, supporting identities<sup>21</sup> and social determinants of health;

(b) Encouraging and facilitating national dialogues and knowledge-sharing platforms and events to strengthen capacities among all sectors and actors with regard to biodiversity and health interlinkages, with a view to developing communities of practice, noting the positive role of biodiversity in all aspects of health and well-being;

(c) Promoting, in consideration of the One Health approach and other holistic approaches, policy coordination and mainstreaming of biodiversity and health interlinkages into: strategies related to sectors with significant impacts on biodiversity; national biodiversity strategies and action plans; plans for mental health, nutrition, farming, non-communicable and communicable disease control and childhood development; and economic and sustainable development policies, policies related to animal and plant health, disaster risk reduction, relief and recovery, pandemic prevention, preparedness and response action plans, and policies on sustainability in the health sector;

(d) Developing and, as necessary, strengthening national coordination mechanisms on biodiversity and health interlinkages that are interdisciplinary and interministerial, ensuring the participation of all actors, including indigenous peoples and local communities, women, children, youth and the elderly, and designating a national focal point for biodiversity and health to facilitate the process;

(e) Considering the designation of a national gender focal point on biodiversity and public health, who, among other tasks, can report on the contributions and needs of women and girls in relation to environmental stewardship and gender equality;

(f) Taking steps to ensure the full and effective participation of youth in decision-making and action on biodiversity and health, including by considering the designation of a national youth focal point on biodiversity and public health, who, among other tasks, can report on the contributions and needs of children and youth in relation to environmental stewardship, health and intergenerational equity;

<sup>19</sup> The environmental burden of disease quantifies the amount of disease caused by environmental risks (see [www.who.int/activities/environmental-health-impacts](http://www.who.int/activities/environmental-health-impacts)).

<sup>20</sup> See also decision 15/22.

<sup>21</sup> Supporting identities refer to the basis for religious, spiritual and social cohesion experiences; sense of place, purpose, belonging, rootedness or connectedness, associated with different entities of the living world; narratives and myths, rituals and celebrations; satisfaction derived from knowing that a particular landscape, seascape, habitat or species exists (see Manuela Carneiro da Cunha and others, eds., *The Global Assessment Report on Biodiversity and Ecosystem Services* (Bonn, Germany, Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services Secretariat, 2019)).

(g) Incorporating biodiversity and health interlinkages into assessments related to sustainable development, including environmental impact assessments, strategic environmental assessments, health assessments, health impact assessments, socioeconomic assessments and other relevant assessments, in particular by:

- (i) Considering the risks that biodiversity loss poses to health and well-being in the aforementioned assessments as valuable tools to guide decision-making;
- (ii) Including diverse health stakeholders<sup>22</sup> in the screening, scoping, review, decision-making and follow-up processes for the assessments and national reporting;
- (iii) Including comprehensive screening factors that reflect broad biodiversity and health interlinkages in the assessments;
- (iv) Ensuring that biodiversity loss and degradation are considered in the assessments, as well as national monitoring, reporting and review frameworks, in the context of intergenerational equity and gender equality and the health of future generations, specifically the ability of children to be born, grow and develop physically and mentally;

(h) Supporting research on biodiversity and health interlinkages to address knowledge gaps, improving access to scientific evidence and good practices, through enabling transformative and transdisciplinary education and research, respecting the traditional knowledge of indigenous peoples and local communities, and with their free, prior and informed consent;<sup>23</sup>

(i) Strengthening the understanding of the One Health approach and other holistic approaches and stressing the focus on biodiversity and health interlinkages by introducing them into the curricula of professionals in the fields of health care and medicine, public and global health, animal health, biodiversity and environment, and urban spatial planning, including for green and blue spaces, and other relevant fields, as part of lifelong learning and skills development;

(j) Encouraging, where appropriate, in collaboration with health-related organizations, the integration of biodiversity-related metrics, indicators and tools, into health strategies, plans and programmes and, conversely, the integration of health-related metrics, indicators and tools into biodiversity strategies, plans and programmes, in line with existing mandates;

(k) Encouraging the development of sector-specific information material, such as fact sheets, to mainstream biodiversity and health interlinkages into relevant sectors, as determined at the national level;<sup>24</sup>

(l) Enhancing international cooperation to support developing countries in addressing the specific environmental and health-related challenges that they face, including in implementing the One Health approach and other holistic approaches, in accordance with applicable international and national laws;

(m) Encouraging cooperation among national focal points from relevant multilateral environmental and health agreements on actions related to biodiversity and health interlinkages, including through participation through the whole-of-society approach in cross-sectoral events.

## **B. Actions to integrate biodiversity and health interlinkages into the implementation of the Kunming-Montreal Global Biodiversity Framework**

13. The interlinkages between biodiversity and health are acknowledged in the Framework as one of the considerations for its implementation, as follows:

<sup>22</sup> Health stakeholders include those related to human, animal and plant health and those with diverse knowledge of health.

<sup>23</sup> “Free, prior and informed consent” refers to the tripartite terminology of “prior and informed consent”, “free, prior and informed consent” and “approval and involvement”.

<sup>24</sup> These sectors may include agriculture, forestry, fisheries, aquaculture, tourism, health, infrastructure, energy and mining, manufacturing, processing and finance, in line with previous Conference of the Parties decisions on mainstreaming.



---

The Framework acknowledges the interlinkages between biodiversity and health and the three objectives of the Convention. The Framework is to be implemented with consideration of the One Health approach, among other holistic approaches that are based on science, mobilize multiple sectors, disciplines and communities to work together, and aim to sustainably balance and optimize the health of people, animals, plants and ecosystems, recognizing the need for equitable access to tools and technologies, including medicines, vaccines and other health products related to biodiversity, while highlighting the urgent need to reduce pressures on biodiversity and decrease environmental degradation to reduce risks to health, and, as appropriate, develop practical access and benefit-sharing arrangements.<sup>25</sup>

14. The human right to a clean, healthy and sustainable environment is also acknowledged in the Framework.<sup>26</sup>

15. Since the health of the environment and the health and well-being of all species are interconnected, all actions towards the implementation of the Framework will have co-benefits for all species and for human health. Actions for mainstreaming biodiversity and health interlinkages into the implementation of the Framework are shown in the table below.

---

<sup>25</sup> Decision 15/4, annex, para. 7 (r).

<sup>26</sup> Ibid., para. 7 (g).

**Actions for mainstreaming biodiversity and health interlinkages into the implementation of the Kunming-Montreal Global Biodiversity Framework**

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
<b>Land and sea use</b>		
Targets 1, 2 and 3	Reducing the loss, degradation and fragmentation of wildlife habitats and the encroachment on biodiverse areas contributes to the continued provision of nature’s contributions to people, which in turn support health and reduce disease emergence and transmission among wildlife, livestock and people.	<ol style="list-style-type: none"> <li>1. Encourage efforts to consider biodiversity and health interlinkages in land- and sea-use planning and policies, plans and actions for conservation and restoration to identify potential co-benefits and trade-offs for biodiversity and health, including by incorporating health impact assessments, so as to promote the multiple dimensions of health and reduce and mitigate disease risks to people, in particular indigenous peoples and local communities, women, children, youth and the elderly; and livestock and wildlife, taking risks of disease spillover and spillback into account.</li> <li>2. Encourage efforts to improve, in line with national capabilities, monitoring systems to include the evaluation of the impacts of land- and sea-use activities, including for conservation and restoration, on human beings, animals and ecosystems, including by establishing surveillance sites in high-risk areas where environmental conditions are quickly changing and becoming conducive to disease emergence.</li> <li>3. Incorporate the consideration of biodiversity and health interlinkages into policies and programmes for water, sanitation and hygiene and measures to protect and sustainably manage ecosystems that supply water.</li> <li>4. Consider the contributions of indigenous peoples and local communities and traditional practices to mitigate negative health impacts in land- and sea-use planning and actions for conservation and restoration.</li> </ol>
<b>Species management</b>		
Targets 4, 5 and 9	The sustainable management of populations of wild species is important for the health of ecosystems and the provision of ecosystem services, such as food security, nutrition, biomedical discoveries and medicine, and will enable people to continue to draw benefits from those populations. Protecting customary sustainable use by indigenous peoples and local communities and those particularly dependent on wild species is especially important. At the same time, improving the regulation and management of the use of and trade in wild species and reducing human-	<ol style="list-style-type: none"> <li>1. Protect the customary sustainable use of biodiversity and ecosystem stewardship by indigenous peoples and local communities in protected areas, areas under other effective area-based conservation measures and indigenous and traditional territories, and related health benefits.</li> <li>2. Consider the role of species and genetic diversity in the production of nutritious food, food security, nutrition, medicine and other goods to ensure that the medicinal use of wild species, including in traditional medicine, is sustainable, safe and legal; and, for threatened or protected species, encourage conservation actions, as well as alternative, sustainable sources for medicinal use, where possible.</li> </ol>

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
	<p>wildlife conflict can reduce the transmission of infectious diseases. Maintaining, in partnership with indigenous peoples and local communities, the genetic diversity of wild species, domesticated species and their wild relatives increases resilience against future pathogens, food security and nutritional values for the benefit of environmental and human health. Infectious disease emergence can be reduced by conserving wild species and improving the management of interaction among humans, livestock and wildlife.</p>	<p>3. Improve, in accordance with other international agreements and within national capabilities, the regulation, management and use of and trade in wild species, such that it is sustainable and safe for human and wildlife health, by:</p> <ul style="list-style-type: none"> <li>(a) Acknowledging and addressing the potential for health risks from use practices, such as the transport, marketing and commercialization of specimens of wild species;</li> <li>(b) Improving biosecurity measures and sanitation in markets and along the entire value chain;</li> <li>(c) Developing technologies and disease monitoring systems for improved management of wildlife trade;</li> <li>(d) Encouraging the participatory monitoring of wildlife including by wildlife hunters, farmers and traders, in emerging disease hotspots, as elements of strategies for disease prevention;</li> <li>(e) Including policies and actions aimed at limiting pathogen spillover and spillback in wildlife use and management programmes and activities, such as wildlife farming and commercialization.</li> </ul> <p>4. Strengthen, when possible and in accordance with national capabilities, the capacity to understand and manage human-mediated factors with high potential to drive the transmission of zoonotic diseases, such as unregulated and unsustainable consumption of wild meat.</p> <p>5. Maintain the genetic diversity of wild and domestic species and their wild relatives to safeguard their resilience and adaptive potential, hence protecting the health benefits associated with their existence.</p> <p>6. Promote collaborations in line with the One Health approach by reinforcing planning and surveillance of biodiversity, including for wildlife habitats and zoonotic pathogen spillover risk, to better assess and address health and disease risks in order to manage wild species sustainably.</p>
<b>Invasive alien species<sup>c</sup></b>		
Target 6	<p>Invasive alien species are a major driver of biodiversity loss<sup>27</sup> and a major threat to nature, nature’s contributions to people and a</p>	<p>1. Consider the adverse impacts of invasive alien species on human, animal, plant and ecosystem health in strategies, action plans and projects, and undertake assessments on that matter to support informed decision-making and actions aimed at preventing and minimizing such impacts, including through the use of multisectoral and transdisciplinary approaches.</p>

<sup>27</sup> Sandra Diaz and others, *Global Assessment Report on Biodiversity and Ecosystem Services, Summary for Policymakers* (Bonn, Germany, Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services Secretariat, 2019).

Framework targets <sup>a</sup>	Relevance to health <sup>b</sup>	Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration
	<p>good quality of life.<sup>28</sup> Invasive alien species can be pathogens or pests and affect human, animal, plant and environmental health in various ways, including by causing diseases, such as allergic diseases, because of their toxicity or as vectors of pathogen transmission. In addition, invasive alien species often reduce the quantity and quality of services provided by ecosystems and can affect livelihoods and food security.</p>	<p>2. Identify gaps in knowledge, monitoring and management of emerging infectious diseases affecting biodiversity and human health that relate to or are facilitated by invasive alien species.<sup>29</sup></p> <p>3. Promote awareness of, and education on, the impacts of invasive alien species on human, animal, plant and ecosystem health.</p> <p>4. Promote and strengthen collaboration with other sectors impacted by invasive alien species for enhancing prevention, control or eradication and management of invasive alien species, especially to address invasions of pathogenic agents, to reduce and prevent disease emergence.</p>
<b>Pollution</b>		
<p>Target 7</p>	<p>Pollution, in all its forms, is harmful to biodiversity, ecosystem functioning and the health of people, animals, plants and other organisms. It has an impact on the ability of biodiversity to contribute, for example, to the provision of clean air and water, soil fertility, pollination and pest control. Direct and indirect exposure to pollutants, in particular early-life exposure, can increase the risk of multiple non-communicable diseases over the life course.<sup>30</sup> 31</p>	<p>1. Raise awareness of the negative impact of pollution from all sources, including heavy metals, highly hazardous chemicals and plastic, including microplastics,<sup>32,33</sup> and air, light and noise pollution on biodiversity and human health.</p> <p>2. Promote the implementation of voluntary joint guidelines for the environmentally sound management of public health, medical and veterinary operations and their waste,<sup>34</sup> including to avoid the inappropriate use and disposal of antimicrobials, pharmaceuticals,<sup>35</sup> medical products,<sup>36</sup> heavy metals and waste, on the basis of scientific evidence.<sup>37</sup></p> <p>3. Minimize pollution from waste and wastewater municipal systems and integrate biodiversity and health considerations into local and municipal waste and wastewater management plans; and incorporate national and subnational strategies for the management of municipal wastewater effluents into national biodiversity strategies and action plans.</p>

<sup>28</sup> Helen E. Roy and others, *Thematic Assessment Report on Invasive Alien Species and Their Control* (Bonn, Germany, Intergovernmental Science Policy Platform on Biodiversity and Ecosystem Services Secretariat, 2023).

<sup>29</sup> Decision 15/27.

<sup>30</sup> World Health Organization, *Compendium of WHO and other UN guidance on health and environment*, (Geneva, 2023).

<sup>31</sup> Landrigan, Philip and others, “Mindaroo-Monaco Commission on Plastics and Human Health”, *Annals of Global Health*, 89 (1): 23 (2023).

<sup>32</sup> World Health Assembly resolution 76.17.

<sup>33</sup> Landrigan, Philip and others, “Mindaroo-Monaco Commission on Plastics and Human Health”, *Annals of Global Health*, 89 (1): 23 (2023).

<sup>34</sup> Food and Agriculture Organization of the United Nations, United Nations Environment Programme World Health Organization and World Organisation for Animal Health, *One Health Joint Plan of Action (2022–2026): Working Together for the Health of Humans, Animals, Plants and the Environment* (Rome, 2022).

<sup>35</sup> World Health Organization, *Compendium of UN and other UN guidance on health and the environment* (Geneva, 2021).

<sup>36</sup> World Health Assembly resolution 76.17.

<sup>37</sup> United Nations Environment Programme, *Bracing for Superbugs: Strengthening Environmental Action in the One Health Response to Antimicrobial Resistance* (Geneva, 2023).

Framework targets <sup>a</sup>	Relevance to health <sup>b</sup>	Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration
		<p>4. Promote strategies to reduce light and noise pollution,<sup>38, 39</sup> especially in urban environments, that is harmful to human health and the health of other organisms.</p> <p>5. Make use of national systems on human biomonitoring<sup>d</sup> to, among other objectives, mobilize resources to produce or enhance data to develop new strategies for strengthening pollution control measures.<sup>40</sup></p> <p>6. Develop monitoring and/or surveillance data, enhance information-sharing and promote understanding of the linkages between chemicals and waste and human health impacts to maximize the co-benefits for biodiversity and human health, including through the One Health approach.</p>
<b>Climate change</b>		
Target 8	Climate change exacerbated by biodiversity loss is a driver of biodiversity loss and ill health. <sup>41</sup> It increases the risks of extreme weather events (e.g. heatwaves, forest fires, droughts and floods) and ocean acidification and has an adverse impact on water quality and quantity, food production from agriculture, livestock, fisheries and aquaculture, and infrastructure supporting cities and settlements, increasing risks of vector-borne, waterborne and food-borne diseases, malnutrition, heat illness, mental health and displacement. Risks from climate change affect human beings, animals, plants and ecosystems. <sup>42, 43</sup> Nature-based solutions <sup>e</sup> and/or ecosystem-based approaches can help	<ol style="list-style-type: none"> <li>1. Integrate the consideration of climate change biodiversity and health interlinkages into relevant national policy and planning instruments, in line with national circumstances and priorities.</li> <li>2. Strengthen capacity-building and development to address the interlinkages among biodiversity, climate change and health, including through research and education and by developing knowledge and communication tools, and enhance international cooperation through technology transfer.</li> <li>3. Co-develop and implement early warning systems to predict disease outbreaks in terrestrial, inland water and marine ecosystems by incorporating interoperable<sup>f</sup> climate and environmental information and epidemiological information on appropriate spatial and temporal scales to support local decision-making.<sup>44</sup></li> <li>4. Promote research on potential climate change biodiversity and health interlinkages, for example, on vector-borne and waterborne diseases and mental health.</li> </ol>

<sup>38</sup> World Health Organization, Compendium of UN and other UN guidance on health and the environment (Geneva, 2021).

<sup>39</sup> World Health Organization. report of the Seventh Ministerial Conference on Environment and Health, annex 5 (Budapest declaration: accelerating action for healthier people, a thriving planet, a sustainable future).

<sup>40</sup> World Health Assembly resolution 76.17.

<sup>41</sup> Adapted from the Summary for Policymakers of the *Global Assessment Report on Biodiversity and Ecosystem Services* of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services.

<sup>42</sup> Adapted from the Summary for Policymakers of the *Global Assessment Report on Biodiversity and Ecosystem Services* of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services.

<sup>43</sup> Adapted from the Summary for Policymakers of the Sixth Assessment Report, Working Group II, Impacts, Adaptation and Vulnerability, of the Intergovernmental Panel on Climate Change, 2022. Available at [www.ipcc.ch/report/ar6/wg2/](http://www.ipcc.ch/report/ar6/wg2/).

<sup>44</sup> Recommendation 24/9 of the Subsidiary Body on Scientific, Technical and Technological Advice.

Framework targets <sup>a</sup>	Relevance to health <sup>b</sup>	Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration
	to mitigate and adapt to and improve resilience to climate change, which is detrimental to health.	5. Raise awareness of potential co-benefits of nature-based solutions and/or ecosystem-based approaches for human health and consider integrating those co-benefits into relevant policies and planning instruments. 6. Explore the possibilities of developing indicators on linkages between climate, biodiversity and health.
<b>Agriculture, aquaculture, fisheries and forestry</b>		
Target 10	Biodiversity at every level (genetic, species and ecosystem levels) is a pillar of food security, nutrition and healthy diets. <sup>45</sup> The quality and quantity of food and the way in which it is produced have implications for human health, as well as the health of livestock, wild animals and the environment. Dietary diversity, underpinned by diverse crops, livestock, healthy forests and marine and freshwater food, among others, provide a wide range of essential nutrients and non-nutrients, such as fibre. The cultivation of crops depends, among other things, on pollinators and the diversity of beneficial microorganisms in the soil. Sustainable intensification, integrated pest management, breeding of adapted crop varieties and agroecological approaches can reduce the need for nutrients and pesticides, including those harmful to people and pollinators.	1. Raise awareness of the interlinkages between biodiversity and health for nutrition, food security, livelihoods and food system resilience. <sup>46, 47, 48, 49</sup> 2. Reduce the negative impacts on biodiversity and health of agriculture, aquaculture, fisheries and forestry, among others, by leveraging sustainable practices, such as sustainable intensification, agrobiodiversity, agroecology, integrated landscape planning, the breeding of adapted crop varieties and the use of integrated pest management to reduce the need for and use of, pesticides, fertilizers and other chemical inputs, among other sustainable practices. 3. Promote improved standards of animal welfare for their health and well-being, <sup>50</sup> including to reduce the risk of communicable disease in farm animals and aquaculture, by, inter alia, preventing antimicrobial resistance by avoiding the inappropriate use and disposal of antimicrobials, on the basis of scientific evidence. 4. Recognize the value of traditional food practices, the foodways of indigenous peoples <sup>51</sup> and local communities in strategies for health, well-being and disease prevention. 5. Support initiatives to conserve genetic diversity for healthy ecosystems and food security, including from seeds, livestock, forestry, fisheries and pollinators. <sup>52</sup>
<b>Nature's contributions to people</b>		

<sup>45</sup> Adapted from World Health Organization, Guidance on mainstreaming biodiversity for nutrition and health (Geneva, 2020).

<sup>46</sup> Adapted from World Health Organization, Guidance on mainstreaming biodiversity for nutrition and health (Geneva, 2020).

<sup>47</sup> Adapted from Food and Agriculture Organization of the United Nations, Biodiversity and nutrition: a common path (Rome).

<sup>48</sup> Adapted from Food and Agriculture Organization of the United Nations Commission on Genetic Resources for Food and Agriculture, The State of the World's Biodiversity for Food and Agriculture (Rome, 2019).

<sup>49</sup> Adapted from Food and Agriculture Organization of the United Nations Commission on Genetic Resources for Food and Agriculture, *Framework for Action on Biodiversity for Food and Agriculture* (Rome, 2022).

<sup>50</sup> World Organisation for Animal Health, *Global Animal Welfare Strategy* (Paris, 2017).

<sup>51</sup> E/C.19/2023/5.

<sup>52</sup> Consultative Group on International Agricultural Research, initiative on Environmental health and biodiversity. Available at [www.cgiar.org/research/cgiar-portfolio/environmental-health-biodiversity/](http://www.cgiar.org/research/cgiar-portfolio/environmental-health-biodiversity/).

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
<p>Target 11</p>	<p>Biodiversity underpins nature’s contributions to people.<sup>53</sup> Safeguarding those contributions benefits human health, including physical and mental health, and reduces mortality and morbidity. The contributions include:<sup>53</sup></p> <ul style="list-style-type: none"> <li>(a) The regulation of climate, ocean acidification and hydrological cycles;</li> <li>(b) The regulation and improvement of air and fresh and coastal water quality and the regulation of water flows;</li> <li>(c) Soil biodiversity, quality and fertility and the degradation or storage of pollutants;</li> <li>(d) The regulation of natural hazards and extreme events;</li> <li>(e) Pollination and seed dispersal;</li> <li>(f) Food and feed production from wild, managed or domesticated land or sea organisms;</li> <li>(g) The regulation of pests, pathogens, predators, competitors, parasites and potentially harmful organisms;</li> <li>(h) Learning (education, knowledge acquisition and inspiration for art and technological design, such as biomimicry);</li> <li>(i) Healing, relaxation, recreation and leisure;</li> <li>(j) Intrinsic interconnection and supporting identities (i.e. the basis for, for example, religious, spiritual and social cohesion experiences, and the sense of place, purpose, belonging, rootedness or connectedness);</li> </ul>	<ol style="list-style-type: none"> <li>1. Consider the contributions of biodiversity in national policies, strategies and programmes, including across the life course and for different community groups, recognizing nature’s positive contributions to all dimensions of human health and well-being.</li> <li>2. Take steps to address the adverse impacts of biodiversity loss on health, including mental health, for example, by:             <ul style="list-style-type: none"> <li>(a) Supporting initiatives that assist individuals and communities suffering from those impacts;</li> <li>(b) Fostering positive narratives on the environment for the future, especially among children and youth;</li> <li>(c) Recognizing relevant public health tools, such as nature prescriptions and nature-based therapy, traditional medicine and phytotherapeutic products to engage the health sector in building capacity to minimize, prevent and treat adverse impacts.</li> </ul> </li> <li>3. Use nature-based solutions and/or ecosystem-based approaches and innovative approaches to achieve benefits for biodiversity, ecosystem integrity and natural systems while delivering benefits for human health, such as for disaster risk reduction.</li> </ol>

<sup>53</sup> The list of contributions is adapted from Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, *Global Assessment Report on Biodiversity and Ecosystem Services, Summary for Policymakers*. Available at [www.ipbes.net/document-library-catalogue/summary-policymakers-global-assessment-laid-out](http://www.ipbes.net/document-library-catalogue/summary-policymakers-global-assessment-laid-out).



<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
	(k) The provision of medicinal, biochemical and genetic resources.	
<b>Urban areas</b>		
Target 12	Green and blue spaces and urban planning that takes biodiversity into account can optimize ecosystem integrity and connectivity and increase physical, mental, spiritual and emotional health through various mechanisms, including by improving air quality, reducing the heat island effect, enhancing flood resilience, providing beneficial microbiota, bringing cultural and psychological benefits and facilitating physical exercise, and for healing, relaxation, recreation and supporting identities, as well as community and social cohesion activities.	<ol style="list-style-type: none"> <li>1. Consider benefits for human health, in all its dimensions, in biodiversity-inclusive urban planning policies and the provision of blue and green spaces.</li> <li>2. Improve access to and accessibility of biodiversity-rich green and blue spaces for all, especially for those more vulnerable to the negative impacts from social or environmental determinants, such as children, youth, the elderly, people with disabilities, migrants, racial minorities and low-income populations.</li> <li>3. Develop communication tools in collaboration with the health sector on how enhancing biodiversity and ecological integrity and connectivity in urban areas is essential for the health and well-being of all species; and take steps to disseminate those tools across sectors, within all health sectors and to schools and community organizations.</li> <li>4. Improve green and blue infrastructure and connectivity to foster biodiversity and optimize ecosystem services, especially those of high relevance to health in urban areas, such as air pollution removal, acoustic pollution absorption, avoiding run-off, soil erosion and the use of allergenic plants, and spaces to be in contact with nature and to practice physical exercise, among others.</li> <li>5. Promote nature's contributions to people in relation to healing, relaxation, recreation and leisure, in particular in urban and densely populated areas.</li> </ol>
<b>Access and benefit-sharing</b>		
Target 13	Access to genetic resources and the fair and equitable sharing of benefits arising from their utilization are essential to health, health practice and effective health systems. Vaccine and therapeutic development rely on access to the diversity of organisms, molecules and genes found in nature. Many important therapeutics are derived from traditional knowledge systems and traditional medicine practice of indigenous peoples and local communities.	<ol style="list-style-type: none"> <li>1. Recognize the role of genetic resources, digital sequence information on genetic resources and traditional knowledge associated with genetic resources in the research and development of health products and services, and the importance of the fair and equitable sharing of benefits arising from their utilization in this regard.<sup>54</sup></li> <li>2. Recognize the role of traditional medicine practice in the conservation and sustainable use of biological diversity.</li> <li>3. Take effective legal, policy, administrative and capacity-building measures at all levels, as appropriate, to ensure that benefits arising from the utilization of genetic resources; the use of digital sequence information on genetic resources; as well as traditional knowledge associated with genetic resources, related to biodiversity and health, are shared in a fair and equitable way, and promote</li> </ol>

<sup>54</sup> Decision 15/29.

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
		compliance, when applicable, with the Nagoya Protocol and other applicable international agreements with regards to access and benefit sharing.
<b>Biosafety and biotechnology</b>		
Target 17	The safe use of living modified organisms resulting from biotechnology, including through biosafety measures to regulate, manage and control potential adverse effects on biodiversity and human health, can play an important role in providing tools and solutions for biodiversity and health challenges.	<ol style="list-style-type: none"> <li>1. Ensure that means are in place to evaluate, regulate, manage and control the risks associated with the use and release of living modified organisms resulting from biotechnology that may have adverse effects on the conservation and sustainable use of biological diversity, also taking risks to human health into account.</li> <li>2. Promote the sharing of benefits for health arising from biotechnological developments.</li> <li>3. Take all practicable measures to promote the effective participation of developing countries in health-related biotechnological research activities, including Parties, that are in a position to provide the genetic resources for such research, consistent with national circumstances.</li> <li>4. Take all practicable measures to promote and advance priority access on a fair and equitable basis by developing countries to the results and benefits arising from biotechnologies based on genetic resources provided by those Parties, consistent with national circumstances.</li> </ol>
<b>Mainstreaming</b>		
Targets 14, 15 and 18	The consideration of biodiversity and health interlinkages in decision-making across all sectors can improve awareness of the benefits of biodiversity to foster more equitable health systems.	<ol style="list-style-type: none"> <li>1. Take biodiversity and health interlinkages into account in business activities and corporate environmental social governance standards,<sup>h</sup> as appropriate, through active dialogues with the business community and in assessments of the values and beneficiaries of biodiversity.</li> <li>2. Include biodiversity and health interlinkages in nature-related financial disclosures.</li> <li>3. Promote private and public investment and incentives that safeguard a broad spectrum of biodiversity and health interlinkages.</li> <li>4. Promote the consideration of the multiple values of nature for health on the basis of diverse knowledge and knowledge systems, in educational curricula and training programmes at all levels and across disciplines, ensuring the engagement</li> </ol>

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
		<p>of knowledge holders and communicators from indigenous peoples and local communities and the health sector, among others.<sup>55, 56</sup></p> <p>5. Develop sector-specific information material, such as fact sheets, to mainstream biodiversity and health interlinkages into relevant sectors, as determined at the national level.<sup>57</sup></p>
<b>Consumption</b>		
Target 16	Overconsumption is an underlying driver of biodiversity loss and ill health. More equitable and sustainable use of resources, including a reduction of waste and overconsumption, allows all to live well and in harmony with nature.	<p>Promote co-benefits from sustainable consumption choices by:</p> <p>(a) Identifying opportunities to promote healthy and sustainable lifestyles, sustainable consumption patterns, waste reduction and associated behavioural change that would benefit biodiversity and health;<sup>58</sup></p> <p>(b) Developing knowledge tools and educational activities to raise consumers' awareness and understanding of the negative impacts of overconsumption and waste on biodiversity and health.</p>
<b>Means of implementation</b>		
Targets 19	Understanding the health co-benefits of investing in strategies and activities to halt biodiversity loss can help to mobilize necessary financial resources	Increase funding from all sources, including official development assistance to developing countries, to support projects and programmes for integrating biodiversity and health interlinkages in relevant policies, strategies, programmes and accounts.
Target 20	Improving capacity-building, technical and scientific cooperation and access to and transfer of technology relevant to interlinkages between biodiversity and health, including through North-South, South-South and triangular partnerships, can support the mainstreaming of those interlinkages.	<p>1. Incorporate biodiversity and health interlinkage into capacity-building and development, technical and scientific cooperation and technology transfer activities by supporting programmes and training initiatives for diverse health professionals and health-care providers to enhance their understanding of the interlinkages between biodiversity and health, including in traditional medicine practices and traditional knowledge.</p> <p>2. Provide and facilitate for Parties, in particular developing countries, access to and the transfer of technology, in line with the provisions of the Convention, that are relevant to the conservation and sustainable use of biological diversity and to the integration of biodiversity and health interlinkages into relevant policies and initiatives.</p>

<sup>55</sup> Adapted from Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, *Methodological assessment of the diverse values and valuation of nature* (Bonn, 2022).

<sup>56</sup> Adapted from World Health Organization, *Global Strategy on Health, Environment, and Climate Change* (Geneva, 2020).

<sup>57</sup> These may include agriculture, forestry, fisheries, aquaculture, tourism, health, infrastructure, energy and mining, manufacturing, processing and finance, in line with previous Conference of the Parties decisions on mainstreaming.

<sup>58</sup> Decision XIII/6.

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
		<p>3. Take legislative, administrative or policy measures, as appropriate, aimed at ensuring that the private sector facilitate access to the joint development and transfer of technology, in line with the provisions of the Convention, relevant to the integration of biodiversity and health interlinkages into relevant policies and initiatives.</p> <p>4. Facilitate the exchange of information, from all publicly available sources, relevant to the conservation and sustainable use of biological diversity and to the integration of biodiversity and health interlinkages into relevant policies and initiatives, taking the special needs of developing countries into account.</p> <p>5. Promote technical and scientific cooperation with other Parties, in particular developing countries, in implementing the present Plan, inter alia, through the development and implementation of national policies. In promoting such cooperation, special attention should be given to the development and strengthening of national capabilities by means of human resources development and institution-building.</p> <p>6. Support efforts to document traditional medicine practices, in particular those used by indigenous peoples and local communities, with their free, prior and informed consent,<sup>59</sup> recognizing and respecting their rights over their traditional knowledge.</p>
<b>Knowledge and engagement of people</b>		
Targets 21, 22 and 23	Ensuring that knowledge is available to all and that all groups of people are engaged in decision-making related to biodiversity can help to ensure that biodiversity and health interlinkages of particular importance to certain groups are taken into consideration, thereby contributing to the protection of rights, gender responsiveness and intergenerational and health equity.	<p>1. Facilitate the establishment or strengthening of knowledge-sharing platforms and learning networks on biodiversity and health interlinkages to facilitate the exchange of best practices, lessons learned and innovative solutions, taking into account the needs of groups in vulnerable situations and those of indigenous peoples and local communities.</p> <p>2. Promote and disseminate awareness-raising materials, advocacy tools, best practice and policies that maximize biodiversity and health co-benefits and highlight the relevant contributions of indigenous peoples and local communities, and vulnerable groups, such as women, children, youth and the elderly and persons with disabilities.</p> <p>3. Incorporate the health benefits from biodiversity into formal education systems from primary to post-secondary schooling to further enhance the interlinkages of biodiversity and health.</p>

<sup>59</sup> “Free, prior and informed consent” refers to the tripartite terminology of “prior and informed consent”, “free, prior and informed consent” and “approval and involvement”.

<i>Framework targets<sup>a</sup></i>	<i>Relevance to health<sup>b</sup></i>	<i>Actions to ensure biodiversity and health co-benefits, to be implemented taking the One Health and other holistic approaches into consideration</i>
		<p>4. Recognize traditional knowledge of indigenous peoples and local communities as an important knowledge system that contributes to scientific, technical, social and economic advancements for human well-being.</p> <p>5. Promote and support the meaningful and active participation of all actors of civil society, including traditional knowledge holders, indigenous peoples and local communities, women, children, youth, the elderly and people with disabilities, also recognizing their unique contributions to and active roles in the mainstreaming of biodiversity and health interlinkages.</p> <p>6. Invest in communication tools and strategies that raise awareness of the value of ecosystem functions and services in ensuring health, well-being and health equity for different stakeholders in languages and formats accessible to the diverse groups of actors.</p> <p>7. Implement the Gender Plan of Action (2023–2030) adopted by the Conference of the Parties<sup>60</sup> to support a gender-responsive consideration of biodiversity and health interlinkages.</p> <p>8. Communicate on the health risk arising from continued ecosystem degradation and biodiversity loss and on the benefits of biodiversity to human health.</p>

<sup>a</sup> For the text of the targets, see decision [15/4](#), annex, sect. H.

<sup>b</sup> See CBD/SBSTTA/26/INF/3 for additional information on biodiversity and health interlinkages.

<sup>c</sup> An invasive alien species is a species the introduction or spread of which threatens biological diversity. See decision [VI/23](#) for further information.

<sup>d</sup> Human biomonitoring directly measures the concentration of chemicals pollutants or their metabolites in human fluids (e.g. blood, urine, breast milk and saliva) and tissues (e.g. hair, nails and teeth) (see World Health Organization, “Human biomonitoring: assessment of exposure to chemicals and their health risks – Summary for decision makers”, technical document WHO/EURO:2023-7574-47341-69480 (Geneva, 2023)).

<sup>e</sup> Nature-based solutions are actions to protect, conserve, restore, sustainably use and manage natural or modified terrestrial, freshwater, coastal and marine ecosystems that address social, economic and environmental challenges effectively and adaptively, while simultaneously providing human well-being, ecosystem services, resilience and biodiversity benefits (see United Nations Environment Assembly resolution 5/5).

<sup>f</sup> Interoperable information generally refers to information that can be used across sectors and disciplines, in particular for use by Governments with limited human, financial and technical resources, to address concurrent issues separately.

<sup>g</sup> See Eduardo S. Brondízio and others, eds., *The Global Assessment Report on Biodiversity and Ecosystem Services* (Bonn, Germany, Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, 2019), table 231, p. 318.

<sup>h</sup> Environmental, social governance considerations and standards for corporate sustainable investing.

<sup>60</sup> Decision 15/11, annex.