



PRESS RELEASE

As an unprecedented El Niño builds, India, Bangladesh, Nepal and Bhutan join forces on heat and health: GHHIN South Asia Hub

- ◆ *First country-level heat and health assessments for India, Nepal, Bangladesh and Bhutan, from the Global Heat Health Information Network South Asia Hub*
- ◆ *Heat once concentrated in the plains is now rising into the Himalayan countries of Nepal and Bhutan*
- ◆ *All four countries have built heat action plans and early-warning systems; the next step is turning them into protection on the ground*

New Delhi, 08 October 2026: With an unprecedented El Niño strengthening across the Pacific and raising the risk of another severe heat season across South Asia, India, Nepal, Bangladesh and Bhutan are moving to meet its impacts together. Four new country briefs launched today at the Global Heat Forum map how these countries are facing and preparing for extreme heat, and where the gaps remain. They are the first assessments from the [South Asia Hub](#) of the **Global Heat Health Information Network (GHHIN)**, hosted in New Delhi by the Council on Energy, Environment and Water (CEEW), with partners Sustainable Futures Collaborative (SFC), Natural Resources Defense Council (NRDC), the BRAC James P. Grant School of Public Health (BRAC JGPSH), and the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), and in step with the WHO-WMO Climate and Health Joint Programme.

Across the four countries, the assessments find real momentum. The region's defences are advancing fastest on planning and policy through heat action plans and forecasting and early warning, while the systems that turn these into on-the-ground action and protection - health surveillance, funded local action, and heat built into health, labour and urban planning - now need to catch up. Even as some countries begin to close that gap at scale, efforts remain uneven.

In India, CEEW's district-level study [already shows](#) 57 per cent of districts, home to nearly three-quarters of the population, already face high to very high heat risk. India has moved furthest in the region, from reactive relief towards proactive risk reduction: over 250 city and district heat action plans are in place, and heatwaves are now recognised as a notified natural disaster under India's disaster risk management funding. It has also built national surveillance for heat-related illness and trained more than 18,000 medical officers to respond. The GHHIN assessment argues the next step is to take heat action beyond disaster management, with dedicated funding and health outcomes built into every plan.

In Nepal, a high-altitude Himalayan country previously prone only to hydrometeorological hazards such as floods and droughts, is now facing the risks of extreme heat. The southern Terai plains recorded 50 days above 40°C in 2024, according to the national meteorological department. In response, Nepal has issued its first federal heat plan and runs tiered heat alerts, but the health system does not yet systematically capture heat-related illness data. The GHHIN assessment recommends building heat into health surveillance, starting with mandatory recording of heat admissions at Terai hospitals, and strengthening the translation of Department of Hydrology and Meteorology warnings into on-the-ground action to reach the last mile.

In Bangladesh, feels-like temperatures, which are a combination of temperature and humidity, have risen by around 4.5°C since 1980, according to the World Bank. Close to a third of the year now brings dangerous humid heat. Bangladesh has recognised heat in its national adaptation plan, produced its first city heat action plan in Narayanganj, and launched a national guideline on heat-related illness with a public "B.E.A.T. the Heat" campaign. The GHHIN assessment calls for dedicated national and sub-national heat action plans and a heat-health surveillance system that connects the country's forecasts to its hospitals.



In Bhutan, warming in the southern lowlands is pushing once-cool valleys into higher temperatures, exposing populations that have never had to plan for extreme heat. National mandates already assign heat responsibilities to the health ministry, a 2022 regulation requires heat protections for workers, and Bhutan's well-developed flood and glacial-lake early-warning systems give it a strong base to extend to heat. The GHHIN assessment recommends bringing these mandates together into a single heat action plan.

Dr Vishwas Chitale, Fellow, CEEW, and Chair of the GHHIN South Asia Hub, said, "Extreme heat is now a year-round, regional risk in South Asia, and these assessments show the region is not starting from zero. Our district-level work in India has shown how quickly heat risk is rising, and every country here forecasts that heat is worse than it was five years ago. The task now is to connect those forecasts to health systems, local budgets and labour rules, so that a warning reliably becomes protection."

Dr Farzana Misha, BRAC JPGSPH, said, "Heat is one of the region's most under-recognised health risks, less visible than floods or cyclones but no less damaging to health, work and food security. In Bangladesh, we have begun to respond, with a national guideline on heat-related illness and a first city heat-action plan in Narayanganj, along with similar initiatives in Dhaka, Rajshahi, and other urban centres; the same step is now needed across South Asia, with health systems built and funded to see heat coming and act before it harms people."

Prima Madan, Director - Cooling and Climate Resilience, NRDC, said, "Extreme heat is not only a technical challenge, but a profoundly human one, affecting health, equity, productivity and sustainability across South Asia. Communities have long relied on traditional ways to cope with heat, but these are being overwhelmed as heatwaves grow more intense and frequent. India's early action and one of the world's largest networks of heat action plans show that preparedness saves lives. The task now is to strengthen implementation, health systems and local finance, while sharing solutions across the region. The GHHIN South Asia Hub provides a critical platform to do just that."

Dr Purvi Patel, SFC, said, "India has made a promising start in strengthening heat action through the proliferation of heat action plans and expanded health surveillance; the next frontier is to institutionalise these plans and to assess whether the actions protect population health as intended. To achieve lasting change, we must place health outcomes at the centre of implementing and evaluating heat-health adaptation, while recognising that short-term responses need to be paired with systemic reforms and appropriate financing to build long-term resilience, alongside deep, continued climate mitigation in an increasingly warm world."

Kiyoung Ko, Director, ICT and Disaster Risk Reduction Division, UNESCAP, said, "Heat does not stop at borders, and neither should the response. Countries can share forecasts, align the thresholds that trigger action, and fold heat into the disaster systems they already run, instead of each building from scratch. UNESCAP's role is to make that cooperation practical, from joint early warning to cross-border cooling corridors."

As heat risk intensifies across South Asia, the assessments mark a shift from fragmented, country-by-country responses towards a shared regional evidence base. Following the Global Heat Forum, the Hub will begin building a regional network of institutions and training programmes, and will turn these assessments into pre- and post-heat-season briefings for governments across the four countries, to build the capacity to turn heat science into coordinated action for the region's most vulnerable communities.

Read the full assessments launched at the Global Heat Forum here:

- [Living with Heat in India: Heat-Health Risks, Vulnerability and Emerging Responses](#), by Dr Purvi Patel, Tamanna Dalal, Abhiyanti Tiwari and Anshima Mishra



- [*Living with Heat in Nepal: Heat-Health Risks, Vulnerability and Emerging Responses*](#), by Anushka Goswami, Shruti Nikhar, Shravan Prabhu and Dr Vishwas Chitale
- [*Living with Heat in Bangladesh: Heat-Health Risks, Vulnerability and Emerging Responses*](#), by Abdullah Al Rakib, Dr Sabiha M. Khan, Muksitul Hoque Srijan and Dr Farzana Misha
- [*Living with Heat in Bhutan: Heat-Health Risks, Vulnerability and Emerging Responses*](#), by Madhurima Sarkar-Swaigood

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About the Global Heat Health Information Network (GHHIN)

The Global Heat Health Information Network is a dynamic voluntary community of policymakers, scientists, practitioners, working together to protect health and livelihoods in the face of extreme heat in a changing climate. Spearheaded by the World Health Organization (WHO) and the World Meteorological Organization (WMO), the Network provides thought leadership through science and consensus from diverse actors with common values. GHHIN cultivates opportunities to generate and elevate decision-relevant knowledge that empowers policy, science, and society to innovate and proactively manage the risks of rising temperatures driven by climate change.

For more information on GHHIN, please visit <https://heathealth.info/>

About CEEW

The Council on Energy, Environment and Water (CEEW) — a homegrown institution with headquarters in New Delhi — is among the **world's leading climate think tanks**. The Council is also often ranked among the **world's best-managed and independent think tanks**. It uses data, integrated analysis, and strategic outreach to explain — and change — the use, reuse, and misuse of resources. It prides itself on the independence of its high-quality research and strives to **impact sustainable development at scale** in India and the Global South. In over 15 years of operation, CEEW has impacted over 400 million lives and engaged with over 20 state governments. Follow us on X (formerly Twitter) [@CEEWIndia](#) or on LinkedIn for the latest updates. CEEW's Climate Resilience Programme is currently working with 300 cities across India on developing and implementing Heat Action Plans, and works closely with national and subnational government stakeholders to advance plans and policies for heat resilience.

About NRDC

NRDC (Natural Resources Defense Council) is an international nonprofit environmental organization with more than 3 million members and online activists. Established in 1970, NRDC uses science, policy, law and people power to confront the climate crisis, protect public health and safeguard nature. NRDC has offices in New York City, Washington, D.C., Los Angeles, San Francisco, Chicago, Beijing and Delhi (an office of NRDC India Pvt. Ltd)

About the Sustainable Futures Collaborative (SFC)

The Sustainable Futures Collaborative (SFC) is an independent research organisation based in New Delhi that analyses frontier issues in climate, energy, and environment. Our work focuses on the systemic changes required for India's transition to a sustainable, just, and resilient economy and society, identifying upstream policy levers that can drive impact at scale. SFC brings interdisciplinary expertise across environmental epidemiology, public policy, and governance to strengthen evidence-based decision-making. Through our work on extreme heat, we have expanded the policy ecosystem by generating [evidence](#) on heat-related mortality across multiple agro-climatic zones in India. Our work has also advanced policy discourse on heat action plans through significant work on their [contents](#), the ground realities of their [implementation](#), as well as means to [finance heat solutions](#) at decentralised levels of governance.

About UNESCAP



UNESCAP serves as a critical regional hub for disaster risk reduction, primarily through the Committee on Disaster Risk Reduction which coordinates policy across 53 member states. During its 9th session in November 2025, the Committee placed a significant emphasis on the escalating threat of extreme heat, advocating for urgent regional cooperation to manage heat-related health risks and urban vulnerabilities. This legislative forum works to translate high-level goals into actionable strategies, ensuring that the Asia-Pacific region is better prepared for the shifting landscape of climate-induced hazards. To address these challenges, the Committee recommended placing heat at the center of multi-hazard planning and scaling up regional initiatives such as cross-border green cooling corridors and inclusive social protection schemes for the most vulnerable.

Central to these efforts is the [Asia-Pacific Disaster Report \(APDR\)](#), the organization's flagship publication that provides data-driven insights into how disasters intersect with socioeconomic vulnerabilities. To help countries operationalize these findings, ESCAP launched the [Asia-Pacific Risk and Resilience Portal](#). This digital platform provides policymakers with specialized tools for climate and disaster risk analysis, enabling them to move from reactive disaster management to proactive, long-term resilience planning. These tools are specifically designed to support the implementation of the Secretary-General's Call to Action on Extreme Heat by integrating meteorological triggers with health indicators to create more effective Heat Action Plans.

About BRAC JPGSPH

BRAC James P Grant School of Public Health (JPGSPH), BRAC University was founded in 2004 in Dhaka, Bangladesh, to address the unmet public health challenges particular to Asia, Africa, and South America. The school's institutional partner is BRAC, the world's largest NGO, reaching over 100 million people in Bangladesh and working in 11 countries in Africa and Asia. It is at BRAC University, a premier higher education and development research institution. The school offers unparalleled real-life, community-centric teaching, learning and research experiences on critical and emerging national and global public health challenges. *BRAC James P Grant School of Public Health, BRAC University, is advancing evidence-based climate and health action in Bangladesh through research, policy engagement, and regional leadership on extreme heat, urban resilience, and health systems adaptation.*