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Other scientific and technical issues related to the implementation of the Kunming-Montreal Global Biodiversity Framework: biodiversity and health

Progress report on activities on biodiversity and health

Note by the Secretariat

I. Introduction

1. In its recommendation 27/10, the Subsidiary Body on Scientific, Technical and Technological Advice requested the Executive Secretary of the Convention on Biological Diversity to, among other things, submit a progress report on the activities requested in paragraph 9 of decision 16/19 of the Conference of the Parties, including on the draft list of indicators, metrics and progress measurement tools on biodiversity and health, for consideration by the Conference of the Parties at its seventeenth meeting.

2. In response to the request of the Subsidiary Body, the present note provides an update on the activities on biodiversity and health conducted pursuant to decision 16/19 (see sect. II below) and on progress in the development of integrated science-based indicators, metrics and progress measurement tools on biodiversity and health (see sect. III and annexes I and II below). This note is supplemented by information documents relating to the framework and methodology for indicators on biodiversity and health,[1] the process for the compilation of information and development of science-based indicators, metrics and progress measurement tools on biodiversity and health,[2] a compilation of existing indicators from other processes[3] and an operational tool for indicators on biodiversity and health.[4]

II. Progress on activities on biodiversity and health

3. In paragraph 9 of decision 16/19, the Conference of the Parties requested the Executive Secretary to, among other things: facilitate capacity-building, technical and scientific cooperation and technology transfer activities to support the uptake and implementation of the Global Action Plan on Biodiversity and Health; continue to raise awareness of the important interlinkages between biodiversity and health; enhance cooperation with international organizations and the secretariats of other multilateral environmental, health and human rights agreements with regard to biodiversity and

* CBD/COP/17/1/Rev.1.
[1] CBD/COP/17/INF/8.
[2] CBD/COP/17/INF/5.
[3] CBD/COP/17/INF/6.
[4] CBD/COP/17/INF/9.

health; and explore, in consultation with the Quadripartite alliance on One Health, the development of an online information platform to collate knowledge, tools and experiences on biodiversity and health interlinkages.

4. To address those requests, the Secretariat undertook a series of activities, as outlined below.

5. *Information webinars*: two webinars were hosted by the Secretariat in collaboration with partners. The first webinar, entitled "Global Action Plan to mainstream biodiversity and health interlinkages",[5] was hosted on 25 March 2025. In total, 339 participants attended the webinar, which was aimed at raising awareness of the importance of the Plan and highlighting the critical connections between human well-being and a healthy environment. The webinar was hosted in collaboration with the World Health Organization (WHO), the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, the United Nations Environment Programme (UNEP), Nature for Health, the Wildlife Conservation Society, The Nature Conservancy and the Society for the Conservation of Nature of Liberia. The second webinar, entitled "Advancing the conservation and sustainable use of biodiversity to support the full enjoyment of all human rights, including the right to health and the right to a clean, healthy and sustainable environment",[6] was hosted on 21 January 2026. In total, 324 participants attended the webinar, which was aimed at showcasing how a human rights-based approach enhanced both biodiversity outcomes and the realization of the right to health. The webinar was hosted in collaboration with the Office of the United Nations High Commissioner for Human Rights, the Pan American Health Organization, the Indigenous Determinants of Health Alliance, Women4Biodiversity and the Global Youth Biodiversity Network.

6. *Regional dialogue*: hosted from 25 to 28 November 2025, the regional dialogue on biodiversity monitoring and reporting with a focus on biodiversity and health for countries in Central Asia and Eastern Europe[7] included a session on biodiversity and health, aimed at supporting Parties in identifying opportunities for integrating One Health approaches in their national biodiversity strategies and action plans and mainstreaming biodiversity in their health policy. The dialogue was organized jointly with UNEP, the UNEP Regional Office for Europe, the United Nations Development Programme and the Government of Armenia.

7. *Development of communication and awareness-raising materials*: the Secretariat undertook communication activities including social media posts to highlight the relevance of biodiversity and health and the Global Action Plan. Moreover, the Secretariat produced a video[8] to explain the significance of the outcomes of the sixteenth meeting of the Conference of the Parties on biodiversity and health and delivered a statement at the Seventy-ninth World Health Assembly. Four awareness-raising materials were developed, entitled: "Global Action Plan on Biodiversity and Health", "How the implementation of the Global Action Plan can advance coherence and co-benefits across the multilateral environmental agreements", "How protected and conserved areas can support biodiversity and health outcomes" and "Global Action Plan on Biodiversity and Health: advancing prevention at the biodiversity-animal health interface".

8. *Consultation with the Quadripartite alliance on One Health regarding the development of an online information platform:* the Secretariat consulted with the Quadripartite collaboration on One Health to assess the feasibility of developing an online information platform to collate knowledge, tools and experiences related to biodiversity and health interlinkages. It was suggested that, considering the current resources constraints experienced by the Quadripartite and the need to avoid any duplicative efforts, a new page[9] be added on the website of the Convention, which would provide straightforward access to Quadripartite outputs.

[5] See www.cbd.int/health/currentactivities/webinarshealth.shtml.
[6] See www.cbd.int/health/currentactivities/webinarshealth.shtml.
[7] See www.cbd.int/meetings/NBSAP-OM-2025-05.
[8] Available at www.cbd.int/health/videos.shtml.
[9] See https://archive.cbd.int/health/resources/quadripartite.shtml.

9. Owing to the limited availability of resources during the intersessional period, it was not possible to organize workshops or additional dialogues on biodiversity and health or undertake any of the other activities.

III. Progress in the development of integrated science-based indicators, metrics and progress measurement tools on biodiversity and health

10. In its decision 14/4, the Conference of the Parties requested the Executive Secretary, subject to the availability of resources, to, inter alia, develop integrated science-based indicators, metrics and progress measurement tools on biodiversity and health and invited WHO, in collaboration, as appropriate, with other members of the Inter-Liaison Group on Biodiversity and Health, to support that work. Furthermore, in its decision 16/19, the Conference of the Parties requested the Executive Secretary, subject to the availability of resources, to complete the work, taking into account section III of the Global Action Plan on Biodiversity and Health.

11. An initial report on activities towards that end was included in section II of document CBD/SBSTTA/27/9. The Subsidiary Body on Scientific, Technical and Technological Advice, in its recommendation 27/10, requested the Executive Secretary to, among other things, adjust the timeline of the development of the integrated science-based indicators, metrics and progress measurement tools on biodiversity and health in order to provide adequate time for peer review and engagement. In response to the request, the Secretariat adjusted the timeline to enable a peer review to be conducted for a period of two months (March–April 2026)[10] and after the deadline for submission of national reports, to allow for engagement in that process.

12. The comments received through the peer review are made available on the Convention's clearing-house mechanism.[11] In total, 27 submissions were received: 16 from Parties[12] and 11 from organizations.[13] The peer review emphasized the need for robust biodiversity and health indicators and to avoid duplicating work already carried out by other organizations. Reviewers acknowledged the value of the proposed indicator for tracking mainstreaming of biodiversity and health interlinkages and progress towards the Global Action Plan, noting that such an approach was appropriate for a cross-cutting multidisciplinary issue. However, several reviewers stressed that while that approach was useful for assessing national-level integration, it was not sufficient on its own and should be complemented by more-specific indicators that were methodologically robust.

13. Positive aspects highlighted included: (a) the identification of indicators already in use through other multilateral processes using publicly available data with validated methodologies, which could complement the ongoing work; (b) the consideration of reporting burden and the technical and financial constraints faced by Parties, in particular developing countries; and (c) the usefulness of the indicator, even if it was not intended to assess outcomes directly, in providing information on enabling conditions relevant to the implementation of integrated biodiversity-health approaches across several sectors and areas. Reviewers noted that focusing the indicator on policy integration rather than on isolated sectoral metrics reflected the complexity of biodiversity and health interlinkages. In that regard, some suggested that the choice of a composite indicator was adequate, while others suggested the opposite, observing that it was not science-based and that the current proposal required further refinement to ensure methodological clarity and relevance. Specific concerns included the absence of a weighting mechanism, which limited the indicator's ability to

[10] See www.cbd.int/notifications/2026-021.

[11] https://chm.cbd.int/en/submissions-to-notifications?schema=submission&currentPage=1&notification=2026-021.

[12] Argentina, Belgium, Brazil, European Union, Finland, Germany, Guinea-Bissau, Israel, Italy, Kenya, Mexico, Niger, South Africa, Spain, Sweden and United Kingdom of Great Britain and Northern Ireland.

[13] Asociación Consejo Empresarial Colombiano para el Desarrollo Sostenible, CBD Women's Caucus, Centre for Planetary Health Policy, Co-operation on Health and Biodiversity, Global Youth Biodiversity Network, International Federation of Pharmaceutical Manufacturers and Associations, The Nature Conservancy, United Nations Conference on Trade and Development, United Nations Environment Programme World Conservation Monitoring Centre and World Federation for Animals.

reflect national priorities and the need for clarification on how "not applicable" responses were treated in the scoring system.

14. Several comments addressed the structure and usability of the measurement tool. Reviewers noted that potential challenges could emerge for countries where subnational jurisdictions had autonomy and that the large number of questions could pose challenges related to coordination across multiple sectors, making the tool cumbersome for some Parties. Several reviewers suggested exploring a set of disaggregated subindicators aligned with the thematic areas of the Global Action Plan together with a tiered reporting structure. That could include a core set of questions for all countries and an extended set for those with greater institutional capacity in order to support clearer prioritization and targeted action, as well as enable a clearer assessment of the results. Additional recommendations included linking and complementing the proposed indicator with existing ones listed in the compilation of indicators relevant to biodiversity and health. Further information, including the full version of all peer review comments, can be obtained from submissions made through the clearing-house mechanism.[14]

15. Based on the inputs from the peer review, the documents containing the indicators and the methodology were revised to improve clarity and usability. The updated version features a disaggregated version of the indicators, a reduced number of questions for the progress measurement tool and a tiered question approach (core and extended) which reduces the reporting burden for Parties. In addition, the updated version incorporates methodological updates, such as a proposed weighting system, and addresses peer review feedback on actor participation and question design.

16. The full revised versions of the methodology and the operational tool for indicators are presented in information documents CBD/COP/17/INF/8 and CBD/COP/17/INF/9, respectively. Annex I below contains an abbreviated version of the methodology and annex II contains the list of indicators and questions associated with the progress measurement tool.

[14] See https://chm.cbd.int/en/submissions-to-notifications?schema=submission&currentPage=1&notification=2026-021.

Annex I

Abbreviated version of the methodology for indicators on biodiversity and health

I. Definition

1. Key aspects of the indicators are the following:

(a) Components measured: this set of indicators measures the extent to which Parties are mainstreaming biodiversity and health interlinkages into the implementation of the Kunming-Montreal Global Biodiversity Framework, with progress assessed against the voluntary actions set out in the Global Action Plan on Biodiversity and Health;

(b) Method: the indicators are based on a progress measurement tool in the form of a questionnaire composed of multiple-choice questions. Responses are aggregated through three core indicators for biodiversity and health mainstreaming at a national level (corresponding to sect. III.A of the Global Action Plan) and 14 sector-specific indicators of the mainstreaming of biodiversity and health across the Framework (corresponding to sect. III.B of the Global Action Plan). Those indicators are then averaged into a national summary score to provide a national average. Indicators are mapped to thematic categories to facilitate disaggregated reporting, allowing them to be used functionally as indicators of the Plan. The indicators use a two-tier weighting system to guide reporting efforts towards high-value items. The system reflects a conceptual hierarchy: tier 1 questions measure the presence of enabling conditions that make further progress possible, while tier 2 questions describe the depth, quality or specific modalities of that progress. If tier 1 conditions are absent, tier 2 elements are unlikely to be meaningful or feasible. Assigning greater weight to Tier 1 questions therefore ensures that the indicator reflects the most critical drivers of change rather than the more detailed or context-specific aspects of implementation;

(c) Alignment with global frameworks: the indicators are suitable for providing information on progress towards subparagraph 7 (r) of the Framework and implementation of the Global Action Plan. The indicators could also be used to support monitoring of progress towards One Health frameworks;

(d) Use: the use of these indicators is voluntary. They are intended to serve as a tool that Parties may use to report on the mainstreaming of biodiversity and health interlinkages. The design seeks to reduce the reporting burden by using existing data sources, including, when appropriate, indicators from other multilateral environmental processes. Parties may report using these indicators when reporting on progress towards section C of the Framework, on the national reports, or else, through a specific section that could be added to the template for the eighth report if Parties so decide;

(e) Use over time: it is expected that this approach will establish a framework that can be strengthened over time as data availability, technical capacity and methodologies improve. This could be achieved notably by adapting the list of questions that constitute each indicator;

(f) Data sources: data sources used by Parties will vary based on national circumstances. It is therefore not possible to provide an exhaustive list. Nonetheless, to help Parties in their reporting, the questionnaire identifies some potential sources that Parties may use, as appropriate, when responding to the progress measurement tool. Data sources should also consider different knowledge systems and information from indigenous peoples and local communities with their free, prior and informed consent. Parties should use the most relevant and authoritative data sources available to them, with priority given, where possible, to national multisectoral sources.

II. Method and calculation

2. The indicators gather information through a progress measurement tool in the form of a questionnaire with multiple-choice responses and the calculation of a national summary score through a scoring instrument. The results are presented as a value that ranges from 0 to 100 per cent, where 0 represents no progress and 100 per cent represents full national implementation of the Global Action Plan and therefore progress in the mainstreaming of biodiversity and health linkages. The national summary score is presented in the same way.

3. The progress measurement tool consists of 119 questions (62 tier 1 questions and 57 tier 2 questions, as explained in a later para.) to assess progress towards the specific thematic categories in sections III.A and III.B of the Global Action Plan. Each question is to be answered through the selection of a category that reflects the level of progress made. Those categories are: (a) fully; (b) partially; (c) under development; (d) no; (e) not applicable; and (f) no relevant data (see the details regarding each potential answer under "computation" below).

4. In the light of the cross-cutting nature of the interlinkages between biodiversity and health, the questionnaire is meant to be completed with input from several sectors,[1] indigenous peoples and local communities and stakeholders, as relevant, and based on national circumstances, which is in line with a whole-of-government and whole-of-society approach and the One Health approach. It is suggested that the compilation be embedded in the national reporting cycle under the Convention.

5. Moreover, Parties may wish to: circulate the questionnaire in advance to relevant ministries, technical experts, indigenous peoples and local communities, women and youth networks, among others, for input and review; convene meetings or consultations in order to discuss responses and ensure consistency among departments; document areas where information is incomplete or uncertain; and retain supporting documents and references that may assist in future reporting or updates.

6. Where data are scarce and/or unevenly distributed across sites and sectors, Parties are encouraged to use the best available information, including national and subnational assessments, programme reports, policy documents, expert knowledge and other relevant sources. The absence of comprehensive nationwide biodiversity data should not preclude reporting where evidence exists to assess the implementation of relevant biodiversity and health policies, actions or frameworks. Where information is incomplete, Parties should document the limitations and base their assessment on the evidence available. Responses are then used to generate a quantitative index for each indicator, as well as a national summary score. For all questions, Parties are encouraged to rely on the comments column for adding free-form comments to explain or document the answer. Those comments can eventually be gathered and considered through a process aimed towards refining the questionnaire over time.

III. Computation

7. The indicators employ the same Likert scale as indicator 23.CT.2 [2] of the monitoring framework for the Framework, a measurement method widely used in the social sciences. The progress measurement tool and scoring instrument contain a four-point scale, with "no" being 0 per cent and "fully" being 100 per cent. Questions identified as "not applicable" or "no relevant data" are not used in scoring.

8. Indicator 23.CT.2 uses question-specific definitions of each point on the scale. Given the number of questions currently considered for the indicators, this was unfeasible and the criteria were harmonized so that the categories for scoring are defined as:

[1] For instance, agriculture, forestry, fisheries, aquaculture, tourism, health, infrastructure, energy and mining, manufacturing, processing and finance, in line with previous decisions of the Conference of the Parties on mainstreaming

[2] See https://gbf-indicators.org/metadata/other/23-1-C.

(a) **Fully (score of 100 per cent)**: select this option if the activity is fully implemented. Depending on the context, it should be evident and occur at different levels. For example, it may: involve participation or input from multiple sectors and actors; have broad coverage (for example, nationwide or spanning more than one sector or area); be formalized and likely to continue over time; have a dedicated budget allocation; and be verifiable or easily identifiable. When this score is selected, Parties should provide additional comments in the "means of verification" column that serve as evidence of progress or achievement;

(b) **Partially (score of 66.67 per cent):** select this option if the activity is implemented in its entirety and meets some, but not all, of the parameters. For example, it may: involve only a limited number of sectors or actors; cover a narrower scope (for example, local level, single sector or specific area); be informal or temporary, with limited likelihood of continuation; have minimal or no dedicated budget allocation; or be more difficult to verify or only partially documented;

(c) **Under development (score of 33.33 per cent):** select this option if the activity is in progress but has not been implemented in its entirety. For example, it may: be in the planning or early implementation phase; involve initial consultations or limited participation from sectors and actors; have a draft framework, pilot or strategy that is in place but not fully formalized; have potential funding identified though not yet allocated or operational; or show early evidence or commitments, but with limited concrete results thus far. In that case, the action: (i) may indicate intent and movement towards implementation but may not yet be fully operational or sustained; or (ii) may demonstrate progress but may fall short of meeting the full set of parameters and being fully implemented. Which parameters apply will depend on the question asked. The parameters should be interpreted in the context of each specific question. Not all of them will apply in every case but some may be particularly relevant depending on the question asked. This category differs from "partially" in that it denotes work towards the mainstreaming of biodiversity and health that is ongoing and not currently part of standard procedures;

(d) **No (score of 0 per cent):** select this option if no activity has been undertaken. When work to implement an action is planned but has not been initiated, use this answer rather than "under development";

(e) **No relevant data:** select this option if the question cannot be answered owing to a lack of reliable data to support an answer at the national level. Selecting this option has no impact on the score and removes the question from scoring. The use of the "no relevant data" answer can help Parties identify data gaps at the national or global scale;

(f) **Not applicable:** select this option if the question is not relevant to national circumstances; selecting this option has no impact on the score and removes the question from scoring. The use of "not applicable" can help Parties account for national and/or regional differences.

9. To facilitate reporting, questions are classified based on two tiers whose impact on score calculation is detailed below. When reporting capacities are limited, Parties are encouraged to prioritize indicators I, II and III. These core indicators have been designed to provide an overview of potential progress towards overarching actions that serve as steppingstones for further progress in mainstreaming biodiversity and health linkages. Reporting on these indicators can be further complemented by the use of sector-specific indicators (IV to XVII). Therefore, countries could opt, according to their capacities, to use only indicators I, II and III, the whole set of 17 indicators or thematic indicators (IV to XVII) individually. Moreover, if reporting capacities prevent answering all of the questions, reporting should focus on tier 1 questions, as they measure progress on actions that enable further progress related to the Global Action Plan, as opposed to tier 2 questions, which capture the nuances of progress made on those actions.

10. The two steps in calculating the indicator score are:

(a) **Step 1.** Assign numerical values to categorical responses. Categorical values for each answer correspond to: (a) fully = 100 per cent; (b) partially = 66.67 per cent; (c) under development

= 33.33 per cent; and (d) no = 0 per cent. Questions that are scored as “not applicable” or “no relevant data” are not counted in the index and do not impact the response rate;

(b) **Step 2.** Weight the value of each question according to its tier. Questions are weighted by their tier. Tier 1 questions carry a weight of 2, while tier 2 questions carry a weight of 1. *Tier 1- foundational questions*: these measure essential enabling conditions and foundational processes that act as steppingstones for future action or directly measure the most critical concepts (such as **high**-level requirements) within a thematic area. *Tier 2 - granular questions*: these depend on tier 1 elements, provide finer detail or greater nuance regarding progress or focus on more specific subdomains that presuppose the existence of a tier 1 condition;

(c) **Step 3.** For each indicator, the reporting sheet of the progress measurement tool will be updated with two values: the indicator score (accounting for the weights of questions) and the response rate (proportion of questions that have been answered by the user). Both the score and the response rate are given as percentages;

(d) **Step 4.** The national summary score, as well as the scores of all indicators, is updated in real time when questions are scored. The national summary score is measured as the weighted average of the indicator scores, where the weights are the response rate of each indicator. This method was chosen to ensure that indicators with lower response rates do not disproportionately affect the national summary score. The questions scored as “not relevant" and “no relevant data” do not affect the response rate and therefore do not negatively affect the national summary score.

IV. Interpretation

11. The indicators should be interpreted as a measure of the extent to which biodiversity and health considerations are integrated within national policies and strategies within the context of the thematic categories within the Global Action Plan. Positive progress across areas (high score, or, alternatively, increasing score when the reporting is conducted several times) indicates the development of enabling conditions necessary for the implementation of integrated biodiversity-health approaches.

12. Parties are encouraged to interpret the indicators and national summary score using the “traffic light” system:[3] further progress needed (red), moderate progress (yellow) and good progress (green).

13. As the indicators aggregate multiple components across the scope of the Global Action Plan, opposing trends may offset each other in the overall score. For example, improvements in some areas may hide declines in other areas. To address this, the indicators should be interpreted on their own and not only through the national summary score. By way of example: Two countries (A and B) with national summary scores of 70 per centare on average making "good progress". If country A has lower scores on indicators I, II and III, but higher scores on all other indicators, this would suggest that good progress is made on specific actions but hindered by a lack of national capacity. If country B has equal scores across all indicators, this would suggest that progress is being made at equal levels on both national capacity and specific thematic areas.

14. Reporting based only on the answering of tier 1 questions would provide a holistic assessment of both national capacity and progress on specific actions. Adding the reporting for tier 2 questions allows Parties to identify, in a more granular and thematically specific way, areas where progress is being made or where reporting is hindered by lack of relevant data. Parties are encouraged to specify what their reporting strategies were.

[3] Also used for indicator 23.CT.2 for the Gender Plan of Action.

Annex II

Indicators and questions associated with the progress measurement tool

The present annex presents the list of indicators and questions associated with the progress measurement tool. This information is an excerpt from the full version as contained in information document CBD/COP/17/INF/9.

A. Core indicators

1. Policy and national coordination and stakeholder engagement

Question identifier	*Question*	*Tier*
I.1	Has your country taken actions to implement the Global Action Plan on Biodiversity and Health adopted under the Convention on Biological Diversity?	1
I.2	Has your country collaborated with other countries towards the implementation of the Global Action Plan on Biodiversity and Health adopted under the Convention on Biological Diversity?	2
I.3	Does your country have policies, strategies or plans in place or laws adopted that consider biodiversity and health interlinkages specifically?	1
I.4	Are those policies, strategies, plans or laws applicable to multiple sectors?	2
I.5	Are these policies or laws operationalized through defined mandates, actions, budgets or monitoring arrangements?	2
I.6	Have those policies or laws gone through a participatory consultation and/or validation process with indigenous peoples and local communities?	2
I.7	Are biodiversity and health considerations included in your country's national biodiversity strategies and action plans?	1
I.8	Are biodiversity and health considerations mentioned in the previous question addressed at the sub-national level when relevant?	2
I.9	Are considerations relating to biodiversity and health linkages included in other relevant national strategies and/or plans (for example, health strategies, plans for agriculture, plans for economic and sustainable development or climate change strategies)?	2
I.10	Has your country integrated specific biodiversity and health implementation metrics, and/or indicators into strategies, plans and programmes (for example, national biodiversity strategies and action plans, health strategies or climate change-related strategies)?	2
I.11	Does your country have a mechanism in place for facilitating national coordination on the interlinkages between biodiversity and health?	1
I.12	Has your country established a mechanism for frequent meetings and interactions between national focal points (including the Convention on Biological Diversity, other multilateral environmental agreements and health and other relevant agreements)?	2
I.13	Is that mechanism interdisciplinary and cross-sectoral and does it enable the participation of a wide range of actors (for example, indigenous peoples and local communities, veterinarians and public health and environment professionals)?	2
I.14	Has your country designated a national focal point on biodiversity and health?	2
I.15	Has your country designated a gender focal point on biodiversity and health or ensured that a gender mandate is part of the mandate of the national focal point on biodiversity and health?	2
I.16	Has your country designated a youth focal point on biodiversity and health or ensured that a youth mandate is part of the mandate of the national focal point on biodiversity and health?	2
I.17	Does your country collect or publish biodiversity and health-related data disaggregated, for example, by sex, age, disability, geography, livelihood system or vulnerability group?	2

2. Risk and impact assessment

Question identifier	*Question*	*Tier*
II.1	Does your country regularly quantify the environmentally determined burden of disease?	1
II.2	Does your country consider biodiversity and health interlinkages in assessments (for example, environmental impact assessments, strategic environmental assessments, health assessments, health impact assessments, socioeconomic assessments or other relevant assessments)?	1
II.3	Does your country have an established standardized methodology for biodiversity and health-related assessments?	2
II.4	Do the assessments consider the needs of diverse sectors and actors (for example, indigenous peoples and local communities, youth, women, children, the elderly and people with disabilities)?	2
II.5	Does your country recognize indigenous knowledge systems and practices as a relevant component of monitoring, risk perception and the prevention of biodiversity and health-related risks?	2
II.6	Does your country consider biodiversity a determinant of health in assessments supporting, enabling or tracking progress on the Sustainable Development Goals (for example, voluntary national reviews)?	2

3. Knowledge generation and capacity-building

Question identifier	*Question*	*Tier*
III.1	Are One Health or other holistic approaches included in educational curricula (for example, undergraduate programmes, postgraduate programmes and other educational programmes)?	1
III.2	Are the multiple values of nature for health, informed by diverse knowledge systems, integrated into educational curricula and training programmes at all levels and across disciplines?	2
III.3	Does your country facilitate or conduct knowledge-sharing activities/events, including national dialogues, on the nexus of biodiversity and health?	1
III.4	Do those activities or events include a feedback mechanism to ensure their relevance to and usability by their intended target audience?	2
III.5	Are indigenous peoples and their representative organizations involved in knowledge-sharing activities/events related to biodiversity and health?	2
III.6	Does your country actively support (for example, through funding, scholarships or grants) research on the nexus between biodiversity and health?	1
III.7	Does your country actively support research on the development or adaptation of science-based indicators for biodiversity and health interlinkages?	2
III.8	Is research on traditional practices and knowledge that are related to biodiversity and health interlinkages being pursued in your country?	2

B. Sector-specific indicators

4. Land and sea use (Targets 1, 2 and 3)

Question identifier	*Question*	*Tier*
IV.1	Does your country have land and sea use planning strategies (including, for example, spatial approaches for conservation and restoration) that address biodiversity and health interlinkages specifically (related, for example, to spillover, spillback or disease risk)?	1
IV.2	In the context of question IV.1, are the multiple dimensions of health (for example, physical, mental and social) considered in those strategies?	2
IV.3	In the context of question IV.1, is the need to reduce and mitigate disease risks to health due to biodiversity loss considered in those strategies?	2
IV.4	In the context of question IV.1, are the needs for both biodiversity and health of indigenous peoples and local communities, women, children, youth and the elderly considered specifically in those strategies?	2

Question identifier	*Question*	*Tier*
IV.5	Does your country have institutionalized and operationally active monitoring or surveillance programmes/systems that evaluate the impact of land and sea use activities on health?	1
IV.6	Do the monitoring programmes/systems include the risk of disease emergence as part of their criteria for site selection?	2
IV.7	Has your country identified high risk areas for potential disease emergence?	2
IV.8	Are high risk areas covered by monitoring or surveillance systems?	2
IV.9	Does your country have water, sanitation and hygiene (WASH) policies and programmes in place which incorporate consideration of biodiversity and health interlinkages?	1
IV.10	Does your country regularly conduct monitoring of water-related ecosystems for health, including assessment of risks of water-borne or vector-borne diseases?	2
IV.11	Does your country consider the contributions and traditional practices of indigenous peoples and local communities with regard to mitigating negative health impacts in actions for conservation and restoration?	1
IV.12	Are representatives of indigenous peoples and local communities part of conservation and restoration forums/committees?	2

5. Species management (Targets 4, 5 and 9)

Question identifier	*Question*	*Tier*
V.1	Does your country have national or subnational laws or policies that protect the right of indigenous peoples and local communities with respect to the customary sustainable use of biodiversity in protected and conserved areas and indigenous territories?	1
V.2	Does your country have co-managed conservation or stewardship arrangements for protected areas with indigenous peoples and local communities?	2
V.3	Does your country have mechanisms to ensure that the medicinal use of wild species, including in traditional medicine, is sustainable, safe and legal?	1
V.4	Does your country curate a list or inventory of species that are of particular value for the traditional food practices of indigenous people and local communities, which may include the food's health benefits?	2
V.5	Does your country have policies or mechanisms in place to monitor potential health risks arising from the use or trade of wildlife?	1
V.6	Has your country identified health-related risks from use practices?	2
V.7	Does your country develop or invest in the development of technologies for disease monitoring associated with wildlife trade?	2
V.8	Does your country have biosecurity and welfare measures/standards for all points in the value chain (for example, the capture, housing, transport, trade and slaughter of wildlife/animals)?	1
V.9	Does your country involve a wide range of stakeholders (for example, wildlife hunters, farmers and traders) in wildlife monitoring initiatives that include or consider disease prevention?	1
V.10	Does your country have policies or mechanisms in place to limit pathogen spillover and spillback in wildlife?	1
V.11	Does your country have sentinel animal surveillance systems?	2
V.12	Has your country undertaken a zoonotic disease prioritization exercise?	2
V.13	Does your country have a biodiversity informed surveillance strategy that considers biodiversity and health interlinkages and is in line with the One Health approach?	2
V.14	Has your country taken action to strengthen the understanding of human-mediated factors with high potential to drive transmission of zoonotic diseases at various levels?	1
V.15	Does your country have conservation or breeding programmes in place aimed at maintaining genetic diversity to enhance health-related benefits (for example, disease resistance, nutritional value and ecosystem stability)?	1
V.16	Are in situ or ex situ conservation measures in your country helping to safeguard traits important for health, such as drought tolerance, medicinal properties or disease resistance?	1

6. Invasive alien species (Target 6)

Question identifier	*Question*	*Tier*
VI.1	Are the adverse impacts of invasive alien species on human, animal, plant and ecosystem health considered in national strategies and action plans (for example, national biodiversity strategies and action plans, national invasive species strategies and action plans, health strategies, quarantine plans and trade plans)?	1
VI.2	Is your country monitoring the emergence of infectious diseases that relate to or are facilitated by invasive alien species?	1
VI.3	Does your country have ongoing activities that raise awareness about the impacts of invasive alien species on human, animal, plant and ecosystem health?	2

7. Pollution (Target 7)

Question identifier	*Question*	*Tier*
VII.1	Are the negative impacts of all sources of pollution on biodiversity and health considered in national strategies, plans and regulations?	1
VII.2	Does your country implement actions towards addressing the management of public health, medical and veterinary operations and their waste, including to avoid the inappropriate use and disposal of antimicrobials, pharmaceuticals, medical products, heavy metals and waste?	1
VII.3	Does your country have guidelines/protocols in place to address the disposal of antimicrobials, pharmaceuticals and medical products?	2
VII.4	Does your country have guidelines/protocols in place to manage the disposal of heavy metals and waste?	2
VII.5	Does your country integrate biodiversity and health considerations into municipal waste and wastewater management plans?	2
VII.6	Does your country have strategies or plans currently in place to monitor and reduce light pollution in urban areas?	1
VII.7	Does your country have strategies or plans currently in place to monitor and reduce noise pollution in urban areas?	1
VII.8	Does your country have a human biomonitoring programme for priority pollutants?	1
VII.9	Are data from biomonitoring being used in your country for the development of strategies for pollution control?	2
VII.10	Does your country have collaborative and/or cross-sectoral monitoring and/or surveillance systems in place that generate and share data on exposures to chemicals and waste and their impacts on human health and biodiversity?	1

8. Climate change (Target 8)

Question identifier	*Question*	*Tier*
VIII.1	Does your country consider the interlinkages between biodiversity, health and climate change in policies and strategies (for example, national adaptation plans, national biodiversity strategies and action plans and health strategies)?	1
VIII.2	Does your country have early warning systems designed to incorporate climate, environmental and epidemiological information to predict disease outbreaks?	1
VIII.3	Does your country have early warning systems operational in climate vulnerable areas, including threshold-based systems where relevant?	2

9. Agriculture, aquaculture, fisheries and forestry (Target 10)

Question identifier	*Question*	*Tier*
IX.1	Does your country implement sustainable practices across agriculture, aquaculture, fisheries and forestry aimed at reducing chemical inputs and their associated negative impacts on biodiversity and human health?	1

Question identifier	*Question*	*Tier*
IX.2	Does your country use protocols/standards for animal welfare that can reduce the risk of communicable disease in farm animals and aquaculture?	1
IX.3	In the context of question IX.2, do the standards/protocols include measures to reduce communicable disease risks and prevent antimicrobial resistance?	2
IX.4	Does your country have policies and mechanisms in place relating to inappropriate use and disposal of antimicrobials to prevent antimicrobial resistance in farm animals and aquaculture?	1
IX.5	Does your country have initiatives in place to support the conservation of genetic diversity for food security, healthy ecosystems, seed, livestock, forestry, fisheries and pollinators?	1
IX.6	Does your country recognize traditional food practices and foodways of indigenous peoples and local communities and integrate those practices and foodways into national strategies for health, well-being and disease prevention?	1

10. Nature´s contributions to people (Target 11)

Question identifier	*Question*	*Tier*
X.1	Does your country have policies, strategies and programmes in place that include or reflect nature's positive contributions to all dimensions of human health and well-being?	1
X.2	Are various community groups (for example, women, youth, children, the elderly and people with disabilities) and demographic segments considered explicitly in policy or strategy frameworks that consider nature's contribution to people?	2
X.3	Does your country support initiatives that assist individuals and communities experiencing health impacts associated with biodiversity loss, including through prevention, health services, social support or community-based responses?	1
X.4	Does your country have communication material/programmes or curricula specifically aimed at children and the youth with a view to establishing positive narratives which consider the interlinkages between biodiversity and health?	1
X.5	Does your country use and recognize the use of approaches entailing, for example, nature prescriptions and nature-based therapy, traditional medicine or phytotherapeutic products?	1
X.6	Is your country implementing nature-based or ecosystem-based initiatives which deliver simultaneous benefits for biodiversity and health?	1

11. Urban areas (Target 12)

Question identifier	*Question*	*Tier*
XI.1	Has your country integrated health-related considerations (for example, physical, mental and social well-being) into biodiversity-inclusive urban planning policies?	1
XI.2	Does your country regulate the improvement of green and blue infrastructure in urban areas through strategies that consider several factors related to health benefits, such as air pollution removal, acoustic pollution absorption, avoiding run-off, soil erosion, use of allergenic plants, natural spaces and physical activity areas?	2
XI.3	Has your country implemented policies or initiatives to improve access to and the accessibility of biodiversity-rich green and blue spaces for all, particularly vulnerable and marginalized groups such as children, youth, the elderly, people with disabilities, people with chronic diseases, migrants, racial minorities and low-income populations?	1
XI.4	Does your country have and use data for urban planning on the area of green and blue infrastructure existing and available per capita?	2
XI.5	Has your country identified green and blue infrastructure that is worth improving to maximize biodiversity and health-related benefits?	1
XI.6	Is your country taking action to improve green and blue infrastructure of high relevance to health in urban areas to maximize biodiversity and health-related benefits?	2

12. Access and benefit-sharing (Target 13)

Question identifier	*Question*	*Tier*
XII.1	Does your country have measures in place to ensure that the benefits arising from the utilization of genetic resources and 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?	1
XII.2	Does your country 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 that regard?	1
XII.3	Is the role of traditional medicine in the conservation and sustainable use of biological diversity recognized in national strategies (for example, national biodiversity strategies and actions plans and health strategies)?	2

13. Biosafety and biotechnology (Target 17)

Question identifier	*Question*	*Tier*
XIII.1	Does your country have an existing biosafety regulatory framework that accounts for health-related risk associated with the use of living modified organisms?	1
XIII.2	Does your country undertake monitoring actions to prevent health risks associated with the use of living modified organisms?	2
XIII.3	Does your country have policies in place supporting the equitable sharing of benefits from health-related biotechnological developments?	1
XIII.4	Does your country take practical measures to promote the effective participation of developing countries in health-related biotechnological research, including through partnerships, joint research projects, funding support or capacity-building initiatives?	1
XIII.5	Does your country take measures to promote and advance priority access on a fair and equitable basis for developing countries to the results and benefits arising from biotechnologies based on genetic resources provided by your country?	1

14. Mainstreaming (Targets 14, 15 and 18)

Question identifier	*Question*	*Tier*
XIV.1	Does your country facilitate dialogues between policymakers and the business community to promote awareness and integration of biodiversity and health interlinkages into business activities?	1
XIV.2	Does national corporate environmental, social and governance standards reporting address explicitly the impacts and dependencies of corporate operations on biodiversity and human health?	2
XIV.3	Does your country have national or sectoral guidelines, frameworks or standards developed to incorporate biodiversity-health interlinkages in financial disclosures?	1
XIV.4	Have your country's public and private sector investments and incentive mechanisms been directed towards monitored and accountable initiatives which explicitly safeguard biodiversity and health?	1
XIV.5	Have financial incentives (for example, tax breaks, subsidies and grants) been introduced or expanded to support businesses or communities that protect biodiversity while promoting health outcomes?	2

15. Consumption (Target 16)

Question identifier	*Question*	*Tier*
XV.1	Has your country conducted assessments, disaggregated by population, when relevant, to identify behaviours, products or sectors where sustainable consumption can generate co-benefits for biodiversity and health?	1

Question identifier	*Question*	*Tier*
XV.2	Does your country have initiatives aimed at explaining how overconsumption and waste negatively affect biodiversity and health?	2

16. Means of implementation (Targets 14, 15 and 18)

Question identifier	*Question*	*Tier*
XVI.1	Have multiple sources of funding, including domestic budgets or private sector investments, been mobilized to support the integration of biodiversity and health interlinkages at a national level (for example, through policies, strategies and programmes)?	1
XVI.2	Is your country financially or logistically supporting developing countries in their integration of biodiversity and health interlinkages?	2
XVI.3	Has your country adopted any policies, laws or regulations that mandate or incentivize private sector collaboration in technology development and transfer related to biodiversity and health?	1
XVI.4	Have any technologies or tools (for example, diagnostics, monitoring platforms or mobile health applications) been transferred from or to your country that address both health and biodiversity outcomes?	2
XVI.5	Is your country operating a knowledge-sharing platform or similar source of information serving as a cross-sectoral hub for information on biodiversity and health interlinkages?	1
XVI.6	Do initiatives or programmes exist to document traditional medicine practices of indigenous peoples and local communities at a national or regional level?	1

17. Knowledge and engagement of people (Targets 21, 22 and 23)

Question identifier	*Question*	*Tier*
XVII.1	Does your country have and disseminate awareness-raising materials, advocacy tools, best practices and policies that promote biodiversity and health co-benefits?	1
XVII.2	Do those awareness-raising materials, advocacy tools, best practices and policies include contributions from, and recognize the unique role of, indigenous peoples and local communities, and vulnerable groups, such as women, children, youth and the elderly and persons with disabilities?	2
XVII.3	Does your country recognize and integrate the traditional knowledge of indigenous peoples and local communities as a valuable knowledge system contributing to advancements of human well-being?	1
XVII.4	Has your country incorporated gender considerations related to biodiversity and health in national policies, programmes and projects that are currently in place?	1
XVII.5	Have gender differentiated roles and gender-responsive planning been incorporated in actions towards the mainstreaming of biodiversity and health interlinkages?	2