Planetary Health Transition Analysis

This analysis outlines a scientifically and policy-based perspective on the transition to Planetary Health.

The analysis goes beyond a traditional problem analysis. It seeks to clarify how our health is inextricably linked to climate and ecological issues, whilst in current systems this connection is not part of our mainstream paradigm and is not sufficiently visible or tangible. It highlights underlying system dynamics and provides guidance on how the transition to Planetary Health can be accelerated.

The analysis is a living document, which will form part of the basis for developing a KIN Knowledge-in-Action programme on Planetary Health in the course of 2026.

The current document is the result of numerous discussions, an expert meeting, a Crutzen workshop and a wealth of feedback from stakeholders. This version will be appended to the KinA Call for Proposals: Transition to Planetary Health, which will be issued in mid-June 2026.

TABLE OF CONTENTS

1. INTRODUCTION: PLANETARY HEALTH – A DYNAMIC, EMERGING FIELD

In July 2025, the Council for Public Health and Society (RVS) presented the report 'Too Hot Under Our Feet'. According to the Council, healthy coexistence is only possible on a healthy planet. The RVS urgently called for attention to be paid to the interconnection between health, ecology and the struggle for global justice, and to the radical changes this will require: 'Our planet is becoming increasingly unhealthy; this is not only an ecological problem, but also a health and justice problem.' If we value our health, we must take planetary boundaries – such as climate change and pollution – seriously and place them at the heart of policy. This means not only developing new habits, but also phasing out harmful systems. It also involves making difficult choices, for example regarding food, transport and industry, as well as healthcare and welfare.

The RVS succinctly summarises the vital importance and profoundly transformative nature of Planetary Health: Planetary Health is not simply an additional policy area, but is regarded as an integral normative and guiding perspective.

Planetary Health has recently been gaining significant momentum. Particularly since the Paris Climate Agreement in 2015, there has been a growing number of interconnected discussions taking place worldwide on climate, biodiversity, planetary boundaries and health. These conversations are taking place in multiple venues simultaneously, as interconnected and intersecting discussions, both within and far beyond the traditional fields of 'healthcare'. Planetary Health is increasingly functioning as an integral framework for change: 'Planetary Health equity in all policies'.

Medical and scientific journals such as 'The Lancet', for example, have been devoting due attention to this growing global interest since the publication of a joint 'public to planetary manifesto ' in March 2014. Since 2015, a global coalition of scientists has been tracking the climate impacts on health annually in the 'Lancet Countdown on health and climate change', alongside monitoring the development of the healthcare sector's own ecological footprint. It brings this data to the attention of a much wider audience. The UN Quadripartite also forms an alliance of four major UN-related organisations (de FAO, WHO,, United Nations Environment Programme UNEP, and the World Organisation for Animal Health , WOAH), each of which, within the scope of their respective mandates, has for some time been seeking to promote the global One Health initiative and to view and advance the health of humans, animals, plants and the environment in a much more integrated manner.

International civil society initiatives are also springing up everywhere, such as the Planetary Health Alliance and the One Sustainable Health for All movement and forum, which aim to holistically link the health of humans, other living beings and the planet. The link between all manner of economic activities that have an impact on health (such as food production, transport, construction, energy generation, landscape development, mining and digitalisation) is thus coming increasingly into focus worldwide. Various impacts had, of course, been a cause for concern for much longer. But the sectors dealing with these issues are now also increasingly coming together.

Consequently, political interest in the various arenas of Planetary Health is also clearly growing, as was evident once again recently during a STOA session entitled 'Planetary Health: a critical discipline for the future (14 January 2026) at the European Parliament, or as was evident from the various renewed expressions of international commitment to a more transformative Climate and Health Agenda in the Global Action Plan on Climate Change and Health (2025), reaffirmed during the most recent World Health Assembly (May 2026).

Such developments are also well under way in the Netherlands. Interest in what 'Planetary Health' might mean as a social call to action and a fundamentally new framework is growing steadily: within civil society organisations involved in promoting wellbeing and neighbourhood development, in the healthcare sector, in academic and other knowledge centres, in professional and trade associations in healthcare and wellbeing, and in all manner of climate alliances and other ecological and politico-economic coalitions that have for years been trying to draw everyone's attention to the interconnection between health and climate and which are endeavouring to develop new economic models around this.

This growing attention is also reflected in an increasing interest in Planetary Health within policy (see examples in the Netherlands in the "Nicheverkenning", paragraph 7). Various formulations are emerging in this context. In 2022/23, the Dutch central government, with the participation of four ministries, took the first steps in collaboration with a wide range of stakeholders, under the motto 'making healthcare more sustainable'. During Climate Week 2022, a 'Green Deal: Working Together for Sustainable Healthcare' was presented, to which over 550 institutions and companies in and around the healthcare sector have signed up. Their collaboration focuses on five key priorities: (i) Promoting the health of patients, clients and staff in terms of nutrition, environment and lifestyle; (ii) Raising awareness and increasing knowledge about the impact of healthcare on the climate and the environment, and vice versa; (iii) Achieving climate neutrality by 2050; (iv) Reducing the use of raw materials and residual waste; and (v) Reducing the environmental impact of medicines. For the time being, the focus of this initiative appears to be primarily on the healthcare sector. Furthermore, the parties involved are still working on this agenda on a voluntary basis. The previous government announced that this agenda would come to an end by the end of 2026. This is currently being renegotiated with the new government.

In addition, various government advisory bodies (both within and outside the traditional healthcare sector) are increasingly focusing on Planetary Health. For example, in 2023, the Royal Netherlands Academy of Arts and Sciences (KNAW) published a comprehensive exploratory report entitled 'Planetary Health, an emerging field to be developed'. The report was the result of extensive, multi-stakeholder consultations. It focused primarily on research into 'climate and human health'. However, it identified a large number of knowledge gaps that also had wider implications, and made recommendations for further research, again extending far beyond healthcare alone. The KNAW identified four key areas of interest: A. The impact of global environmental change on human health; B. The potential development of mitigation and adaptation strategies to protect human health against global environmental change; C. The promotion of the application of mitigation and adaptation strategies to protect human health against global environmental change; D. The promotion of better research on global environmental change and health. Each of these fields was further subdivided and encompassed a range of detailed research questions and methods drawn from the clinical, social, biological and ethical sciences. The list included many questions of deeper relevance.

One of the question areas, centred on 'impact', subsequently also formed the basis for an NWA call in 2025, the results of which were announced in March 2026. The #CINPHIA consortium won the call and will spend the next five years developing a Planetary Health Impact Assessment Guide, with the specific aim of increasing policy impact. CINPHIA ('Co-creating and Integrating Planetary Health Impact Assessment in policy practice') combines scientific insights and methods for citizen engagement, and is testing approaches relating to 'the health impact of climate policy' and 'the ecological impact of more sustainable pharmaceutical policy'. Once again, the project began with a focus on the healthcare sector, but the scope was soon broadened.

The KNAW also inspired other advisory council initiatives, such as the previously cited RVS report (2025). In its publication 'Beyond the risks: Choices for a climate-resilient living environment'(2026), the Netherlands Environmental Assessment Agency noted that, for the sake of health too, it is necessary to commit to much more profound transformation in the longer term, and argued that a healthier living environment and greater resilience could help to limit the negative effects of climate change.

In May 2026, the Health Council of the Netherlands and the Scientific Climate Council published their advisory report 'Climate Change and Health: Directions for Policy', in which a broad set of measures – primarily adaptive ones – was proposed (ranging from home adaptations to strengthening people's resilience) to address the health impacts of climate change. The councils emphasised that more intensive 'preventive' work is needed, which would entail fundamentally different ways of living and working, but did not go into the transition details of that shift in great depth.
In the summer of 2026, the Rathenau Institute will publish a policy recommendation that places greater emphasis on the complexity of core values and the need for profound transformation in its analysis of the various ecological crises at stake. The Rathenau Institute is committed to elaborating on the complex value trade-offs underpinning ecologically responsible policy, of which 'health' is one. The Rathenau Institute is also actively broadening its perspective far beyond the current scope of 'healthcare'.

These examples of recent policy advice reflect a clear desire for much more meaningful action in the light of the major ecological crises. They represent varying degrees of a more integrated, ethical and ecologically forward-looking approach. However, all parties are visibly grappling with questions about the 'how?', given the ways in which thinking and practice are currently still organised.

2. FRAMING PLANETARY HEALTH

How do we achieve a situation in which the health of people and other living beings, the environment and the planet are organised in such a way that they not only remain within planetary boundaries but actively strengthen ecological systems? How do we construct a narrative in which public health, a balanced natural world, ecosystem resilience, a fair economy, and social justice are truly seen as interlinked public values and as coherent drivers of change?

In this KIN transition analysis, we conceptualise Planetary Health as a cross-cutting perspective on social change. We begin by contrasting this horizon of change with what is actually still happening. In what ways are health, climate, policy, the economy and ecological systems currently organised within the Kingdom of the Netherlands, including the Caribbean territories? We therefore start by paying explicit attention to the effects of the current arrangements and existing inequalities.

The analysis then focuses on the question of what must and can change. Here, the focus is not on individual sectors or separate domains (such as healthcare, climate, food or spatial planning), as is still often the case today. Instead, we examine the patterns of interaction between the domains, and the regimes and underlying ways of thinking and acting that perpetuate established patterns and which must change.

Although awareness of the need for change is growing in many places, we see that many new practices are still scattered and fragmented. All too often, they remain rigidly embedded in existing routines. We outline these existing landscapes in broad terms, before conducting a scan of new knowledge and practical attempts at innovation and new connections, in order to identify, from there, a number of breakthrough directions for further research into Planetary Health for the Knowledge-in-Action call.

3. THE PROBLEM STATEMENT

The starting point for this analysis is that the current structure of our society not only systematically exceeds planetary boundaries but also systematically blocks change.

The current structure of our society has many direct and indirect negative effects on the health and well-being of people and other living beings, as well as on the planet. Climate change, nitrogen deposition, large-scale deforestation, ocean acidification, loss of biodiversity, collapsing ecosystems: all have effects that manifest across the broader health and wellbeing landscape, for example in the form of rising rates of chronic diseases, mental health problems, health inequalities and vulnerability to crises (For examples, see the 'Planetary Health' special issue of the Nederlands Tijdschrift voor Geneeskunde from 2023 (NTvG, 167, no. 23/24, 8 June 2023).

The urgency of this observation is growing by the day. In practical terms, this is already leading to new points of convergence between previously distinct fields. In health policy and climate policy alike, climate change is gradually being viewed more as a current health crisis rather than as a future environmental problem (RIVM 2024, WHO 2025, Ansah EW et al., 2024). People from different professional fields are increasingly coming to the shared conclusion that climate extremes, biodiversity loss and the degradation of, for example, food and water systems are exacerbating existing vulnerabilities and inequalities.

There are therefore certainly visible, growing signs of change. However, these movements have not yet gained sufficient radical momentum or broad enough support. This is leading to increasing tensions.

Over the past ten years, for example, the perspective on health in the Netherlands has shifted slightly once again, moving away from a focus on illness and healthcare towards a broader

approach encompassing behaviour and prevention, health and wellbeing. Health is no longer regarded merely as, for example, the result of individual choices or medical care, but rather as the complex outcome of structural factors such as livelihood security, living conditions – including housing, work, mobility and the environment – and other aspects of the physical and social environment (WHO 2019). There is also a renewed realisation that health inequalities stem from deeper, collective causes and are linked to socio-economic circumstances, spatial planning and environmental pressures. The increase in visible manifestations of climate change – heatwaves, deteriorating air quality and growing uncertainty – makes this understanding of these interconnections both greater and more urgent. There is a growing call to promote a wide range of practical and systemic changes that address health not only through healthcare, but through integrated policies on climate, the living environment and social structures.

However, in practice, the responses to all these issues remain too fragmented and too slow. In the Netherlands, ill health continues to be the business model in all sorts of ways, not least within the healthcare sector itself. Despite the financial pilot projects, the integrated care agreements (IZA) and the recent supplementary care and welfare agreement (AZWA), healthcare is still primarily funded on an individual basis and based on the treatment of illness. Furthermore, pollution is still not really penalised (but is even subsidised), and the economy continues to make 'ill health' cheaper. A major additional challenge is that the dominant societal and policy responses to these issues themselves remain too sector-specific, too reactive, and not transformative enough. As political economists focused on transformation and regeneration, such as John Fullerton in the latest edition of his book *Regenerative Economics*, clearly illustrate, the long reach of the dominant political economy remains formidable. Consequently, necessary structural breakthroughs are not being achieved to a sufficient extent.

This is the case in healthcare, but also in related fields, such as policy on land use, land-use planning and area development. The highly sectoral attitudes and compartmentalised approach to issues hinder holistic solutions and innovative ways of working and organising.

Planetary health issues are, by their very nature, broadly systemic, cross-border and transdisciplinary. Yet in practice, they are often not approached in this way. As a result of such persistent ways of working, the underlying causes and mechanisms of the crises remain largely intact. How do we break free from these constellations?

4. DESCRIPTION OF THE PLANETARY HEALTH REGIME: CULTURE, STRUCTURES, PRACTICES

Anyone viewing the current reality through the lens of Planetary Health – as a broad perspective on systematic social change – will therefore still see a complex proliferation of actions and initiatives operating in isolation from one another, which barely manage to shift the underlying structures . Anyone interested in a broader transition towards 'integral health as nature-positive, regenerative and preventive' (uniting preventive, broad-based health thinking and action, and converging with a nature-positive economy and post-fossil climate policy) currently still sees many structures that hinder or actively prevent such new coherence.

Planetary Health, as an overarching perspective, is currently emerging primarily in discussions and activities relating to health promotion and protection, in debates on the 'sustainability' of

the healthcare sector, in a wide range of practices within the social sector relating to wellbeing, and in a number of climate-related fields (concerning water, soil, energy, construction, food, etc.). However, there are still clearly distinct approaches even amongst these different fields. For those working in healthcare and the social sectors, many climate-related topics are relatively new. And amongst many climate experts and practitioners, Planetary Health is still too often viewed as a by-product of energy, transport, agriculture, industry and spatial planning systems. For instance, 'health' comes up when discussing greenhouse gas emissions, or exposure to climate risks such as heat, drought, flooding and air pollution, which have direct and indirect health effects. Within the climate regime, climate mitigation and adaptation are still often approached primarily as technical-ecological challenges. Social, health and equity perspectives therefore tend to take a back seat. Consequently, the political commitment to 'innovation' in these circles quickly becomes a 'technical-ecological' issue. Health benefits, prevention and distributional effects are not taken into account systematically enough.

What do the existing frameworks look like within which current attempts to reshape Planetary Health are still taking shape?

At present, these are primarily:

- Various health regimes (health promotion, health protection and healthcare)
- Various social regimes (the social foundation and social support)
- Various climate regimes with associated sub-streams (water, food, air, energy, soil, the built environment, etc.)

We briefly describe these regimes below. We then set out a challenge that seeks to move beyond this status quo. Ultimately, we wish to explore what Planetary Health might look like as a *new organising* principle, in terms of different ways of thinking and acting. Drawing on a number of innovative niche practices, we will examine the obstacles these practices face, identify which structures (including those in science and scientific education) perpetuate and even promote fragmentation, and explore how we might move beyond this. How do we mainstream the Planetary Health perspective into the existing world? How do we integrate innovative attempts to do so into everyday reality? What radically different paths, as opposed to current ways of doing things, are emerging?

General

Although the dynamics and interactions are increasing, there are still significant differences at present between the various health (care) regimes and social domain regimes on the one hand, and the current climate regimes on the other.

The current health and social care systems are deeply rooted in history. Organised around human prevention, treatment, care and wellbeing, the existing healthcare system in the Netherlands has, over the past century, been successful in increasing life expectancy, quality of life, wellbeing and material prosperity. It has led to greater security of livelihood for many. However, a specific 'care logic' predominates. The financial incentives within the health systems are still primarily focused on combating ill health and are anthropocentric. For example, we are still struggling to effectively translate the value of prevention – which many endorse in theory – into widely adopted practices. Moreover, the current health regime was never really designed to tackle planetary boundary breaches and the associated systemic risks. As a result, issues are

rarely addressed within a Planetary Health framework. People's own roles in causing planetary boundary crossings are still not sufficiently recognised. This is despite the fact that, in daily practice, people are increasingly coming up against intractable problems.

Furthermore, the health and social sectors are characterised by deeply ingrained (and internalised) everyday routines, habits and patterns of expectation. Despite growing unease within these systems, and despite major upheaval in the wider world, this sense of 'everyday normality' often acts as a refuge. This may partly explain why some practical changes are so difficult to bring about: people continue to rely on existing routines, in times of increasing uncertainty, often against their better judgement. *Better to stick with the devil you know.*

In the much younger field of climate science, all manner of suggestions for alternative conceptions of health have been put forward for decades. All sorts of promising points of convergence have already been identified there (and cautiously explored: take, for example, the development of the discipline of 'medical environmental science'). Unfortunately, however, these points of convergence often remain largely overlooked in the mainstream.

So: despite increasing interactions, the divisions between the various regimes (health, social, climate) remain significant in practice. We will first outline the current culture, structure and working methods separately – for the health regime and the social domain on the one hand, and for the climate regime on the other – before going on to discuss points of convergence and opportunities for transition.

Overview of the current culture

The current health and social sectors are characterised by the following features:

- Despite numerous initiatives, the structures within the health and social sectors are still strongly characterised by a conception of health that focuses primarily on *human* health and well-being, disconnected from ecological systems.
- Healthcare practice remains, to a large extent, practically focused on alleviating the symptoms of illnesses, rather than on systematically addressing underlying causes through more holistic approaches.
- Although biopsychosocial models of health and wellbeing have been widely applied within these systems for some time, and issues such as socio-economic health inequalities are now firmly established, in practice the focus on 'individual causes' still prevails in many places, rather than thinking in terms of collective causes.
- The current climate and health crises are linked not only to technology or policy, but also to the dominant worldview in which material growth and consumption take centre stage. This materialistic paradigm contributes to ecological overstrain and can, at the same time, undermine societal motivation for climate mitigation and adaptation. From the perspective of planetary health, the transition to a sustainable and healthy future requires not only structural changes, but also a renewed sense of connectedness: with ourselves, with others and with the natural systems on which our lives depend. The Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES) has been striving for years to deepen this sense of interconnectedness. Awareness, a sense of purpose, and spiritual or religious traditions can help to reinforce these relational values.

- A great deal of knowledge has been accumulated regarding the various underlying social, economic and psychological causes of ill health. However, in practice, this is not always reflected to the same extent in research, policy and practice. Significant practical and epistemic inequalities persist. Moreover, they result in different valuations being placed on different types of activities.
- The health and wellbeing sectors are prone to the 'saviour syndrome': the urge to 'save' people (their health), even those who do not want to be saved; indeed, even those who do not believe there is anything about themselves that needs saving. Unconscious stigmatisation and a self-fulfilling prophecy lie in wait: reinforcing feelings of inadequacy and other adverse effects on people's health.
- Although scientific knowledge is multifaceted and comprehensive, it remains, all too often, fragmented along disciplinary lines, driven by competition and expert opinion, with limited broader societal co-production.
- A specific framing of 'health and the economy' still predominates. Policy is underpinned by the premise that economic growth is a prerequisite for well-being and health, alongside the fact that health and well-being also affect economic productivity. This encourages a 'health-as-a-cost-item' mindset and approach. It often leads to short-term problem definitions and ad hoc solutions, rather than creating more practical scope for fundamental systemic changes.

The current climate regimes are as follows:

- In the various climate regimes, technocratic approaches and a model-driven culture (e.g. emissions reduction) still often predominate. Health and well-being are still mostly viewed primarily as 'opportunities for co-benefits'.
- Climate science is strongly oriented towards the natural sciences and economics, with somewhat limited integration of social and health sciences, despite commendable efforts to achieve this. The impact of human behaviour on (climate) choices is still greatly underestimated. Too often, the focus remains on technological solutions rather than behavioural ones.
- Issues of justice (climate inequality, intergenerational and global justice) are often raised, but are still not sufficiently translated into concrete policy decisions or implementation.

Current structural overview

Structurally, the current health system and social sector are still characterised by a number of factors:

- Despite attempts to adopt alternative systemic approaches (e.g. in the National Programme for Liveability and Safety or the Broad Welfare Agenda), funding and subsidy frameworks remain primarily individual-focused, disease- and symptom-oriented, and are strongly sector-specific: often divided into cure, care and public health. This hinders integrated, innovative and more holistically preventive approaches.
- Despite a dense landscape of practical-professional organisations, stakeholder groups and consultation forums that interact in policy-making, much policy implementation still takes

place within sectoral silos. Health, wellbeing, social and financial affairs, climate, care, nature and the economy are discussed separately. The implementation and impact assessment of policy seem, in any case, to receive less attention than policy-making itself.
- Despite countless attempts at collaboration, there are significant regional and local differences in administrative capacity, knowledge infrastructure, ambitions and implementation, with clear frontrunners and laggards, and visible territorial disputes.
- A growing interest in planetary health initiatives is evident in policy. See, for example, the Green Deal for Sustainable Care, or the efforts of certain healthcare professional associations, educational and student alliances (IFMSA), which focus primarily on 'making healthcare more sustainable' (GZA themes) and 'raising awareness of pollution caused by the healthcare sector itself'. Such expressions are also on the rise in various Planetary Health policy advisory processes, for example within the scientific advisory bodies of the KNAW on knowledge gaps, the RV&S on social justice, and the Rathenau Foundation on ethical deliberation regarding fundamental values. Links with other domains are being sought (see, for example, the Health Council of the Netherlands/WKR) but are not yet sufficiently structural. These exploratory initiatives are often still too voluntary, short-term and sector-specific.
- For instance – despite the increased interest in Planetary Health described above – there is still very little further elaboration of Planetary Health transition pathways to be found in current policy frameworks.
- Legislation is not keeping pace with the call for integrated approaches or solutions. Objectives remain too generic, voluntary and fragmented across various laws, ad hoc agreements and programmes.

The current climate regime is characterised by a number of structural factors:

- Climate policy, too, remains institutionally highly compartmentalised, with areas of focus centred on energy, mobility, agriculture, the built environment, water, etc., and with still very limited structural links to health and well-being.
- There are hardly any structural incentives in climate policy and financing that promote a health-centred approach to shaping climate policy in a truly transformative way (nature-positive, regenerative, preventative).
- Adaptation and mitigation agendas are administratively and financially separate, whilst their health impacts are, in fact, interlinked.
- Responsibility for the health impacts of climate policy is diffuse and rarely explicitly assigned.
- Here too, legislation is not keeping pace with integrated approaches. This is evident, for example, in local planning schemes, land-use designations, etc., but also in the submission of applications for integrated funding and grants relating to the use and maintenance of land and areas.

Overview of current working methods

In terms of working methods, too, the three sectors often still operate too separately:

- Despite growing attention to the issue, very few people in the current healthcare and social sectors are practically familiar with actually putting the broad perspective of Planetary Health into practice.

- Examples such as the Green Deal for Sustainable Care show that there is indeed a willingness to change in some areas. However, in practice, most of the work is still left to 'voluntary' efforts and often comes to an end too soon once incentive funding ceases.
- Furthermore, there remains a significant gap between the working methods of the traditional healthcare system and the social sector, and the questions and methods arising from the more recently rapidly expanding climate sector, which centres on a range of ecological themes. Movements such as the Green Care Alliance are exploring new forms of cross-sector collaboration. In practice, however, these prove difficult to consolidate.
- Funding and governance are organised along separate sectoral lines, which still tend to think in terms of costs rather than benefits and structure their working methods accordingly. For example, an innovative care farm or urban garden is not eligible for financial support from the social sector.
- Even within knowledge infrastructures, work is ultimately still often carried out along separate sectoral lines, due to the ways in which knowledge production and sharing are funded and managed. There are few, if any, genuine systemic incentives for an integrated approach and social impact on a significant scale.
- Although interest in alternatives is growing, we lack sufficiently robust methods to assess – in particular – the climate, social and health impacts of policy in a much more integrated manner and with greater predictive value.
- Implementing change also remains difficult at local and regional levels due to administrative fragmentation and differences in capacity amongst administrators, strategists, policy officers and practitioners.
- Although there is a strong and growing focus across society on the roles of new 'communities', this has not yet been sufficiently translated into the practical integration of residents' perspectives or of principles of justice in thought and action

Climate regime:

- Climate policy still relies primarily on climate scenarios and indicators that take health and well-being into account only to a limited extent.
- Health impact assessments are not a standard component of climate measures. The recently conducted Social Impact Assessment as part of the National Adaptation Strategy offers some starting points. Initiatives such as Resilient Delta are slowly opening the door to health considerations, but are only just beginning. Finally, the new NWA call for integrated Planetary Health policy also offers starting points for interconnections and impact assessments aimed at policy.
- Local climate measures are usually implemented without systematic attention to health and distributional impacts.
- Participation initiatives often fail to reach the groups most vulnerable to climate and health risks.

5. ASSESSMENT OF SOCIETAL TENSIONS

The domains of health, society and climate are therefore all under increasing strain. This pressure is further exacerbated by a number of current developments, such as:

- The acceleration of visible climate change and ecological decline in a society with an economy that does not penalise pollution and passes on the costs of ecological and climate damage to society.
- Global climate impacts (on migration, increased conflict and food prices) with direct and indirect health effects, including in the Netherlands.
- An increase in extreme weather events, such as heavy rainfall and heatwaves, placing direct pressure on healthcare, wellbeing and quality of life.
- The increase in the direct and indirect health impacts of economic and ecological decline. This manifests itself in physical and mental health issues, food security and pandemic risks, combined with rising demand for healthcare and increasing healthcare costs.
- Demographic changes and rising inequality, which are placing further structural pressure on healthcare and support systems.
- The growing visibility of the adaptation gap between real climate risks and the institutional responses to them
- A constant maelstrom of (inter)national policy developments concerning sustainability, health and well-being, which are difficult to incorporate structurally in practice.

On the positive side, we are simultaneously seeing:

- A growing scientific consensus on the interdependence of people, the planet and health, which can no longer be viewed in isolation from one another.
- Growing public attention to the relationships between health, justice and inequality.
- A growing realisation that integrated and transformative solutions are needed to tackle societal problems.
- A growing realisation that we must move towards a conscious, holistic way of life, away from hyper-individualism, materialism and determinism, and a visible increase in the number of people trying to live in this way.
- Rising attention to the co-benefits of climate policy for health.
- The emergence of just transition frameworks and climate justice movements.

These various developments challenge the current systems. They are increasingly calling into question the sustainability of the current regimes.

6. PERSISTENT PROBLEMS

Within the frameworks in which ‘Planetary Health’ is currently being implemented, a number of persistent tensions are therefore being felt ever more acutely. Our explorations reveal various problems (knowledge gaps, rigid structures, persistent barriers) as sources of tension.

Perhaps the most important overarching issue is the observed separation between the current climate, health and social regimes and arenas. An integrated, widely supported, transdisciplinary ‘health’ narrative and vision, serving as a shared perspective for social change, is either lacking

or has not gained sufficient traction. Furthermore, alternative practices have not yet truly gained a foothold collectively.

This deeper problem recurs time and again in debates about what a coherent approach to Planetary Health might look like and what stands in its way. The following issues then come to the fore:

Identified problems (knowledge gaps, organisational structures and barriers) at the individual level (among professionals)

- A large group of health and social care professionals do recognise the climate problem but do not consider it their primary responsibility. They apply different definitions of health responsibility.
- Professionals actively involved in planetary health feel there is a lack of a shared language and a sufficiently broad shared vision of planetary health for the future.
- They note a 'too limited understanding of what works in practice within complex systems'. They themselves often acknowledge that they still lack sufficient knowledge about the implementation and upscaling of interventions, and insufficient understanding of what an integrated perspective on planetary health might look like from a technical, social and political standpoint.
- Climate professionals experience a fair amount of climate anxiety, moral stress and a sense of helplessness.
- Individuals feel a sense of relative powerlessness due to the lack of clear collective pathways for action. They are confronted with the persistence of hierarchical work structures, excessive mechanisation of work processes, and all manner of knowledge gaps. People do not feel able to carry out the transitions themselves within a traditional system governed by current rules and guidelines.
- Individual pressure is also felt due to the constant stream of changes and ever-shifting requirements, e.g. from central government.

Identified problems (knowledge gaps, structures and barriers) at the societal level

- The persistence of the dominant economic growth perspective and the related societal values and structures is widely perceived as a problem.
- These structures have permeated the very fabric of society and dominate practices. Alternative articulations of values and interpretations of 'health' – for example, viewing it more as 'relational' or 'regenerative' – are often suppressed.
- Consequently, the growing demand for healthcare and financial trends continue to be discussed primarily in the dominant economic terms: as a 'health burden' and as 'unsustainable healthcare costs'.
- There is a great deal of perceived social stress, which is articulated both as 'stress over livelihood security' and as 'climate stress'.
- Meanwhile, socio-economic health inequalities are on the rise and creating numerous barriers.

- Climate inequality is also becoming increasingly visible: both on our doorstep and, to a disproportionately severe extent, elsewhere in the world. In all sorts of ways, the unfair distribution of climate risks (such as energy poverty, heat stress, etc.) is becoming more pronounced.
- Climate damage is increasingly being 'normalised' as an 'external factor', which stifles the conversation about necessary change.
- Formulating an alternative perspective that addresses all the above problems in a radically different way is perceived as complex, and is therefore often sidelined or postponed.
- It is commonly argued in society that tackling climate change and adapting behaviour would mean 'sacrificing acquired comforts and rights'. This framing in terms of 'loss' is partly responsible for societal resistance to change.
- There is a rise in powerful counter-movements, including some from the US, which trivialise the problem and dismiss climate issues as 'woke' or untrue, and which have a wide reach in certain sections of the population.

Identified problems (knowledge gaps, structures and barriers) at the systemic level

- Many debates remain too anthropocentric and perpetuate divisions between humans, other living beings, nature and the planet.
- Divisions persist between movements focusing on ecological/planetary boundaries and those active in other areas of health and social policy.
- Fragmentation across sectors and supply chains remains significant, as does the fragmentation of knowledge and the allocation of power and responsibility between sectors.
- The healthcare system is still primarily driven financially by 'care' and 'cure' considerations, rather than by prevention or ecological balances.
- That system remains dominated by 'ill health' as a business model.
- A market mechanism prevails that takes no account of ecosystems and reduces people to mere customers or consumers.
- Costs and benefits are viewed primarily through an outdated, market-oriented and financially driven lens, whilst the prevention of ill health, or the saving of healthcare costs, is valued far less.
- Systemic action continues to be organised on the basis of outdated linear system models and logic. Linear planning models predominate, which take little account of uncertainty, dynamic circularities, feedback mechanisms and tipping points.
- There is a disproportionate focus on quantification as the measure of all things. 'Technological development' is often seen as the primary solution. Methods for linking behaviour, governance, policy and technology in a much more systemic-dynamic way, and for giving due attention to the relational and psychological dimensions, thus remain under-emphasised.
- There is a lack of more radical transdisciplinarity in the practices of healthcare, research and policy.
- There are significant power imbalances, both within and between professions, and between the government and citizens (with, for example, narratives such as the 'helping government' and 'vulnerable citizens'), which harbour all manner of prejudices and stigmas.

- There is insufficient alignment with action taken from broader citizen or resident perspectives.
- The scope for new imagination or differently shared, collective, forward-looking developments is limited.
- There is a lack of awareness that maintaining the status quo is not only much more expensive but also causes far more problems than transformation; fear or aversion to structural change predominates.

The problems mentioned are diverse. Yet they often reinforce one another. They cannot be resolved within the existing systems. And they prevent us from setting a new shared goal on the horizon.

7. NICHES

The regimes mentioned (health, social, climate-related) are therefore under increasing strain. Moreover, their day-to-day practices are riddled with ingrained hierarchies, routines, protocols, competitive positions and territorial demarcations that hinder or actively obstruct necessary change. 'Breaking into' this order, and 'injecting' and 'integrating' new visions and practices based on a holistic view of planetary health, certainly does not happen by itself.

Things are changing. Individuals within the various systems are increasingly taking action against the shortcomings. A growing number of problem statements and analyses are circulating. In addition, over the past few decades, all manner of attempts have emerged to bring about practical innovation and new forms of collaboration, driven by entrepreneurship, a drive for renewal and idealism. For many – including those outside the traditional healthcare sector – 'health' appears to be an attractive framework in which to frame proposals for change, owing to the broad societal recognition of its importance. It is no coincidence that 'health in all policy areas' is a common slogan.

However, not all attempts at alternative health practices and forms of integration are aimed at more fundamental changes. More in-depth, transformative, niche practices are certainly less common. And they certainly do not all label themselves as Planetary Health practices. To identify these niche practices, therefore, we need to look around broadly.

For this transition analysis and initial scan of known emerging niche practices, we identified those that are (partly) beginning to openly embrace Planetary Health as a perspective for social change. We supplemented this list with practices suggested by a diverse group of experts during a special meet-up on 10 February 2026.

We identified relevant niche practices in various locations, at different levels and at various stages of development. For example, niche practices are already evident in educational settings, within professional associations, in various knowledge centres, and in social movements – such as those focused on the new welfare economy or post-growth, in socio-economic movements relevant to health, such as eco-communities, regenerative movements or food-related practices, in local political efforts towards urban regenerative renewal and new infrastructure development, and in all manner of cultural and design circles.

Initiatives are also being taken in the policy sphere. For example, following an evaluation in 2022, the Ministry of Infrastructure and Water Management decided to better prepare the Netherlands for climate change and to accelerate the implementation of the National Climate Adaptation Strategy (NAS'26), and a Social Impact Assessment (SIA) was carried out. Here too, much closer collaboration with knowledge institutions is being sought.

7A – Examples of niche practices

Planetary Health initiatives relating to the new economy (wellbeing economy, post-growth, new sense of purpose)

- Post-growth movement: working together towards a happier Netherlands that lives within the Earth's carrying capacity.
- Wellbeing economy: Wellbeing Economy Alliance Netherlands: working together towards a wellbeing economy.
- Meaning-Economy: in the meaning-based economy, wellbeing is central to people, animals and nature.
- Eco-communities: a new way of life within planetary boundaries: Global Eco Village Network Netherlands.
- Movements towards a welfare economy, post-growth and regeneration.
- Movements that unconditionally support people's livelihood security: such as Collectief Kapitaal, or Het Bouwdepot for young people.

- To be explored: Tax-funded healthcare system (see Cuba)
- Value-driven healthcare budgeting – further development

Planetary Health initiatives centred on regenerative lifestyles, production methods and a sense of purpose

- Planetary Health Diet (The Lancet) and other movements towards (more) plant-based food consumption.
- Regenerative agriculture: can be climate-adaptive, increase biodiversity, and provide food – a central element for sustainability
- Reforestation projects with multi-sectoral benefits
- The 'Drinkable Rivers' project as a transformative goal (cascade effect on health) – 'Swimmable Rivers'
- Healthy, sustainable and just food systems (Rockström examples)
- Food forests: An emerging movement in the Netherlands, which is already quite common in Scandinavia
- Land van Ons and Herenboeren: Citizens' initiatives for local, sustainable food production
- Cooperatives: The rise of cooperative supermarkets and food initiatives
- Awareness tree (being/doing/thinking)
- Mooie Maasvallei: Launched 13 years ago, with research linked to the project, focusing on the living environment and agriculture

- Syntropic Farming: Regenerative agriculture that mimics the different layers of a forest – research examines social impact, health effects, and system-level issues concerning a just transition to regenerative food
- Somewhat Greener: An initiative by two physicists who run workshops on planetary boundaries for the general public and organisations, using scientific principles alongside game-based activities to help people truly experience the concepts.

Planetary Health approaches to innovatively restructure the care and wellbeing sector and link nature to specific care and wellbeing practices:

- Green Mental Health Care: Focusing on the health of the living environment as a way to reduce costs in mental health care
- Herenboerderij cooperative: a small-scale example offering daily activities for people with dementia who help with chores on the farm – a synergy that benefits everyone
- Outdoor education: Schools where children learn outdoors and experiencing nature is an integral part of the curriculum
- A radically different approach to care for the elderly: integration rather than isolation. Teun Toebes documentary
- Transition agenda for radically making hospital care more sustainable

Planetary Health Initiatives centred on strong new long-term partnerships/new collectives:

- The Zoop movement: a movement that champions the interests of all life (Greek: zoe) through an organisational governance model for collaboration. Symbiotically operating organisations and businesses: sixteen organisations are already working in this way, with a spokesperson for ecosystem interests in their decision-making
- Regional frontrunners who explicitly link health to spatial planning, mobility, energy and agriculture in Regional Deals and City Deals
- The National Programme for Quality of Life and Safety (NPLV), within which, based on the concept of broad prosperity, long-term work is being carried out across more than 20 areas on various challenges (such as climate and health).
- Collaboration between Health Transition Funds and various stakeholders: funders, healthcare practitioners, the care sector and academics. In December 2025, the Collaborating Health Funds published a narrative on the health transition for the next 10–20 years, focusing on how to view health and nature in conjunction and strike a balance between them.
- Nederlands Zorgt voor Elkaar (NLZVE): A network of over 500 citizens' initiatives with village support workers – an example of genuine transition in practice.

Planetary Health initiatives centred on education and research: new ways of learning, new ways of measuring

- Transdisciplinary Planetary Health teaching programmes at medical faculties
- Academic research and innovation programmes for new disciplines: One Health, One Sustainable Health for All, Planetary Health
- Resilient Delta research and practice programme

- Transformation Spider tool (developed at DRIFT) to identify transition practices based on effective elements

Proposals for/work on new methods:

- Impact measurement debates: NWO's requirement for impact plans is working, despite initial resistance – it is changing the system because researchers have no choice but to comply.
- Impact measurement: Ripple effect analysis; causal loop diagrams; opportunity loop diagrams
- Co-benefit frameworks / Health Technology Assessments
- Collaborative methods, participation and new approaches to transdisciplinary working:
    - Professionals can certainly be included in transition discussions – Example: farmers discussing first-, second- and third-order changes in their agricultural practices / Compensate participants in participatory research as if it were a job. Focus on return pathways – not just the outcomes, but also how people receive information, engagement and support in return
    - GGD Amsterdam: Researchers from VU University Amsterdam are working alongside practitioners in the field, bringing an academic perspective to where it is happening, with a focus on the food environment
    - AWTI work. The role of academia in the transition has been elaborated, inspired by AWTI work on policymakers. Better utilisation of international knowledge networks is both necessary and possible:
    - Proposing renewed international collaboration: Existing structures such as WHO Europe and the Healthy Cities Network could be utilised more effectively. International collaboration is also genuinely important at local level but is underestimated
    - Planetary Health Policy Tool (ZONMW/NWA)
    - KIN call on "transformative practices for climate transitions"
    - PBL and other government advisory bodies with planetary boundaries tools: Use planetary boundaries as a guiding principle for policy (April 2026).

Planetary Health initiatives among research funders who wish to jointly advance innovative policy, practice and research.

- NWO-KIN

Planetary Health initiatives within coordination networks and alliances (with One Health/Planetary Health as an explicit or implicit element)

- Planetary Health as an integrated framework; see also the Planetary Health Alliance and the Planetary Health Hub (Netherlands, European variant)
- Green Care Alliance
- The One Health movement or affiliated with the One Sustainable Health for All movement: an integrated movement centred on collaboration between experts in the fields of humans, animals and the environment. Currently focused on infectious diseases and their transmission from animals and the environment to humans, and vice versa.

- National Programme for Liveability and Safety (NPLV)
- Resilient Delta Convergence network.

Planetary Health initiatives within local politics – regenerative practices, broadening cross-links between social and physical domains, and initiatives in the built environment

- Public space and the built environment: local initiatives
    - Healthy design of the built environment. See the example of the municipality of Rotterdam. What level of health is acceptable to whom? Differentiation in health and the living environment
    - Designing healthy public spaces (greenery, cooling, safe movement)
    - The 'Blauwe Wijk' neighbourhood initiative, Arnhem: Residents carry out municipal services (cooking, waste collection) and now receive funding for this from various municipal budgets
    - Making homes more sustainable
- NPLV case study: Rotterdam (in response to NPLV projects still perceived as too top-down, a mismatch between research and practice, and differing perspectives on effectiveness)
- Chain-based approaches (Wellbeing on Prescription, social-medical collaboration), seen by some as a first step towards further broadening the scope of health and greater integration.
- Amsterdam's city-wide programme: the social domain, the physical-economic domain, the care domain and poverty, considered in conjunction. For example, a ban on marketing to children via procurement subsidies. Or a sustainability assessment as an administrative requirement – everything submitted to the executive committee must meet sustainability criteria
- Eindhoven consultation on cross-domain collaboration: all policy proposals must go through a consultation process in which all domains reflect on each other's plans

These examples of niches and potential entry points highlight various approaches to alternative, more integrated arrangements. However, they remain fragile, fragmented, context-dependent and at different stages of development. Most initiatives are often still heavily reliant on old funding regimes for their own financing. It also often remains unclear who will sustain the proposed solutions in the longer term or develop them further. In practice, more substantial structural changes are slow to take off, particularly on a larger scale.

7B Challenges, knowledge gaps and barriers identified by the niche practitioners discussed

Over the past few months, the following challenges, knowledge gaps and barriers have been repeatedly highlighted by those involved in niche practices:

- Lack of an integrated approach
- Lack of compelling transition language, storytelling and effective joint communication
- Lack of appropriate leadership and ownership
- Inability to zoom in and out effectively, lack of (personal) flexibility
- Inadequate accountability – how to make effects, impact and coherence visible
- Too little genuine 'skin in the game' and (personal) consistency, particularly where innovations such as 'operating in a more transdisciplinary manner', 'prioritising different values' and strengthening a concept of health that is 'more relational' are concerned
- Dealing with power imbalances, including in the power to define
- Dealing with hierarchical structures
- Persistent dominance of cure-over-prevention practices
- The dominance of quantity over quality
- The dominance of 'problem analyses' over 'developing practical alternatives'
- Tensions between theory and practice
- Illness as a business model
- The dominance of New Public Management thinking
- Dominance of agendas by parties with significant financial resources (pharmaceuticals, etc.)
- Contradictory recruitment practices and HR management
- The difficult process of phasing out practices that are no longer effective
- The difficulty of breaking down silos (due to financial and organisational structures)
- Difficulty in overcoming pressure from ongoing processes
- Persistence of dominant notions of social engineering
- Inadequate, non-radical imagination of alternatives

8. SYNTHESIS: A RADICAL BREAKTHROUGH TOWARDS A NEW VISION OF PLANETARY HEALTH AND INTEGRATED PLANETARY HEALTH PRACTICES

Despite all the attempts at renewal outlined above, the current social regimes within which planetary health is situated remain predominantly focused on short-term extraction and economic growth, sectoral policymaking and a narrow conception of health as the 'absence of disease'. However, this framework is proving increasingly incapable of guaranteeing health and wellbeing within planetary boundaries, let alone allowing the planet and its ecosystems to flourish. Improving matters within existing structures is therefore no longer sufficient. Fundamental change is of the utmost urgency.

Thinking about health is dynamic, but in recent history it has largely been confined to healthcare terms (cure, care, prevention) and conceptual frameworks from the social sphere (public health, wellbeing). At a time when major ecological crises are growing in severity by the day, 7 out of 9 planetary boundaries have been exceeded, and ill-health and inequality are on the rise in many places, the call for fundamentally different approaches to the health of living beings and the planet is also growing louder. Planetary health is thus becoming a rallying cry in our time for this much more fundamental societal change.

Across a range of emerging niche practices, there is a growing realisation that Planetary Health invites us to embrace fundamentally different principles: integral, just, transdisciplinary, and focused on wellbeing and meaning rather than extractive growth. The vision of 'Planetary Health' is thus a call to organise the health of humans and other living beings, of ecological systems and the planet in such a way that we not only remain within planetary boundaries but also safeguard and strengthen the ecological systems that sustain life on Earth. Public health, ecosystem resilience and social justice are thus regarded as interlinked public goods and as drivers of change.

However, many of the niche practices relating to Planetary Health are still in their infancy. They have not yet been thoroughly tested over time or in practice. And, when it comes to their current funding, they are still far too often dependent on the old systems.

The tension between the stagnating current systems and the emerging niches is mounting. How can Planetary Health, in concrete terms, serve as a catalyst for fundamental social change? How can it pave the way for a future in which health is explicitly linked to transformative climate policy – nature-positive, regenerative and preventive? We emphasise pathways of transition that combine a preventive and broad approach to health with, for example, profound shifts in economic activity (such as in energy, food or security systems), and a nature-positive economy, with post-fossil fuel climate policy.

This requires a different definition of knowledge, a different organisation of scientific knowledge, practical knowledge and experiential knowledge. It calls for different linkages to and between desired practices (e.g. the niche practices in Chapter 7). It calls for the exploration of far more radical new models, helping to 'scale them up' and to promote their practical dissemination.

We have chosen to dedicate this Knowledge-in-Action programme to: (i) supporting a radical shift in thinking about health towards Planetary Health and (ii) strengthening innovative practices – such as those rooted in the physical environment – that disrupt the system to bring Planetary Health genuinely closer.
This direction for transition was validated at an expert meeting on 10 February 2026. Subsequently, examples of transition practices were put forward for further exploration of how to 'inject' Planetary Health as a new way of thinking about health, 'infiltrate' existing regimes and 'integrate' the necessary innovations much more deeply.
The clusters of transition practices – specifically those relating to Planetary Health and Justice – that had already been identified during the 10 February expert meeting were further elaborated upon in a Crutzen workshop on 14 April 2026, focusing on entry points and breakthrough questions, which are described in section 9.

9. KNOWLEDGE-IN-ACTION: FUNDAMENTAL CHOICES FOR THE TRANSITION TO PLANETARY HEALTH PROGRAMME

A set of thematic clusters of questions kept emerging from the discussions underpinning this transition analysis, often questions concerning new forms of collective action.

1. How do we move collectively from fragmentation to integrated system governance? How do we organise systems in such a way that coherence becomes the core principle? This proved to be one of the most fundamental systemic problems: many pointed to the siloed structures, fragmented funding and conflicting incentives that still exist today.
2. How do we shift power together? How do we move from a system driven by money and power to one driven by public and planetary values? Without a redistribution of power and recognition, everything remains superficial.
3. How do we develop new ways of thinking and knowledge practices together? How do we develop ways of thinking, knowing and acting that are suited to complexity? For example, the still-dominant focus on human health alone is also a profound epistemological problem.
4. How do we create, together, new narratives, imagination and meaning that inspire people to take action? How do we create a safe environment – an ecosystem – for their development? Because without a widely embraced narrative, there can be no transition; nor will change progress with negative or unhelpful narratives.
5. How do we collectively change behaviour, culture, collective thinking and action? How do we actually get people and systems moving? Because transition is about social behaviour, not just structure.
6. How do we jointly develop a new way of thinking about impact, focused on long-term systemic impact rather than short-term, linear output?

Based on these deliberations, the following key decisions have been taken for the 'Knowledge-in-Action' grant 'Transition to Planetary Health'.

Objectives of the call

The Knowledge-in-Action grant 'Transition to Planetary Health' focuses on developing new planetary health perspective of thinking and planetary health practices, in which medical, social and ecological thinking and action are integrally and equitably linked. We encourage breakthroughs in this line of thinking and action and the development of a movement towards it. We strive for radical commitment.

Civil society organisations and researchers are challenged to develop, through co-creation, concrete interventions that contribute to the integration of human health, the health of all living systems and ecological health. The call focuses on systemic change towards planetary health, not on optimisation within existing frameworks. The interventions are seen as part of a broader transition movement, even after the project has ended. There is scope for both radical, innovative proposals and gradual steps towards transition, provided they are well-founded and aligned with the chosen transition horizon. All applicants are asked to describe how their proposal or intervention fits practically into the transition towards planetary health.

Areas of intervention

The following areas of intervention were identified during the discussions. Six areas of intervention emerged consistently. A practical structure has been applied to these in the call. For the 2026 call, we are seeking applications that take as their starting point at least one of the following two areas of intervention:

A. Care and health systems
- Broadening the concept of health to include an ecosystem perspective, leading to planetary health
- Integration of ecological dimensions into healthcare practices
- Healthcare innovation coalitions with a strong ecological/planetary health agenda, such as the Green Healthcare Alliance, the Planetary Health Hub, new mental health initiatives, etc.

B. Living environment, physical systems and living conditions
- Climate-resilient living conditions; the design of spaces, cities, buildings and ecosystems
- The relationship between health, the living environment and ecosystems
- Integration of the medical and social domains with ecology

In addition, applications must, in their pursuit of mainstreaming planetary health, already establish a link with at least one of the following areas of intervention.

C. Community and commons structures
- New forms of collective organisation based on planetary health
- Local and shared ownership systems, commons/communities alliances focused on planetary health.

D. Food and production systems
- Transition in how we produce, consume and value things from a planetary health perspective
- Value chain approaches and regenerative practices
- Examples from food, energy, water, etc.

E. Education, knowledge and new ways of learning
- New learning practices and forms of knowledge
- Transformative learning and awareness
- New impact assessments.

F. *The New Economy and Value Systems*
- Alternative economic models
- Breaking through dominant value logics and systems of inclusion and exclusion

For each application, there must therefore be a link between A or B and one or more of the intervention areas C to F.

Breakthroughs

The introduction, integration and mainstreaming of planetary health thinking is essential because economic, institutional and professional practices are still largely geared towards growth, externalisation and specialisation. Interventions aimed at mainstreaming planetary health thinking encounter all manner of barriers and persistent problems relating to fragmentation, power, fear and other forms of resistance. The 2026 call is actively seeking a set of interventions that, taken together, contribute to the transition towards planetary health.

In their applications, applicants must focus on at least one perspective as a sub-theme within the chosen intervention domains, exploring the barriers and persistent problems associated with it in depth. They must also outline in their proposal how their intervention relates to other identified perspectives for breakthroughs and how they expect to gain insights from these as well.
The six perspectives for breakthroughs from which to choose are briefly outlined below.

In addition, the appendix provides examples – for inspiration – of questions to be explored in the applications. We also offer suggestions as to where the learning might be focused. Applicants are, of course, free to use these examples or not, or to propose their own research questions, provided these fit within at least one of the six perspectives mentioned. The most important thing is that they further advance the practical implementation of the desired transition towards planetary health and, in that process, develop and share knowledge and insight

Selection of cross-cutting questions for all participants

1. Integral systems governance
How do we move from fragmentation to integrated system governance in health and ecology? How do we organise systems in such a way that coherence becomes the core? This proved to be one of the most fundamental systemic problems: many pointed to the siloed structures, fragmented funding and conflicting incentives that still exist today.

> Policy, research and practice still largely operate in separate domains, whilst the underlying issues are intrinsically intertwined. This fragmentation has multiple causes and leads to inefficiency, conflicting policies and limited systemic impact. How can a more integrated approach (involving the development of a shared vision, structural collaboration and collective ownership) be put into practice? How do we move from 'optimisation within existing structures' to fundamental system redesign?

2. Shifting power dynamics
How do we shift existing power dynamics, such as dominant governance and funding systems? How do we move from a system driven by money and power to one driven by public and planetary values? How do the interventions aim to contribute to more equitable distributions?

> In many places, short-term financial and economic logic dominates decision-making, placing societal and ecological values under structural pressure. Power appears to lie with a select group of actors and is also deeply embedded in institutional structures and systems. This theme explores how such dynamics can be broken or redirected towards an integrated planetary health consciousness. Tensions between operating within existing systems and the desire to change them are central. A key objective is to reposition public and planetary values as guiding principles in concrete organisational and funding practices.

3. Developing a new logic (thinking, knowing, acting)
How do we develop a new logic of thinking, knowing and acting that is suited to the complexity of planetary health? How does this replace the old logic? For example, by questioning underlying assumptions and specifically addressing systemic causes that hinder progress. The still-dominant focus on human health alone is also a profound epistemological problem.

Dominant ways of thinking are often too linear, reductionist and limited, and do not adequately reflect the nature of planetary health issues. We are seeking an alternative way of thinking that is systemic, relational and learning-oriented. This shift calls for different ways of looking at things, collaborating and organising, as well as different ways of dealing with time, uncertainty and adaptability. This theme explores how new frameworks for thinking and acting can be developed and embedded in practice and policy. In doing so, it is recognised in practical terms that this phenomenon is an iterative and open-ended process.

4. Towards planetary health as a new guiding health narrative

How do we create a new planetary health narrative with imagination and meaning around health and ecology that inspires people to take action; how do we encourage its wider dissemination? How do we create a safe environment – an ecosystem – for the development of that new narrative?

All manner of narratives, often abstract, do little to spur actual behavioural change. There is a lack of stories that are more deeply rooted in experience, emotion and meaningful moments in people's daily lives, and which can inspire people to take action. At the same time, various social and economic inequalities also influence how receptive people are to certain stories. This theme explores how a more inclusive, safer and more effective narrative landscape can be developed on the path towards planetary health. Particular attention is paid to representation, diversity and the presence of concrete avenues for action. For without a widely embraced narrative, there can be no transition; nor will change progress with negative or unhelpful narratives.

5. Ownership of broad health action

How do we create 'ownership' for broader health action and, in doing so, change behaviour, culture and collective thinking around health and ecology, with a more equal contribution from everyone? How do we actually get people and systems moving? Because transition is about social behaviour, not just structure.

Transitions do not depend solely on policy and structures, but to a large extent on human action and motivation, and on individual and collective commitment within the transition towards planetary health. Clear tensions can be observed between intrinsic and extrinsic motivation, and between ideals and practical feasibility. Emotion, personal experiences and social dynamics prove to be crucial factors. This theme focuses on fostering sustainable engagement.

6. New ways of assessing impact and new learning for planetary health

How do we develop new ways of 'thinking about and measuring impact', and new ways of learning, focused on longer-term systemic change rather than linear output? Which methods and forms of learning and evaluation are appropriate for this? How can value within planetary health be approached in a new way, thereby leading to a better understanding of 'impact'?

Traditional measurement and evaluation methods fall short when dealing with complex and long-term issues. Impact appears to be multifaceted, context-dependent and often non-linear. In practice, this leads to significant gaps and tensions regarding measurability and scope for action, as well as accountability and innovation. Within this theme, we advocate a broader approach that also incorporates qualitative and learning-oriented dimensions. The aim is to arrive at a more appropriate and equitable approach to weighting.

APPENDICES

APPENDIX 1 – KIN KNOWLEDGE-IN-ACTION PROGRAMMES

KIN was established to accelerate the transition to a climate-neutral and climate-resilient society. The Knowledge-in-Action approach was developed by KIN based on the conviction that transitions towards just sustainability require a fundamentally different way of conducting research. This calls for transdisciplinary and transformative research, in which science, policy and practice jointly explore alternatives to unjust and unsustainable systems.

There are no unambiguous definitions or solutions for justice and sustainability. This means that there are no ready-made formulas for the desired transitions. They are context-dependent, are partly determined by the stakeholders involved, and evolve as our understanding progresses. They require a process of exploration, learning and experimentation.

The Knowledge-in-Action approach employs a number of clear guiding principles for this purpose. It requires the formulation of transition-related research questions and the transparent funding and support of transition-oriented research projects. Through transdisciplinary collaboration, the Knowledge-in-Action approach provides a space for various stakeholders to jointly determine the desired direction of transitions. These include researchers from different disciplines and professionals from civil society organisations, creative professionals or companies working on transitions in practice. The aim is to bring together different perspectives and areas of expertise to develop new insights, knowledge and actions. By working to investigate, explore and accelerate desired transitions, new, relevant and actionable knowledge is generated.

An important step in the Knowledge-in-Action approach is therefore to first gain a better understanding of the complex, existing transition challenges. To this end, we draw up a transition analysis prior to each programme. This analysis is based on transition discussions and sessions in which experts from academia, practice and policy jointly examine current practice and existing knowledge.

The transition analysis addresses questions such as:

- Which unsustainable and unjust elements in the current system make transition necessary or inevitable?
- What is holding back the transition and perpetuating the current situation?
- What are the alternatives when improvement and innovation are no longer enough?
- Which desirable alternatives and exploratory questions need to be investigated to bring about the desired change?

Part of this process involves identifying frontrunners, places and ideas that point the way towards the desired situation, as well as mapping out any barriers and levers. During a co-creative Crutzen workshop, the analysis is discussed and enriched by experts from the fields of practice, policy and academia.

This leads to targeted solution pathways, exploratory questions and transition learning objectives, which are then summarised during the Crutzen workshop in a Knowledge-in-Action agenda. This agenda forms the thematic scope for this Knowledge-in-Action grant, which will be opened for applications shortly after the Crutzen workshop.

Knowledge-in-Action programmes are transition programmes based on the need for profound systemic changes. Their aim is to learn, from both established and emerging practices, where the fundamental barriers to change lie within current regimes[1] (in terms of mindsets, working methods and policy) and how to address them. They investigate the preconditions required for the desired transformation within climate transitions.

Each KIN programme consistently explores what life within a chosen transition field might look like and how it can be further developed through practical engagement. Research, creativity, imagination and action are explicitly mobilised as tools to drive progress. Vision, research and practice are brought together to support, justify and institutionalise change, thereby stimulating the transition on a larger scale. We seek collaborative, experimental interventions that yield evolving insights whilst also effectively advancing practice.

KIN transition programmes therefore explicitly seek to forge new connections: between different types of knowledge; between principles and concrete intervention tools; between different stakeholders – such as between existing organisations seeking change within existing systems and pioneers working on the basis of new principles and alternative practices; and between researchers and grassroots practitioners. In addition, transition programmes actively identify the sources of vitality and energy within existing initiatives. They also ask the critical questions: Why does change succeed in some places and not in others, and how is impact achieved at different levels?

KIN's efforts focus in particular on:

- Creating opportunities for long-term systemic change
- Jointly identifying the most relevant research questions within a broad field of knowledge encompassing various forms of knowledge
- Funding research that is directly geared towards interventions
- Connecting initiatives and building communities
- Breaking through dominant practices that hinder fundamental change
- Supporting desirable alternative practices.

The steps involved in a transition analysis are described in Appendix 2.

[1] *Regime = The structure, rules and norms that work together to organise a society. The regime plays a crucial role in these changes, as it determines the opportunities and obstacles to innovation and change.*

APPENDIX 2 STEPS IN A TRANSITION ANALYSIS

A transition analysis comprises several steps:

- **Scoping**: A general outline of the main topic. What are the chosen 'system' and the chosen 'problem framing'?
- **Regime description**: A characterisation – in terms of culture, structure and working methods – that reflects how things stand within a given system and context, and how this has developed historically.
- **Identification** of **external pressure factors:** An identification of external trends and factors that have an impact on the chosen system and regime.
- **Persistent problems**: Focusing on the persistent problems faced by actors within the regime, whether at an individual, societal or systemic level.
- **Niche exploration**: An overview of transformative innovations that are emerging, often in response to persistent problems and the unsustainability of the regime. These may be responses driven, for example, by entrepreneurship or idealism. Niche exploration also supports the identification of more radical alternatives in relation to the regime, thereby making the potential of the transitions more tangible.
- **Synthesis**: A concise summary that articulates the transition narrative. At its core, we are often dealing with a regime that has evolved historically, which once offered a solution to problems but is now stuck and under increasing pressure. This is usually accompanied by a growing sense amongst people that things can and must be done differently, that existing policies or old approaches to innovation no longer work or are even counterproductive. So we need to start working differently: sometimes responding to changes that happen to us (surprises accompanied by the inevitable growing pains of transition), whilst also proactively exploring the strength and possibilities of a desired transition.

APPENDIX 3 FURTHER DETAILS ON CROSS-CUTTING THEMATIC QUESTIONS

This appendix contains a number of suggestions on how the cross-cutting questions from the call for proposals might be approached:

1. Integrated system governance

How do we move from fragmentation to integrated system governance in health and ecology? How do we organise systems in such a way that coherence becomes the core? This proved to be one of the most fundamental systemic problems: many pointed to the siloed structures, fragmented funding and conflicting incentives that still exist today.

Policy, research and practice still largely operate in separate domains, whilst the underlying issues are intrinsically intertwined. This fragmentation has multiple causes and leads to inefficiency, conflicting policies and limited systemic impact. How can a more integrated approach (involving the development of a shared vision, structural collaboration and collective ownership) be put into practice? How do we move from 'optimisation within existing structures' to fundamental system redesign?

Some example questions that transition interventions could explore:

- Which institutional incentives perpetuate fragmentation, and how can these be overcome?
- How can governance and funding structures be reorganised so that they reward, rather than hinder, integrated goals (planetary health)?
- Which organisational forms enable structural transdisciplinary collaboration (rather than merely temporary and project-based collaboration)?
- How can existing initiatives be effectively linked and scaled up without creating new fragmentation?

The learning process can focus on highlighting how organisational incentives stand in the way of integrated system management and the upscaling of integrated initiatives. What is specifically needed in practices and organisations to redesign governance and funding structures so that they reward the new integrated goals (planetary health)? In addition, this learning process requires dealing with multiple perspectives and developing a common language. The ultimate goal is to realise systems in which planetary health is structurally embedded as an integral part.

2. Shifting power dynamics

How do we shift existing power dynamics, for example, dominant governance and funding systems? How do we move from a system driven by money and power to one driven by public and planetary values? How do the interventions aim to contribute to more equitable distributions?

In many places, short-term financial and economic logic dominates decision-making, placing societal and ecological values under structural pressure. Power appears to lie with a select group of actors and is also deeply embedded in institutional structures and systems. This theme explores how such dynamics can be broken or redirected towards an integral planetary health consciousness. Tensions between operating within existing systems and the desire to change them are central. A key objective is to reposition public and planetary values as guiding principles in concrete organisational and funding practices.

Some example questions that transition interventions might explore:

- Where are the real levers of power within economic chains that influence ecology, health and nature, and how can these be utilised positively?
- How can social and ecological values – such as improving equality or preserving ecological coherence – become guiding principles in health decision-making (rather than purely financial returns)?
- What new valuation and funding models are needed, and are any already in the pipeline?
- How can legal, democratic and activist strategies contribute to systemic change towards planetary health?
- How do we operationalise climate justice as a design principle in policy and implementation, and shift decision-making power to citizens, communities and future generations?

The learning process focuses on developing a sharper, shared understanding of power structures and system dynamics. Identifying strategic levers for change is crucial. In addition, the aim is to develop appropriate strategies for action in local experiments that seek broader systemic change. There is a strong focus on being effective within complex institutional contexts. This involves learning how trust, legitimacy, justice and value-driven economic exchange lead to positive changes towards planetary health.

3. Developing a new logic (thinking, knowing, acting)

How do we develop a new logic of thinking, knowing and acting that is suited to the complexity of planetary health? How does this replace the old logic of thinking? For example, by questioning underlying assumptions and specifically addressing systemic causes that hinder progress. The still-dominant focus on human health alone is also a profound epistemological problem.

Dominant ways of thinking are often too linear, reductionist and limited, and do not adequately reflect the nature of planetary health issues. We are seeking an alternative way of thinking that is systemic, relational and learning-oriented. This shift calls for different ways of looking at things, collaborating and organising, as well as different ways of dealing with time, uncertainty and adaptability. This theme explores how new frameworks for thinking and acting can be developed and embedded in practice and policy. In doing so, it is recognised in practical terms that this phenomenon is an iterative and open-ended process.

Some example questions that transition interventions might explore:

- Which dominant thinking frameworks need to be actively phased out, and how?
- How do we develop and embed systemic, relational and complexity-aware thinking in policy, research and practice?
- How do we develop a shared language that does justice to complexity whilst remaining accessible?

The learning process focuses on making visible the assumptions and lines of reasoning that either hinder or, conversely, promote broad thinking about human health in relation to ecosystem health. What is needed to integrate and reward this broad approach to health within the context of planetary health? This involves, for example, developing a new shared language and framework of meaning. It also calls for a learning-based approach in which there is room for uncertainty, deeper reflection and experimentation.

4. Towards planetary health as a new guiding health narrative

How do we create a new planetary health narrative with imagination and meaning-making around health and ecology that inspires people to take action; how do we encourage its wider dissemination? How do we create a safe environment – an ecosystem – for the development of that new narrative?

All manner of narratives, often abstract, do little to encourage genuine behavioural change. There is a lack of stories that are more deeply rooted in experience, emotion and meaningful moments in people's daily lives, and which can inspire people to take action. At the same time, various social and economic inequalities also influence how receptive people are to certain stories. This theme explores how a more inclusive, safer and more effective narrative landscape can be developed on the path towards planetary health. Particular attention is paid to representation, diversity and the presence of concrete avenues for action. For without a widely embraced narrative, there can be no transition; nor will change progress with negative or unhelpful narratives.

Some example questions that transition interventions might explore:

- How do we develop a shared yet pluralistic narrative around planetary health that appeals to different target groups?
- Which methodologies (art, immersion, storytelling) enhance imagination and the prospect of action?
- What role do emotion, experience and identity play in catalysing behavioural and systemic change?
- How do we ensure that the stories of under-represented groups become structurally central?
- How can effective narratives be scaled up from niche to mainstream?
- How do we deal with misinformation, resistance and competing narratives?

The learning focuses on bringing to light both the positive and negative narratives that currently support or hinder planetary health. It explores the development of new narratives, imagination and meaning-making that not only inform but also mobilise. It is important to recognise and integrate diverse perspectives and lived experiences, and to understand and address resistance. In addition, it involves strengthening the power of imagination and explicitly linking stories to perspectives for action. This also requires the systematic inclusion of under-represented voices.

5. Ownership of broad health action

How do we create 'ownership' for broader health action and, in doing so, change behaviour, culture and collective thinking around health and ecology, with a more equal contribution from everyone? How do we actually get people and systems moving? Because transition is about social behaviour, not just structure.

Transitions do not depend solely on policy and structures, but to a large extent on human action and motivation, and on individual and collective commitment within the transition towards planetary health. Clear areas of tension can be observed between intrinsic and extrinsic motivation, and between ideals and practical feasibility. Emotion, personal experiences and social dynamics prove to be crucial factors. This theme focuses on fostering sustainable engagement.

Some example questions that transition interventions might explore:

- How do we combine intrinsic motivation with extrinsic incentives (policy, regulation)?
- Which mechanisms (social, psychological, institutional) steer behaviour towards or away from planetary health?

- How can we harness social dynamics, communities and role models to scale up behaviour?
- What are effective strategies for mobilising different target groups (early adopters, the middle group, etc.)?
- How do we create emotional engagement at scale and recognise pivotal moments when people become receptive to profound behavioural change?
- How do we structurally integrate planetary health into education and professional development?

The learning focuses on behavioural change, 'ownership' and commitment as core components of systemic transition. This requires an understanding of motivation, influence and the social dynamics of transitions. How, for example, can networks and communities act as catalysts for change? It also concerns whose knowledge and experience counts, and how knowledge, meaning and concrete avenues for action can be most meaningfully linked.

6. New ways of measuring impact and new learning for planetary health
How do we develop new ways of 'thinking about and measuring impact', and new ways of learning, focused on longer-term systemic change rather than linear output? Which methods and forms of learning and evaluation are appropriate for this? How can value within planetary health be approached in a new way, thereby leading to a better understanding of 'impact'?

Traditional measurement and evaluation methods fall short when dealing with complex and long-term issues. Impact appears to be multifaceted, context-dependent and often non-linear. In practice, this leads to significant gaps and tensions regarding measurability and scope for action, as well as accountability and innovation. Within this theme, we advocate a broader approach that also incorporates qualitative and learning-oriented dimensions. The aim is to arrive at a more appropriate and equitable approach to weighing up these factors.

Some example questions that transition interventions could explore:
- How can we move towards holistic impact thinking, taking a more integrated view of human and ecological impacts?
- What new forms of learning, evaluation and iteration are needed in complex transitions?
- How can we systematically map the impact of practice-oriented experimentation in terms of its contribution to broader change processes that have value at a larger scale?
- How can traditional impact measurements shift towards working with concrete case studies and learning by doing?
- How can we experiment with alternative value systems and monitor this effectively?

The learning focuses on developing new approaches to defining and evaluating impact. A combination of quantitative and qualitative insights is central to this. It also involves approaching impact as a dynamic learning process. It is vital to make the underlying values in weighting and steering practices much more explicit.