

Climate change is increasingly affecting human health, yet most countries' national climate strategies remain sober on the degree to which health-sector related interventions are used in climate adaptation. The lesson which the world has learnt in 2020 through a global crisis is the importance of public health. A global pandemic has demonstrated that insufficient public health can result in a global economic recession. The pandemic highlighted the impacts which cross-border issues can have on the entire human species. Climate change is a cross-border concern and responsive strategies should improve collective resilience. To this effect, improving health systems in climate vulnerable communities is a valid adaptation strategy which needs not to be undermined. Here are some facts one must know about climate change and health as part of the Climate Platform series "Guidelines for climate finance".

Increased temperatures affect people's health and well-being.

Personal factors such as geographical location, habitat and occupation can play a role in defining the severity to which some are exposed to the effects of climate change. Increased temperatures are favorable for the development and replication of pathogens and water-borne diseases by altering the length of transmission seasons.

Recent evidence suggests the ability for some pathogens to survive longer in hotter seasons, resulting in new geographical distribution patterns of diseases.



Increasing temperatures can be lethal for elderly people and patients with existing medical conditions. Equipping health centers with response capabilities appears therefore to be a cost-effective climate adaptation strategy.

Erratic precipitation cycles alter public health.

The risks of water contamination with waterborne bacteria, viruses and parasites increase as more intense and unpredictable rains cause drought and flooding. Flooding and droughts cause insects and rodent vectors to seek refuge in houses, increasing human exposure. Unpredictable rains also affect agriculture yields which results in malnutrition. Therefore, public health becomes a climate risk in all areas where precipitation cycles are disturbed due to climate change.

Most Vulnerable groups are disproportionately impacted.

Women, children, and elderly people are groups vulnerable to climate change. The lack of health infrastructure or weak health systems exacerbates these vulnerabilities. Indigenous people and tribal communities have traditionally been using medicinal plants as a way of healing.



However, climate change is destroying the environment on which they depend for survival, affecting their ways of life and cultural heritage. Improving health-systems appear therefore to be both protective of gender and safeguarding indigenous communities' survival with regards to climate threats.

Climate finance performance and impact monitoring indicator.

Climate finances' current way of measuring the performance of a health-related interventions is through "*the number of males and females benefiting from introduced health measures to respond to climate-sensitive diseases*". While much can be said about the number of improvements such indicators require, it is expected that the list of known climate-sensitive diseases will be growing as more correlations are found between climate induced events and known infections. Data availability on climate-induced effects on specific pathogens is limited in developing countries and correlation to climate change has been the major cause for less climate finance on health. Much can be done, starting with health to be included in climate policies and actions and increased research on climate health adaptation. Development of climate health information systems can contribute to such research, by providing surveillance of climate induced diseases and predicting outbreaks. Lessons learnt from the 2020 pandemic are calling for organized efforts and informed choices of the society towards sustainable climate-resilient development pathways.

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