

# **Towards a climate-resilient primary health care practice**

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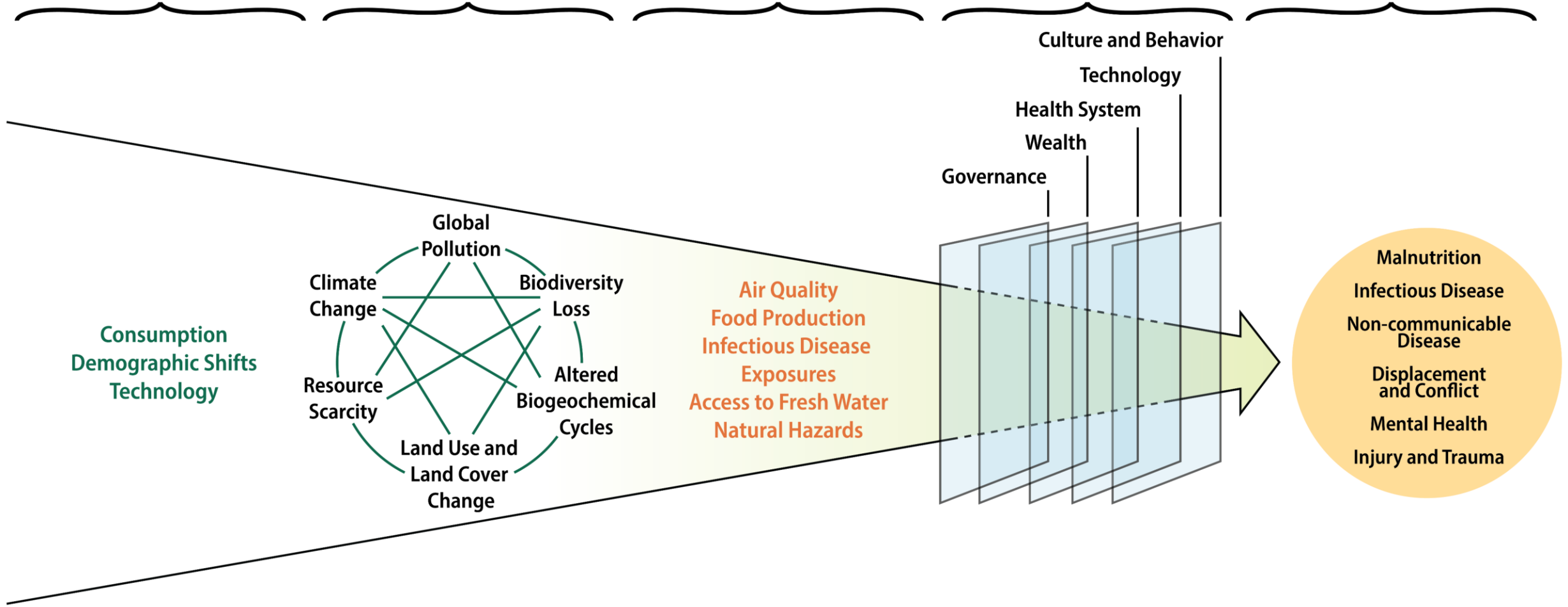
## Underlying Drivers

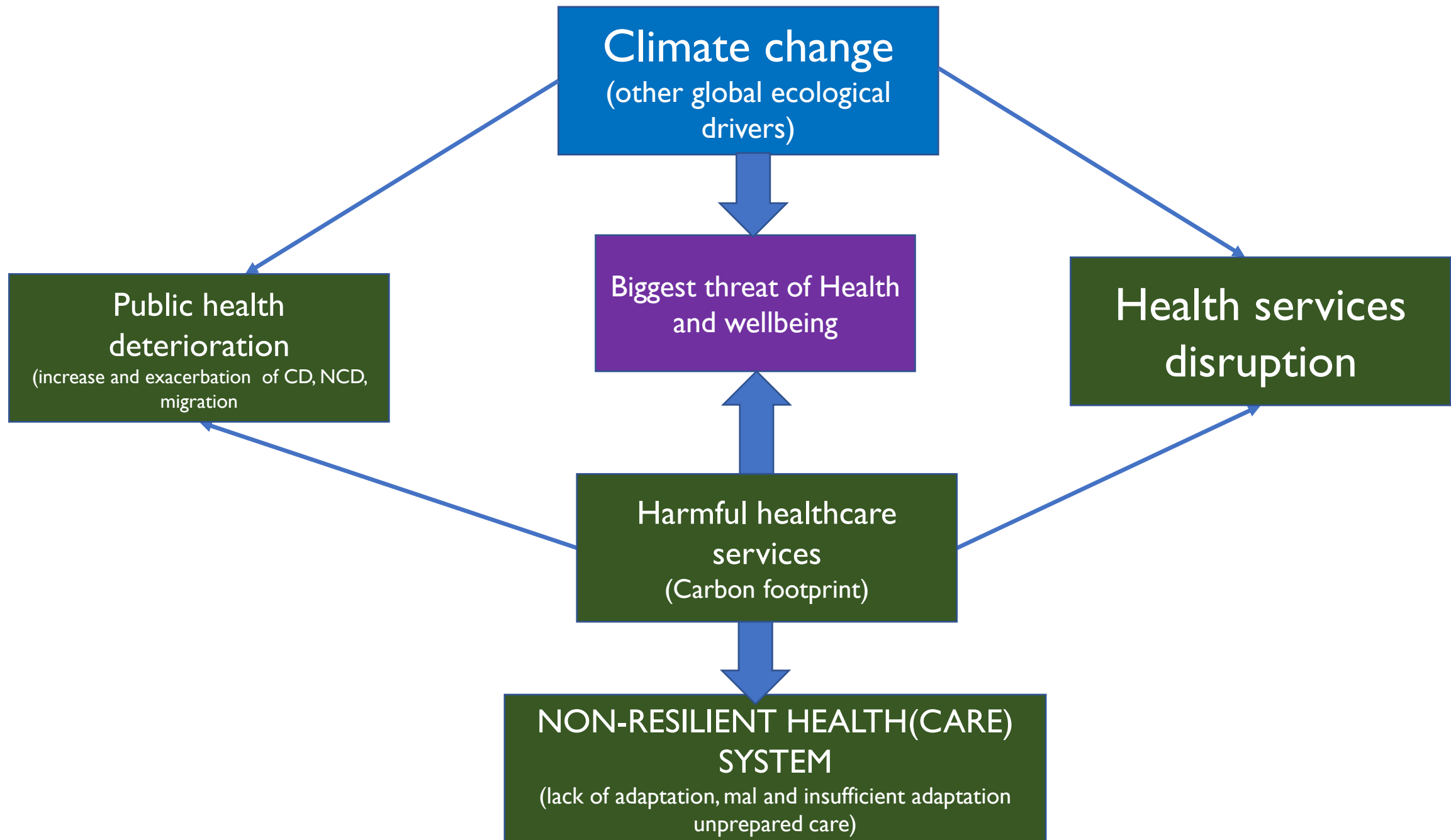
## Ecological Drivers

## Proximate Causes

## Mediating Factors

## Health and Social Effects





**Climate change**  
(other global ecological drivers)

**Public health deterioration**  
(increase and exacerbation of CD, NCD, migration)

**Biggest threat of Health and wellbeing**

**Health services disruption**

**Harmful healthcare services**  
(Carbon footprint)

**NON-RESILIENT HEALTH(CARE) SYSTEM**  
(lack of adaptation, mal and insufficient adaptation unprepared care)

# Climate change – people displacement









# Workshop

What can we do to adapt PHC facilities and services to the challenge of climate change? **40'**

- (From WHO framework for climate resilient health systems and the key factors for climate-resilient health services, give 1-2 practical examples of each building block).
- Group presentation of items

What can we do to mitigate the contribution of health services to climate change? **40'**

- (From The Global Green and Healthy Hospitals agenda items, give 1 practical examples)



# Adaptation: build climate resilience entails

- (i) developing adequate capacity and flexibility to understand how climatic conditions influence health outcomes;
- (ii) being able to anticipate changing health risks; and
- (iii) informing preparedness, surveillance and response to needs in a timely manner

# What to do?

Build a climate resilient health care practice

Resilient, Sustainable  
Health Facilities, Products,  
and Equipment  
Sustainable use of resource

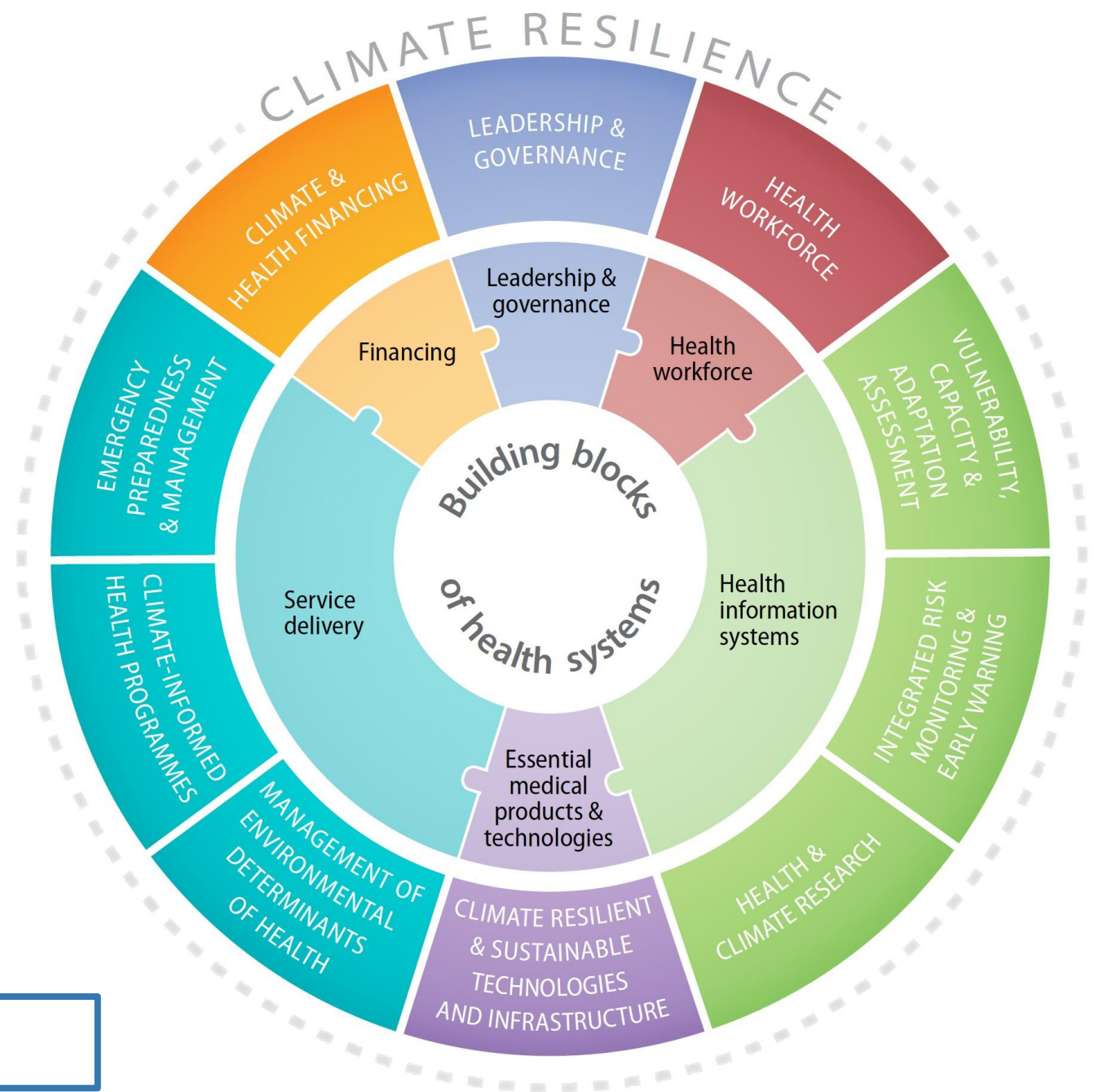
Staff Awareness  
Climate Change Champions

Climate-  
Informed Surveillance  
System

Adaptation  
Strategies Service  
Redesign Disaster  
Preparedness

Climate Change Forums

Use the PHC measurement framework MENU  
INDICATORS



# Health and climate research

- Building climate resilience calls for both basic and applied research so as to reduce uncertainty about how local conditions may be affected, gain insight into local solutions and capacities, and build evidence to strengthen decision-making.
- Research should inform existing knowledge management platforms, be effectively communicated, and find opportunities to be translated to practice. Guidance on priority knowledge gaps

# Objectives for the implementation of this component

- **Vulnerability:** a sound understanding of the main health risks posed by climate vulnerability and change, and of the most vulnerable population groups available in the country or region.
- **Capacity:** baseline information on capacities and gaps within the health system to face the challenges posed by climate change.
- **Adaptation options:** information on the main adaptation options available, including their comparative advantages, potential costs and efficiency, available for selection by health system decision makers

# Health workforce

- Development of technical and professional capacities of health professionals and their institutional capacity to strengthen the organizational capacity and teamwork capacity
- Climate resilient healthcare should build upon general effort and with the support of health professionals
- Health professional need to acquire dequate baseline levels of health competencies in climate resilient health service delivery, climate health policy and management, research and analysis.

# Climate resilient and sustainable technologies and infrastructure

- Ensuring that the health facilities account for current and projected future climate risks (increased frequency and intensity of heat waves, cyclones, etc.)
- Resilience of essential environmental services to health facilities (electricity, water and sanitation services) which may be compromised during extreme weather events.
- It includes adapting specific medical products to changing climatic conditions
- Facilitate timely and increase effective responses to changing environmental and climate related risk conditions
- Scaling up multisectoral public health prevention programmes that address climate risks and vulnerability to avoid negative health outcomes at their source

# Departments and programmes that can become climate-informed

- Communicable diseases control (particularly by zoonotic and vector-borne disease control units)
- Noncommunicable diseases
- Water and sanitation
- Nutrition, food hygiene and safety
- Occupational health
- Environmental health
- Maternal and child health
- Mental health
- Disasters and emergency management
- Facilities management
- Health statistics and information
- Pharmacies

# Climate and health financing

- Protecting health from climate change risk will need available financial resources.
- Identify resilience shortfalls, mobilize resources and additional investment to achieve climate resilient health goals (e.g. implementing climate resilient water safety plans, enhanced food security forecasting and nutritional screening during droughts)



# Baseline steps of vulnerability and adaptation (V&A) assessments

- **STAGE 1: PREPARATORY PHASE**
- **Aim:** make best use of existing data to provide an initial overview of **hazards, vulnerabilities and capacities**, to identify the information gaps that need to be addressed in Stage 2
- **STAGE 2: QUANTITATIVE (AUDIT) PHASE**
- **Aim:** Complete an audit of **vulnerability and capacities**, addressing the information gaps identified in stage 1 (including carbon footprint measurement), to produce an initial list of risks
- **STAGE 3: QUALITATIVE (SCENARIOS) PHASE**
- **Aim:** Gather additional insights on **climate hazards** (or more specifically, exposures), **vulnerabilities and capacities** from staff and community members talking through their lived experience.
- **STAGE 4: ANALYSIS OF THE FINDINGS**
- **Aim:** refine the initial climate health risk register based on community and staff insights from stage 3
- **Tools:** Qualitative output data from stage 3; climate resilience solution inventory
- **STAGE 5: PRIORITISATION**
- **Aim:** agree the priority list of interventions and indicators to form the basis of a facility improvement plan.

# Group work: 5 small groups

- Each person in each group to consider and discuss the following questions about their practice (or discuss together if they are from the same district/practice): [30 mins]
  - **What are the expected climate related hazards in your practice area?**
  - **What are the risks from these hazards for facilities and services?**
  - **What are the risks from these hazards for the community and patients?**
  - **How will these hazards change the health needs and demands on the services?**
  - **Which facilities/departments are more or less vulnerable to these risks?**
  - **Which parts of the community are more or less vulnerable to these risks?**
- Feedback – share the three most interesting examples that are volunteered [5 mins per example]