

Health in the Climate Agenda: Building Resilient Adaptation Pathways for Africa



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SUMMARY

Climate change poses increasing health risks across Africa, yet health remains underrepresented in most countries' national adaptation agendas. This brief examines the extent to which health considerations are integrated into the climate change agendas of eight countries in sub-Saharan Africa and offers actionable recommendations to guide governments and key stakeholders in building climate-resilient health systems. The cross-country assessment reveals varying levels of progress, offering valuable insights into what works and where further support is needed. Some countries in this study have begun incorporating health considerations into climate adaptation efforts through the development of Health National Adaptation Plans (HNAPs), establishment of One Health initiatives, and implementation of climate-smart health pilot projects. Weak cross-sectoral coordination, narrow recognition of health-climate linkages, and limited financing for mental health, pollution-related illnesses, and community-based services remain key gaps. To strengthen resilience, countries should mainstream health into their adaptation strategies, introduce health tagging in budgets, build institutional capacity, and invest in data systems for inclusive, evidence-based climate-health planning.



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KEY MESSAGES

- Some countries, such as Tanzania, Ethiopia, Kenya, and Uganda, have developed HNAPs, piloted climate-smart health strategies, and adopted the One Health framework for integrated planning.
- Climate policies prioritize health but focus narrowly on communicable diseases, overlooking noncommunicable diseases; nutrition; mental health; pollution-related illnesses; sexual and reproductive health and rights; and water, sanitation, and hygiene.
- Policy silos, donor-driven fragmentation, limited institutional capacity, and inadequate financing slow coordinated action.
- There is a need to scale up HNAPs, develop national climate-smart health strategies in lagging countries, and leverage regional coordination platforms such as the African Union and Regional Economic Communities to harmonize approaches.
- Countries should leverage opportunities for regional learning and experience sharing to accelerate progress, recognizing the varying levels of advancement across nations.

BACKGROUND

Climate change is one of the greatest threats to public health in sub-Saharan Africa. Rising temperatures, extreme weather, and ecosystem disruptions are intensifying health risks, while drought and conflict-related displacement stretch already limited services. The World Health Organization estimates that between 2030 and 2050, climate change will cause an extra 250,000 deaths every year from malnutrition, malaria, diarrhoea, and heat stress alone. In Africa, where health systems are underfunded and overstretched, the impacts are especially severe.

Climate change fuels a wide range of health problems. Warmer and wetter conditions expand the spread of malaria, dengue, yellow fever, and Rift Valley fever, while floods and droughts contaminate water supplies, increasing cholera and other diarrhoea diseases. Children under age 5 are the most vulnerable to these illnesses, which remain leading causes of death. Respiratory diseases are also on the rise as poor air quality, dust storms, and

reliance on wood and charcoal for cooking worsen asthma, cardiovascular disease, and chronic lung conditions. At the same time, ecosystem changes and greater human-animal contact heightens the risks of zoonotic outbreaks such as Ebola.

Food and nutrition security are just as heavily affected. Droughts and floods reduce harvests, disrupt livestock, and damage food storage, driving up hunger and malnutrition rates. Beyond physical health, the mental health burden is growing. Families experiencing displacement, loss of livelihoods, or repeated disasters face greater risks of depression, anxiety, and trauma, yet mental health services remain some of the weakest parts of African health systems.

Despite these wide-ranging impacts, health remains poorly represented in national climate policies. This briefs reviews how health is integrated into climate policies and financing across sub-Saharan Africa (SSA) and identifies opportunities to build more inclusive, better-resourced, and more resilient climate-health systems. Our analysis draws on a review of climate-related policy documents from eight countries in SSA—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. We provide actionable recommendations to guide governments and key stakeholders in building climate-resilient health systems, leveraging opportunities for regional learning and experience sharing among countries.

KEY FINDINGS

Health is increasingly included in climate policies, but integration is narrow, uneven, and overlooks critical health risks.

Several countries in our analysis, including Ethiopia, Kenya, Tanzania, and Uganda, have made progress in acknowledging health as a climate-vulnerable sector within their national adaptation frameworks. Current policies emphasize climate-sensitive infectious diseases such as malaria, cholera, and diarrhoeal illnesses, while also introducing measures to strengthen disease surveillance, health infrastructure, and early warning systems. Ethiopia goes further by promoting cross-sectoral integration of health, agriculture, and water, while Tanzania's health plan emphasizes building health system resilience under climate stress.

Despite this progress, the scope of integration remains limited and uneven. Critical health challenges such as respiratory illnesses (linked to air pollution, dust, and biomass fuel use), mental health impacts, and psychosocial well-being in the face of displacement, disasters, and livelihood loss receive little to no policy attention. Sexual and reproductive health and rights (SRHR) is also weakly integrated, if at all, in most policies. Monitoring frameworks are also weak. While some countries, such as Kenya, Ethiopia, and Rwanda, acknowledge the need for sex-disaggregated data, few concrete indicators track broader health outcomes. This lack of comprehensive integration risks leaving populations vulnerable to a growing spectrum of climate-related health risks, especially among marginalized and at-risk groups, and undermines the goal of building inclusive, resilient adaptation strategies.

Financing for health in climate change actions is minimal, fragmented, and poorly tracked.

Financing remains a critical barrier to integrating health into climate action. Although most countries in the region including Ethiopia, Kenya, Uganda, Rwanda, Tanzania, and Zambia, explicitly recognize climate-related health threats in their key national strategies, such as Nationally Determined Contributions (NDCs) and National Adaptation Plans (NAPs), these commitments are rarely translated into costed budget lines. Health is typically subsumed within broader adaptation sectors like agriculture or water, obscuring its specific needs and marginalizing health ministries in climate finance dialogues. Consequently, the funding for essential, high-impact interventions from climate-resilient health infrastructure to robust disease surveillance systems is consistently absent, leaving these priorities severely underfunded.

Evidence also shows that no country reviewed has successfully accessed global climate finance for health-specific projects, reflecting wider global trends where less than 0.5% of multilateral climate finance is directed to health. Weak systems for tracking and tagging climate-health investments further constrain accountability and resource mobilization. As a result, critical priorities—such as addressing rising burdens of respiratory, heat-related, and vector-borne diseases—remain severely underfunded, leaving health systems ill-prepared for climate shocks.

Multisectoral coordination on climate-health linkages is emerging but remains fragmented across countries.

Our review of policies shows that countries are beginning to integrate climate change considerations into national health systems, but progress is uneven. Kenya and Uganda are among the frontrunners in this area. Both countries have developed dedicated HNAPs and embed climate-health actions into broader climate policy frameworks. Tanzania has developed a draft HNAP that strongly integrates climate change into sectoral health strategies such as the Health Sector Strategic Plan V (2021-2026). Ethiopia's HNAP-II (2024-2028) identifies specific health vulnerabilities and proposes sectoral interventions. Rwanda, despite lacking a formal HNAP, demonstrates promising multisectoral collaboration through its One Health approach, which encourages cooperation across human, animal, and environmental health sectors. On the other hand, Malawi, Niger, and Zambia show weak to nonexistent integration of climate change in their national health policies. Overall, while promising models of coordination exist, multisectoral integration of climate and health policies remains partial, inconsistent, and insufficient to match the scale of the challenges.

This lack of comprehensive integration risks leaving populations vulnerable to a growing spectrum of climate-related health risks, especially among marginalized and at risk groups, and undermines the goal of building inclusive, resilient adaptation strategies.