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UNDER THE WEATHER

STORIES FROM COMMUNITIES ON THE FRONT LINES
OF CLIMATE AND HEALTH ADAPTATION

Two people ride past a bridge that was destroyed by flooding from the Mwanza River, Malawi, during Cyclone Freddy, while a woman washes her sorghum in the river.





Cover image: Uweys Ali Hassan, an internally displaced person (IDP) turned fisherman from Jawhar, south central Somalia, lives under his fishing boat in Puntland's Jariiban district.

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Disclaimer: This report tells the first-hand accounts of communities facing the health impacts of a changing climate. As such, it touches on themes that could be difficult to read about, including starvation and death. Please engage with the content with respect for those who are suffering and for the individuals willing to share their stories.

UNDER THE WEATHER

STORIES FROM COMMUNITIES ON THE FRONT LINES
OF CLIMATE AND HEALTH ADAPTATION



Sanou Korotim sells fruits and vegetables from her garden at a stand in the town of Bobo, Burkina Faso. But crops have reduced over the years, making it harder to earn enough money to sustain the family.

CONTENTS

Foreword	8
Introduction	9
CASE STORIES	13
1. SOUTHERN MALAWI	13
2. OUAGADOUGOU, BURKINA FASO	24
3. CENTRAL SOMALIA	30
CALL TO ACTION	40
Annex 1	42
References	45
Acknowledgements	49

FOREWORD

The climate crisis is a health crisis. From food insecurity and cholera in Malawi, to droughts and flooding in Somalia, to scorching heatwaves in Burkina Faso – as temperatures continue to rise, so too does the toll on people. As the case stories in this report show, the cascading effects of the climate and health crisis are affecting people here and now, and urgent action is needed.

Today, more than 1 billion people worldwide do not have sufficient access to health services. Climate change is adding to the pressure. Without decisive action, climate change is expected to cause as many as 250,000 additional deaths per year from 2030 ([WHO, 2023](#)).

In the face of rising climate impacts, National Red Cross and Red Crescent Societies are bolstering climate-health resilience and enhancing the livelihoods of affected communities. Our collective efforts are harnessed in response to immediate needs but are also critical in building longer-term resilience, to reduce vulnerability and exposure to climate-related health risks – thereby saving lives and supporting people’s well-being.

In tackling rising climate impacts, our collective efforts must be targeted at the local level and ensure no one is left behind. Although we are representing National Red Cross and Red Crescent Societies working in highly different

contexts, we all experience the impacts of climate change in our local communities. We face floods, droughts and heatwaves that affect our work in different ways, but we all have in common that our efforts are uniquely rooted in local communities, working as auxiliaries with our governments and drawing on the strength of our worldwide Movement. In Burkina Faso, Malawi and Somalia some 134,000 Red Cross and Red Crescent volunteers, along with our network of community-based health workers, are there day in and day out.

With more than 120 states endorsing the *COP 28 UAE Declaration on Climate and Health*, the health aspects of climate change have finally moved up the international climate agenda. However, success cannot be measured by words alone, but by action.

From tackling extreme heat to building climate-resilient communities and health systems, and through investing in community-based health workers, we can together lay the foundations to build resilience. It is time to put people’s health and well-being at the centre of the climate agenda.

We all have a role to play, from national governments to local communities and volunteers – but, critically, finance needs to flow to the local level and connect up. Now is the time to accelerate our collective ambition and deliver.

Burkinabe
Red Cross Society
Lazare Zoungana
Secretary General

Malawi
Red Cross Society
Chifundo Kalulu
Secretary General

Somali
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Yusuf Hassan Mohamed
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Secretary General

INTRODUCTION

The health impacts of climate change are happening now. This report tells the stories of communities in three countries across Africa. Burkina Faso, Malawi and Somalia were chosen because they are among the African countries most vulnerable to climate change (ND-GAIN, 2024). All three countries have recently experienced climate-health events, including heatwaves, cholera outbreaks and tropical cyclones. All three also have climate adaptation plans: Burkina Faso has a National Adaptation Plan while Malawi and Somalia have National Adaptation Programmes of Action (NAP Global Network, 2024). Malawi has also completed a health Vulnerability and Adaptation assessment. The case stories describe the experiences of health workers, villagers and families struggling with dehydration, displacement and death as temperatures soar and water becomes scarcer. They speak of local resilience, of successful interventions and of the choices we make in the face of adversity.

The climate crisis is a health crisis. Climate change poses a significant threat to global health, exacerbating existing health challenges and creating new public health emergencies. Climate change is increasing the frequency and intensity of extreme weather events, such as floods, droughts and heatwaves, which have direct impacts on health including injury, complications with existing conditions and death. Indirectly, climate change exacerbates food and water insecurity and increases the prevalence of both communicable and non-communicable diseases. For instance, undernutrition, malaria, diarrhoea and heat stress are projected to contribute to at least 250,000 additional deaths annually between 2030 and 2050 (WHO, 2023). Therefore, any discussion of adaptation to the impacts of climate change is incomplete unless it includes health (IPCC, 2021).

The impacts fall disproportionately on vulnerable communities. According to the most recent IPCC report, between 3.3 billion and 3.6 billion people live in contexts that are

highly vulnerable to climate change, with the vast majority living in Africa, Asia, Central and South America, the least developed countries, small islands and the Arctic (IPCC Summary, 2022). Indigenous peoples, small-scale farmers and low-income households remain the most vulnerable communities globally (IPCC, 2021). The impacts of climate change are also particularly intense for vulnerable fragile communities and those affected by protracted crises and conflict. In these settings, hazards like cyclones are magnified by already compromised systems, governance and infrastructure. Worse, climate shocks and stressors can strain already overstretched systems – creating a vicious cycle. Vulnerable populations face increased climate-driven health risks due to heightened exposure, precarious living conditions and limited access to healthcare. As a result, climate change is aggravating existing health inequities while also creating new health challenges (Romanello et al., 2022; IPCC, 2021).

These communities are the least responsible for climate change. Regionally, Africa accounts for around 3 per cent of global greenhouse gas emissions, yet Africans experience disproportionate impacts from climate change (IPCC, 2021). African countries are projected to face the highest number of additional annual deaths attributable to climate change in 2030 and 2050 (IPCC, 2021). Yet African countries often lack the financial resources and infrastructure to implement effective climate adaptation from national budgets. This leaves them reliant on international financing. As a result, climate-health impacts in Africa are both more severely felt and more difficult to manage ([Alcayna, 2020](#); [WMO, 2023](#)).

The international community is increasingly aware of the health impacts of climate change. In the past decade, we have seen an improvement in the international recognition of climate change's health impacts. This is in large part due to key international players and the advocacy efforts of thousands of health professionals. In 2023, we saw several major advances

(see Box 1). The *UAE [United Arab Emirates] Framework for Global Climate Resilience* has set a target specifically on health as a key sector. The *UAE Declaration on Climate and Health* (from the 28th meeting of the Conference of the Parties to the UNFCCC, COP 28) was endorsed by more than 120 countries. The declaration included a commitment to transform health systems to be climate-resilient, low-carbon, sustainable and equitable. These agreements built on previous global initiatives, such as the establishment of the Alliance for Transformative Action on Climate and Health in 2022. Yet this recognition of climate change's health impacts has not been fully translated into action (Romanello et al., 2022).

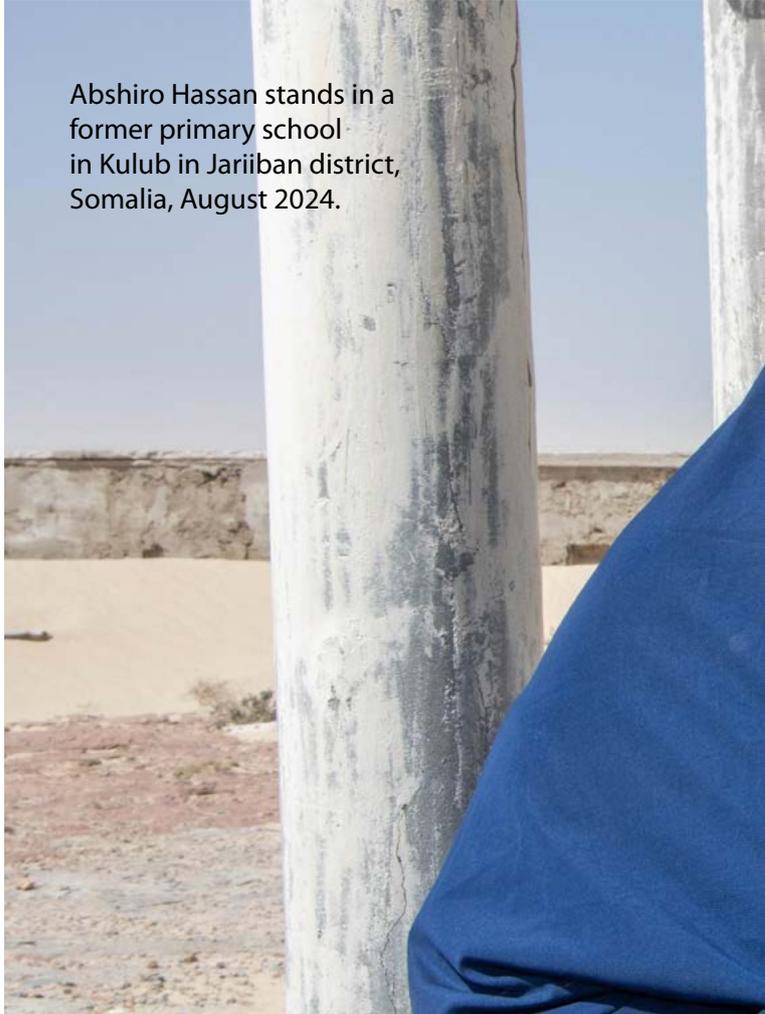
Adaptation funding remains wholly inadequate. Adaptation costs for low- and middle-income countries will range from 194 billion to 366 billion US dollars annually this decade (UNEP, 2023). Yet adaptation finance is underfunded: more than 10–18 times the current flow of international public finance to underdeveloped countries is needed (GCA, 2023). This adaptation gap significantly affects vulnerable people's health and capacity to cope (UNEP, 2023). On average, African countries are losing up to 5 per cent of their annual gross domestic product due to climate change. Many are forced to divert nearly 10 per cent of their budgets into unplanned expenditure to respond to worsening climate extremes (WMO, 2024). Yet in 2019–2020, international commitments on adaptation financing for Africa stood at just 11.4 billion US dollars. More than half of that was financed through loans to already debt-strapped countries (GCA, 2023).

Even less adaptation funding goes to the health sector. Between 2009 and 2019, only 4.9 per cent of global adaptation commitments focused on health sector adaptation. This is hindering efforts to address climate change's health impacts and eroding decades of global health gains (Alcayna et al., 2023). Multilateral funding for health adaptation is less than 0.5 per cent of total multilateral funding for adaptation. Worse, it often does not meet local needs (Alcayna et al., 2023). Only 10–17 per cent of international adaptation funding addresses programmes at the local level (Soanes et al., 2017; Browne, 2024).

Community resilience is possible. The case stories in this report show that, while progress has been made, it is not enough. Adaptation can lead to transformative action if there is intentional, equitable and efficient investment in implementation and local engagement, and diversification of financing options. By centring people and prioritizing community leadership, we can collectively contribute to a more healthy and resilient future.

The IFRC network is working to address these five climate-health sensitive areas:

- a. Epidemic and pandemic diseases – vector-borne, water-borne and zoonotic
- b. Nutrition and food security
- c. Environment and displacement
- d. Extreme-heat resilience and disaster preparedness and response
- e. Mental health



Abshiro Hassan stands in a former primary school in Kulub in Jariiban district, Somalia, August 2024.

BOX 1: INTERNATIONAL ADVANCES ON CLIMATE AND HEALTH FROM COP 28

The *UAE Framework for Global Climate Resilience* is the first international declaration to focus primarily on climate adaptation ([United Nations Foundation, 2024](#)). It aims to expand on and guide the achievement of the 2015 Global Goal on Adaptation, which called for “enhancing adaptive capacity, strengthening resilience and reducing vulnerability to climate change” ([UNFCCC, 2015b](#)). Health is a key prioritized sector in the UAE framework. The three main aims are to achieve health resilience in the face of climate change, advance climate-resilient health services and lower climate-related morbidity ([United Nations Foundation, 2024](#)).

The *COP 28 UAE Declaration on Climate and Health* was also endorsed in 2023, by 124 countries. Signatories committed to:

- strengthen the “development and implementation of policies that maximize the health gains from mitigation and adaptation”
- transform health systems to be “climate-resilient, low-carbon, sustainable and equitable”
- facilitate “collaboration on human, animal, environment and climate health challenges”

The declaration also recognized that accessing finance remains difficult, particularly in low- to middle-income countries. Therefore, it underscored the need to better leverage synergies to improve the efficiency of financial flows ([COP 28, 2023](#)).



BOX 2: PRINCIPLES OF LOCALLY LED ADAPTATION



- **Devolving decision-making to the lowest appropriate level.** Giving local communities and institutions more direct access to financing and power to decide how adaptation actions are designed, implemented and evaluated.



- **Addressing structural inequalities faced by women, youth, children, people with disabilities, the displaced, indigenous people and marginalized groups.** Putting inclusion at the centre of adaptation interventions.



- **Providing predictable funding that can be accessed more easily.** Supporting simpler, quicker access modalities that span longer time frames.



- **Investing in local capabilities to leave an institutional legacy.** Improving the capability of local institutions to manage adaptation over the longer term without donor dependency.



- **Building a robust understanding of climate risk and uncertainty.** Informing adaptation decisions through a combination of local and scientific knowledge.



- **Supporting flexible programming and learning.** Enabling solutions that deal with the uncertainty of adaptation through learning, flexible finance and programming; using evidence from programming to drive internal decision-making rather than treating monitoring and evaluation as just a reporting exercise for donors.



- **Ensuring transparency and accountability.** Being open with local stakeholders in terms of the process of application, selection and awarding of finance; where possible reducing upwards-facing accountability and reporting requirements of donors for local partners.



- **Encouraging collaborative action and investment.** Incorporating local adaptation into strategies and approaches across scales and initiatives to connect the local to the national level and international efforts.

(Source: IFRC, 2024).

The *Principles for Locally Led Adaptation* were co-developed between 2018 and 2021 under the Global Commission on Adaptation in partnership with the International Institute for Environment and Development, the World Resources Institute, the International Centre for Climate Change and Development and more than 50 other climate stakeholders. They were launched at the 2021 Climate Adaptation Summit and have since been endorsed by more than 100 organizations. More information can be found at <https://www.wri.org/initiatives/locally-led-adaptation/principles-locally-led-adaptation>.

CASE STORIES

1. SOUTHERN MALAWI

AS CLIMATE CHANGE EXACERBATES EXTREME WEATHER EVENTS LIKE TROPICAL CYCLONES, MALAWI FINDS ITSELF STRUGGLING WITH THREE WATER-RELATED CHALLENGES: FLOODING, FOOD INSECURITY AND CHOLERA.

Ruth waits and the sun beats down on her. She is one of a group of women queueing patiently for a borehole: the only water source for the newly established settlement of Pakamwa in Chikwawa district in southern Malawi. Behind her is a flurry of activity as families race against time to piece together homes.

It has been a year and a half since the 680 people in Pakamwa were displaced in March 2023 by Tropical Cyclone Freddy, the longest-lasting tropical cyclone ever recorded ([WMO, 2024](#)). Freddy caused catastrophic flash floods, displacing entire villages to temporary camps. A year later, the government moved Ruth and the others to Pakamwa. On dusty land, the community rebuilds.

Access to food remains difficult long after the cyclone. **“It’s because of climate change that we have such a big burden,”** says Ruth. **“We have been struggling to get food. Doing piece work just to get potatoes to eat with the children. Sometimes we sleep on empty stomachs.”**



T *“Even the small things that we could have relied upon, that survived the flooding, are now gone with the sun” – Ruth Stevens, Pakamwa Settlement, Malawi*



After flood-affected households spent months in a camp, the land for the Pakamwa settlement was bought by the government to resettle them closer to their farms.





Ruth grows maize and potatoes to feed her three young children. However, the few crops that survived the flooding from Freddy have dried in the subsequent drought.

This worry is echoed by Lytoni Cross in the neighbouring community of Chapananga. Food insecurity and economic challenges worsened by climate impacts force Lytoni and many others to put their lives and safety at risk by seeking work in Mozambique, where they are exposed to violence. Limited resources force families to make choices around food, safety, health and education. **“Our social well-being is difficult,”** says Lytoni. **“I’ve got three children who are in secondary school. I’m struggling to get school fees or to pay them for their education support. It’s been a very big challenge.”** The choices are not easy and long-term stress weighs on people in these communities.

Climate-related hazards like Tropical Cyclone Freddy have exacerbated the challenge of accessing food in Malawi – which was already dire, due to high food prices and expensive agricultural materials. As the country enters the lean season between October 2024 and March 2025, an estimated 5.7 million people in Malawi are predicted to be food insecure (World Food Programme, 2024).

Further north, on the southern shores of Lake Malawi, Janelasi stands a metre from the bloated waterline amid a pile of crumbled brick. Her small fishing community faces frequent flooding and her home has been destroyed. Janelasi now lays out mud bricks to dry to eventually shelter her and her five children.

Ruth Stevens is pictured left waiting for her turn at the borehole, and right, returning home in Pakamwa, Chikwawa district.



Janelasi praises the health efforts in Mangochi district where she lives. Access to health services, immunizations and water purification have helped her and her family stay physically healthy and therefore more resilient. However, Janelasi doesn't see a path to long-term recovery from the frequent floods, especially with fish catches declining. **"I don't feel prepared to adapt to climate change impacts, because I don't have hope that the community and I have ways to come out of the problems that have so far affected us,"** she says.

With the shifts in climate come more cases of cholera. Fluctuating rain patterns in Malawi are leading to oscillating periods of floods and drought, threatening previously safe water sources. As climate-related floods and droughts increase the contamination of surface water, more cases of cholera and dysentery are expected ([IFRC, 2023](#)).

While cholera is an ongoing battle in Malawi, until recently it was seen only in the rainy seasons. The dry season, June to October, traditionally had few cholera cases. Francis Liyati, Community Health Coordinator of the Malawi Red Cross Society, says: **"Due to the change of climate, now we are registering what we call dry cholera. We are having cholera throughout the year."**



Women wash clothes on the shores of Lake Malawi in Mangochi district. The lake is a vital lifeline for these communities, who depend on it for food and water.





Janelasi is a mother of five and is currently making earth bricks to reconstruct her house, which was destroyed by the flooding.



*“I am overwhelmed.
Where can I find food
and other necessities
for my living?”*

*– Janelasi, Mangochi
district, Malawi*

Martha Petro, a volunteer in Kamphande, makes an outreach visit to sensitize households to community health issues.





To respond to this, the Phalombe district implemented a cholera prevention programme called Detect Cholera. Health workers distribute chlorine solutions to households to treat water, spread cholera awareness messages and refer patients with symptoms to hospitals where they can receive oral rehydration salts. The programme was in place before Cyclone Freddy and the activities helped in its aftermath, says Madalitso Kilowe, an environmental health officer for the Phalombe district: **“Since we were hit by the cyclone, we expected that we would see a rise in the number of cholera cases, but then the opposite happened. There was a drop. The cholera cases dropped to zero.”**

The team from the Malawi Red Cross Society add their thoughts on how to have successful community programmes. They attribute success to the community having a leading role in identifying both what the problems are that need addressing and how to address them. **“When we go into a community, we are looking at a human being holistically,”** says Chisomo Banda from the society. **“It is a holistic approach that we’re using, not necessarily to look only at sanitation and hygiene, but to look at the other needs that are embedded into what we are implementing.”**

This kind of collaborative approach is crucial, says Thokozile Munthali, Director of Planning and Development for Chikwawa district. **“If we jointly plan together with the district, we know the priorities,”** says Munthali. This method **“can help to come up with the interventions that we really need, that address the needs of the people”.**

2. OUAGADOUGOU, BURKINA FASO

A DIRE HEATWAVE CAUSED MASS DEATHS AND INFRASTRUCTURE FAILURES IN BURKINA FASO, WITH THE WORST IMPACTS FALLING ON VULNERABLE GROUPS LIKE INTERNALLY DISPLACED PERSONS AND PEOPLE WITH DISABILITIES.



7 *“It was the heat that knocked him out”*
– Kone Bourema, Ouagadougou

“A week ago, Issouf was sitting here with us,” says Kone Bourema. **“Suddenly he fell over. He died on the way to the hospital. We didn’t get any other explanation than that it was the heat that knocked him out.”**

It was early April 2024. Temperatures in Ouagadougou, the capital of Burkina Faso, levelled off at an unprecedented 45°C ([Barnes et al., 2024](#)). As temperatures soared, roadways melted and power grids failed. Electricity cuts stretched to more than ten hours a day, so even those who could afford air conditioning or electric fans could not use them to take refuge from the heat. The heatwave lasted from March to May 2024 – intensified by a strong El Niño, a global phenomenon that alters weather patterns.

Bourema was sitting and watching TV, winding down after a day’s work with his colleagues in Gounghin neighbourhood, near the centre of

Ouagadougou. As the dust of the city streets settled around them, they sought shelter from the heat under the shade of a tin awning. But this was not enough for Issouf. At such temperatures, heat cramps and heat exhaustion are likely and heat stroke is possible ([National Weather Service, no date](#)). Human bodies can withstand only so much heat.

Issouf’s death was one of several hundred during the heatwave. Kiswendsida Guigma, a climate scientist at the Red Cross Red Crescent Climate Centre, says: **“The extra heat was the difference between life and death for many people. In large cities like Ouagadougou, you have less opportunity to cool off.”** The Bogodogo University Hospital Centre reported a sharp increase in mortality – especially among elderly people, who are more vulnerable to extreme heat. The head of the hospital’s medical emergency department noted that many patients arrived in critical condition, and

Kone Bourema is the head of the association for the disabled in Burkina Faso. He also runs a metal workshop, where disabled people get vocational training and job opportunities.





Bambara Hafissatou and other people with albinism need to take extra precautions in the heat. At eight o'clock in the morning, she can feel the impact of the sun and so can only do her shopping in the evening.



in some cases, already deceased (RTB, 2024). Mortuaries quickly reached capacity. This wave of deaths, including Issouf's, underscores the fragility of life in one of the hottest regions of the world.

For those with physical disabilities, extreme heat is a double burden. Bourema knows this well: he leads an association for people with disabilities in Burkina Faso. His tin awning is a metal workshop and a source of community resilience, where people with disabilities learn vocational trades and have employment opportunities. But the heat brought additional challenges. **“The wheels on the wheelchair break. It becomes even more difficult to be outside and to work,”** says Bourema. **“It is difficult to move outside when it is so hot. There is a lot of dust, you become exhausted, and it is hard to find shade and water.”** As well as posing a health risk, the heat made it nearly impossible to work, directly affecting disabled people's livelihoods.

In other neighbourhoods of Ouagadougou, the second week of April marked the end of the month of Ramadan. In Islam, the month of Ramadan – which stems from an Arabic root word meaning “scorching heat” – is a period of fasting, self-reflection and sacrality. Many refrain from drinking water during daylight hours, further intensifying the risk of dehydration and heat stress, even for individuals typically less vulnerable ([Barnes et al., 2024](#)).

Heat exposure is disproportionately spread throughout the city. **“The conflict in many parts of the country has led to many being displaced to the capital, and living in slum-like conditions, with little opportunity to cool down, and poor access to water and sanitation,”** says Guigma. The risk is generally higher in informal settlements due to poverty, lack of infrastructure and access to healthcare, and the low adaptive capacity of populations ([Somdakouma et al., 2024](#)). In focus groups, disaster management practitioners emphasized that extreme heat is a growing and critical issue in Ouagadougou, of increasing severity in recent years. They highlighted the need for stronger interventions at individual, community and national levels ([Somdakouma et al., 2024](#)).

The Ministry of Health and the Burkinabe Red Cross Society are both working to address the threat of extreme heat. Health officials are addressing areas that pose key challenges, such as patient intake procedures and working conditions for medical staff; are developing strategies for managing cases; and are improving preparedness of individuals ([Cedric, 2024](#)). Meanwhile, the Burkinabe Red Cross Society and its partners are developing an Early Action Protocol. Priorities include early warning dissemination, provision of potable water, medical monitoring for people with chronic illnesses and cash distribution ([Somdakouma et al., 2024](#)).

“It is difficult to move outside when it is so hot. There is a lot of dust, you become exhausted, and it is hard to find shade and water” – Kone Bourema, Ouagadougou



Bambara Hafissatou and other people with albinism suffer more than usual during heatwaves. She often must wait until sunset before she can do necessary errands, as the heat, dust and sunlight create more difficulties.

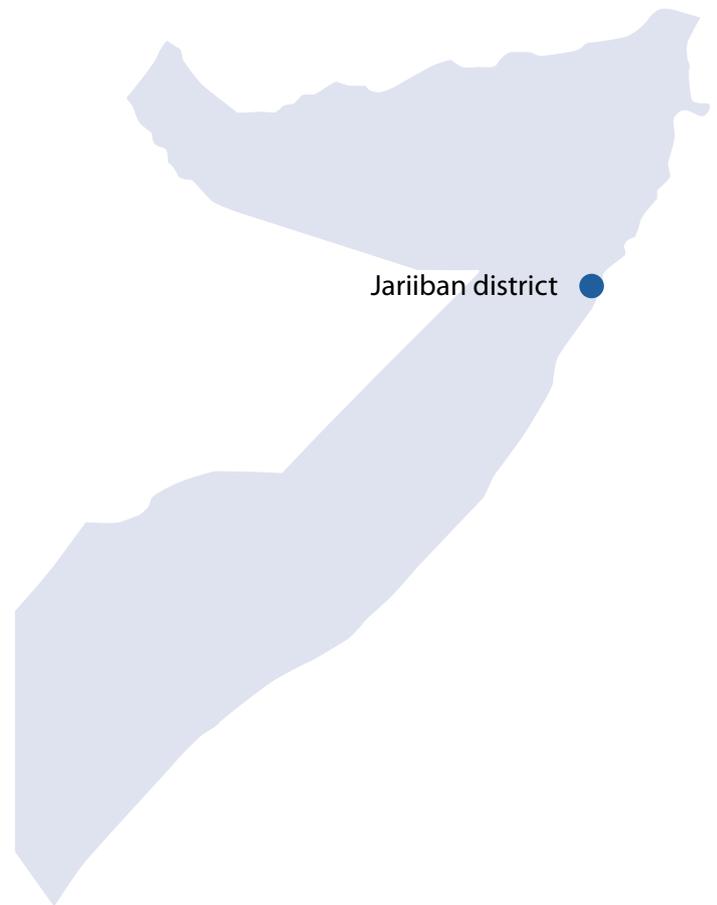
3. CENTRAL SOMALIA

IN SOMALIA, EXTREME WEATHER EVENTS LIKE FLOODS AND DROUGHTS ARE COMBINING WITH CONFLICT AND FOOD INSECURITY – LEAVING MANY PEOPLE WITHOUT ACCESS TO HEALTHCARE.

In 2020, under the shadow of the Covid-19 pandemic, Somalia was swept by a three-year historic drought caused by a string of failed rainy seasons. The lack of water impacted livelihoods and access to food. Pastoralism – the main livelihood in the inland areas of Galmudug State in central Somalia – became increasingly difficult and even deadly. Conflict exacerbates food insecurity further: in July 2023, Al-Shabaab blocked routes into Baidoa town for ten days, causing high inflation on food items ([Human Rights Watch, 2024](#)).

When the rains finally fell, there was little relief. In October 2023, when the *deyr* or “short rains” finally began, rainfall was well above average. Districts that had waited years for the rain were now washed away, as populations were displaced and crops damaged (FEWS NET, 2024). Flooding is becoming more common throughout Somalia (FAO, 2022). The 2023 floods came just three years after Cyclone Gati, the strongest ever recorded in Somalia ([Hujale, 2021](#)).

While floods and droughts are the most significant environmental hazards, they are not the only ones. In the southern Mudug region of Galmudug, shifting sands are covering entire coastal villages. Homes, hospitals, schools and shops remain buried by sandstorms and soil erosion. People are often left with no choice but to migrate.



Kulub Village in the Jariiban district of Mudug used to be a vibrant fishing community. Now it is a stark reminder of climate- and conflict-induced devastation. Advancing sand from the coastline has swallowed the village, and what was once fertile land now sits empty ([Radio Ergo, 2024](#)). Infrastructure is deteriorating and livelihoods are shattered. Fishing became untenable for many due to the presence of insecurity and conflict related to foreign trawlers ([Hujale, 2021](#)).

Abshiro Gusha, a council member in Jariiban, says: **“We used to be a popular tourist destination with a vibrant fishing industry. Now we’ve become pastoralists, constantly on the move in search of food, shelter and water.”**

In the absence of drastic adaptation measures, further displacement is projected to be the most likely outcome. In fact, displacement is becoming the norm in many regions of Somalia.

Residents of Kulub walk towards a former health centre destroyed by sandstorms, in Jariiban district, Puntland, August 2024.





Khadija Ahmed Karshe, displaced by floods, stands in front of cactus barriers in Garad in Jariiban district, August 2024.



“The causes of displacement are multifaceted,” said Johann Siffointe in 2021, representative in Somalia for the United Nations Refugee Agency, UNHCR ([Hujale, 2021](#)). Extreme weather events like floods and droughts are contributing to displacement, as are violence and food insecurity. In many cases, people are being pushed to new locations by oscillating patterns of violence. Climate hazards act as a risk multiplier, deepening pressures over natural resources.

The health sector lead of a humanitarian organization in Somalia explains: **“We are seeing conflicts between clans in certain areas, because somewhere had more grass so people had to move there. In some places people moved because it was dry. My colleagues took note of all this because people were asking: why are we having more clan clashes in Somalia now?”** Some pastoralists say droughts have caused competition for grazing land, weakening social bonds and driving conflicts ([Nor, 2023](#)).

Clans have established networks for local resilience, the health lead goes on to explain: **“For example, if you have a dry season, or a very bad drought, you don’t expect to see women and children dying immediately, because they have animals that they slaughter to feed their children.”** However, there are limits to community support. People outside clans remain unassisted, and prolonged violence in the region may continue to destabilize communities, eat away at livelihoods and restrict access to care: this increases vulnerability and the risk of displacement.

The combination of extreme weather, conflict and displacement has drastically restricted people’s access to healthcare in Somalia. People who have been displaced have limited access to healthcare and are more vulnerable to extreme weather to begin with, and displacement also adds pressure on existing infrastructure in host communities.

In Kulub, the enforced changes in livelihoods have impacted access to health services, says Abdi Yusuf, a 61-year-old community leader. As well as jobs, the fisheries provided



Abdi Yusuf, a 61-year-old community leader, stands amid the ruins of the fishing factory in Garad, Jariiban district, August 2024.



Farah Mohammed from Ba'ad Biyogaleen,
5 kilometres away, draws water for his goats
from a well in Garad, Jariiban district.





Khadija Yusuf Samatar, displaced by sandstorms, fixes her makeshift shelter in Kulub, Jariiban district, August 2024.





“Even something as simple as a painkiller is a rare commodity”
– Abdi Yusuf,
Kulub Village,
Somalia

health benefits for workers. **“Now, we have no such facilities. People have to travel up to 250 kilometres to receive basic medical care.”** This lack of local health facilities has led to an increase in cases of malaria and diarrhoea, according to a volunteer with the Somali Red Crescent Society. **“Villagers have to navigate difficult and dangerous roads to access medical care,”** he says. **“It’s a harsh and tiring journey, and the lack of immediate care exacerbates their suffering.”**

The government and international actors are trying to address this gap in health access. The Somali Red Crescent Society is involved in multiple initiatives. The director of disaster risk management for the society explains one such initiative: **“In areas where there is a flood, people move to higher ground where all the clinics and health centres are closed. So we establish mobile health clinics or new clinics there to meet the people where they are.”** In the city of Galkayo in Mudug, the society has used ambulances to help evacuate people in advance of flooding. It has also supported a referral system, so that people in need can receive support to access health centres.

Achieving universal healthcare access in Somalia will require scaling up initiatives that both address sudden-onset health challenges from the climate crisis and build up sustainable access to basic healthcare (Said and Kicha, 2024). It also demands that healthcare access be treated as a systemic challenge that is bound up with climate change impacts, and with other hazards such as displacement.

CALL TO ACTION

CLIMATE AND HEALTH ARE MOVING UP THE GLOBAL AGENDA BUT, AS THE CASE STORIES HIGHLIGHT, THE URGENCY AND PACE OF ACTION AND DELIVERY ON THE GROUND NEED TO ACCELERATE. WE CALL ON DECISION-MAKERS AND INSTITUTIONS TO:

Ensure adaptation initiatives prioritize and reach people in the most vulnerable contexts:

Investment of climate finance and programme development must reach people and communities who currently have limited access to adaptation support and health services.

Recognize the leadership of local communities:

The leadership of local communities must be acknowledged. The international community must actively follow the guidance of communities and implement the principles of locally led adaptation throughout all climate-health policy, practice and financing.

Build climate-resilient health systems:

Strengthen health systems to anticipate and implement adaptation interventions against climate-sensitive health risks, including disease. This should include bolstering climate-health information services, surveillance, early warning and response systems, and investment in community health workers and volunteers. Universal health coverage must be a shared ambition, with an emphasis on primary care of last-mile communities.



Abshiro Gusha walks towards a former fishing factory in Kulub in Jariiban district, Somalia, August 2024.



Improve collaboration and communication in the health, climate and humanitarian sectors:

Develop actionable steps towards improving cohesion across these sectors, aimed at reducing duplication and improving efficiency in implementation plans for climate and health adaptation.

Address inadequate, inaccessible and inequitably distributed funding:

Funding must come from a combination of domestic budgets, multilateral development banks and climate funds, health-financing institutions, bilateral development agencies and private sector actors. Funding needs to be accessible, equitable, flexible and rigorously tracked (IFRC, 2022; GCA, 2023).

Improve integration and tracking of health in national and subnational implementation:

Health-related policies should be considered and emphasized in Nationally Determined Contributions, National Adaptation Plans (NAPs) and Health National Adaptation Plans. Effective subnational implementation of NAPs and international commitments should be at the forefront of the adaptation agenda. Implementation needs to be monitored, and interventions need to be evaluated for effectiveness.

ANNEX 1

OVERVIEW OF GLOBAL POLICIES AND PATHWAYS FOR ACTION ON CLIMATE AND HEALTH

There is growing international recognition that the climate crisis is a health crisis. This is reflected in the timeline below, which highlights recent commitments, resolutions, declarations and alliances on action for climate and health.

2014

2014: COP 20 in Lima, Peru

Beginning with COP 20, WHO has organized dedicated Global Conferences on Health and Climate Change at the margin of some COPs. These conferences aim to strengthen engagement among global health stakeholders and highlight public health concerns within international discussions on climate and development.

2021: COP 26 in Glasgow, United Kingdom

The *Glasgow Climate Pact* was signed and the Paris Rulebook agreed upon. These decisions initiated a dedicated health programme for the first time, ensuring climate action plans considered impacts on human health. This programme included initiatives to support countries to develop climate-resilient, low-carbon, sustainable health systems through completing health Vulnerability and Adaptation (V&A) assessments – which would then inform Health National Adaptation Plans (HNAPs).

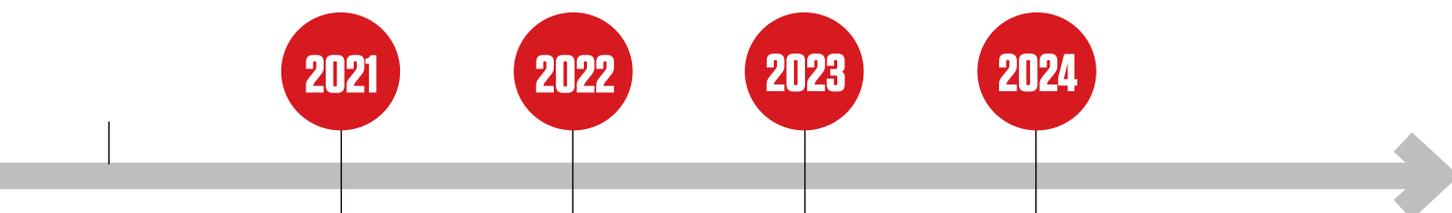
In addition, WHO published the *COP26 Special Report on Climate Change and Health: The Health Argument for Climate Action*. This foregrounded ten recommendations for governments to maximize the health benefits of tackling climate change through a multisectoral approach ([WHO, 2021a](#)).

2022: Alliance for Transformative Action on Climate and Health (ATACH)

Following COP 26, WHO launched [ATACH](#) to support countries in delivering health commitments made during the conference ([WHO, 2022](#)).

2022: COP 27 in Sharm el-Sheikh, Egypt

The second Health Pavilion was hosted by WHO in collaboration with the Wellcome Trust and others ([WHO, 2022](#)). Events in the pavilion highlighted gaps in building resilient and low-carbon health systems; advocated improving electricity access in healthcare facilities, especially in rural areas; and called for enhanced communication strategies for climate and health advocacy.



2021

2022

2023

2024

2023: COP 28 in Dubai, United Arab Emirates (UAE)

Ahead of COP 28, WHO introduced its *Operational Framework for Building Climate Resilient and Low Carbon Health Systems* ([WHO, 2023](#)). This was designed to enhance the resilience of health systems while reducing their carbon footprint.

At the conference, more than 120 countries endorsed the *COP 28 UAE Declaration on Climate and Health*, which emphasized the need for decisive action on climate and health ([COP 28, 2023](#)). Furthermore, the *UAE Framework for Global Climate Resilience* was agreed, with a target focused on health ([United Nations Foundation, 2023](#)).

2024: Seventy-seventh World Health Assembly (WHA77)

WHA77 adopted a resolution on climate change and health ([WHO, 2024](#)). This recognized climate change as a major public health threat and emphasized the need for rapidly scaled-up adaptation actions to make health systems more resilient.

WHO also set out its *Fourteenth General Programme of Work, 2025–2028* (GPW 14). It included ambitious goals to address global health challenges, including climate change ([WHO, 2024](#)). It is estimated that full funding of GPW 14 will contribute to saving 40 million lives during its implementation.

2024: Strategic Roundtable on climate change and health

This meeting brought together global health leaders and key figures. The roundtable was part of a broader initiative to develop solutions for complex climate and health challenges, ahead of COP 29 in Baku, Azerbaijan ([WHO, 2024](#)).

THREE PATHWAYS THAT ARE PLAYING KEY ROLES IN ADDRESSING THE HEALTH IMPACTS OF CLIMATE CHANGE:

Adaptation financing:

This is key to reducing the health impacts of climate change. Most of the current tracking of funding and implementation occurs nationally and it is not clear how much finance reaches the places where implementation actually occurs (Gupta et al., 2017; WHO, 2021). Very little adaptation financing reaches fragile and conflict-affected settings. Nevertheless, some promising examples are emerging. For instance, the Green Climate Fund and the Government of Somalia have formed a 100 million US dollar investment partnership ([Green Climate Fund, 2024](#)).

Locally led adaptation (LLA):

Because of the enormity of the climate crisis, international, national and local actors need to work together to improve climate resilience and implementation of local-level adaptation ([IFRC, 2024](#); [British Red Cross, 2024](#)). However, current decision-making is still concentrated at global and national levels. Just 10–17 per cent of adaptation funding is focused on local projects (Browne, 2024).

LLA enables communities to develop initiatives tailored to their unique contexts, making adaptation efforts more effective and equitable. This local involvement ensures that solutions are culturally relevant and can be adapted over time. In 2021, the Global Commission on Adaptation outlined eight key principles for LLA ([WRI, 2021](#)). These principles emphasize the importance of local and indigenous people having control over climate action. They also promote transparency and accountability, and empower communities to actively take part in creating and implementing climate policies that meet their specific needs (see Introduction).

The *Glasgow Climate Pact* signed at COP 26 highlighted the necessity of local community participation in climate and health decisions. In particular, it emphasized the value of local knowledge in shaping policies (UNFCCC, 2022). However, there are still significant gaps in implementation and monitoring, especially in underserved regions. Many initiatives still need greater local involvement to effectively respond to community needs, particularly as regards early warning systems, localizing policies, health education and public health advisories.

National Adaptation Plans (NAPs):

NAPs are a key tool for adaptation but often do not give enough attention to health. As of August 2024, UNFCCC had received 21 NAPs from African states. Yet many countries do not yet have V&A assessments or HNAPs in place (Meyer, 2024).

Strengthening health adaptation initiatives will enhance local resilience and help address existing gaps (IFRC, 2022). This has been partly addressed through international commitments adopted at COP 26 (UNFCCC, 2022). These included a health programme, with targets to conduct V&A assessments, develop HNAPs and achieve net zero emissions in health systems ([WHO, 2021](#)). At COP 29, parties are expected to agree on the New Collective Quantified Goal on Climate Finance, which will set up new financial targets to support low- to middle-income countries in climate action beyond 2025 (WEF, 2024). Increased financial flows are crucial to meet the Health Programme's targets, as resources are needed to support the development of NAPs and their implementation.

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ACKNOWLEDGEMENTS

This report would not have been possible without the people of Burkina Faso, Malawi and Somalia sharing their stories.

This report is a joint publication of the Malawi Red Cross Society, Burkinabe Red Cross Society, Somali Red Crescent Society, Norwegian Red Cross, Red Cross Red Crescent Climate Centre (“the Climate Centre”) and the International Federation of Red Cross and Red Crescent Societies (IFRC). The main body of the report was written by Devin O’Donnell, Renate Meyer, Ana Mejia, Ferdousa Ibrahim, Evan Easton-Calabria, Adwoa Amankona, Joy Reyes (the Climate Centre) and Michael C. Marshall, based on photo stories by Denis Onyodi, Truls Brekke and Switch Media. The authors would like to thank Bakari T. Sankara and Rachidate Somdakouma (Burkinabe Red Cross Society); Prisca Chisala, Dan Banda, Louis Solomon, Francis Liyati and Chisomo Banda (Malawi Red Cross Society); Abdilkadir Afi, Abdullahi Fagare and Yusuf Hassan Mohamed (Somali Red Crescent Society); Mary Friel and Lasha Gogvadze (IFRC); Meghan Bailey, Tilly Alcayna, Kiswendsida Guigma, Shaban Mawanda and Manon Ebel (the Climate Centre); Thea Holten, Claudia Vivas Torrealba, Ingrid Rostad, Kathrine Holden, Nisha Schumann, Mohamud Abdi, Rita Dayoub and Abdalla Mkanna (Norwegian Red Cross). This report was designed by Eszter Sarody.

This publication has been produced with financial support from the Government of Norway. The contents of this publication are the sole responsibility of the authors and can in no way be taken to reflect the views of the Government of Norway.

The Norwegian Red Cross and the Climate Centre are active members of RC3, the research consortium of the International Red Cross and Red Crescent Movement. It is an open, collaborative and coordinated network of entities and initiatives created within the Movement that are entirely or partially dedicated to conducting and promoting research in the humanitarian field based on scientific methods.





Sinto Ndege, a Red Cross volunteer, walks past a damaged section of the Chapananga road in Malawi.



