

## POLICY BRIEF

# Climate-Health Emergency: Policy Pathways for Resilience in Africa (2024)

A Policy Brief Based on the Africa State of Evidence Report on Climate and Health (2024)

### Executive Summary

Africa faces a profound and immediate climate-health emergency. Climate-related hazards accounted for over 56% of public health emergencies on the continent between 2001 and 2021, deepening systemic health inequities, driving malnutrition, and stressing fragile healthcare infrastructure. The 2024 Africa State of Evidence Report is a clear call to action, revealing that adaptation efforts are severely hampered by siloed data, fragmented policies, and critical underfunding (less than 5% of climate finance currently targets health adaptation).

This brief outlines a clear pathway for resilience, urging Heads of State, finance institutions, and development partners to adopt a Health-First Climate Policy Paradigm. We recommend immediate, high-impact action across three pillars: Systemic Integration and Data Mandate, Catalytic Finance and Investment, and Localisation and Research Empowerment. Integrating climate and health is no longer an option, it is an economic and humanitarian imperative for achieving sustainable development and stability across the continent.

### I. Introduction: The Inseparable Crisis

Africa is disproportionately vulnerable to the climate crisis. Rapidly rising temperatures, extreme weather variability, and shifting disease vectors are actively reversing decades of progress towards the Sustainable Development Goals (SDGs). These impacts intensify vulnerability among children, women, and rural and informal populations.

The *Africa State of Evidence Report 2024* provides irrefutable proof that climate change and health are inseparable policy domains. Without urgent, evidence-informed interventions, Africa faces escalating mortality rates, greater economic losses, and heightened instability. Integrating climate and health policy is therefore essential not only for resilience-building but for enabling just transitions and long-term sustainable development across the continent.

### II. Systemic Deficiencies and Key Gaps

The Report, consolidating over 200 studies and country case examples, highlights progress alongside major systemic deficiencies that restrict effective adaptation:

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### Critical Gaps in Evidence and Policy

- **Siloed Data Systems:** Africa critically lacks integrated, real-time climate–health surveillance systems. Health data and meteorological data remain separate in most countries, effectively limiting anticipatory planning, early warning systems, and emergency responses.
- **Limited Local Research:** Less than 20% of published studies on climate-health linkages originate from African institutions, resulting in policies that are not always context-specific or locally relevant.
- **Policy Fragmentation:** National Climate Change Adaptation Plans (NAPs) and Health Adaptation Plans (HNAPs) tend to operate independently, leading to weak institutional coordination, mandate overlaps, and funding inefficiency.
- **Financing Constraint:** Health-related climate finance accounts for less than 5% of Africa's total climate funding, severely restricting implementation capacity for health adaptation.

### Escalating Climate-Health Risks

The evidence confirms that climate change is already escalating health crises:

- **Disease Burden Expansion:** Climate-sensitive diseases, including malaria, cholera, and dengue, are expanding into new geographic and altitude zones, driven by shifting temperature and rainfall patterns.
- **Food and Nutrition Insecurity:** Persistent droughts and catastrophic floods contribute to crop failures and livestock losses, directly worsening nutritional deficits and driving malnutrition.
- **Urban Heat Stress:** Heat-related illnesses are emerging as a significant threat in cities, especially in informal settlements that lack cooling infrastructure and green spaces.
- **Water-Related Infections:** Declining water quality and inadequate sanitation during climate shocks increase the incidence of waterborne and vector-borne diseases.

## III. Policy Priorities and Recommendations

The global community and African governments must seize the urgency of this evidence. We call for immediate action across three high-priority, interlinked pillars:

### Pillar 1: Mandate Systemic Integration and Data

African governments and regional bodies must establish frameworks that mandate cooperation between health, environment, and finance sectors.

	Description
<b>Integrate National Frameworks</b>	Develop and fully cost national health adaptation plans ( <b>HNAPs</b> ) and formally embed them within existing National Climate Change Adaptation Plans (NAPs).
<b>Expand Data Infrastructure</b>	Invest in and scale up national and regional <b>climate-health surveillance systems</b> . Prioritise tools for predictive analytics and early warning systems across underserved areas.
<b>Strengthen Governance</b>	Institutionalise and empower multi-sectoral working groups (Health, Environment, Agriculture, Water) to ensure joint planning, financing, and accountability for climate-health outcomes.

## **Pillar 2: Unlock Catalytic Finance and Investment**

Development partners and finance institutions must significantly increase the flow of funding targeting health adaptation and resilience.

<b>Action</b>	<b>Description</b>
<b>Increase Domestic Allocation</b>	African governments must substantially increase domestic budget allocations for climate-health action, treating it as a core public security and economic investment.
<b>Leverage Global Climate Funds</b>	Commit to increasing the percentage of Green Climate Fund (GCF) and Africa Climate Change Fund (ACCF) allocations specifically for health-related adaptation priorities beyond the current 5% constraint.
<b>Establish Regional Mechanisms</b>	Create pooled regional funding mechanisms to support smaller and under-resourced nations in accessing and deploying climate finance for health infrastructure and preparedness.
<b>Promote PPPs</b>	Encourage Public-Private Partnerships (PPPs) for the development and transfer of climate-smart health technologies, green hospitals, and data innovation.

## **Pillar 3: Empower Localisation and Research Networks**

Adaptation solutions must be driven by African science, local knowledge, and community leadership.

<b>Action</b>	<b>Description</b>
<b>Prioritise Localisation</b>	Support community-led adaptation initiatives as the foundation of resilience-building, leveraging indigenous knowledge and local governance structures for policy design.
<b>Invest in African Science</b>	Provide sustainable financing for Pan-African networks (e.g., CAPCHA, CHANCE Network, ACHA) to strengthen transdisciplinary research, co-produce solutions, and facilitate data-sharing agreements between meteorological and health institutions.
<b>Cultivate Leadership</b>	Invest in Climate and Health Fellowships to cultivate the next generation of African leaders, practitioners, and policymakers capable of bridging the evidence-to-policy gap.

#### **IV. Conclusion: A Call for Action at COP30**

The Africa State of Evidence Report 2024 is a blueprint for action. The evidence is clear, and the required solutions exist; what is lacking is sufficient coordination, investment, and political will to scale them.

At COP30, African governments and global partners must make a firm, measurable commitment to:

1. **Fund:** Substantially increase the flow of adaptation finance into health systems.
2. **Integrate:** Break down policy silos between climate and health ministries.
3. **Empower:** Place African science and communities at the centre of resilience strategies.

By making health resilience a non-negotiable priority, Africa can build resilient systems, protect its most vulnerable populations, and ensure its future development is both sustainable and just. The time for parallel planning is over; the time for integrated action is now.