POLICY BRIEF
Climate Change–Driven Disasters and Health Inequities

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Climate change is a pivotal driver of extreme events, shocks and disasters, which can exacerbate existing health inequities resulting in increased mortality and poorer health outcomes. Addressing these health inequities requires comprehensive action that meaningfully engages local communities, Indigenous peoples, women and other marginalized groups for inclusive preparation before and response during and after a climate disaster. To achieve the greatest results, the most affected populations must be involved in all levels of discussion, including in developing strategies and actions and monitoring and evaluating impact.

This policy brief details a framework for steering multisectoral strategies and actions that leverage the collective experience and commitment of the co-authors’ organizations. The goal is to cultivate climate disaster–resilient and equitable health care systems that benefit all, particularly the most vulnerable among us.

THE IMPACT OF CLIMATE DISASTERS ON HEALTH INEQUITIES
Marginalized communities experience climate disasters from an inherent position of disadvantage and vulnerability. Decades of structural racism and disinvestment have also contributed to preexisting health disparities and challenges encompassing poor education, low income or unemployment, food insecurity, environmental degradation, lack of transportation and access to social services and health care, and substandard housing, water, air quality and sanitation. These preexisting disadvantages and vulnerabilities are often amplified during environmental shocks and disasters.

Extreme Heat
Climate disasters have a greater impact on the health of marginalized communities in significant ways. Just one example is extreme heat. Heat waves, which cause the most deaths of all climate disasters, are increasing in frequency, and most at risk include people living in poverty, people living in low-cost housing, and the elderly. The estimated cost of global heat–related mortality in 2021 was US$144 billion, with an estimated $449 billion resulting from loss of labor that most severely impacted the agricultural sector, a primary livelihood of the world’s low-income populations. Furthermore, elevated temperatures, heat waves and humidity have been linked to heightened mental health challenges and increased risk of suicide, creating an even more complex health burden on marginalized populations.
WHY WE NEED TO ACT

Not only are marginalized communities harder hit by climate disasters, but they have also historically been excluded from decision-making processes. Documented failures due to poor planning, weak infrastructure, lack of resilience and low investment in infrastructure and systems-level responses underscore the need for immediate action.


Despite the challenges, there is reason for hope. Evidence and lessons from experience demonstrate the effectiveness of employing multisectoral approaches to reduce health inequities amid climate-related shocks and disasters. These include creating tools to assess and monitor progress, vulnerability and resilience to protect health from the impacts of climate change; building resilient health systems; and using artificial intelligence (AI) and encouraging public-private partnerships to develop tools like early warning systems. Other promising approaches include implementing training, education and community-building programs to create climate disaster preparedness plans and using inclusive multisectoral coordination and planning to mitigate health disparities during climate disasters and build climate-resilient health systems.

Several UN landmark agreements — the Sendai Framework for Disaster Risk Reduction 2015–2030, the Sustainable Development Goals (SDGs) and the Paris Agreement — offer policy frameworks for governments to tackle the dual challenges of health inequities and climate disasters. Directly addressing health care, the Sendai Framework calls for strengthening the resilience of national health care systems, including managing disaster risk, building the capacity of health care workers to understand health-focused disaster risk reduction methodologies, designing and implementing inclusive policies and social support frameworks that include basic health care services, and stimulating public and private investment toward disaster risk prevention in health care facilities.

The intersection of climate disasters and health disparities highlights the importance of addressing health inequities before disasters strike and reveals opportunities to ensure preparedness and to mitigate the effects on marginalized populations.
ACTIONABLE STEPS TOWARD EFFECTIVE SOLUTIONS

To mitigate the worsening of health disparities stemming from climate disasters, shocks and extreme events, localized multisectoral interventions that ensure inclusivity in climate resilience efforts are imperative. As we strive to address these pressing challenges, this brief offers recommendations tailored to specific target groups.

Many of the following interrelated steps toward solutions are in place in different locations in varying degrees. Connecting geographies and exchanging good practices will expand their effects and accelerate positive change.

FOR COMMUNITIES

Be advocates of change by holding governments accountable, and by collecting and using data to understand the intersections of climate disasters and health inequities to create a knowledge base to endeavor to make communities more resilient in the face of climate shocks and disasters.

Proactively identify, engage and establish partnerships and collaborations with key stakeholders from a variety of sectors to address local disease burden and population characteristics, ensuring a multisectoral approach to community well-being and healthier lifestyles.

Spearhead local efforts to encourage community engagement and empowerment to address climate disasters and shocks by conducting inclusive dialogues on climate resilience strategies, assembling community-led task forces focused on disaster preparedness and ensuring their representation in decision-making processes.

Encourage the development of inclusive community disaster preparedness action plans that prioritize both short-term and long-term resilience, integrating local knowledge and resources for effective implementation and emphasizing the importance of preparedness and adaptation.

Organize local workshops, training sessions and educational programs to equip community members with the necessary knowledge and skills; collaborate with local leaders, organizations and influencers to amplify the reach and impact of these initiatives.

FOR POLICYMAKERS

Promulgate, allocate funding for and enforce inclusive government policies and inclusive policy change through increased consultation and decision-making with local communities and improved accountability mechanisms that prioritize the well-being of all members of society.11

Collaborate across sectors to advance universal health coverage.

Coordinate with national and regional statistics bodies and partner agencies, including within the UN system, to develop and share comprehensive data regarding climate-related disasters and their effects on public health.

Advocate for health equity within the broader climate change agenda, ensuring that the most disadvantaged populations are at the center of discussions and policymaking.

Facilitate implementation of UN landmark agreements of the Sendai Framework, SDGs and the Paris Agreement.
FOR HEALTH PROFESSIONALS

Cultivate an in-depth understanding of local disease dynamics and the capacity to identify and treat climate-induced illnesses, especially in disaster-prone areas, by conducting systematic community-level assessments to gain insights into local vulnerabilities and needs, ensuring that interventions are tailored to specific contexts.

Develop and implement training programs in collaboration with local community members to enhance understanding of climate change and its impact on human health, including measures to reduce health vulnerabilities and promote well-being in the face of climate change.

Promote mental health services integration, encompassing violence prevention and substance abuse support within recovery efforts and disaster preparedness planning that extends to health care workers and responders in coordination with relevant partners.11

Foster resilient infrastructure in collaboration with community stakeholders by promoting a skilled workforce, targeted data collection and usage, and a robust and sustainable supply chain12 that can effectively manage disease outbreaks and ensure the continuity of health services.

Innovate cross-sector solutions to leverage health IT that enables health care professionals and public health departments to identify and support those at risk of climate-related disasters.

Create sustainable, low-carbon health systems to reduce environmental impact and serve as a crucial front line of defense in safeguarding communities against emerging risks.

FOR RESEARCHERS AND ACADEMICS

Strengthen scientific evidence to guide actions such as conducting green viability and climate vulnerability assessments in health care facilities.

Remedy data biases that omit marginalized populations to create community-driven and community-based data collection by respecting local knowledge and engaging with community stakeholders as decision-makers to ethically determine how and what to measure and share.13

Utilize the principles of implementation science to test and prepare effective interventions, ensuring that they are evidence-based, equitable and practical.

Develop and disseminate technical guidance materials that clearly define and explain the testing and monitoring of key climate and health indicators.

Pledge to sustain continuous monitoring and surveillance to assess the health repercussions of climate disasters and shocks.14
REFERENCES


