Brief on climate-related migration and health equity in East and Southern Africa

Regional Network for Equity in Health in east and southern Africa (EQUINET) through Training and Research Support Centre March 2025

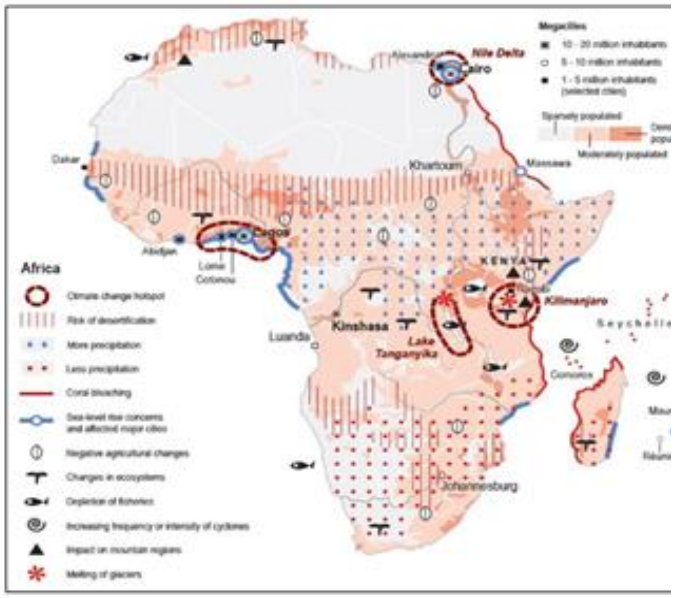
Background

Climate justice and equity, is an urgent issue for communities, countries, and the region. It intersects with, impacts on and is intensified by other areas of inequality that the Regional Network for Equity in Health in east and southern Africa (EQUINET) is focused on. Given this, EQUINET is sharing knowledge, experiences and learning on health equity impacts of climate in webinars on various areas of health equity, to better understand how climate trends intersect with the other drivers of health equity, and the implications for policy, research and action.

The final thematic webinar in 2025 in the series held on March 20, 2025 brought together 52 participants from east and southern Africa and internationally, focusing on the interplay for health equity between climate and migration in and beyond the region. The webinar was organised and moderated by TARSC (R Loewenson), with IT support from B Ncube. Three panellists gave presentations: Mr Francis Pawandiwa, Coordinator, Nyahunure Community Trust, Mutoko district, Zimbabwe, from a community lens; Dr Moeketsi Modisenyane, School of Health Systems and Public Health, Faculty of Health, University of Pretoria, from a national and regional lens and Hannah Marcus, Environmental Health Working Group, World Federation of Public Health Associations, respectively covering the international lens.

Africa is deemed to be the continent worst impacted by climate change. The average temperatures in all six eco-regions of Africa have risen since the early twentieth century, and heat exposure, extreme events, and sea level rise are projected to disproportionately affect Africa, resulting in greater health impacts than other continents. Frequent droughts and extreme heat have increased demand for water and led to water scarcity. According to the Intergovernmental Panel on Climate Change (IPCC) “climate change is already challenging the health and well-being of African communities, compounding the effects of underlying inequalities”. Climate change is affecting already vulnerable communities, with the impacts further intensified by urbanization, land use change, energy poverty, economic inequality, and conflict

Figure 1: Key climate risks and their impacts on migration in Africa.

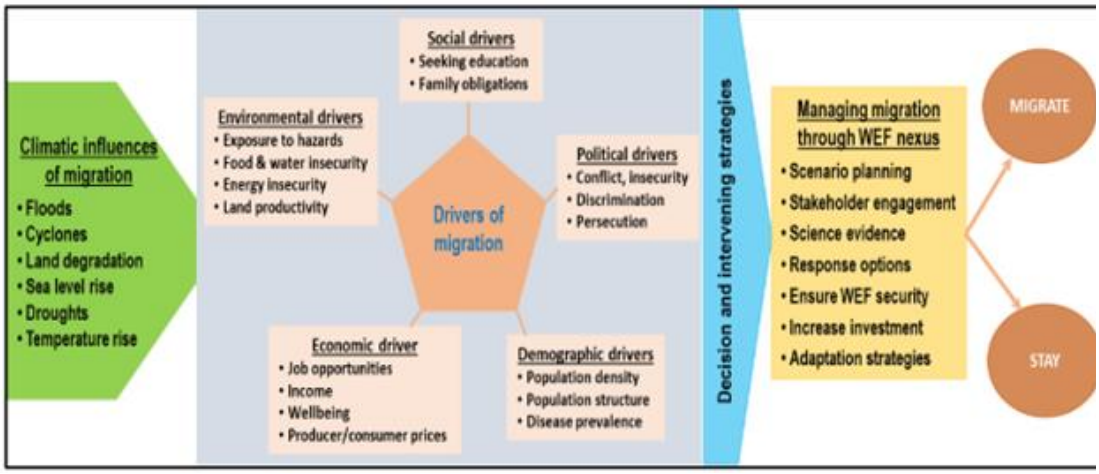


Source: Mpandeli et al., 2020, p6

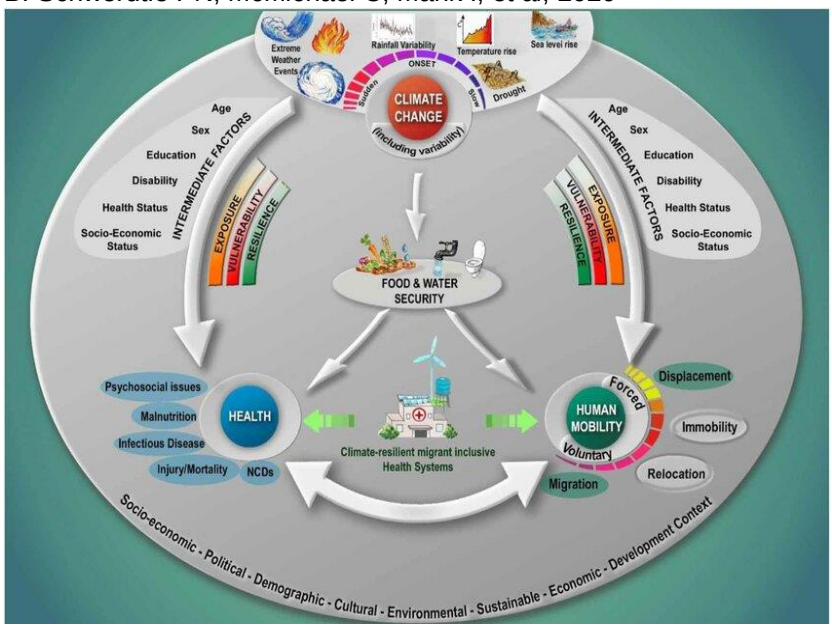
Human migration has been happening for thousands of years, within and across countries and regions, as “an essential part of humanity” and socio-economic innovation. People migrate to exploit new resources and opportunities, or are forced to migrate due to conflict, land expropriations, economic, food and water insecurity, emergencies and loss of livelihoods. When climate changes intensify these drivers, it also increases migration. The EQUINET webinar on climate-related migration and health equity in East and Southern Africa (ESA) thus interrogated the relationships between climate, migration and health equity at the local, national and global levels, and suggested actions to be taken to mitigate the impacts. This brief prepared by TARSC (RL) summarises key issues raised from background document review and from the webinar presentations and discussions, with thanks for the contributions from all.

In introducing the focus, Rene Loewenson noted that climate-related stresses, whether as acute emergencies or slow-onset events, lead to different pressures for and consequences of migration. For example sustained drought in Somalia, Ethiopia and Kenya has displaced more than two million people, while a similar number have been displaced by the 2018 cyclones in Malawi, Mozambique and Zimbabwe (Wright et al, 2024).One study found that cumulative, sustained degradations rather than individual shocks to be more likely to lead to migration (Di Falco et al., 2023). Whatever the pace, climate change is estimated to displace about 22 million people in Sub Saharan Africa (SSA). While much international focus has been on African migrants to high income countries, most migration is *within* Africa, with internal climate migrants on the continent predicted to rise to between 85 and 100 million people by 2050 (World Bank., nd; Conte, 2024; Adaawen, 2024). Various frameworks explore the intersecting links between climate, migration and health, shown in *Figure 2. Figure 2B* was presented by Hannah Marcus. Beyond these analyses, the webinar greatly benefited from participant empirical experience.

Figure 2: Various frameworks used to explore climate drivers and impacts on migration
A. Mpandeli et al., 2020, p4



B: Schwerdtle PN, McMichael C, Mank I, et al, 2020



Climate links to migration and their health equity impacts

African countries and communities differ in the extent to which they experience climate-related drivers of migration. Francis Pawandiwa, drawing on the experience of rural communities in Zimbabwe, highlighted the intersect between climate-related migration due to droughts, floods, water scarcity and rural dependency on agriculture. Migration due to such climate trends disrupt family structures with some family members, often males and young people migrating to urban

areas, and others, mainly women and older people left behind to manage lives with dwindling resources. This generates gender and social inequalities in impacts; with labour and skills shortages in rural areas and insecurity and resource pressures in urban areas of inward migration. Climate-related migrants in rural Mutoko were identified to come largely from low income households with limited access to land or resources to adapt. Francis Pawandiwa noted that this has negatively affected mental health and malnutrition, has increased malaria and waterborne diseases, and generated barriers to health care access. The disruption of social support networks due to climate-induced migration has led to social problems, including early marriages, harmful substance use, commercial sex work and their negative health impacts.

Climate-related environmental stressors are more prominent for those that rely on natural resources for their livelihoods. Wider experience in ESA indicates that climate change can induce people to switch crops, but may also lead people to leave past livelihoods, such as agriculture, changing local economies, and through internal migration to urban areas exacerbating urban congestion, stresses on welfare services and socio-economic insecurity (Conte, 2024). While in Mutoko many of the lowest income groups and youth migrate, in other ESA settings those living in high levels of poverty or young people do not have sufficient resources to be mobile and become 'trapped populations,' unable to move away from stressful conditions, amplifying pre-existing stresses, vulnerability and adaptive capacities (Borderon et al., 2019; Ofori et al., 2023; Wright et al, 2024).

Moeketsi Modisenyane noted similar drivers at national level, presenting implications for those living in the sending areas, the migrants along the route and in the receiving areas and countries, including where migration takes place across borders. He too noted the contribution of climate-related livelihood losses and stresses to malnutrition, infectious diseases and mental ill health, including on health workers, but also how migrants, particularly women and children, are exposed to violence and insecurity during migration, and when they arrive into overcrowded, poorly-serviced urban areas and work in poor jobs without social protection. Women and young people are identified as particularly vulnerable in these settings. So too are their children, as well as those who face forced displacement from economic activities or conflict, and migrant informal workers in hazardous low-paying jobs without legal protections.

Similar findings have been reported elsewhere in the region. Hannah Marcus also noted these drivers and risks from international research, summarised in the conceptual model in *Figure 2B.* She noted climate to be a multiplier of existing drivers and thus of their direct and indirect health impacts, as noted in earlier paragraphs. The literature reports how people use savings or change diets or other cost cutting measures to address climate impacts that may harm health (Kwanhi et al, 2024). Climate-induced migration has pushed people into areas such as low lying coastal areas, river banks or concentrated urban settlements that raise health risks and are even more likely to experience future emergencies (McMichael et al, 2003). Social structures that provided protection seldom exist for people who have migrated, including schools for children or health and sanitation facilities in camps. As all presenters noted, migration has been associated with risks of sexual abuse, HIV and mental ill health, and has pushed people into situations where they may have to choose risky work such as commercial sex work for survival. Migrants are exposed to xenophobic attitudes, conflict and violence (Chersich et al, 2018). Female migrants face gender-based violence, unsafe shelters, exploitation, human trafficking and abduction (Bharadwaj and Huq, 2022). People migrating from areas free of specific diseases to areas where these diseases are prevalent lack immunity and are susceptible to infections, even while facing barriers in access to health services (McMichael et al, 2003; Romanello et al, 2021).

In the typically vicious cycles associated with inequities, climate change can thus push migration in already vulnerable people, but also makes people more vulnerable to further climate emergencies. While men are reported to adapt faster after climate induced migration, in part due to existing gender roles and inequalities (Kwanhi et al, 2024), Hannah Marcus noted that men's ill health in migration has not been adequately assessed. At the same time she noted that migration has positive impacts, such as in remittance flows, or technology and skills transfers. The webinar and the literature both point to climate as a multiplier of immediate and deeper political economy drivers of socio-economic inequalities that link migration to inequities in health.

Actions to address health equity in climate-related migration

How far national, regional and global policies recognise and respond to the health risks and health benefits of climate-related mobility contributes to the overall health outcomes. Social protection, micro-credit, extension service outreach and access and support programmes that support climate-adapted technology can reduce climate-induced migration if they offer income support for affected people to protect them from food insecurity, poverty and unemployment, or if they provide people with technologies to enhance or switch production activities (Kwanhi et al, 2024; Sall et al, 2011). These policies call for but do not always receive state support.

Francis Pawandiwa described the many responses already underway at community level in Mutoko, Zimbabwe. Communities have collectively mapped and identified their vulnerabilities to contribute to mitigation planning and investment, as well as to build adaptive capacities and measures such as climate-smart agriculture, off-farm activities, environmental management, and water harvesting. These activities have particularly focused on women's empowerment. He recommended greater investment in such activities that communities own and participate in, and called for greater investment in rural health and water infrastructures.

At national level, Moeketsi Modisenyane noted the need for cross-sectoral collaboration for proactive rather than reactive policies, measures and investments in both preparedness and prevention. As measures for this he referred to investments in resilient infrastructures, livelihood activities, and mobile health services for displaced people in sending communities. He outlined social protection measures for migrants, including cash transfers, safe shelters, education continuity and social support, and legal protection of employment, health, education rights and living conditions for migrants. Beyond this he also pointed to measures for safe, legal freedom of movement across borders in regional agreements and that these integrate the earlier protections and investments and protect against forced migration.

Notably, African regional economic communities have treaties on free movement of people, including at AU level, although these are yet to effectively address climate-related displacement and migration (Adaawen, 2024). The Southern African Development Community (SADC) has ratified various regional legal frameworks on migration, including: (i) the SADC Protocol on Employment and Labour, (ii) the Regional Labour and Migration policy 2014, iii) the Labour Migration Action Plan 2013–2015 and 2016–2019, (v) the 2005 Draft Protocol on the Facilitation of Movement of Persons, and (vi) the Decent Work Program 2013–2019 (Mpandeli et al., 2020). Implementation remains variable however, and policies and plans and still need to integrate the climate impacts on migration drivers, consequences and strategies to address them.

Participants in the webinar discussions noted that migration needs to be integrated in local and national plans in ways that act on protecting migrants while also addressing the drivers of climate-related migration. For example, one participant noted local authority initiatives on waste management and renewable energy that address climate drivers that also supports local incomes, with co-benefits for health. Another participant shared how co-operation between national leaders in Malawi supported local initiatives, showing how vital co-ordination across actors is to support local initiatives. Participants noted, however, that there is a disconnect between local and national information and resources in the response, and that migration is poorly integrated in both climate and health policies and plans. This raises how community mapping and voices are integrated in national planning, and the devolution of power and authority needed for interventions to respond to local realities and cultures. There are existing processes that can bridge some of these divides, such as if existing tripartite discussions on employment and social protection integrate climate and migration.

At global level, the Global Compact for Migration has several objectives and targets to guide countries to address the impacts of climate-related migration. It calls for action on negative drivers, and measures to address vulnerabilities and rights of affected people. Several other global frameworks such as the Sendai Framework for Disaster Risk Reduction (2015-2030), the Agenda 2030 for Sustainable Development, the Nansen Protection Agenda and the Guiding Principles on Internal Displacement all include provisions covering climate-related displacement and migration, and duties for recovery, rehabilitation and reconstruction.

However, Hannah Marcus noted in her presentation that there are gaps in the global response, particularly in terms of proactive, adaptive measures. There are gaps in global support for health system preparedness, for early warning systems, and integrated information on and management of cross-border migration, such as electronic records and harmonised legal instruments. Addressing these gaps calls for multilateral and cross-border co-operation, and she called for efforts to bridge institutional siloes, support migrant agency and choice and to pilot and scale-up existing innovation and initiatives that support migrant health.

At the international level, the literature further raises that trade policies also affect how far producers can viably switch production options, crops or livelihoods within home areas or after migration. Trade tariffs and barriers can affect the distribution of benefits and harms related to climate impacts, including for foreign migrants at the destination country. Reducing trade barriers enables people to respond locally, reducing migration pressures and disparities between countries, particularly if linked to economic measures that respond to climate change by reducing economic inequality. “If mobility barriers can be reduced, climate change can encourage the shift of the population out of poor, low-productivity rural locations and set off a process of structural change”, including “to switch production to less-affected sectors” (Conte, 2024:41).

The webinar discussions and literature both call for pre-planned, comprehensive, cross-sectoral approaches and integrated, inclusive solutions. Health equity is seen to be better protected by anticipatory , inclusive strategies that prevent or mitigate climate shocks, diversify employment and production, help people adapt in place, enable safe, planned, supported mobility and ensure equity across sending and receiving areas, planned and implemented in ways involve affected communities, local and regional authorities and service providers. There was a recognition that economic, climate and health strategies can have co-benefits across communities and sectors, rather than the conflict that is sometimes generated by shortfalls. In this the positive dimensions of migration should also be recognised in policies, such as in skills exchanges, employment opportunities, agroecology approaches, protable social assistance and social protection systems and in adaptation strategies that develop opportunities for supported and organized migration that bring benefits for both the sending and receiving communities and countries, as an adaptation strategy (Mpandeli et al., 2020; Adaawen, 2024; Bharadwaj and Huq, 2022).

These adaptive responses contrast with policies that aim to restrict migration. Restrictive responses do not always succeed and are often counter-productive and self-defeating, as they exacerbate costs to the migrants, communities of origin and destination. The webinar participants concurred that health equity is better protected through proactive strategies to support production and livelihoods in affected populations; protect affected migrants and enable the health, education and labour rights and economic and social inclusion of migrants in receiving countries. This was seen to bring co-benefits across sectors and communities.

While there was strong support for bringing the community lens and bottom-up evidence and voice in national, regional and global policies and responses, this should not imply that migrants or communities internalise the costs of climate change, or relieve fossil fuel industries from their duties to cut global greenhouse gases. It was clearly stated that as a bottom line countering the current global trend of expanding fossil fuel investments and moving to renewables will significantly reduce the climate pressures for migration, and the consequent health impacts.

Issues for further research and discussion

Knowledge has improved over recent years. However, the information shared and discussion in the webinar raised a number of issues for follow up research and discussion. While more information is needed on the levels and drivers of climate-induced migration, the intersect between climate change and other drivers, the groups and services most affected and the health impacts, it was felt that community mapping should play a role in this to give more power to the local level in defining responses and to integrate socio-cultural dimensions of impacts and responses. It was noted that absence of specific regional evidence should not imply absence of action. It was also felt that rather than focusing only on the problems, research should be used to collect and share evidence from practice, on protective factors and on the positive contribution of migration, to inform and monitor responses.

References

1. Adaawen S (2024) Climate Change and Human Mobility in Africa: Contribution to discussions at the GFMD summit. AFFORD, Friedrich-Ebert-Stiftung, Germany
2. Bharadwaj R; Huq S (2022). Climate-induced migration and health issues A toolkit for policymakers Working Paper IIED, London. 1-18, doi: http://pubs.iied.org/21256IIED
3. Borderon M; et al. (2019) Migration influenced by environmental change in Africa: A systematic review of empirical evidence. Demographic Research 41 (18) 491-544, doi: http://www.demographic-research.org
4. Chersich M F; Wright C Y; Venter F; et al. (2018) Impacts of Climate Change on Health and Wellbeing in South Africa. International Journal of Environmental Research in Public Health 15(9), 1884, 1-14, doi: https://doi.org/10.3390/ijerph15091884
5. Conte B (2024) Climate change and migration: the case of Africa, Barcelona School of Economics Working Paper 1411, Barcelona
6. Falco S D; Kis A B; Viarengo M; et al. (2024) Leaving Home: Cumulative Climate Shocks and Migration in Sub Saharan Africa. Environmental and Resource Economics. 87, 321–345, doi: https://doi.org/10.1007/s10640-023-00826-x
7. Kwanhi T; Modiba F S; Mago S; et al (2024) Conceptualizing climate-induced migration in Africa. Environmental Development 52 (101049), 1-14, doi: https://doi.org/10.1016/j.envdev.2024.101049
8. Marcus H, Hanna L, Tait P, et al. (2023) Climate change and the public health imperative for supporting migration as adaptation. A product of the World Federation of Public Health Associations Environmental Health Working Group. J Migr Health. 11;7:100174. doi: 10.1016/j.jmh.2023.100174
9. McMichael A J; Australia D H; Corvalán C F; et al. (2003) Climate change and human health: risks and responses. World Health Organization, Geneva
10. Mpandeli S; e al (2020) Migration under Climate Change in Southern Africa: A Nexus Planning Perspective. Sustainability 12, 4722, 1-14, doi: 10.3390/su12114722
11. Ofori D O; Bandauko E; Kutor S K; et a. (2023) A Systematic Review of International and Internal Climate-Induced Migration in Africa. Sustainability 15(22), 16105, doi: https://doi.org/10.3390/su152216105
12. Romanello M et al., (2021) The 2021 report of the Lancet Countdown on health and climate change: code red for a healthy future. Lancet 398(10311), 1619-1662, doi: 10.1016/S0140-6736(21)01787-6
13. Sall M; Samb A A; Tall S M; et al (2011) Climate change, adaptation strategies and mobility: evidence from four settlements in Senegal. Human Settlements Working Paper No.33 Rural-Urban Interactions and Livelihood Strategies, London, 1-46, http://pubs.iied.org/10598IIED.html
14. Schwerdtle PN, McMichael C, Mank I, et al (2020). Health and migration in the context of a changing climate: A systematic literature assessment. Environmental Research Letters. 5;15(10):103006. doi:10.1088/1748-9326/ab9ece
15. World Bank Group, (nd) Internal climate migration in Sub-Saharan Africa (English). Groundswell policy note, no.1. Washington, D.C
16. Wright C Y; Kapwata T; Naidoo N; et al. (2024) Climate Change and Human Health in Africa in Relation to Opportunities to Strengthen Mitigating Potential and Adaptive Capacity: Strategies to Inform an African “Brains Trust” Annual Global Health 90(1): 7. doi: 10.5334/aogh.4260