Synthesis report:
EQUINET online dialogues and reviews on Climate justice and health equity in east and southern Africa

Climate activists taking part in a protest during the Africa Climate summit in Kenya. APicture: Suleiman Mbatiah / AFP

EQUINET Steering Committee, Training and Research Support Centre in the Regional network for Equity in Health in east and southern Africa (EQUINET)

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The paper draws on five webinars hosted by EQUINET SC members, particularly Center for Health, Human Rights and Development (CEHURD); Innovations for Development (I4D); REACH Trust Malawi and International Working Group for Health Systems Strengthening (IWGHSS); Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI-Southern Africa) and Southern Africa Trade Union Coordination Council (SATUCC), two rapid reviews of literature on (i) climate and health systems and (ii) climate and financing for health and an online review meeting held August 23rd 2024. The briefs from the webinars and rapid reviews are separately available on the EQUINET website and included with other publications raised in these sources in the reference list.

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Cover photo: Climate activists taking part in a protest during the Africa Climate summit in Kenya. APicture: Suleiman Mbatiah / AFP

Executive summary

The Regional Network for Equity in Health in East and southern Africa (EQUINET) identifies health equity as being affected by conditions and actions across multiple thematic areas. It sought to understand the intersect between climate change and health equity through the outcomes of five webinars and two rapid reviews and an online review meeting organised to explore these intersects. The webinars and briefs focused on selected thematic areas EQUINET has identified as central to health equity in the region, including health rights, food systems, urban health, extractives and health, trade and health, primary health care and tax justice.

This synthesis report presents a thematic analysis of the briefs from the webinars and rapid reviews (separately available on the EQUINET website), and from an online review meeting on the findings. It outlines how climate change is intersecting with the various dimensions of health equity, including social inequalities and vulnerabilities in health, and the approaches underway or proposed to address these impacts and to promote health equity in the face of climate change. It is shared as an interim product that we will update following EQUINET's ongoing work in 2025.

Climate change clearly impacts on health directly, indirectly, and in the intersect with the social determinants of health. Climate change has had wide-ranging impacts in increasing disease and mortality, with changing rainfall patterns, heightened frequency and intensity of extreme weather events, increase in vector-borne disease, disruptions to food and water access, harmful emissions and environmental degradation. Climate change impacts directly on the key social determinants of health in East and Southern Africa (ESA), including crop production, flooding and water stress, ventilation, pollution and access to health care. It also intersects with other areas such as poor waste management, food insecurity and extraction of non-renewable resources to exacerbate their existing negative effects on health. This has raised demand for health care but has also affected health infrastructures in ways that increase barriers to access. While often generating acute disasters, many climate impacts emerge from longstanding rights deficits. Challenges in these social determinants are aggravating climate impacts, especially for already vulnerable communities.

These impacts are not all unique to the ESA region. However, their manifestation and severity is influenced by existing high levels of inequality and poverty, poor infrastructures, and heath service deficits in the region, and its interaction in the global economy. The region's reliance on climate-sensitive sectors like agriculture and natural resource-dependent livelihoods compounds climate impacts. Corporate-led globalization and the pursuit of profit over nature and social wellbeing have resulted in significant changes in production patterns and the adoption of unsustainable practices that worsen the effects of climate change, harming vulnerable communities and the environment. Global trade and the movement of goods increase greenhouse gas emissions, a major contributor to climate change, and neoliberal trade drives unsustainable production and extractive practices to satisfy corporate profit.

Climate change widens existing inequalities in ESA and has the deepest impact on already vulnerable groups. The impacts suggest that climate change may be contributing to widening socio-economic and health inequalities. Climate change exacerbates existing health disparities, widens gender inequalities and deprives already disadvantaged people of their rights to health. Vulnerable populations, such as poor households, women, children, rural communities and urban residents in informal settlements or occupations and other groups already disadvantaged in the current political economy of the region are also disproportionately affected by climate change. Their precarious incomes, living, working and social conditions and food insecurity make them more vulnerable to climate-related risks. Their more limited access to health care and resource constraints undermine access to the resources and services they need when affected by climate change.

These health inequities have global dimensions. A skewed global trade system compounds the impacts, as trade protectionism and patents held by high-income countries and transnational corporations (TNCs) limit the technology and resource transfers needed to manage climate change and its impacts. In the extractive sector, despite the non-renewable nature of minerals,

extractive activities are leading to water and air pollution, land subsidence, degraded environments and increasing water scarcity, increasing vulnerability to climate effects. While there is environmental impact assessment in the region, there is limited legal requirement for, or practice of, health impact assessment, which means that the impacts are often poorly identified or controlled, especially for communities living around mines.

Global climate responses inadequately address these inequities. These drivers and features of inequality are poorly addressed in climate financing. Africa contributes less than 4% of carbon emissions, but receives only 3% of climate finance inflows, inadequate to meet its climate-related needs. African leaders have estimated an annual financing need of US$300 billion for the continent to prevent and mitigate the impacts, yet it receives only an estimated 12% of this figure, largely as unpredictable aid, or debt inducing loans.

The reviews and online discussions proposed responses to these impacts and inequities:

- Strengthen and integrate **rights and legal protections** related to climate impacts and ensure an informed public able to claim their rights, use laws and demand that state and judicial capacities meet duties to implement laws and hold polluters accountable.
- **Break siloes** by leveraging existing platforms and improving monitoring, collection and use of disaggregated **comprehensive evidence** on climate impacts, resource flows and holistic responses, and promote exchange of promising practice.
- **Locally, integrate local voice** in planning, and scale-up local living, community, food security, urban and rural solutions that integrate health and climate considerations, using circular economy models that benefit local community incomes and wellbeing.
- **Nationally,** promote health and environment impact assessments, and inclusive inter-sectoral processes to ensure longer-term planning and public control over TNCs extracting non-renewable mineral and biodiversity resources and use profits and fair tax contributions to generate alternative equitable, intergenerational climate-proofed activities, jobs, services and infrastructures.
- Enhance and **ensure equity** in primary health care (**PHC) oriented health systems** and health worker and community capacities to integrate climate change-related health impacts, develop early warning systems and promote climate-resilient health care practices and infrastructures.
- Further strengthen unified African voice and positions in **global engagement** and leverage to bring ESA priorities into existing global and south-south platforms.
- **Reject climate financing in the form of loans** that worsen already high debt burdens and expose the inequity between climate burdens and financing, demanding fair, predictable and equitably distributed global tax-based climate financing.

Areas were proposed **for follow-up dialogue, research and action by EQUINET** to amplify information, experience and stories of change, including local knowledge systems, convening across sectors, disciplines and countries, and sharing promising practices. Existing EQUINET work on health impact assessment and in the community of practice on urban health, can strengthen the ESA climate lens. Further webinars can be held on areas such as: climate-induced migration; intergenerational equity as a lens in climate policy on accountability for environmental damage; and on land rights and climate agro-ecology links to pandemic risk. EQUINET research can map equity in the distribution of climate-related funding, both globally into the region, and nationally within countries; map positions and interests in south-south platforms and in media discourses; and the outcomes of climate and health justice-related litigation, to identify opportunities for regional engagement.

Climate justice for health equity calls for strengthened community and regional voice and a people-centred response. The voices of affected and vulnerable communities must be integrated into planning and climate negotiations. A more robust, people-driven and locally responsive approach within ESA countries will strengthen the region in advancing shared proposals and articulating clear messages that for equity to be achieved, the ‘polluter must pay’ and that for health, ‘the polluter must prevent.’

1. Background

In 2022, delegates to the Regional Network for Equity in Health in East and Southern Africa (EQUINET) conference on 'Catalysing change for equity and social justice in health,' identified climate justice as a key issue intersecting with and impacting on other drivers of health (in)equity in the 17 East and Southern Africa (ESA) countries covered by EQUINET (Botswana, Eswatini, Somalia, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Uganda, South Africa, Tanzania, Zambia and Zimbabwe).

Climate change refers to long term shifts in temperatures and weather patterns. While these shifts may be natural, human activities have become the major driver of climate change, primarily due to the burning of fossil fuels, like coal, oil and gas, which produce heat-trapping gases. African countries are highly vulnerable to the impacts of global climate change due to weather events and changes that cause extreme heat, water stress or flooding, cyclones and droughts. These changes compromise access to clean water and sanitation and impact on food production, transport, energy infrastructure and other factors that affect health (Musuka and Dzinamarira 2023). The combined pressures of poverty, undernutrition and an overburdened public health infrastructure make ESA populations very vulnerable to climate extremes, and climate change is expected to push more people in sub-Saharan Africa (SSA) into poverty than in other global regions. At the same time, investments in health can reduce vulnerability to climate impacts (Jafino et al., 2020). In 2023, the Lancet Countdown Commission recommended a people-centred transformative approach that puts health at the centre of climate action (Romabello et al., 2023).

After its 2022 conference, the EQUINET steering committee (SC) decided to deepen understanding of how climate is impacting on existing areas and priorities identified for improving health equity in ESA. The SC initiated a programme to integrate climate justice into key areas of EQUINET'S work. As an initial set of health equity issues this included: the right to health; urban health and wellbeing; economic drivers, including extractives; trade and food systems; primary health care (PHC)-oriented health system; progressive public sector resourcing; and tax justice for health.

To support this, in 2023–24, EQUINET through TARSC, with individual dialogues convened by lead SC members, organised a series of online meetings to share knowledge and perspectives on how climate change is affecting each area of health equity. These focused on Climate and the Right to Health; Urban Health; Primary Health Care; Trade and Health; and Extractives. Two rapid literature reviews were also implemented to support these forums, one on Climate and Health Systems and the other on Climate Financing and Tax Justice for Health. Further details are provided in *Section 2*.

Speakers at the webinars were invited from community, local, national and international levels. The online dialogues explored the impact of climate trends, their intersect with the other drivers and determinants of inequity, the implications for policy and action that link climate to health equity and vice versa, and the proposals for policy, practice, research and action. The webinars provided a combination of experiential and academic learning from the presenter lenses and from participants who interrogated and interacted with the various presentations. Webinar briefs were produced after each session capturing the climate impacts, actions to be taken and points for future conversations.

This synthesis report offers a thematic analysis of these briefs and reviews (separately available on the EQUINET website), outlining how climate change is intersecting with the various dimensions of health equity including social inequalities and health vulnerabilities, and approaches underway or proposed, to address these. It was reviewed in an online meeting in August, after which it was finalized. This paper is shared as an interim product and will be further updated and developed following EQUINET's ongoing work in 2025.

2. Methods for this synthesis

As noted above, this synthesis draws on the outcomes of a series of webinars, briefs and rapid reviews, as well as an online review meeting, as primary sources of information. While there is wider documentation on climate change and health, these sources were particularly used to link the understanding of climate change impacts with areas already identified as key for health equity in the ESA, and to create a lens and knowledge from community, national and regional voices in ESA that are not always well represented in formal literature. The paper complements the review process to share, exchange and widen learning and experiences in the region.

As sources, the five webinars convened by the EQUINET SC leads of thematic work citing the briefs from the webinars, and two rapid reviews of literature, were.:

a. The Center for Health, Human Rights and Development (CEHURD)-convened webinar on climate and the right to health (CEHURD et al., 2023a,b).
b. The I4D-convened webinar on climate and urban health (I4D et al., 2023a,b).
c. The Reach Trust Malawi and International Working Group for Health Systems Strengthening (IWGHSS)-convened) webinar on climate and Primary Health Care (Reach Trust et al., 2023a,b).
d. The Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI)-convened webinar on climate, trade and health (SEATINI et al, 2024a,b).
e. The Southern Africa Trade Union Coordination Council (SATUCC)-convened webinar on climate, extractives and health (SATUCC et al., 2024a,b).
f. A rapid review on climate change and health systems in ESA (Musuka and Dzinamarira, 2023).
g. A rapid review on climate justice, tax and climate financing for health equity (EQUINET, TARSC, 2024).

A grounded thematic analysis of these source materials was implemented using key categories pertinent to health equity. An interim and final draft of the synthesis was shared with the EQUINET SC and feedback integrated, and further shared with and reviewed in an invited online forum drawing on relevant expertise from various thematic areas on health equity and climate in the region. The meeting numbers were limited to enable full participation in and a depth of review from participants in the discussion. Apologies were received from some invited delegates due to clash of obligations and half of those invited attended. The delegate list is shown in *Appendix 1*. The planned future work will also address some of the gaps in information and analysis. The inputs and feedback from the review meeting have been integrated in this final report, together with suggested areas for follow up dialogue, analysis and engagement by EQUINET. As noted earlier, this report is an interim product that will be further updated after the next round of work and dialogue in 2025.

Limitations

With the synthesis limited to the above sources, its evidence and analysis are also limited. At the same time, it includes experiences and insights that may not be found in published literature. Additional literature was integrated in some of the webinars and rapid reviews to enhance understanding of the different thematic areas. While these limitations are noted, the peer reviews by the wide ranging expertise of the SC, the wider dialogue forum, and the common expression of some key issues from various sources give us confidence in the issues raised in the report, and in the pertinence of the areas raised for future dialogue and inquiry

3. Findings

3.1 Climate impacts on health

Various direct and indirect impacts of climate change on health equity in the ESA region are raised.

Direct health effects. The increased frequency and intensity of extreme weather events, such as heatwaves, floods and droughts, result in increased disease burdens, epidemic and pandemic

disease, injuries and mental ill health. An estimated 3.6 billion people globally are noted to face increasing levels of such direct health risks due to climate change (Kuzmak, 2023). Climate change alters temperatures leading to changes in vector development rates that exacerbate the spread of vector-borne diseases such as malaria, Rift Valley fever, dengue fever, trypanosomiasis, schistosomiasis, leptospirosis and plague (Musuka and Dzinamarira, 2023). Children, elderly people and those with underlying conditions such as diabetes, face difficulties in managing extreme weather and suffer from heat stress (Musuka and Dzinamarira, 2023). These health impacts interact with other underlying health problems, and raise the demand for health services.

Impacts on social determinants of health: Climate change also affects those factors that impact on health (social determinants of health). Increasing temperatures impede food preservation making it more difficult for low-income households and urban residents to store food. This can lead to food wastage, as a cost to both nutrition and incomes for low-income households (I4D et al, 2023a,b).

Climate-related flooding due to increased rains in East Africa, and water scarcity due to reduced rains in southern Africa, are increasing with 25 African countries expected to be water stressed by 2025, compared to 13 in 1995 (Loewenson, 2020). Changes in water availability (both flooding and scarcity) increase the risk of water-borne diseases like cholera and typhoid. This is particularly the case where water scarcity forces people to drink from unsafe water sources. Poor waste management, coupled with flooding, also increases microbial contamination of water sources increasing the incidence of gastro-intestinal disease (Musuka and Dzinamarira, 2023: I4D et al., 2023a,b). Droughts affect food security, while flooding leads to displacement. Both affect livelihoods and increase poverty and the risk of ill health.

In the online review meeting, delegates noted increasing challenges in the social determinants that increase risk of climate impacts. For example, the mining sector has commonly not met wider community and ecosystem burdens. As mines in countries with longer-term mining sectors like South Africa exhaust their mineral reserves, the companies are focused on maximising profit and repaying loans, making them even less likely to invest in social, environmental and climate impact measures.

ESA countries face constraints in public financing, but countries facing higher levels of debt because of the lockdowns and impacts of the COVID-19 pandemic, face even greater constraints and are less likely to spend on community infrastructure. Unequal land distribution since colonial times has persistently undermined food security. With land increasingly allocated to large scale agricultural investments, rural and animal populations are squeezed closer together, increasing their exposure to and risk of zoonotic and epidemic diseases. These trends in social determinants of health all increase the risks and burdens for already vulnerable communities.

Increased demand for and barriers to access health care. Whether due to direct or indirect impacts, the increase in ill health arising from these climate changes raises the demand for health services. Yet at the same time, climate-related heat, flooding and natural disasters also impede access to health services, due to destruction of both infrastructure like roads, and health facilities. Communities may be cut off from health centres at a time when the health services are most needed. This is especially felt by more disadvantaged communities, who may also be more vulnerable to these impacts. Emergency services often struggle to reach remote areas when roads and bridges have been destroyed. Health infrastructure is often not built to adapt to changing climatic conditions or to withstand severe weather events (Reach Trust, 2023a,b).

Climate intersects with and exacerbates other drivers of ill health: Climate change disrupts the food value chain across production, harvesting, and post-harvest stages (I4D et al., 2023a,b; Reach Trust, et al., 2023a,b). Extreme weather events and unpredictable climate patterns lead to crop failures, reduced yields and food scarcity. In trying to address these challenges, farmers increase use of chemical fertilisers and pesticides. This affects food quality and may lead to consumption of contaminated food, while also increasing the costs to farmers (I4D et al., 2023a,b). As local public revenues fall and waste management declines, the situation

encourages dumping and burning of waste. This generates harmful gas emissions that add to climate-related risks and contribute to respiratory diseases (I4D et al, 2023a,b).

In the review meeting, delegates commented on how longstanding rights deficits and failures to hold the State accountable for its obligations can lead to emergencies catalysed by climate factors. For example, the Kiteezi landfill collapse in Kampala, in August 2024, led to multiple deaths and the destruction of homes. The 36-acre landfill waste dumpsite buried homes and livelihoods beneath tonnes of waste. Climate-related factors, such as increasingly heavy rains make the land more unstable, increase the risk of such collapses. The investigation ordered by the President of Uganda is ongoing, and parliament is engaging to decommission the landfill. However, the event highlights how the longer-term absence of health, environment and social impact assessments of such large urban projects, and measures to hold government accountable for the resultant risks, demonstrate the likelihood of such emergencies being catalysed by climate factors.

Climate-related impacts particularly affect women and girls, given their role in managing household water, caring roles and their already vulnerable socio-economic status. Where climate-related impacts lead to increased poverty, girls may be forced into child marriages, and women to endure gender-based violence (CEHURD et al., 2023a,b). Weak protection of health rights in law or in practice may deepen poverty for already disadvantaged groups, especially those in urban slums and in the informal or agricultural sectors. Many of those living and working in these areas are women (CEHURD et al., 2023a,b).

While these impacts are felt within localities and countries in the region, there are also global dimensions to health inequities caused by climate change whose impacts are compounded by the skewed global trade system. Trade protectionism and patents held by high-income countries and TNCs limit the technology and resource transfers needed to manage climate change, despite these countries being the major source of global emissions. High-income countries protect transnational producers and distort market prices, limiting the revenue available for climate adaptation within ESA communities and countries (SEATINI et al., 2023a,b).

This is particularly evident where ESA economies interact with global markets. The outputs of the extractive sector are in great demand globally. Despite the non-renewable nature of mineral resources that make mining a time-limited and unsustainable activity, extractive activities are expanding in the region. Mining results in water and air pollution, land subsidence and seismic events. The health and environmental impacts of large-scale mines differ across the exploration, planning, ramp up, operation, closure, rehabilitation and the life-beyond-mining phasesHeavy drilling, perforation of aquifers and pollution of air and water in the exploration phase degrade ecosystems. At the operational phase, open cast mines can further deplete water sources and lead to acid drainage and pollution of underground water.

These processes lead to degraded environments and water scarcity, increasing vulnerability to the climate effects noted earlier. As these conditions intensify, so too does the interface with climate-related factors. For example, as land pressure increases, including for corporate mono-cropping, the interface between human and animal populations is reduced, increasing the possibility of viral transfer and pandemic risk. In the online review meeting, delegates noted that increased temperature is expanding the areas covered by vectors and pathogens, intensifying pathogen spread and increasing the risk of antimicrobial resistance. In addition, mining leads to increased respiratory and lung disease and the growth of un-serviced populations around mines raises the risk of waterborne diseases such as cholera. All these impacts are exacerbated by or intensify climate impacts (SATUCC et al., 2024a,b; Loewenson, 2020). As noted earlier, mines reaching mineral exhaustion are even less likely to spend on preventing these impacts. At the same time, the use of ‘blood’ minerals, such as copper, lead, titanium and uranium by the military industrial complex, together with the expansion of conflict and war, diverts resources and political and policy attention from climate impacts and investment in responses.

While some of these impacts may not be unique to the ESA region, their specific manifestation and severity is influenced by the existing high levels of inequality and poverty, poor infrastructure, and heath service deficits in the region, and in the region’s interaction in the global

economy. ESA countries, and particularly the most disadvantaged populations, thus face intersecting vulnerabilities that make people more likely to be exposed to risks from climate change, while at the same time increasing their vulnerability to its impacts. As UNICEF (2024) noted “45 million children are living through multiple and often overlapping crises intensified by climate change, including cholera outbreaks, malnutrition, drought and floods.”

3.2 Climate drivers of widening socio-economic and health inequalities

The previous section suggests that climate change may be contributing to widening socio-economic and health inequalities. Where it affects service provision for the most marginalised groups, it also contributes to inequities between need and service provision. Under these circumstances, climate change exacerbates existing health disparities.

Undermining the right to health: The right to health is a fundamental human right. It is enshrined within many national constitutions that include state duties to protect this right and the rights to key social determinants such as water, decent housing and food security. However, weak protection and enforcement of the right to health and to these key determinants mean that communities endure environmental contamination or destruction of biodiversity, with intergenerational impacts (CEHURD et al., 2023a,b). Inadequate infrastructure, weak governance, and limited capacity to respond effectively to climate change undermine the realisation of these rights, even where state duties are clear. Weak accountability with regard to risks was noted in the collapse of the landfill in Kampala, raised earlier. In addition, there is minimal judicial protection of the linkages between climate justice and health rights. Even where positive judicial rulings are made on health and climate justice, the mechanisms to enforce these rulings are weak or absent. In part, the webinars raised that this is because the nexus between climate and health is yet to be appreciated and reflected in policies and financial planning (CEHURD et al., 2023a,b; Reach Trust et al., 2023a,b).

Worsening the existing inequalities between wealthy transnational corporations and vulnerable populations: Local communities and state officials often lack the resources and the political power of large TNCs, . This power imbalance affects the ability local communities have to protect themselves against climate-related impacts, while they often bear a disproportionate burden of the environmental harm. The influence of mining companies and investors on States through their wealth and export earnings and the high degree of foreign ownership in the mining sector, mean that these impacts may not be effectively assessed or regulated (SATUCC et al., 2024a,b). While environmental impact assessment is implemented in the region, there is limited legal requirement for, or practice of, health impact assessment, leaving health impacts poorly identified or controlled, especially in mining communities. Mining and large-scale agriculture and infrastructure projects displace people from land, farming and other economic activities that may be more sustainable, and climate-adapted (SATUCC., 2024a,b). While this affects the livelihoods of already disadvantaged groups, the companies involved often receive tax exemptions to attract investment. Mining and agricultural companies also export unprocessed crops or raw minerals, limiting local employment, value-added income and public revenue that could be used to mitigate the negative impacts or provide services for local communities. All of this makes local states and populations more vulnerable to climate shocks, widening global inequalities (SATUCC, TARSC, EQUINET, 2024a).

Intensifying existing, often poorly recognised, inequalities in health: The dialogues noted that marginalised and vulnerable populations, such as poor and rural communities or women and children, are disproportionately affected by the impacts of climate change. Their vulnerability is poorly monitored, but it is increased by existing co-morbidities, poor food security and nutrition, sub-standard living and community conditions, limited access to health care and lack of resources to adapt to changing conditions (I4D et al., 2023: Reach Trust et al., 2023, SATUCC et al., 2024). Climate impacts may also widen gender inequality, including efforts to address challenges such as girl-child marriages and school dropouts. This undermines multiple dimensions of child rights and intensifies rights violations already rooted in gender inequality (CEHURD et al., 2023a,b).

Informal sector workers, including waste pickers and food producers, face challenges due to climate effects on the food supply chain. Urban agriculture carried out by small holder farmers is poorly integrated into policy and there is limited use of biomass from organic and food waste for energy and other inputs. Waste pickers face heat stress, injury and illness from contaminated waste, vector-borne diseases and heat extremes, aggravating their impoverishment and already precarious incomes (I4D et al., 2023a,b; TARSC, ZCTU, ZCIEA, 2021). Routine data gathering often has limited data on these impacts, particularly in more marginalised social groups and settings.

Intensifying inequalities between countries globally: The disparities in impact not only arise **within** ESA countries, but also **between** ESA and high-income countries. The region's reliance on climate-sensitive sectors like agriculture and natural resource-dependent livelihoods compounds climate impacts (I4D et al., 2023a; Thomas and Robertson 2024). Big business and TNCs are displacing small producers, using chemicals and imported technologies to fast-track production. Their intensified use of agricultural land and the global demand for mineral resources feeds into pressure to increase the pace of extraction, which conflicts with public interests to preserve forests, environment and renewable resources (Thomas and Robertson, 2024).

Corporate-led globalization and the pursuit of profit over ecosystem and social wellbeing were argued in the webinars to have resulted in significant changes in production patterns, including the adoption of unsustainable practices that worsen the effects of climate change, harming both vulnerable communities and the environment (SEATINI et al, 2024a,b). Developed countries' trade policies and measures, such as the EU's Carbon Border Adjustment Mechanisms (CBAM) and the US's Inflation Reduction Act (IRA), are critiqued for potentially prioritising protectionism and economic dominance over meaningful climate action. Global trade, the movement of goods and extractive practices increase greenhouse gas emissions globally and are drivers of processes that make a major contribution to climate change, especially when unsustainable production to satisfy corporate profit is driven by neoliberal trade (SEATINI et al., 2024).

Increasing deficits and inequity in climate financing: These political, economic and trade-related drivers and features of global inequality are poorly addressed in climate financing. Under the 2015 Paris Agreement, parties to the United Nations Framework Convention on Climate Change (UNFCCC) committed to providing US$100 billion annually to the countries least responsible for, and most impacted by, climate change (Beecher and Bekele, 2022). Africa contributes less than 4% of carbon emissions, but receives only 3% of climate finance inflows, a negligible contribution to meeting its climate-related needs (Beecher and Bekele, 2022; AfDB, 2024).

Experiencing some of the most intense impacts of climate change, African leaders estimated an annual financing need of US$300 billion in 2023 for the continent to prevent and mitigate its impacts, yet the continent receives only an estimated 12% of this estimated funding (Euractiv, 2023). With Africa’s 20 fragile and conflict-affected states receiving only 31% (US$415.3 million) of the expected US$1.4 billion adaptation funding for Africa, inadequate climate financing increases vulnerability in ESA countries (Beecher and Bekele, 2022). Added to this, when Africa is already reeling from a debt burden, in part due to economic and trade measures imposed during the COVID-19 pandemic, this essential climate financing is channelled in the form of loans, further exacerbating debt (TARSC et al., 2024).

Equity demands evidence, power and resources to claim and deliver rights, to make risks visible, to recognise people’s experiences and to plan for and allocate the necessary resources to respond to these risks. This section has revealed deficits across all these areas. This means that climate impacts are intensifying social stratification, increasing differentials in exposure to risk and widening vulnerabilities to climate impacts. Climate change is silently intersecting with other dimensions, intensifying inequality, . Except when emergencies or collective voice raise policy and planning attention to such risks, it appears that climate change is intensifying inequities.

4. Responding in the ESA region to the climate impacts on health equity

The webinars, rapid reviews and online review meeting discussions raised a number of proposals to respond to these impacts and areas of inequity. They take place from local to national, regional and global levels, but also need to build coherent links between these levels. With many of the climate-related drivers of health impact and inequity in health affecting local communities and conditions, but equally driven by global factors and affected by national contexts, the responses need to cut across all three levels. The responses also need to project and respond to future and intergenerational impacts. To date, the webinars, reviews and online dialogue have identified specific areas of response, outlined in this section.

To strengthen rights to and accountability on climate and health.

- An informed, aware public that has and uses social power to support public, health and ecosystem interests – including for future generations – is fundamental for the response. This also means that climate information and responses should integrate local and regional sociocultural contexts, ideas, knowledge and practice, taking account of how this is changing for young people, and strengthening action on gender inequalities.
- While many ESA national constitutions now include health-related rights, these need to be reviewed for their protection of key natural resources. States should ensure that legal measures that respect the rights and livelihoods of communities and the region's ecosystems are in place, and that such laws are enforced. Conditions for the effective implementation of appropriate laws must be in place to avoid shifting burdens to already vulnerable communities such as small-scale miners or low-income urban farmers. In the online meeting, delegates noted that legal provisions on the critical social determinants noted in this paper need to be reviewed and updated with: a climate and equity lens; strengthened state capacities and accountability to implement these standards; and community awareness and organisation to claim rights and hold state and private actors accountable. Laws should be holistic, integrating cross-sector roles and duties and requiring authorities to adopt long-term climate and health strategies beyond short-term election cycles (CEHURD et al., 2023a,b).
- There is a strong view that climate-related health equity demands more socially and ecologically accountable states and private actors. Even while law review is needed, current laws can be more effectively used to hold duty bearers and polluters accountable, includingthrough litigation when necessary. At local level, communities need to be informed on and make legitimate claims on their rights related to climate. This calls for public education, independent journalism and social organisation within affected communities. The dialogues noted minimal current judicial enforcement related to climate justice and health rights. Governments need to establish specialised courts for health and climate justice matters, and to build the capacity of legal professionals within the ESA region.

In the **understanding of and evidence used on climate and health,** a health equity lens demands better disaggregated evidence, together with analysis from a regional lens.

- In the webinars and online meeting, it was observed that our understanding of climate and health equity needs to be more rooted in evidence, knowledge systems (including indigenous knowledge), and citizen science from within the region. Our knowledge and actions also need to make a stronger connection with young people.
- There is a clear demand to break siloes in the analyses and apply inter- or trans-disciplinary and holistic paradigms to promote more integrated action. Climate issues can be linked to more holistic existing approaches that also need to be strengthened. Some of these are new, such as the circular economy, others already exist, such as One Health approaches, while yet others are a current focus of attention in global discourse, such as antimicrobial resistance. All these approaches could better integrate the issues, ideas and actors relevant to climate and health.
- This, and the need to strengthen accountability in linking knowledge to practice, calls for strengthened evidence gathering. This implies surveillance, monitoring and early warning systems that take account of the evidence on climate measures and their links with the issues of health and social determinants raised in this report, paying attention to life-course

and intergenerational impacts and distributional issues. Such systems should particularly be strengthened at local and primary care levels. Delegates to the online review meeting noted that evidence should assess current impacts, as well as projecting changes in exposures, impacts and the socio-economic consequences, to inform adaptation scenarios.
- Promising practices that inspire and inform responses also need to be shared.

In relation to **analysis and action at the local level**, the work to date points to:
- Fostering local level inter-sectoral planning and actions on areas linking climate to health, that design and implement integrated adaptive responses and generate economic resources for local communities. ESA countries can use circular economy models to manage resources and benefit local incomes and wellbeing. For example, in a circular economy in urban areas, waste (such as bio-waste from food markets) can be used to provide compost for urban agriculture and to produce clean energy, generating local incomes and improving local conditions, while also reducing climate emissions from waste-burning. Urban waste pickers should be recognised and supported through such initiatives, to enhance their working conditions and safety, with incentives for them to improve waste management.
- Urban and rural solutions that integrate climate considerations and leverage existing cross-sectoral practice should be scaled up. This includes applying scientifically proven agro-ecology methods to ensure environmentally friendly, health promoting and climate-resilient food production and highlighting the universal right to available, adequate and quality health-promoting foods.
- An equity lens demands local voice in planning, making clear the obligations of governments and non-state actors. Informal workers, residents and young people should have a more direct voice in climate discussions. Local planning would also benefit from exchange of experiences and ideas in networking across local areas, including through social media (EQUINET, 2023; I4D et al, 2023a,b).

At **national level, including in national engagement with TNCs and the extractive sectors.**
- National intersectoral and multistakeholder processes are necessary. While these range from ad hoc issue-specific forums, to sustained planning processes such as to set national climate-adaptation plans, they should also ensure the inclusion of affected communities and service implementers. This means bringing climate information and debates into health forums and health into other sectoral and climate forums. 'One Health' structures can better integrate climate and include the role of commercial actors in their assessments and dialogues.
- Mining should be carried out in a more ecologically sustainable way, using technologies that reduce emissions and build links across the wider economy. This needs planning, state measures and greater public control and influence in mining and other non-renewable sectors to protect these resources. The non-renewable nature of mineral resources means that ESA countries should have long term plans, including post-extraction environmental restoration plans using profits to manage climate change impacts, and ensure longer-term, equitable benefits such as creating new jobs, expanding and climate-proofing alternative economic activities, services and infrastructures. The region should reject extraction of 'blood' or other minerals directly used for conflict, or where their extraction leads to extreme degradation of ecosystems that should be protected.
- With the high level of agricultural activity in ESA economies, there is need to better link climate-adapted agricultural practices with health.
- Circular economy models should also be applied at national level to respond to climate impacts. Substitution of unwanted minerals such as asbestos roofing with other materials that also include solar panels will increase the use of renewable solar energy. Affected communities can also earn income from selling power back to the grid. Equally. reducing, reusing and recycling waste should be built into wider sectors in economic and technology plans, making links across sectors, local enterprises and communities.
- More work is needed on the health and climate related impacts of TNC activities in ESA, including through environmental and health impact assessments. Joint health and environmental impact assessments should be conducted prior to licensing or relicensing mines and other large projects that need to integrate climate change and its social, health and intergenerational impacts.

- ESA governments need to ensure that sectors involved with non-renewables or that have climate and ecosystem impacts, contribute fairly to taxes and public health services as legal duties, and not just as corporate social responsibility. This must be transparently planned for and reported. In this respect, coastal countries need to ensure that national and urban plans integrate measures to address rising sea levels.
- Links should be made between trade unions, workers, communities, indigenous and informal communities, and young people in joint engagement on just transition at local, national, regional and global levels, and with media to publicly articulate the issues.
- States, non-state actors and communities should know the rights frameworks that TNCs should be held accountable to. Regional organisations such as the SADC Lawyers Association can be engaged to support country and regional capacities and actions. ESA countries should not compete against each other but work together as a region to manage the impacts of TNCs on climate and health, especially given that the impacts cross national borders (SATUCC et al., 2024a,b, TARSC, 2023; CEHURD et al., 2023a,b).

Specifically, on **PHC-oriented health systems at local and national level,** the process raised that:

- Health workers, especially those at primary care level and in communities, play a vital role in supporting these actions. Enhancing their capacity, training health care professionals on climate change-related health impacts and promoting climate-resilient health care practices, should thus be integrated into health systems planning and financing.
- The health sector needs to audit the contribution of its activities to climate change and in promoting climate responsive measures. This includes using renewable energy in health facilities, minimising the health sector's carbon footprint and ensuring that health services, transport networks and other key services are planned and built to withstand extreme weather. Some ESA countries are improving early warning systems and improving the climate resilience of public health infrastructure and technology by modifying architectural designs to build climate proof infrastructure. This should be done across the region.
- Multi-sectoral action, as promoted in comprehensive PHC, is key to addressing the interconnected challenges of environmental injustice, human rights and poverty. The challenges call for co-ordinated efforts by multiple sectors, including government, civil society organisations and international bodies.
- Education campaigns can help communities understand the links between these issues and their health and wellbeing, empowering them to advocate for their rights and for action and policy change. In Uganda, for example, civil society organisations are working with the Ministry of Health to develop the Health National Adaptation Plan, which will establish climate change-related policies for the health sector. Such collaborative approaches involving affected communities are needed across the region (REACH Trust et al., 2023a,b; CEHURD et al., 2023a,b; Musuka and Dzinamarira, 2023).

Addressing climate and health equity in the region demands **engagement with global drivers**:

- The ESA region needs to continue efforts to build unified voice and positions to negotiate its interests in global forums, and leverage global frameworks to integrate the climate and health actions being prioritised in the region. This includes negotiations on technology transfer and adjustments to trade policies that favour environmental and climate goals, including diplomacy on climate and health with the Africa group, in global platforms like the Ministerial Conference of the World Trade Organisation (WTO). African CSOs can call attention to proposals on trade and financing in support of African countries, and raise pressure for states to defend their positions and not give in to false solutions. Evidence-based advocacy can be supported by information briefs to ensure a more informed understanding of the climate aspects of issues under negotiation, and to integrate ESA priorities in ongoing review processes, such as the current country and global level review on the Global Action Plan on Antimicrobial Resistance.
- South-south platforms present an important potential forum for knowledge and learning exchanges on alternatives and technology transfer, and for building alliances and joint positions for engaging in global platforms. Where climate is driving issues such as migration from the region to high-income previously colonising countries, or where extractives are draining natural resources and triggering illicit financial flows, these south-south platforms

may provide alternatives for global negotiations. This calls for the region to better understand the positions articulated in these platforms and their relevance, such as that of China on eco-civilisation, and to present clear positions from the region to these platforms.

- African countries have contributed very little to climate change and must demand fair climate financing. ESA countries should expose the gap between pledges and commitments in the Loss and Damage Fund mooted in COP27 (US$793 million committed versus the US$440 billion needed in Africa between 2020 and 2030), to manage the loss and damage it is experiencing due to climate change alone. ESA countries should also reject climate financing in the form of loans that worsen an already high debt burden.
- Funding channels for climate change mitigation and adaptation must be diversified, while countries should budget nationally for their duties on climate and health. Taxation is a key avenue that Africa can explore to raise much needed finance. This needs to address existing challenges of tax evasion, illicit financial flows and corporate tax abuse that limit public revenues. It calls for radical changes in the global taxation system to ensure fairer collection of taxes from TNCs extracting natural resources and direct revenue to climate-adapted planning on these areas in ESA. As raised by African leaders in 2023, predictable climate financing should come as a global tax on fossil fuels, maritime transport and aviation, and a global financial transaction tax, which should be equitably distributed on the basis of need. At the same time, global and national funds should be directed globally and within ESA countries, towards activities to build circular economies, and long term measures and capacities to prevent and respond to climate change and monitor and ensure equity and effectiveness in their distribution and use (SEATINI et al., 2024a,b, Euractiv, 2023; Shirley et al., 2023; FSD Africa, 2022; Nsenduluka and Etter-Phoya, 2023; Beecher and Bekele, 2022; Loewenson and Mukumba, 2023; Chingono, 2024).

5. A people-centred response as critical for health equity

The work to date outlined in this report highlights the intersect between health equity and climate justice in the region. In various discussions and reports, it was noted that climate change disproportionately impacts vulnerable and marginalized populations, exacerbating existing social and health inequalities. Addressing climate change and promoting health equity requires a comprehensive, integrated approach that considers social, economic and environmental factors. This calls for efforts to ensure that climate change adaptation and mitigation strategies prioritize the most affected communities and work towards reducing health disparities and promoting climate justice in the region.

For **EQUINET, some areas for follow up dialogue, research and action were proposed**.

- Organising information on climate and health, integration of traditional communities and local indigenous knowledge systems, and encouraging people to tell their stories of changeincluding through podcasts, social and mainstream media.
- Acting as an amplifier of information and responses by translating information, including on promising practice, into accessible formats for different audiences, and presenting information on equity issues in climate and health in existing platforms. This will strengthen the climate lens in current work, such as in the EQUINET urban health community of practice, which is already sharing promising practices in holistic approaches to urban wellbeing.
- Convening platforms to share stories, ideas, evidence and promising practice across various sectors, disciplines and countries; supporting the Africa Group in global engagement on climate and health equity, as well as in existing networks like the African Youth Initiative on Climate Change.
- Participating in and giving input to key African forums such as the forthcoming Climate and Health Africa Conference, 29-31 October, Harare, Zimbabwe.
- Building on EQUINET's current capacity building on health impact assessment to strengthen legal provisions, capacities for and implementation of health (and environment) impact assessment in the region, and addressing the climate-relevant dimensions raised in this brief.

- Tracking equity in the distribution of climate-related funding into the region both globally and south-south; and tracking distribution to communities and initiatives of public and private financing within ESA countries.
- Mapping south-south platforms and positions on climate and identifying the opportunities for engagement; mapping and analysing discourses and debates on climate and health for the interests and power sources they reveal; and mapping climate and health justice-related litigation and its outcomes in the region.
- Convening webinars/ reviews on further key areas, viz.: climate-induced migration; intergenerational equity as a lens in climate policy; land rights and climate agro-ecology links to pandemic risk; accountability for environmental damage.

The processes for this work matter as much as the content and should generate evidence and knowledge, widen understanding and analysis, and strengthen voices from the region, particularly from local areas and communities.

The responses proposed, and these areas of action, call for an intersectoral and people-centred approach to embed climate in all areas of work on health equity, and health equity in all areas of work on climate and to show their bi-directional links. For this there was consensus in the process to date that the voices, evidence, knowledge and cultures, especially of affected local and other vulnerable groups, must be integrated into planning and climate negotiations, discourse and action. For this to be achieved, communities need to be informed and capacitated to engage in national action planning and in partnerships on policy engagement, through and with civil society and climate justice activists, at regional and global level.

In the aftermath of Cyclone Idai in Mozambique, 15-16 March 2019. Credit: Denis Onyodi/IFRC/DRK/Climate Centre.

Building a more robust, people-driven and locally responsive approach within countries will strengthen ESA countries to advance shared proposals for change and articulate clear common messages in global forums such as the Conference of the Parties (COP). As for other areas of health equity, to address the intersect with climate justice, health equity demands attention to evidence, narratives and ideas and the power and resources that influence their uptake. It is clear that climate is intersecting with and widening health inequities in the ESA region. This demands that for equity to be achieved, the ‘polluter must pay’ and that for health, the polluter must prevent.

6. References

1. African Development Bank (2024) 'African Development Bank rapidly exceeding climate finance targets', ADB, Addis, https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-rapidly-exceeding-climate-finance-targets-70202
2. African Union (AU) (2023), 'Africa urges a spotlight on climate finance as the world heads to COP28', AU, Online at https://www.afdb.org/en/news-and-events/press-releases/africa-urges-spotlight-climate-finance-world-heads-cop28-66331
3. Beecher J, Bekele M (2022) 'Climate finance to Africa: What we know about ODA', Devinit blog, online https://devinit.org/blog/climate-finance-to-africa-what-we-know-about-oda/
4. Beyeler N, Guinto R (2021) 'Closing the gap on health-related climate financing', Think Global Health, online https://www.thinkglobalhealth.org/article/closing-gap-health-related-climate-financing
5. Chingono N (2024) 'Africa to be $2.5 trillion short of climate finance by 2030, UN says', Reuters, online https://www.reuters.com/sustainability/sustainable-finance-reporting/africa-be-25-trillion-short-climate-finance-by-2030-un-says-2024-03-04/
6. CEHURD, TARSC, EQUINET (2023a) 'Climate change and the right to health and wellbeing', online https://equinetafrica.org/sites/default/files/uploads/documents/EQUINET%20CEHURD%20Climate%20and%20rights%20Webinar%202023.pdf
7. CEHURD, TARSC, EQUINET (2023b) 'Climate change and the right to health and wellbeing', [Video], YouTube online https://www.youtube.com/watch?v=z4JYeGGGr1o
8. Euractiv (2023) 'African leaders call for new global taxes to fund climate change action',online https://www.euractiv.com/section/climate-environment/news/african-leaders-call-for-new-global-taxes-to-fund-climate-change-action/
9. FSD Africa (2022), 'The state of climate finance in Africa: Climate finance needs of African countries', FSD Africa, online https://fsdafrica.org/wp-content/uploads/2022/06/Climate-Finance-Needs-of-African-Countries1.pdf
10. Gotto D (2024), 'Kampala City stakeholders' workshop on urban food, energy, water and waste', Innovations for Development (I4D), Kampala, EQUINET, Harare, online https://equinetafrica.org/sites/default/files/uploads/documents/UH%20I4D%20Kampala%20Workshop%20Rep%20Feb2024.pdf
11. I4D, TARSC, EQUINET (2023a) 'Climate and urban health and food systems', online https://equinetafrica.org/sites/default/files/uploads/documents/Webinar2%20Brief%20Climate%20Justice%20and%20urban%20food%20and%20waste%20systems.pdf
12. I4D, TARSC, EQUINET (2023b) 'Climate and urban health and food systems', [Video]. YouTube. https://www.youtube.com/watch?v=OF7z_QgG8s8
13. Jafino, BA, Walsh B, Rozenberg J, et al. (2020) 'Revised estimates of the impact of climate change on extreme poverty by 2030', Policy Research Working Paper No. 9417, World Bank, Washington online http://hdl.handle.net/10986/34555
14. Kuzmak G (2023), 'Turning a spotlight on climate and health financing', Rockefeller Foundation, online https://www.rockefellerfoundation.org/insights/perspective/turning-a-spotlight-on-climate-change-health-financing/
15. Loewenson R. (2020) Trends in water resources in east and southern Africa. EQUINET, TARSC, Harare, online at https://tinyurl.com/yc76e27s
16. Loewenson R, Mukumba C. (2023) Recovering lost tax to meet the health financing gap for universal public sector health systems in East and southern Africa. BMJ Glob Health. (Suppl 8):e011820. doi: 10.1136/bmjgh-2023-0118
17. Musuka G, Dzinamarira T (2023)'Climate change and health systems in east and southern Africa: A rapid review, EQUINET Brief, EQUINET, Harare, online https://equinetafrica.org/sites/default/files/uploads/documents/EQ%20Climate%20and%20ESA%20health%20systems%20brief%20Dec2023.pdf
18. Nsenduluka M, Etter-Phoya R (2023) 'The principles of tax justice and the climate crisis in Africa's resource-rich nations', Feminist Action Nexus, online https://wedo.org/wp-content/uploads/2023/09/ActionNexus_Brief-on-Climate-and-Extractives-in-Africa_Final_Sept2023.pdf
19. Ochialli G (2023) 'Just environmental taxation in Africa: how tax policy can curb environmental damage, far beyond just carbon taxes', Tax Justice Network, onlinehttps://taxjustice.net/2023/12/05/just-environmental-taxation-in-africa-how-tax-policy-can-curb-environmental-damage-far-beyond-just-carbon-taxes/

20. Reach Trust, IWGHSS, TARSC, EQUINET (2023a) 'Climate and primary health care systems', online at: https://equinetafrica.org/sites/default/files/uploads/documents/EQ%20Climate%20and%20HS%20Webinar%203%20Brief.pdf
21. Reach Trust, IWGHSS, TARSC, EQUINET (2023b) 'Climate and primary health care systems', [Video]. YouTube. https://www.youtube.com/watch?v=BjUvKbb6OTo
22. Romabello M et al., (2023) 'The 2023 report of the Lancet countdown on health and climate change: the imperative for a health centred response in a world facing irreversible harms' *The Lancet* 402, 10419, 2346-2394, online https://doi.org/10.1016/S0140-6736(23)01859-7
23. SATUCC, TARSC, EQUINET (2024a), 'Climate and extractives', online https://equinetafrica.org/sites/default/files/uploads/documents/Webinar%205%20Extractives%20and%20Clmate%20Justice.pdf
24. SATUCC, TARSC, EQUINET (2024b), 'Climate and equity in the extractives', [Video]. YouTube online https://www.youtube.com/watch?v=_vvGnvDWBI8
25. SEATINI, TARSC, EQUINET (2024a), 'Climate, trade and health equity', o https://equinetafrica.org/sites/default/files/uploads/documents/Webinar%204%20Trade%20and%20Clmate%20Justice.pdf
26. SEATINI, TARSC, EQUINET (2024b), 'Climate, trade and health equity,' [Video], YouTube online https://www.youtube.com/watch?v=wVSUq6hXuHg
27. Shirley R, Deme Y, Onyango S (2023) 'Key COP28 takeaways for Africa', World Resources Institute, online https://www.wri.org/africa/key-cop28-takeaways-africa#:~:text=Africa%20will%20require%20between%20%24290,establish%20its%2026%2Dmember%20board.
28. TARSC, ZCTU, ZCIEA (2021) 'Propelling virtuous and breaking vicious cycles: Responding to health and climate risks for informal residents and workers in two areas of Zimbabwe: Report of evidence from a mixed methods study', TARSC, Zimbabwe
29. TARSC, EQUINET (2023) 'A conceptual framework for healthy urban systems for food and waste management in ESA countries', online https://equinetafrica.org/sites/default/files/uploads/documents/EQUINET%20conceptual%20framework%20for%20UH%20food%20and%20waste%20systems.pdf
30. TARSC, EQUINET (2024) 'Brief on climate justice, tax and climate financing for health equity', online https://equinetafrica.org/sites/default/files/uploads/documents/EQUINET%20brief%20on%20tax%20fin%20and%20climate%20May2024.pdf
31. Thomas, TS, Robertson, RD (2024) 'Climate change and agriculture in eastern and southern Africa: An updated assessment based on the latest global climate models', IFPRI Discussion Paper 2239. Washington International Food Policy Research Institute, online https://www.ifpri.org/publication/climate-change-and-agriculture-eastern-and-southern-africa-updated-assessment-based
32. United Nations Children Fund (UNICEF)(2024) 'Rising heat, drought and disease: Climate crisis poses grave risks to children in eastern and southern Africa' ,UNICEF online https://www.unicef.org/esa/press-releases/rising-heat-drought-and-disease-climate-crisis-poses-grave-risks-children-eastern
33. United Nations Environment Programme (UNEP) (2023) 'Underfinanced. Underprepared: Inadequate investment and planning on climate adaptation leaves world exposed', Adaptation Gap Report. UNEP, Nairobi https://www.unep.org/resources/adaptation-gap-report-2023
34. United Nations Office for the Coordination of Humanitarian Affairs (OCHA) (2023) 'Seven things you need to know about climate change in eastern and southern Africa', OCHA online at https://www.unocha.org/news/seven-things-you-need-know-about-climate-change-eastern-and-southern-africa

Appendix 1: Participants in the online review meeting, August 23rd, 2024

Delegate	Country
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Dr Carlos Dora (International Society for Urban Health)	Brazil
David Van Wyk (Bench Marks Foundation)	South Africa
Connie Walyaro (Talk AB[M]R)	Kenya
Godfrey Musuka (Consultant)	Zimbabwe
Lucy Gilson (University of Cape Town)	South Africa
Moeketsi Modisenyane (Department of Health)	South Africa
Danny Gotto (I4D)	Uganda
Rene Loewenson (TARSC)	Zimbabwe
Belinda Ncube (TARSC)	Zimbabwe
Rangarirai Machemedze (SEATINI)	Zimbabwe
Nathan Banda (SATUCC)	Zimbabwe
Kingsley Chikaphupha (Reach Trust)	Malawi
Artwell Kadungure (TARSC)	Zimbabwe
Fatia Kiyange (CEHURD)	Uganda

Equity in health implies addressing differences in health status that are unnecessary, avoidable and unfair. In southern Africa, these typically relate to disparities across racial groups, rural/urban status, socio-economic status, gender, age and geographical region. EQUINET is primarily concerned with equity motivated interventions that seek to allocate resources preferentially to those with the worst health status (vertical equity). EQUINET seeks to understand and influence the redistribution of social and economic resources for equity-oriented interventions. EQUINET also seeks to understand and inform the power and ability people (and social groups) have to make choices over health inputs and their capacity to use these choices towards health.

EQUINET implements work in a number of areas identified as central to health equity in east and southern Africa, including

- Protecting health in economic and trade policy, in extractives
- Local production of health technologies
- Urban health and wellbeing
- Building universal, participatory, primary health care oriented health systems
- Equitable, health systems strengthening responses to pandemics
- Fair Financing of health systems
- Promoting public health law and health rights
- Social empowerment and action for health
- Monitoring progress on equity and equity analysis

EQUINET is governed by a steering committee involving institutions and individuals co-ordinating theme, country or process work in EQUINET from the following institutions: TARSC, Zimbabwe; CWGH, Zimbabwe; CEHURD Uganda; SEATINI, Zimbabwe; REACH Trust Malawi; University of Zambia, Zambia; IWGHSS Kenya and South Africa; Innovations for Development, Uganda; SATUCC Botswana and Tax Justice Network Africa, Kenya

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