

Brief from the webinar: Climate justice and the right to health and wellbeing



CEHURD
social justice in health

Regional Network for Equity in Health in east and southern Africa (EQUINET) through Center for Health, Human Rights and Development (CEHURD) with Training and Research Support Centre



Background

In the 2022 EQUINET conference on Catalysing change for equity and social justice in health, climate justice was identified as intersecting with and impacting on key drivers of health equity in east and southern Africa (ESA). The EQUINET steering committee thus initiated a programme to integrate climate justice in all key areas of its work, including on the right to health, on urban health and wellbeing, on economic drivers including extractives, trade and food systems, on primary health care (PHC) oriented health systems and in progressive public sector resourcing and tax justice for health. To support this, in 2023 – 24 EQUINET is organising a series of online dialogues to share knowledge and perspectives from community/local, national and international level on the impact of climate trends, the intersect with the other drivers/ determinants of inequity, the implications for policy and action that links climate to health equity and vice versa, and the proposals for policy, practice, research, and action.

This brief reports on the issues raised in the first webinar in the series on climate justice and health rights, convened by the Center for Health, Human Rights and Development (CEHURD), an indigenous non profit organization in Uganda that pioneers the realization of the right to health. CEHURD is the EQUINET steering committee lead of work in ESA on the right to health. The webinar was held on Tuesday 11th July, with 68 participants from nine different countries. It was moderated by Ms Nakibuuka Noor Musisi, CEHURD, with opening and closing remarks from Ms Fatiya Kiyange, CEHURD Executive Director, and technical support from Belinda Ncube, TARSC Consultant. The three speakers were Mr Kato Muyinda Hussein, Executive Director, [Earth and Rights Initiative, Uganda](#) on the national lens; Mr Aggrey Aluso, Africa Director, [Pandemic Action Network](#), Kenya from a regional lens and Dr Faith Mwangi Powell, Chief Executive Officer, [Girls Not Brides](#) on the global lens. The presentations were followed by participant discussions and interaction with presenters, including in the 'chat'. The video of the webinar is available at <https://www.youtube.com/watch?v=z4JYeGGGr1o%c2%a0>.

This brief summarises key points raised by speakers and participants on

- how climate features are impacting on the right to health;
- the actions that need to be taken to address these issues at local, national and regional level and in international/ global level processes and forums from a regional lens;
- issues raised to be further discussed in the other thematic webinars.

Climate impacts raised on the right to health

- The region is affected by interacting threats from climate change and pandemics, both of which have global dimensions, and both of which threaten food security, weaken health systems, increase economic losses and deplete resources for health.
- Climate change increases the fragility of systems that health depends on, including through severe floods, droughts, and changes in rainfall patterns, increasing vulnerability of populations, with mortality, disease and mental health problems.
- The right to health is a fundamental human right, often enshrined within Constitutions with clear state duties to realise this right. However while climate- related protections link to determinants

of health rights, there is sometimes weak protection of rights to those determinants that climate has direct impact on, such as environmental contamination, or destruction of biodiversity.

- Climate impacts on, is intensified by and intensifies other areas of inequality that affect health equity in the ESA region, with its impacts most felt by already vulnerable people, as violations of their rights to health. For example, climate events increase girls' vulnerabilities. The food insecurity and household poverty from climate changes are leading to girl-child marriages, teenage pregnancies, and school drop outs. This undermines multiple dimensions of child rights, - eg: to health, education, food security, intensifying rights violations already rooted in gender inequalities.
- The health sector, despite its expected role as a key champion and protector of the right to health, is also an environmental polluter, and through its energy use, technologies and waste products, contributes to climate change. Yet climate change also generates ill health that adds to demands on the health sector. For example when the Kilembe hospital in Rwenzori region Uganda was washed away by floods in 2022, loss of access to care led to increased mortality.
- Realising the right to health may be challenging even where state duties are clear. Where authorities have not accepted their responsibilities for protecting people's health, this has made people more vulnerable.
- 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, there are weak or absent mechanisms to enforce these rulings.
- In part this is because the nexus between climate and health is not appreciated and not reflected in policies or financial planning. Very little resources are thus allocated to climate mitigation overall, including in the health sector.
- Non-participation of key stakeholders from health, affected communities and others in climate negotiations weakens the profile of health issues and is a factor in low funding for climate-related measures. Yet such participation of affected sectors and communities is itself a right.

Actions proposed to address climate impacts on the right to health

- Climate justice, in already an urgent issue for communities, countries, and the region to act on. We need to take an intersecting 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, to show the bi-directional links between them.
- Actions to implement constitutional rights to health need to integrate climate, such as rights related to living, community and natural environments that affect both climate and health.
- It is also about responsibilities, including how individuals, families, communities and authorities from local to international level accept responsibility for the problem.
- More work is needed on the linked health and climate related impact of transnational companies (TNCs) in ESA, including through environmental and health impact assessment, and the national, regional and global rights frameworks that TNCs should be held accountable on, including on principles such as polluter pays.
- Linked actions on health equity and climate justice should reach out to, involve and reflect the realities and vulnerability of the most disadvantaged, including children, those living in poverty, recent migrants, people with disabilities and others facing exclusion, with cross sectoral advocacy and actions to address impacts on such groups, such as on child marriage.
- Given the gendered impacts of climate, including sustained effects on children, actions need to engage and build rights literacy, especially in children and women, to enable them to express and exercise their health and climate related rights.
- ESA countries should ensure that their legal frameworks (public health law, environment and climate-related law) are updated to include and make links across climate and health provisions on assessment duties, relevant standards and enforcement mechanisms.
- Enforcement of legal rights is key, as many rights are poorly enforced. Capacity building for legal, judicial and enforcement personnel on climate and health will help to improve

understanding, while specialized courts for health and climate justice-related matters can assist to prioritise better protection of these rights.

- The health sector needs to audit the contribution of its own activities to climate challenges, and establish measures to control them. For example, in Uganda, civil society organisations are working with the Ministry of Health to develop the Health National Adaptation Plan which will establish policies for the health sector related to climate change, This should also be happening in other ESA countries.
- Health and climate can be better integrated in 'One health' approaches that link human, animals and environmental health, and rights frameworks and rights based approaches should link to these more integrated frameworks.
- Follow up actions need to ensure a national response, one voice and a human rights based approach, to build awareness on the global dimensions of the issues and what that means for proposals and action from local to national, regional and global level.
- Health rights activists needs to engage and build partnership, joint advocacy and shared proposals with those at the forefront of climate justice, and engage policy actors to advance shared proposals for change.
- Media, research, community leaders and local stakeholders should be included and participate in policy and funding discussions to link health equity and climate change, and participate in the COP28 and the Africa climate summit.
- Africa and the region need to articulate one clear message of who needs to pay for climate and health impacts and measures given the high level of impact on the continent, despite low level of contribution to climate change. The polluters should pay.
- Climate adaptation measures should be supported by the multilateral development banks to provide climate financing, with links across climate and health financing in ways that support both areas.
- Global rights frameworks can and should be used to hold governments and institutions accountable for inequities in health risk and vulnerability linked to climate change.

Issues raised to carry forward to future webinars

- How do we clearly show the difference between climate *justice* and climate *change* as ways of thinking about and acting on climate, and what does that mean for equity?
- Can we obtain better evidence on the linked health and climate related impacts of TNC practices in ESA, and what is the role of health impact assessment?
- How do we integrate bi-directional links between climate and health equity in our research?
- What should be included in health sector strategies and plans for the sector to audit and address its role in both intensifying and mitigating climate change, and to strengthen health sector approaches that work cross sectorally, such as 'One health' approaches and PHC.
- What are our proposals to equitably fund the health and climate response, at local, national and global level?
- Do we need a holistic climate-related Act of parliament that integrates roles, functions, authorities and duties across all sectors?
- How do we engage authorities to move from short-term (electoral cycle) responses to addressing longer-term responsibilities?
- Can we learn from more integrated approaches in other countries – eg Costa Rica- and regions on their holistic, integrated approaches?
- While polluter pays is a policy principle, how do ensure prevention rather than payment for practices and pollution that are clearly harmful to health and violate the right to health?