



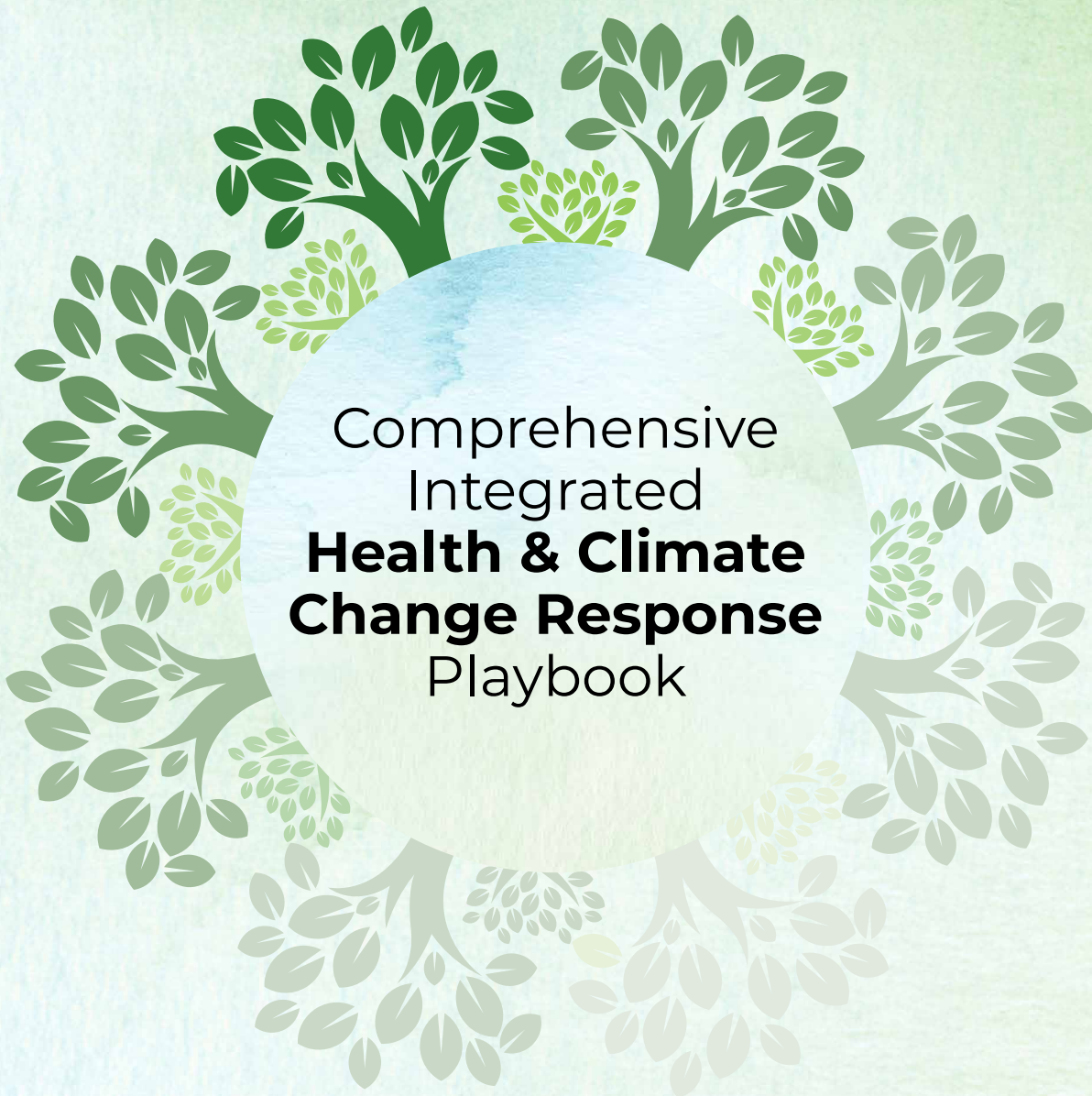
**CPHC Alliance**

REDEFINING COMPREHENSIVE PRIMARY HEALTHCARE

Comprehensive  
Integrated  
**Health & Climate  
Change Response**  
Playbook







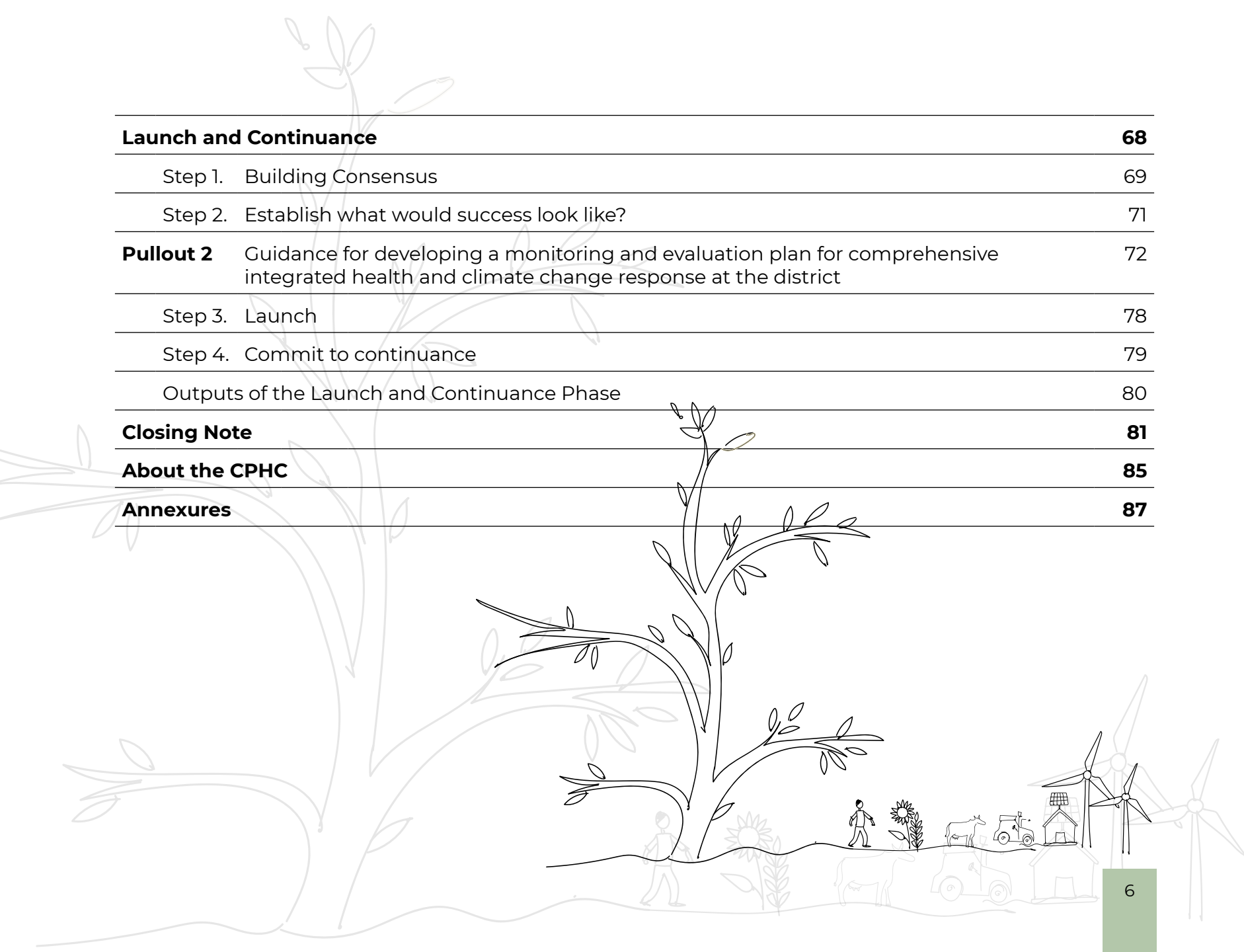
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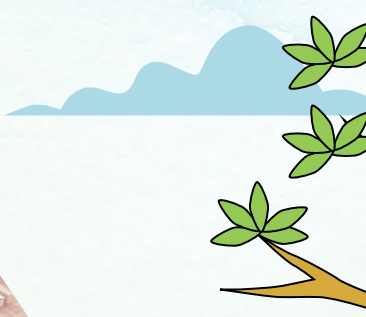
# Comprehensive Integrated Health & Climate Change Response Playbook

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# What is a Playbook?

A playbook includes “process workflows, standard operating procedures, and cultural values that shape a consistent response—the play.”

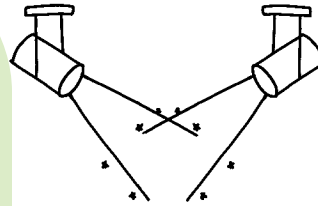
It borrows from some of the Aristotelian elements of the play and provides a directional “how” while reinforcing the “why” and “what”.



## Plot

The arrangement of events or incidents on the stage.

The plot is composed of “clearly defined problems for characters to solve.”



## Character

The agents of the plot.  
The People.

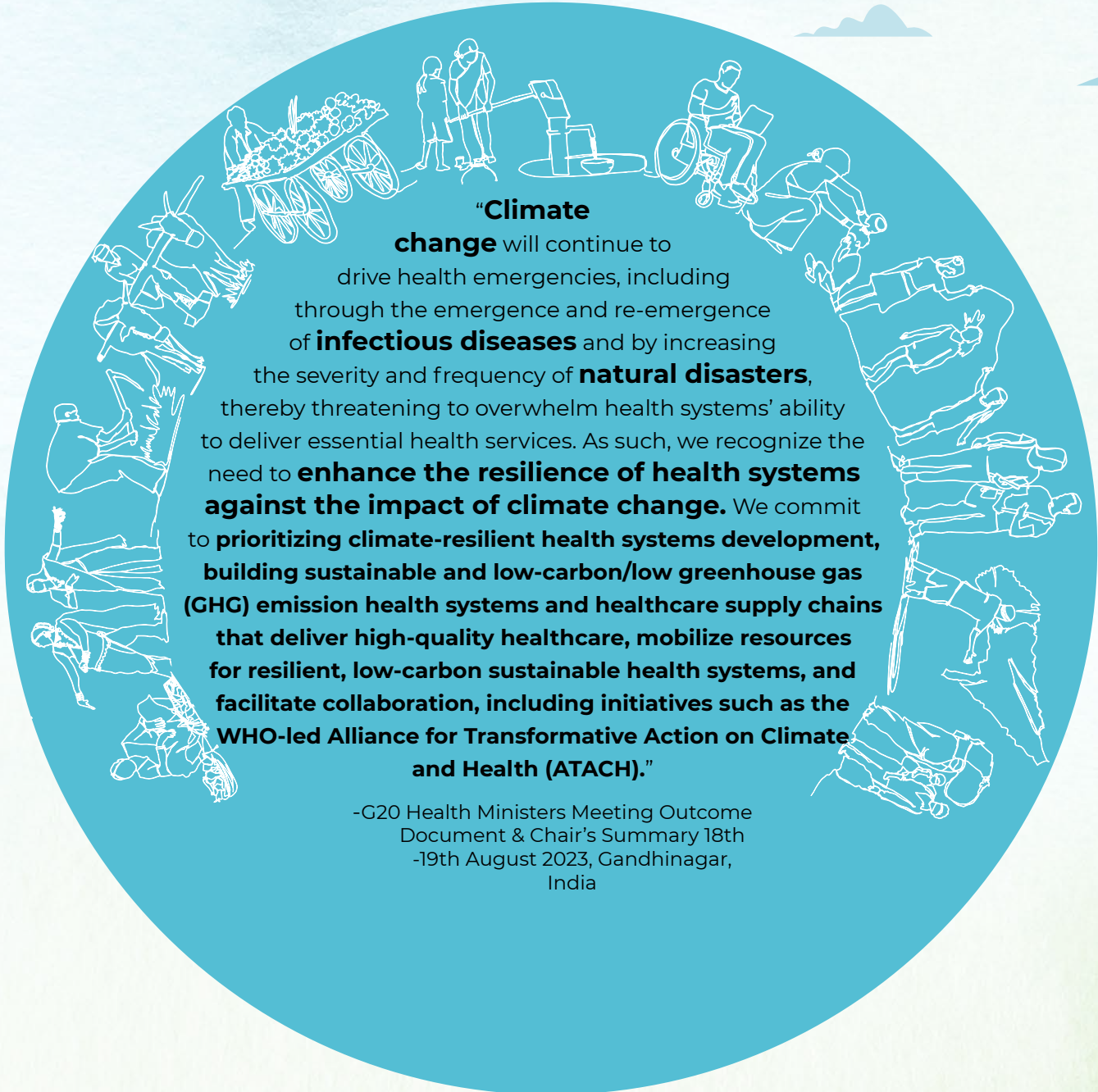


## Theme

The reason for the play. The Purpose.







**“Climate change** will continue to drive health emergencies, including through the emergence and re-emergence of **infectious diseases** and by increasing the severity and frequency of **natural disasters**, thereby threatening to overwhelm health systems’ ability to deliver essential health services. As such, we recognize the need to **enhance the resilience of health systems against the impact of climate change.** We commit to **prioritizing climate-resilient health systems development, building sustainable and low-carbon/low greenhouse gas (GHG) emission health systems and healthcare supply chains that deliver high-quality healthcare, mobilize resources for resilient, low-carbon sustainable health systems, and facilitate collaboration, including initiatives such as the WHO-led Alliance for Transformative Action on Climate and Health (ATACH).”**

-G20 Health Ministers Meeting Outcome Document & Chair’s Summary 18th -19th August 2023, Gandhinagar, India

# Why this playbook?

This comprehensive integrated health and climate change response playbook is a set of guidelines designed to address the intersection of climate change and its impact on public health. There are several reasons why such a playbook is considered essential:

**Interconnected Challenges:** Climate change and health are intricately connected. Changes in climate patterns can lead to more frequent and severe weather events, altered disease patterns, and various environmental health risks. A playbook helps navigate these interconnected challenges.

**Mitigation and Adaptation:** The playbook outlines strategies for both mitigating the causes of climate change and adapting to its inevitable impacts. This may include reducing greenhouse gas emissions, developing resilient health infrastructure, and implementing policies to protect vulnerable populations.

**Public Health Risks:** Climate change poses direct threats to public health through increased heatwaves, extreme weather events, changes in infectious disease patterns, and the impact on air and water quality. A playbook helps identify and address these risks to safeguard public health.



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**Policy Guidance:** Governments, organizations, and communities need clear guidance on how to formulate and implement policies that address the health impacts of climate change. A playbook provides a framework for developing and implementing effective policies at various levels.



**International Cooperation:** Climate change is a global challenge that requires international cooperation. A playbook can serve as a tool for collaboration, providing a common understanding of the health risks associated with climate change and facilitating joint efforts to address them.

**Education and Awareness:** A playbook serves as an educational resource, raising awareness about the links between climate change and health. It can inform healthcare professionals, policymakers, and the general public about the potential health impacts and the importance of taking action.



**Emergency Preparedness:** Climate change can lead to more frequent and severe emergencies, such as hurricanes, floods, and wildfires. A playbook helps communities prepare for and respond to these emergencies, ensuring that health systems are resilient and can effectively handle increased demands.

**Long-Term Planning:** Climate change is a long-term challenge, and a playbook provides a framework for sustained, adaptive planning. It helps communities develop strategies that consider the long-term health impacts of climate change and incorporate them into broader public health planning.

In summary, a comprehensive integrated health and climate change response playbook is essential for providing guidance, fostering collaboration, and ensuring a comprehensive approach to addressing the complex and interconnected challenges posed by climate change on public health.



All Programs © Promoted Service Available

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# Background

The CPHC alliance underscores the indispensable need for a Comprehensive Integrated Health and Climate Change Response Playbook, recognizing the intricate link between them.

Climate change, driven by human activities, profoundly impacts public health, necessitating a collaborative approach.

This Comprehensive Integrated Health and Climate Change Response Playbook - a pioneering effort in India, guides district stakeholders in tailoring solutions for health, climate, and governance challenges.

It promotes a multi-stakeholder action plan at the district level, emphasising the frontline role of districts in addressing climate impacts on communities.

The playbook adopts a systems approach, integrating fragmented health systems, disaster preparedness, and involving diverse stakeholders. It avoids a one-size-fits-all strategy, offering options based on local context, and aims to unite all stakeholders to improve health and resilience amid climate change challenges. The document provides critical insights, frameworks, exemplars, and working methods across various topics.

The playbook is a result of intense collaboration sprints amongst the authoring entities, learnings from lived realities of communities at the last mile and individuals drawing from decades of experience and expertise and divides the entire process of arriving at a comprehensive integrated health and climate change response into 3 Acts, which are as follows:

- 🌊 Pre Planning Processes
- 🌊 Planning Process
- 🌊 Finalisation and Launch

# Why Comprehensive Integrated Health and Climate Change Response

The severe impact of climate change in India demands an integrated approach to address its health consequences, especially for vulnerable groups. India, ranking seventh in countries affected by climate change<sup>1</sup>, faces extreme weather events<sup>2</sup> and record temperatures<sup>3</sup>. Climate change intensifies health risks, affecting access to water, air, food, and shelter, particularly for marginalised populations. Strengthening our health systems aligns with the Paris Agreement goals, potentially saving a million lives annually by 2050<sup>4</sup>.

Recognizing district-level dynamics and implementing integrated climate change and health plans across districts can yield effective, sustainable solutions, emphasising the urgency for immediate action and innovation in addressing the climate crisis.



1 Global Climate Risk Index, 2021

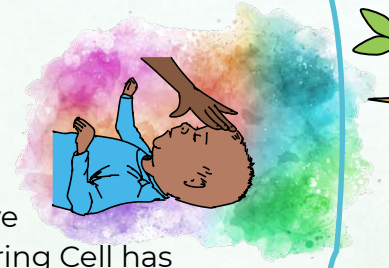
2 <https://www.cseindia.org/india-2023-extreme-weather-events-11973>

3 <https://timesofindia.indiatimes.com/india/india-feels-the-heat-hottest-february-recorded-since-1901/articleshow/98320212.cms?from=mdr>

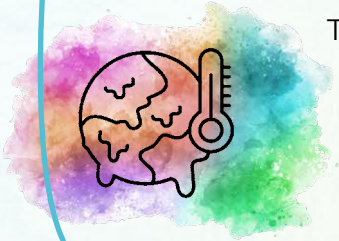
4 Reference: <https://www.un.org/en/climatechange/science/climate-issues/health#:~:text=Meeting%20the%20goals%20of%20the,to%20cut%20greenhouse%20gas%20emissions.>

## Stories from the Indian experience of Climate X Health:

Take the case of the Karnataka government, which is being proactive about preventing the unfavourable effects of a heatwave. While heat waves affect central and northwestern India the most, the eastern and southern coasts have also been affected. To tackle this, the Karnataka State Natural Disaster Monitoring Cell has created a heat wave action plan.



A departure from normal temperature by more than 4.5° Celsius or an actual maximum temperature of 45° C is considered to be a heatwave. The action plan has also identified 15 districts in north Karnataka which are prone to heatwaves. It puts the district administration in the hot seat by listing out the responsibilities of various departments.



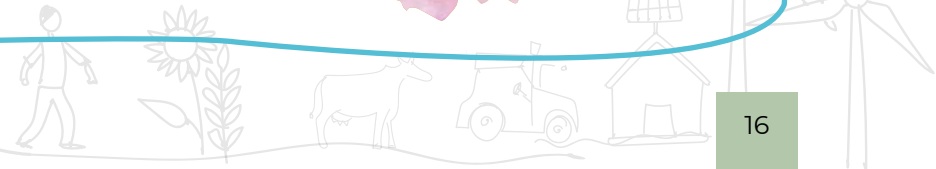
This plan encompasses various aspects including health and medical care, drinking water, nutrition and employment, to reduce the adverse effects of a heatwave such as fatalities.

One of the main strategies is to take a break from all outdoor work, including all forms of labour, and classes in educational institutions from 11 a.m. to 3 p.m. Work and study hours will be rescheduled when a heatwave is declared in a particular district. Also, additional fans will be provided in schools and outdoor activities will be avoided.

Other than rescheduling work and study hours, it talks about setting up temporary “cooling centres” in public places for distributing water, buttermilk, medicines and for shelter.



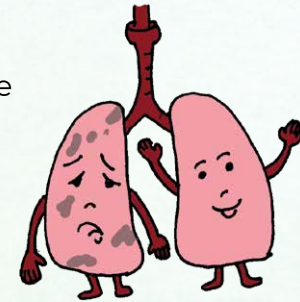
While there have been numerous deaths in the bordering states of Telangana, Andhra Pradesh and Maharashtra due to heat waves, a study put the number of fatalities in Karnataka between 1978 and 2014 at six. Karnataka may be doing something right. How can other states and their different districts learn from it?





## Problem & Opportunity

In South Asia, with a specific focus on India, there are challenges in ensuring equitable access to healthcare, particularly for economically disadvantaged populations. A notable observation is that individuals facing financial constraints tend to prioritize seeking medical attention primarily when health issues directly impact their ability to work. This approach often leads to a focus on symptomatic relief, contributing to the recurrence of preventable illnesses and the emergence of drug resistance. Consequently, there are significant economic ramifications associated with this pattern.



The development and implementation of successful models for delivering high-quality, scalable, and sustainable primary healthcare services face inherent difficulties. Striking the right balance between preventive measures and treatment, establishing sustainable funding mechanisms, and fostering active community participation are ongoing challenges in this context.

A pressing concern is the imperative for stronger linkages between climate change and primary healthcare. This connection underscores the environmental impact on respiratory health, food production, and the potential for societal disruptions, including migration and increased poverty. Recognizing and addressing these interconnections are crucial steps in anticipating and mitigating the adverse health effects of the climate crisis.



In summary, there is an urgent need to address the complexities surrounding healthcare access, economic disparities, and the environmental implications of climate change. By fostering collaboration and innovative approaches, we can work towards comprehensive solutions that enhance both healthcare delivery and environmental sustainability in the region.

## Stories from the Indian experience of Climate X Health:

In the face of climate change, Indian women are experiencing a growing concern related to infertility. As extreme weather events and environmental degradation become more frequent, their adverse effects on reproductive health have become evident. Deteriorating air quality, rising temperatures, changing rainfall patterns, and increased exposure to pollutants pose significant challenges to the fertility of women here. These factors can disrupt hormonal balance, affect menstrual cycles, and contribute to reproductive disorders. Additionally, the socio-economic implications of climate change, such as food insecurity and displacement, further exacerbate the fertility issues faced by Indian women. Urgent measures are needed to address the intersection of climate change and infertility, including comprehensive healthcare interventions, public awareness campaigns, and sustainable environmental practices, to safeguard the reproductive well-being of women and ensure a healthier future for generations to come.

<https://www.indiaspend.com/air-pollution-can-lead-to-infertility-birth-complications-emerging-research/>



The Comprehensive Integrated Health and Climate Change Response Playbook explains **how** the response can be designed to be people focused and operationalized at a district level.

However, let us first discuss District Planning in India, Why District as a unit and Why People Focus?

## District Planning in India

Article 243 (ZD) establishes District Planning Committees to consolidate plans from PRIs and ULBs, drafting a comprehensive development plan for the district. These committees bridge the gap between Panchayats and Urban Local Bodies, ensuring district-level planning aligns with local needs, growth potential, and budgetary allocations.

**Every district offers specific context** (such as topography, climate risks, size), **assets** (natural resources, organisations, leaders) and **challenges** (epidemic, service delivery, and community participation)

Keeping this in mind, it is important to support each district to comprehend its challenges and opportunities and then evolve a plan that is localised for the district.

Supporting district planning can fast track the process of strengthening district response, based on both

- a. Local and indigenous knowledge and
- b. National and global good practices which include templates, district level data triangulation methods, service delivery rationalisation efforts, climate and topographic details, insights from climate events, service delivery feedback from communities, adding components of work around those who are left behind (e.g. persons who inject drugs or PWID, depending on context).



# Why District as a unit of intervention for comprehensive integrated health and climate change response?

## 8 points on why district as a unit of intervention?

### 1. Manageable size:

Districts offer small enough geographic and demographic areas to effectively manage problems and solutions.

### 2. Local needs focus:

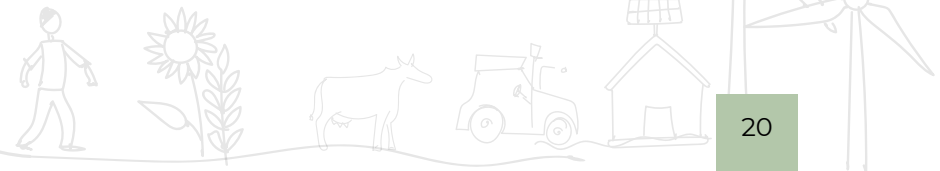
Centralised, developmental, intervention designs often struggle to address specific local contexts, whereas districts have proved to be a suitable unit for tailored interventions and learning opportunities. Capacities for contextualising interventions to meet local needs are more feasible at the district level.

### 3. Resilient health systems:

The pandemic has highlighted the importance of resilient health systems, which can be effectively implemented and managed at the district level.

### 4. Policy empowerment:

Policy shifts under the 15th Finance Commission empower decentralised management of health and nutrition, enabling districts to have more control over their healthcare systems.



## 5. Results-based governance:

NITI Aayog's 'Transformation of Aspirational Districts' initiative, encompassing 112 districts, focuses on results-based governance through convergence, collaboration, and competition among districts.

## 6. Global trend:

There is a global push by philanthropists and donors to support localised programming, promoting a paradigm shift towards customised solutions rather than force-fitting interventions.

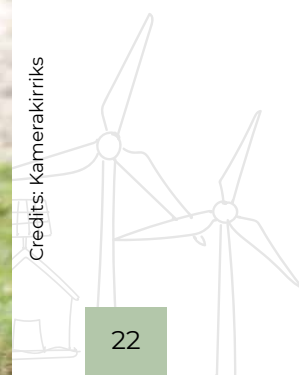
## 7. Administrative delegation:

Districts represent the lowest unit where the highest level of administrative delegation and leadership exists.

## 8. Fully contained health ecosystem:

Districts serve as self-contained health ecosystems, facilitating the coexistence of primary, secondary, and tertiary health systems. Also, district-level health indicators are available, not to mention the fact that one can achieve other SDGs such as providing clean water and ending hunger too.





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## Why People Focus

Maintaining health requires individual practices, positive household and community norms, and a supportive ecosystem. Individual health involves proper nutrition, sleep, and avoiding risky behaviours. Positive community behaviours and mental health support are essential, along with an enabling environment for livelihoods and community assistance in times of distress. Lastly, a health-promoting ecosystem provides clean water, air, education, livelihood opportunities, and protective laws, preventing marginalisation and ensuring agency. Health-seeking behaviour is driven by understanding health loss, accessibility, affordability, and dignified care. Individuals value “quality” healthcare as accessible, compassionate, trustworthy, and attentive to their needs.



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# The Principles behind the District Plan for Integrated Health and Climate Change Response : the 6 Points of Integration

## 1. Outcome to action, mapped interdependence

Integration of outcome to action: navigating interdependence, turning results into impactful actions, recognizing interconnected relationships for effective implementation and positive change.

## 2. Assets

Integrating assets enhances climate and health interventions, leveraging resources, expertise, and community engagement for comprehensive, sustainable solutions and positive impact.

## 3. Sciences, Domains & Continuum

Integration of AYUSH, medical, social, and management sciences forms a holistic approach, blending traditional healing, health, societal well-being, and administration. This extends to critical domains for climate and health planning, ensuring environmental resilience, public health, disaster preparedness, community engagement, and sustainable development strategies are seamlessly integrated for sustained progress and success.

## 4. Public health view (not public sector)

Public health view transcends sectors, prioritising community well-being, prevention, and holistic approaches, fostering collaboration for collective health improvement.



## 5. People focus

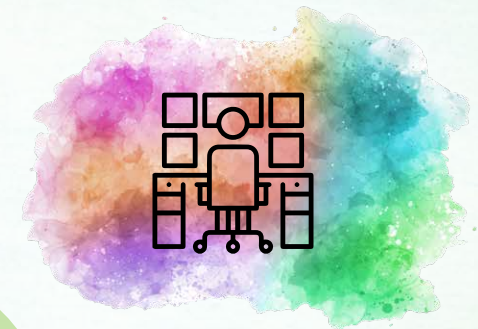
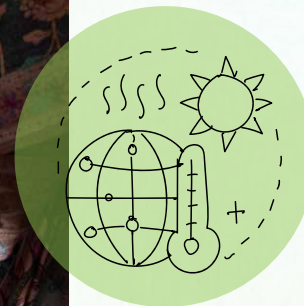
People focus calls on human centricity and integrates well-being, awareness, and adaptive measures, ensuring a resilient healthcare approach for improved outcomes.

## 6. Data and surveillance

Data and surveillance provide vital insights, enabling informed decision-making, proactive interventions, and effective response strategies for public health challenges.



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A woman wearing a yellow and grey sari with a pink border is holding a baby in a pink outfit. The woman has a bindi on her forehead and is looking down at the baby. The background is a green mosaic pattern with a halftone effect on the right side.

## Pre Planning Phase

## Step 1: Frame the problem & opportunity for the particular district

Frame the problem & opportunity for a comprehensive integrated health and climate change response to be actioned at the district level by doing the following 3 things:

1. Identify those who are most vulnerable to, most likely to be left behind and most affected due to health and climate challenges early, to prevent, reduce and identify new infections;
2. Identify challenges, assets and opportunities locally relevant, including past attempts, learnings and good practices from similar interventions.
3. Identify support required by proximal leaders to make clear strategy choices, by focusing on community led responses towards clear results

**This is elaborated through steps 1.1 to 1.3**



# Step 1.1: Identifying those who are most vulnerable to climate change

Identifying key populations who are most vulnerable to climate-sensitive health issues in a particular district is a critical first step.

Here are some global pointers:

1. Certain social groups are particularly vulnerable to crises, for example, migrants, female-headed households, children, persons with disabilities, Indigenous peoples and ethnic minorities, landless tenants, displaced persons, sexual and gender minorities, older people, and other socially marginalised groups. The root causes of their vulnerability lie in a combination of their geographical locations; their financial, socio-economic, cultural, and gender status; and their access to resources, services, decision-making power, and justice.
2. The extent of impact on a group of people can be determined by exposure, sensitivity, and adaptive capacity. Exposure refers to the contact between an individual and a climate-related hazard such as high temperatures or air pollution. Sensitivity refers to the degree to which the individual is affected by a climate change exposure and may vary depending on the individual's life stage, existing medical problems, nutrition, and other factors. Adaptive capacity refers to an individual's or community's ability to evade or cope with exposure to a climate hazard.

In this step, it is crucial to take into account - understanding contextual vulnerability and determinants of vulnerability. A note is provided on this in Annexure.



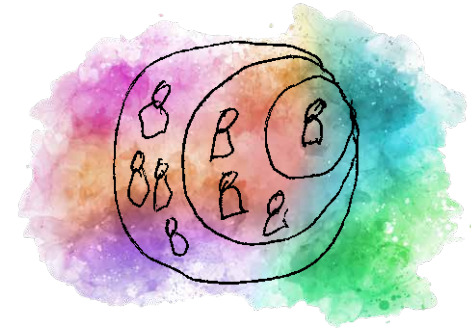


## Step 1.2: Mapping key stakeholders and arriving at how they'd work together.

### 1.2.1: Who are the key stakeholders for the district plan?

The Principles Of Identifying Key Stakeholders for the District Plan:

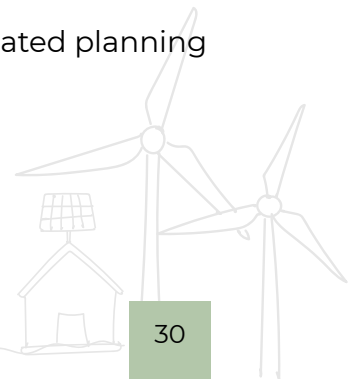
1. What factors influence health outcomes and contribute to them?
2. Which intractable behaviours require change and who can influence them?
3. What investments are necessary to promote and maintain health, considering the geographical and decision-making dynamics, including sphere of influence and locus of control?



Identifying co-owners of the plan from within government bodies in various districts based on the type of district (rural, urban, semi urban) and further sub types (cantonments, smart cities)

### 1.2.2: Identifying Leaders for the plan

Leaders drive change by marshalling resources, drawing on experiences and expertise. Integrated planning requires diverse stakeholders forming a concerted response.



## What Type Of Leaders

Leaders from each of the constituencies



Political leaders



Religious leaders



Tribal leaders



Leadership in Health & Social Determinants of Health (Districts & Neighbouring Districts)



Bureaucracy



Youth



Ex- Service Persons



Civil Society / Private Sector



Movements



## Attributes

- 1. Trusted and respected leaders:** Leaders who enjoy the trust and respect of their constituency.
- 2. Integrative and responsive leaders:** Leaders who believe in the principles of a comprehensive integrated health and climate change response approach, and are able to understand and respond to the needs of their communities.
- 3. Representative and inclusive leaders:** Leaders who ensure sufficient representation and distribution across age, gender, caste, geography, typology, and other vulnerable populations, promoting inclusivity and democratic leadership.
- 4. Adaptive and flexible leaders:** Leaders who exhibit constancy in their values and principles while being open to change and able to negotiate roles based on requirements.
- 5. Connector and mentor leaders:** Leaders who build networks of champions and volunteers, driving programs on the ground and nurturing emerging leaders from within, while also serving as mentors to develop future leaders.

The following may be expected of the leaders:

1. Time and perspective
2. Bringing in other leaders
3. Regularity in meetings
4. Willingness to listen, co-create, address conflicts as and when they rise
5. Procure capacities as may be required - for example for community mobilisation





## Process:

The first cohort will consist of various members such as the district collector, health lead, a respected member from the civil society, a locally renowned academicians as well as a donor (if applicable).

The first cohort will recruit others from their respective constituencies

The first cohort continues to provide guidance, mentorship, and support to the newly recruited members, ensuring their integration and contribution to the initiative.

Regular assessments and evaluations may take place to monitor the progress and effectiveness of the cohort and the recruited members.

The process may repeat periodically to accommodate new recruits or address any changes in the composition or requirements of the cohort.



## Step 1.3: Mapping - Assets, previous plans, progress, challenges

### 4 thoughts about Mapping:

01

Importance of asset mapping: Access to information in this regard was identified as a critical aspect of district-level planning. Without awareness of the work being done by the attending organisations as well as others at a sectoral level, duplication of efforts would not be minimised. The possibilities of collaboration and effective knowledge exchange between stakeholders would therefore be diminished.

02

Necessity of co-creation mindset: The importance of balancing the conflict between 'logos and egos', wherein the emphasis should remain on achieving a common, collective outcome as opposed to individual organisational agendas was a theme that resonated strongly with the attendees.

03

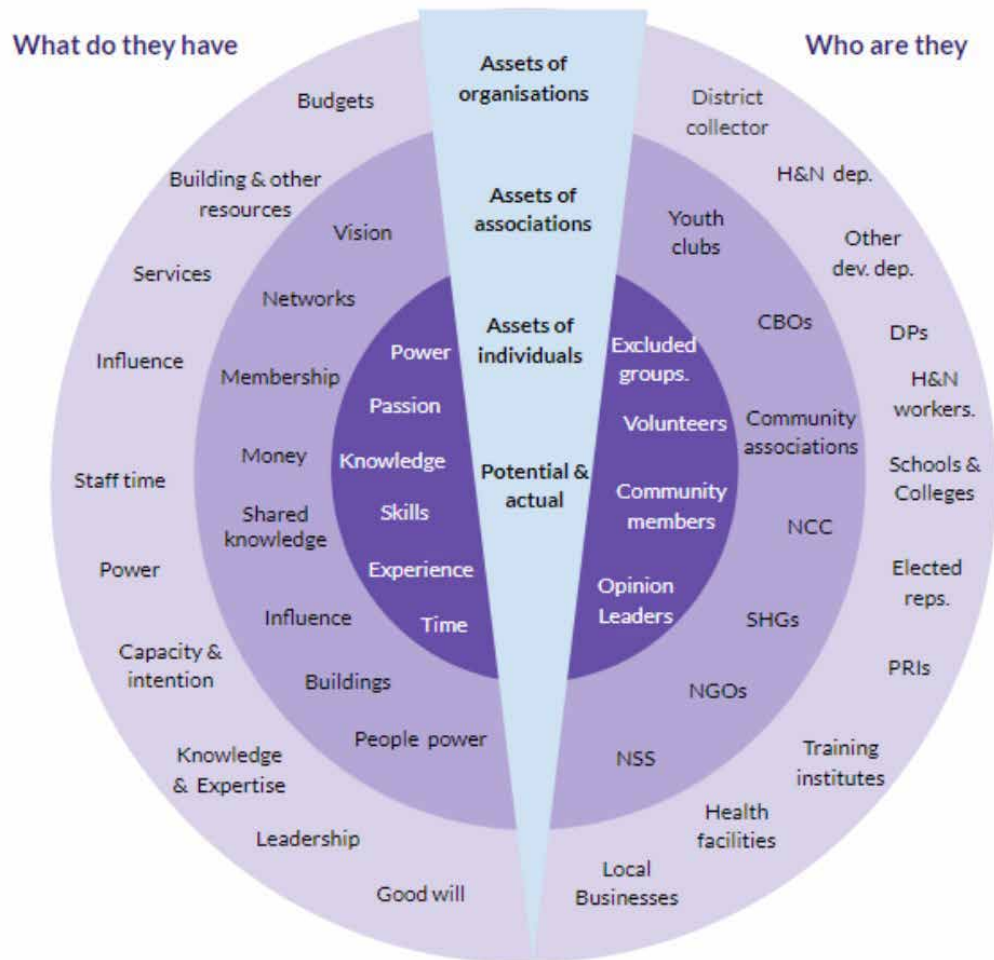
Utilising data as a unit of action: Ensuring the authenticity of data and developing approaches to use it as a unit of action should be a focus area in planning district-level interventions. Further, the cultural elements within the system should also be considered with respect to assessing data and not just the statistical or quantitative elements. This is with due consideration to the fact that data in such cases would not necessarily be reflective of a singular truth and could therefore be subject to interpretation and contextualization.

# 04

Focus areas to further the Comprehensive Integrated Health and Climate Change Response agenda: Looking at other elements of the healthcare system like quality of care should also be prioritised with respect to Health and Climate Change response approaches at the district level. The focus should be on the development of a comprehensive framework to strengthen systems and processes, supported by data and technology and integrating all relevant stakeholders. Capacity building, technical support, identification of good practices and innovations, research for evidence generation and involvement of community on several platforms must be duly prioritised as part of the larger agenda to ensure comprehensive primary health care.



Here is an illustrative example of charting assets in a district. The idea is to identify assets (of organisations, associations, individuals, potential and actual) and map against each. In this example, district assets have been mapped for health and nutrition. The right hand side answers the question - "Who are they?" and the left hand side answers the question - "What do they have?"



## Step 2: Creating a Vision

Think about your favourite place in India. Imagine its texture, the colours, the fragrance. Now imagine your favourite people in your favourite place. Imagine the joy. Now for the next 45 seconds close your eyes and think about how rising temperatures, drought and floods would affect that place and the health of your loved ones whom you have imagined there. Imagine you have full control of that place. What would your actions be today to protect that place and your loved ones from climate change?

A vision statement articulates the long-term goals of a district, program, or business. It envisions the desired future, providing a shared goal for stakeholders. In the context of Comprehensive Integrated Health and Climate Change Response, a clear vision fosters collaboration, common goals, motivation, and creative thinking, essential for strategic planning.

### A great change vision is:

- Both rational (intellectually solid) and inspirational (an emotional appeal);
- Clear and succinct. It is a description that is easy for people to understand. “It can be written in a half page, communicated in 60 seconds” (Kotter, 2011); and
- Shared by the broad range of staff and members of an organisation, its clients and other stakeholders.



## Examples of Vision Statements:

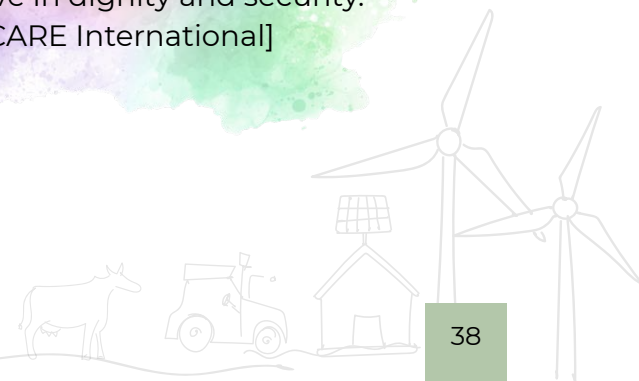
Our vision is to live in a sustainable world of peace and prosperity for all. [Skoll]

A just world without poverty [Oxfam]

A world where everyone has a decent place to live. [Habitat for Humanity]

A world of hope, tolerance and social justice, where poverty has been overcome and all people live in dignity and security. [CARE International]

Visioning: A Guide for Developing a Shared Vision for Sustainable Rural Development. FAO. Retrieved April 28, 2023, from <https://www.fao.org/capacity-development/resources/practical-tools/multi-stakeholder-processes/visioning/en/>





# Forming the team and empowering them for the development of the plan

Forming a core team is crucial for district planning, integrating diverse data sources for climate change and health adaptation, empowering informed decisions and protecting vulnerable populations.

## Checklist on having the right people in the room

### The 3Is - Influence, Interest, Inclination

- Do they have the power to make the change / influence the change?
- Do they have the budgets?
- Are they willing to be part of the vision and the action?
- Are they aligned to the priorities of the comprehensive integrated health and climate change response for the district?

### The 3As - Assets of things, Assets of partnership, Assets of capacities & experience

- Do they have material assets that they can give directly to the cause of comprehensive integrated health and climate change response for the district?
- Do they have a track record of working partnerships that they can leverage for the cause?
- Do they have proven capacities and experience that they can capitalise on for the cause?

# 3Is 3As



## 5 objectives of the team:

To:

01



Reform and align the **planning processes** to respond to the needs

02



Create community-based multi-stakeholder forums for collective accountability and action on health and health-related issues.

03



Create a trusting team environment that supports monitoring and evaluation through knowledge sharing, open feedback, and a demand for data in decision-making processes.

04



Strengthen management protocols that encourage provider report cards, patient satisfaction surveys, patient-reported outcomes, and balanced scorecards.

05



Support public, private, and community actors to develop competencies for engaging with the health systems.



# Forming the team and empowering them for the development of the plan

## Empowering the team for the development of the plan can be done in the following ways:

- 🌊 A ceremony with public participation that includes oath taking and welcome by the people of the district and district governance for the team
- 🌊 A media release at the district level
- 🌊 Celebrating the members of the team and pledging support to the teams' objectives in word and in action



## 4 ideas to consider when forming the team

**Special governance mechanisms created to coordinate governance may be essential:** for example the forming of a tribal development authority is critical for consideration.



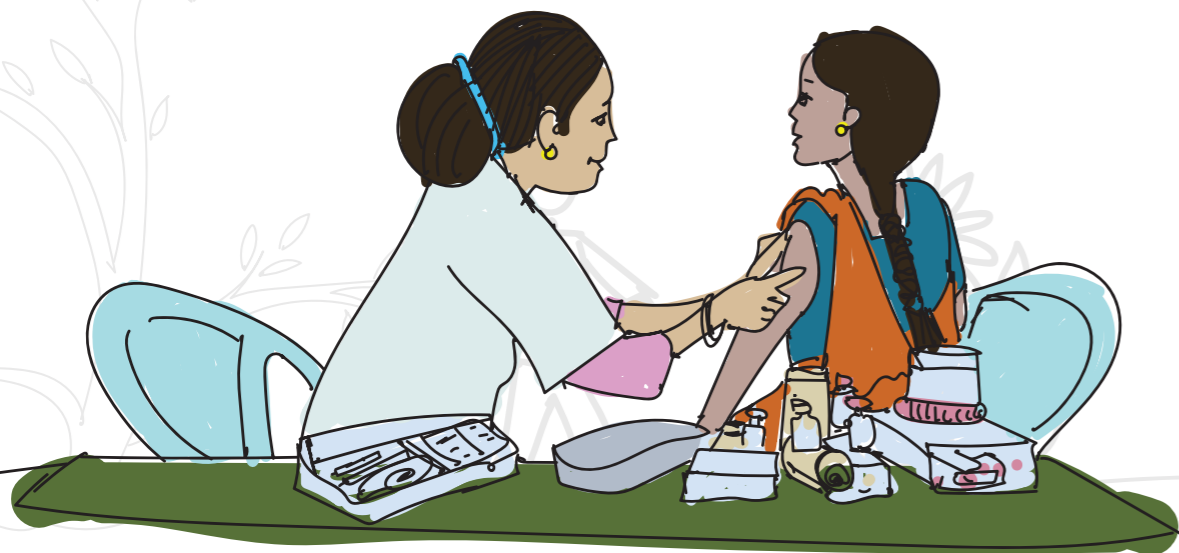
**Sub-sectors in delivering health:** In the urban context, in Bhopal and Indore, in the context of healthy cities we not only looked at health services but we also took into account the air quality and spaces for activity as part of the framework. This was not an afterthought but was brought up right at the start. And this is a crucial element for the team to consider when forming itself and designing the district



program.

**Stewardship and regulation:** Should this be left to only the government? The parallels can be drawn with the telecom sector particularly when it comes to the care centres- could the lessons from PRAI be replicated within the health sector because the government also needs some level of regulations?

**Self-regulation:** Communitization and the role of civil society in public health is also extremely important, especially in underserved areas where civil society and faith-based organisations play an important role.





# Outputs of the Pre Planning Phase

By the time we reach the end of the pre planning phase the following outputs would be ready:

## Step 1

- 🌊 A problem and opportunity statement for the particular district with the following
  - ❖ Identified key populations who are most vulnerable to climate change
  - ❖ A mapping of key stakeholders for the district plan
  - ❖ A list of identified leaders for the plan
  - ❖ A mapping of assets, previous plans, progress and challenges

## Step 3

- 🌊 A team constituted of stakeholder representatives empowered for the development of the plan

## Step 2

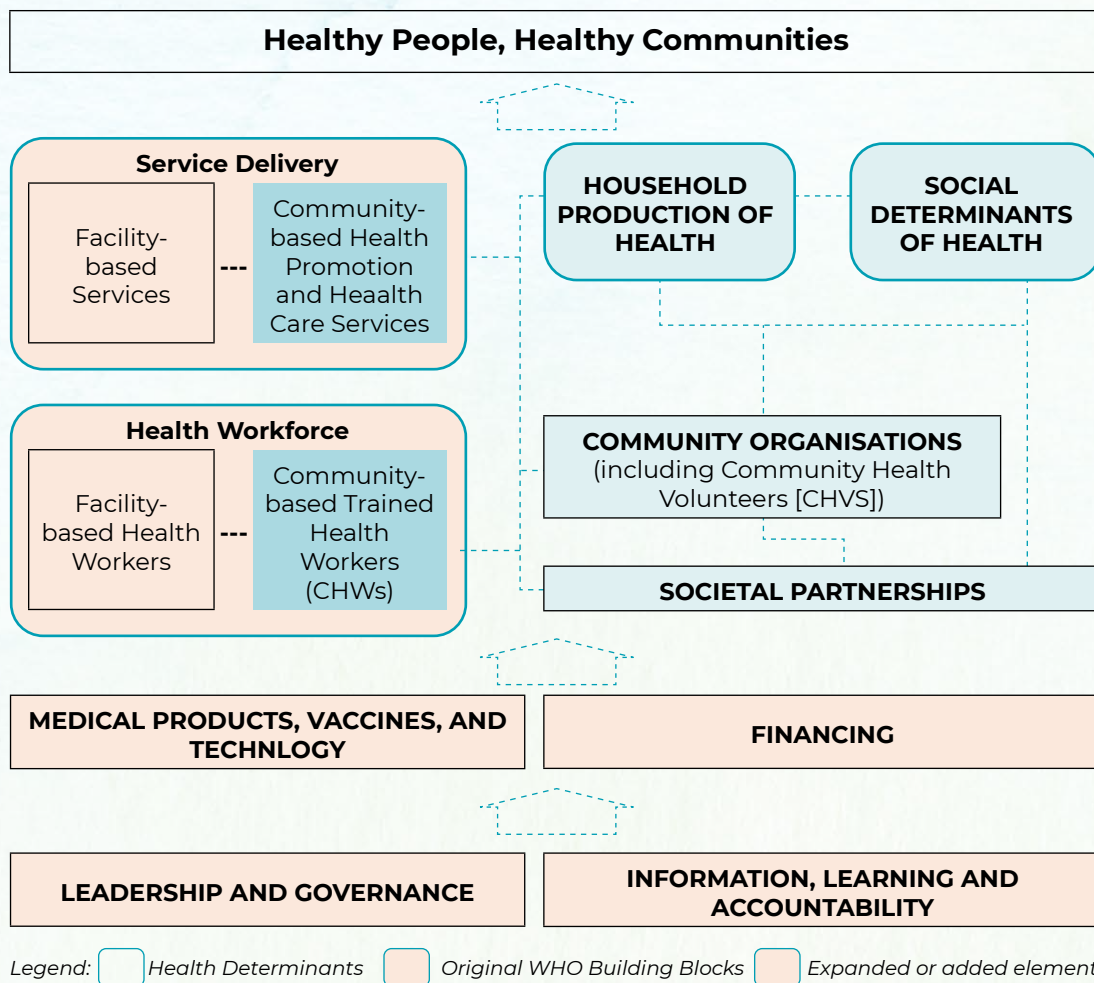
- 🌊 A shared vision





## Planning Phase

**Striving for Universal Health Coverage (UHC), the planning phase in the comprehensive integrated health and climate change response aims to harmonize healthcare and environmental strategies, ensuring a cohesive and resilient framework that addresses both health challenges and climate impacts for a sustainable and inclusive healthcare system.**



Source: Sacks E, Morrow M, Story WT, et al. Beyond the building blocks: integrating community roles into health systems frameworks to achieve health for all. *BMJ Global Health* 2019;3:e001384.


## Step 1: Leadership and Governance

### 1.1. Election and formalisation of the governance body

In the pre-planning phase, a team constituted of stakeholder constituency representatives was formed (page 26) who were empowered with planning for the district's comprehensive integrated health and climate change response.

This team will now nominate and elect from among themselves - the governing body for the implementation of the district's comprehensive integrated health and climate change response.

The governing body will have the following membership roles:

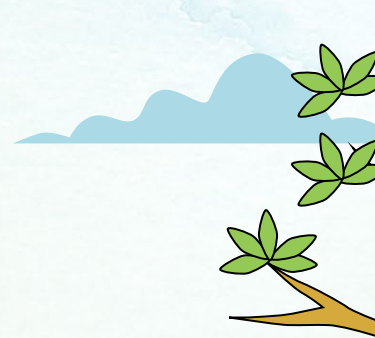
-  Chair
-  Vice Chair
-  Member from each of the Stakeholder Constituencies\*
-  Executive Director
-  Secretariat



### 1.2. Guidance on Governing Body Members and the role of the Governing Body

All members of the Governing Body will have to be nominated and elected from among the stakeholder constituencies with the election committee being formed by stakeholder representatives.

The Chair and Vice Chair (together the "Governing Body Leadership") lead the Governing Body's strategic focus on its core functions, by performing the responsibilities outlined in these Terms of Reference.



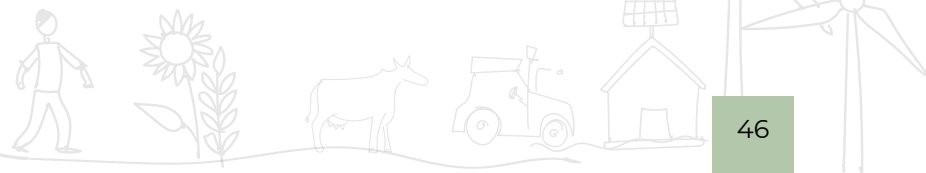
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The primary role of the Chair and Vice-Chair is managing the affairs of the Governing Body, including ensuring the Governing Body is organised properly, functions effectively, and meets its obligations and responsibilities.

The Chair and Vice-Chair are key public representatives and spokespersons for the Districts' Comprehensive Integrated Health and Climate Change Response, maintaining communication with and among Governing Body members, the Executive Director, the Secretariat and the districts main stakeholders including where applicable State administrators. They must be from different stakeholder constituencies.

The Governing Body Leadership acts as ambassadors for the shared vision of the Districts' Comprehensive Integrated Health and Climate Change Response. The Chair and Vice-Chair are the stewards for the Districts' Comprehensive Integrated Health and Climate Change Response governance and interact with the districts' various governance mechanisms, departments and other stakeholders to support the implementation of the strategic vision of the Districts' Comprehensive Integrated Health and Climate Change Response.

The Chair and Vice-Chair serve in their personal capacities as non-voting members of the Board and are required to always act in the best interest of the Districts' Comprehensive Integrated Health and Climate Change Response and uphold the shared values, as well as the highest ethical standards, in accordance with the Code of Conduct for Governance Officials.



The Chair and Vice-Chair serve coinciding two-year terms, or until the appointment of their respective successors, in their personal capacity as non-voting Members.

Tasks that the Governing Body will need to lead on

🌊 Approval of the plan

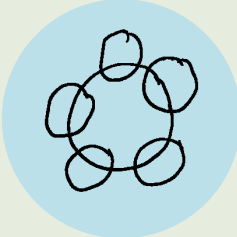



🌊 Formal communication and commissioning of the work

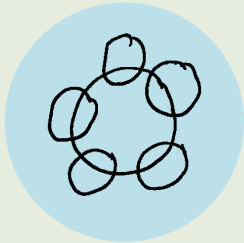
- ❖ The chair and the vice chair will send out a formal communique to all stakeholders.
- ❖ Awarding of projects aligned to the Districts' Comprehensive Integrated Health and Climate Change Response plan will require Board review and approvals after review and presentation by the Secretariat.
- ❖ The Executive Director of the Board will be responsible for the projects and report back to the Board and through the Board Leadership to the stakeholders and to the media on progress against the Districts' Comprehensive Integrated Health and Climate Change Response plan.
- ❖ The Secretariat will also be tasked with ensuring agreement and commitment amongst stakeholders and functionaries on key roles and responsibilities towards making the Districts' Comprehensive Integrated Health and Climate Change Response plan a success, compiling of reports for analysis and guidance, determining who is on lead and who is on support roles and planning of interdependent deliverables.



## Step 2: Information, Learning and Accountability: Synthesising multidimensional information of current state of gaps and challenges

### 2.1 Indicative List Of Aspects:

|  |  |           |  |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Health aspects                                                                    | Socio-economic factors                                                            | Systemic factors                                                                             | Climate and topographical factors                                                   |
| Proportion of:                                                                    | Presence of communities identified as vulnerable                                  | Availability of functional infrastructure for health, climate and other exigencies' response | Habitation in areas which are flood / drought prone, hilly terrain, forest areas    |
| Institutional deliveries                                                          | Poverty                                                                           | Availability of functionaries against sanctioned positions                                   | Increase in temperature over the years                                              |
| Immunisation coverage                                                             | Population with high migration                                                    | Availability of road connectivity & transportation facility                                  | Air quality index over the years                                                    |



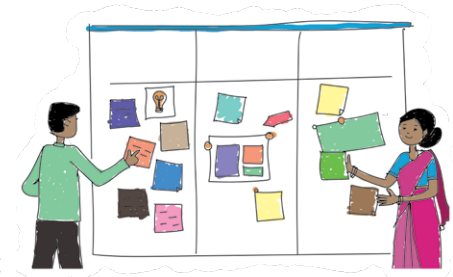
| <b>Health aspects</b>                                                                        | <b>Socio-economic factors</b>                          | <b>Systemic factors</b>                                                           | <b>Climate and topographical factors</b> |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------|
| Anaemia among women and children                                                             | Communities that are reluctant to avail services       | Access to safe drinking water                                                     | Water quality index over the years       |
| Children in grades 1-4 malnutrition                                                          | Habitation in border areas / areas of tension / strife | Access to sanitation facilities; absence / presence of areas with open defecation |                                          |
| Women enrolled in social protection schemes like Pradhan Mantri Matru Vandana Yojana (PMMVY) | Literacy levels / school enrollment                    | Access to pucca shelters for people in crises                                     |                                          |
| TB/HIV burden                                                                                | Prevalence of myths, superstitions and misconceptions  |                                                                                   |                                          |
|                                                                                              | Pockets with resistant communities                     |                                                                                   |                                          |

## 2.2 The approach:

A robust secondary desk research on publicly available data from reliable sources - both government and non governmental to arrive at an understanding of gaps and challenges - layered on lived narratives of communities and stakeholders working in the space of social development, climate change and others with direct or indirect engagement with the communities.

## 2.3 3 things to remember:

- It is ideal to match datasets of the same geography and community across the different indicators and factors in 'Indicative List Of Indicators'
- It is important to ensure high standards of data quality before proceeding with synthesising. Some of the data may be contradictory; important to recognise and understand reasons rather than seek a single truth, given methodologies, timelines and reliability of sources may vary.
- Synthesising, triangulating and identifying actionable insights is key; it is achieved through multi-disciplinary team consultations and social listening exercises to inform the identification of the fundamental problems and opportunities. The Five Ws approach could be used to understand the 'core issue'.



The architect of the Toyota Production System, Taiichi Ohno, described the five whys method as "the basis of Toyota's scientific approach by repeating why five times the nature of the problem as well as its solution becomes clear." The tool has seen widespread use beyond Toyota.

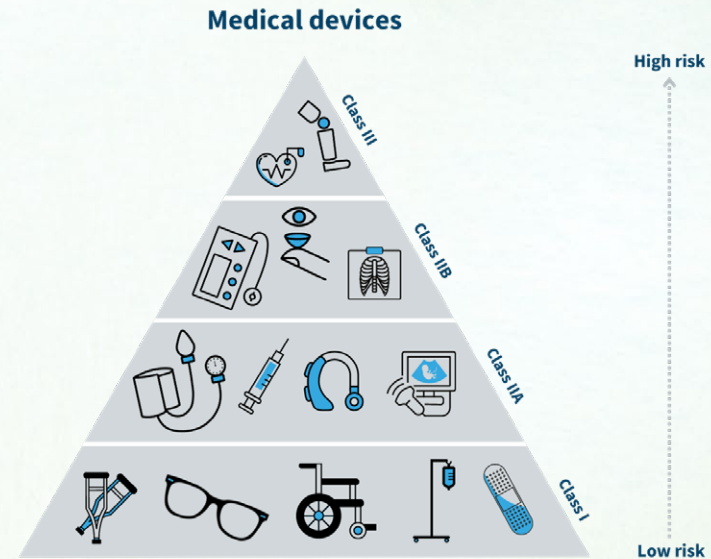
One of the greatest blindspots in strategic plans is resourcing time and costs for the plan development itself - this often leads to inadequate time spent at the planning stage or myriad errors that affect the plan as a whole.

## Step 3: Integrating Prevention & Social Medicine: Medical Products, Vaccines and Technology

Based on the effects of climate change - it is crucial to take cognizance of how that would affect the logistics, procurement systems and availability of medical products including vaccines.

### A success story from India on ensuring drug availability in the public health system:

The Tamil Nadu Medical Services Corporation Ltd (TNMSC) was established to ensure the availability of essential drugs in government medical institutions. Incorporated in 1994, it began operations in 1995, procuring and supplying 268 types of drugs, 84 suture items, and 63 surgical items annually to healthcare facilities across the state. The Drug Committee, comprising various health directors and specialists, finalizes the Essential Drug List, assessing previous purchases and suggesting deletions or additions. Tenders are invited through a two-step process—technical bid and price bid—ensuring compliance with good manufacturing practices. Procurement focuses on fast-moving items, and orders are system-based, emphasizing timely delivery. The corporation also monitors drug consumption, transfers excess stock, and manages short expiry drugs to optimize healthcare resources.



At the district level, it is therefore important to work with the health department and the public works department to put together emergency climate and disaster response plans for logistics and supply chain disruptions. This would also need to take into account changing demands and in all possibility adapting greener approaches to power such as Solar for a sustainable health system at the face of climate exigencies.



Here are the following actions that would need to be undertaken towards integrating Prevention & Social Medicine

- 🌊 Inventory of movable and immovable assets
- 🌊 Actions for Maintenance - preferably through a single company Annual Maintenance Contract to reduce turn around time during contracting renewals.
- 🌊 Seek support of the National Health Systems Resource Centre (NHSRC)<sup>5</sup> to aggregate health system information and learning in the district
- 🌊 Inventory of available Living Equipment - items, tools, or devices designed to enhance the quality of life, independence, or functionality of individuals, particularly those with disabilities or special needs. These can include a wide range of products such as mobility aids, adaptive furniture, communication devices, medical equipment, and other assistive technologies. The purpose of living equipment is to support individuals in performing daily activities, promoting accessibility, and improving overall well-being. The specific types of living equipment can vary widely based on individual needs and circumstances.

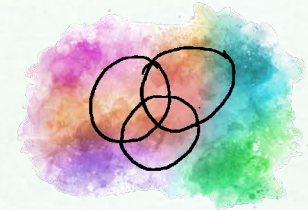
<sup>5</sup> The goal of the NHSRC is to improve health outcomes by facilitating governance reform, health systems innovations and improved information sharing among all stake holders at the national, state, district and sub-district levels through specific capacity development and convergence models.

## Step 4: Integrating infrastructure

Integrating infrastructure for health and climate change response involves strategic planning and coordination. Here are guidelines to facilitate this integration:

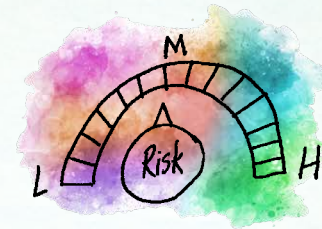
### 1. Interdisciplinary Collaboration:

- a. Foster collaboration between health and environmental sectors to promote a holistic approach.
- b. Establish cross-disciplinary teams involving professionals from health, climate science, engineering, and policy.



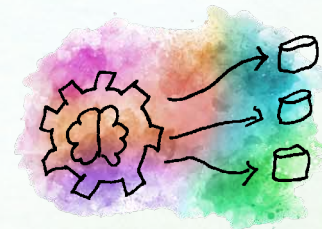
### 2. Risk Assessment:

- a. Conduct comprehensive risk assessments to identify vulnerabilities and potential health impacts related to climate change.
- b. Prioritize infrastructure projects based on vulnerability and risk assessments.



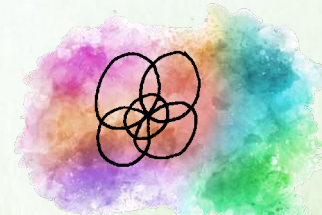
### 3. Data Integration:

- a. Integrate climate and health data to inform infrastructure planning.
- b. Utilize advanced technologies, such as Geographic Information Systems (GIS), for spatial mapping and analysis.



### 4. Resilient Infrastructure Design:

- a. Design infrastructure with climate resilience in mind, considering extreme weather events, rising temperatures, and changing disease patterns.
- b. Incorporate green infrastructure solutions to enhance adaptation and mitigation efforts.



- c. Community Engagement:
- d. Involve local communities in the planning process to ensure infrastructure solutions are culturally sensitive and meet the needs of the population.
- e. Raise awareness about the health benefits of climate-resilient infrastructure.

### 5. Policy Alignment:

- a. Align infrastructure projects with national and regional climate and health policies.
- b. Advocate for the inclusion of health considerations in climate change adaptation and mitigation policies.

### 6. Capacity Building:

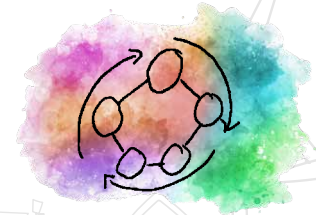
- a. Provide training programs for professionals in both health and infrastructure sectors to enhance their understanding of the interconnected challenges.
- b. Build capacity at the community level to address health risks associated with climate change.

### 7. Early Warning Systems:

- a. Implement early warning systems for extreme weather events and health-related risks.
- b. Ensure effective communication channels to disseminate timely information to the public.

### 8. Monitoring and Evaluation:

- a. Establish monitoring and evaluation mechanisms to assess the effectiveness of integrated infrastructure projects.
- b. Regularly review and update strategies based on emerging climate and health data.



## 9. Research Collaboration:

- a. Collaborate with research organizations, sharing best practices and accessing resources for climate-resilient health infrastructure.
- b. Engage in knowledge exchange and joint research initiatives.

## 10. Policy Advocacy:

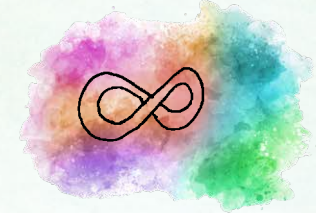
- a. Advocate for policies that promote sustainable and climate-resilient infrastructure.
- b. Engage with policymakers to emphasize the importance of integrating health considerations into climate change response strategies.

## 11. Innovation and Research:

- a. Encourage research and innovation in infrastructure design, exploring new technologies and materials that contribute to both health and climate resilience.

By following these guidelines, stakeholders can work towards building integrated infrastructure that effectively addresses the complex challenges posed by the intersection of health and climate change.

*To read about planning for climate change resilient health infrastructure please go to annexure. This is especially critical for districts that are most vulnerable to climate exigencies.*





## Step 5: Financing

### 5.1 How do we bring all the resources required? How much money do we need?

Key challenges in healthcare financing include sufficiency, allocative efficiency, and effectiveness.

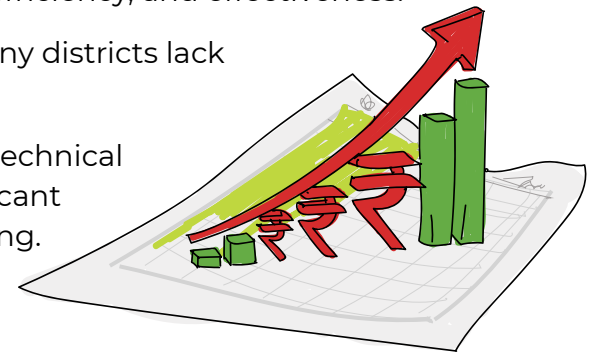
Sufficiency is an issue at the national, state, and district levels, and many districts lack sufficient resources.

Allocative efficiency depends on a combination of political decisions, technical decisions, and awareness among decision-makers and, there is significant diversity among districts which is making budget allocation challenging.

The challenges at the district level in India include the fact that only 47% of total health expenditure is currently being invested in primary health, despite a recommendation by NHP and the 15th Finance Commission to invest 67%, and most states have not achieved the recommended state allocation of 8%. Additionally, states under-allocate and under-utilise funds, which is compounded by inflexible central schemes, and health financing equity analysis rarely goes below the state level.

An ideal district health financing plan should include clarity on the required financing for comprehensive health and climate change, allocation based on national and global best practices, methods to distribute and utilise the financing while focusing on value for money for the citizen, pooling methods for multiple sources of funding, and adoption of best practices such as value-based care and activity-based costing.

Furthermore, insurance penetration is limited. Finally, there is a limited capacity of health workers to work effectively and rationalise the utilisation of funds.





## 3 things to remember to ensure allocative efficiency:

01

### Evidence-Based Decision Making:

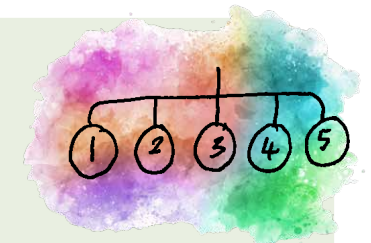
- 🌊 **Emphasise the effective use of data:** Collect and analyse data accurately, ensuring its reliability and relevance.
- 🌊 **Encourage managers to utilise data:** Promote a culture where managers rely on data to make informed decisions, avoiding subjective or biased choices.
- 🌊 **Foster a learning environment:** Continuously evaluate the outcomes of decisions, learn from successes and failures, and refine allocation strategies based on evidence.



02

### Political Considerations:

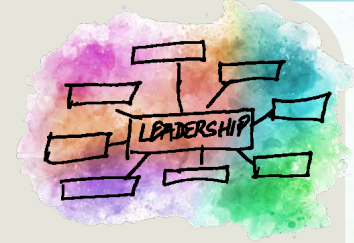
- 🌊 **Navigate wins and losses:** Acknowledge the political nature of resource allocation and anticipate potential obstacles or opposition.
- 🌊 **Build support for efficiency:** Communicate the benefits of allocative efficiency to key stakeholders, highlighting how it positively impacts constituents and aligns with broader political objectives.
- 🌊 **Seek consensus:** Engage in open dialogue, collaborate with different political factions, and find common ground to ensure sustained support for efficient allocation practices.



# 03

## Effective Leadership:

- 🌊 **Market organisation and innovation:** Encourage a market-oriented approach to allocation, focusing on solutions rather than ownership. Foster an environment that promotes innovation, experimentation, and the scaling up of successful initiatives.
- 🌊 **Ensure accountability:** Establish clear lines of responsibility and hold individuals or organisations accountable for organising the market effectively. Encourage transparency and address any regulatory gaps to prevent exploitation or inefficiency.
- 🌊 **Engage district administration:** Involve district collectors and administrators who embrace a population-based approach, ensuring their active participation in the allocation process. Foster collaboration and coordination between different levels of governance to address the diverse needs of urban and rural areas.



By incorporating these three principles - evidence-based decision making, political awareness, and effective leadership - one can enhance allocative efficiency and promote the optimal use of resources.

### **How do we estimate total requirements for Integrated health & disaster management at district level? What are the likely sources of funding and extent of contribution; including new sources?**

GOI has now integrated disaster management into health by designing a program called the National Program of Climate Change and Human Health. As various health ministers, (central and state government) are developing action plans for disaster management. Infrastructures are being developed including facilities like climate resilience, energy efficient and green facilities.

There are 3 approaches for integrating health and disaster management so as to look at it from the public health perspective - Bottom-Up approach, Per Capita approach and Interdepartmental Coordination.

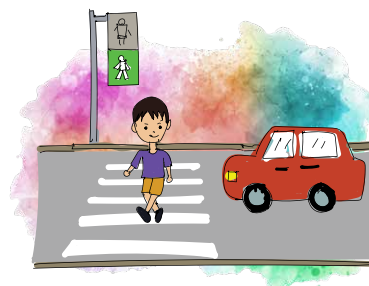
For the purpose of a Comprehensive Integrated Health and Climate Change Response - it is important to focus on establishing interdepartmental coordination.

*Interdepartmental coordination is crucial for effective governance and organisational management. In many cases, departments need to collaborate and allocate resources to address cross-departmental activities or initiatives. One way to facilitate this coordination is through budget line items, where each department includes specific allocations for activities that are relevant to multiple departments.*

Some examples of such cross-departmental initiatives include:

1. Department of Transportation and Department of Environment:

- a. Installing electric vehicle charging stations throughout the city.
- b. Implementing bike lanes and pedestrian-friendly infrastructure.



2. Department of Education and Department of Health:

- a. Establishing school-based health clinics to provide medical services to students.
- b. Promoting physical education and wellness programs in schools.



Utilising resources efficiently from the ground level/ or from the basic level to understand why that doesn't work in a particular district like data, research studies, epidemiological profile, per capita / costing are the requirements to integrate it at district level.

What all disasters a particular district could be prone to like flood, droughts, earthquake, mapping of any disease occurrence. what impact it could lead to and that particular district and state government are making different models to meet the requirements.

Various funding sources can be:

- 🌊 National Govt programs including Disaster Relief Fund
- 🌊 Local Governments: Non-Health Fund (Tribal Fund, Worker Fund, Multilateral funds, MP/MLA fund, IFC, IAP of Home Ministry/LWE fund)
- 🌊 State Fund - State Budget, Donor
- 🌊 Pvt Sector & CSR funding, Strategic Purchasing, Faith Based Institution, Development Impact Bond, Green Bond.



**What would be a good allocation efficiency and why - between key priorities? How do we ensure that out of pocket expenses are reduced and services are patient centric and value for money?**

There are many priority areas where we need to focus and thus have good allocation efficiency. Out of which the most key priorities include:

- 🌊 Technology (innovative point of care)
- 🌊 Human resources- hiring and capacity building
- 🌊 Supply and materials
- 🌊 Infrastructure ( Quality Assurance)
- 🌊 Health Promotion (education)

As major Out Of Pocket Expenditure (OOPE) comes from medication and diagnostics therefore, strengthening the supply chain mechanism is most important.

Also, along with ensuring effectiveness, improved logistics, following of SOPs as per IPH standards to ensure proper services are being provided, it is important to continue focusing on gatekeeping (reducing wait timings, crowd management) which are all factors that affect OOPE.

Adoption of telemedicine, screening, ensuring the compliance for better patient care can help in reducing the out of expenses and making services both value for money and patient centric funds.

Encouraging healthy competition between the public and private sector may also improve services and allocative efficiency.

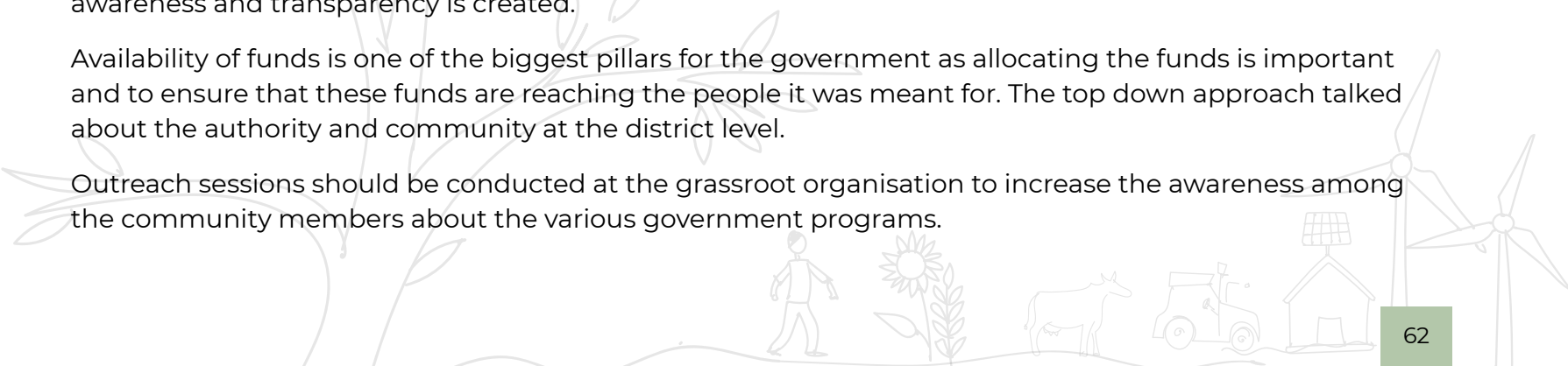
Reprioritization of funds is important for good allocative efficiency and reducing the OOPE.

**How does one manage the financing (governance, accountability, transparency) - Raising, using, accounting efficiently? How can we create a political economy argument for sufficient funding? (a political will for sufficient / increased funding)**

These can be addressed through a top down and bottom up approach as utilisation can only happen when awareness and transparency is created.

Availability of funds is one of the biggest pillars for the government as allocating the funds is important and to ensure that these funds are reaching the people it was meant for. The top down approach talked about the authority and community at the district level.

Outreach sessions should be conducted at the grassroot organisation to increase the awareness among the community members about the various government programs.



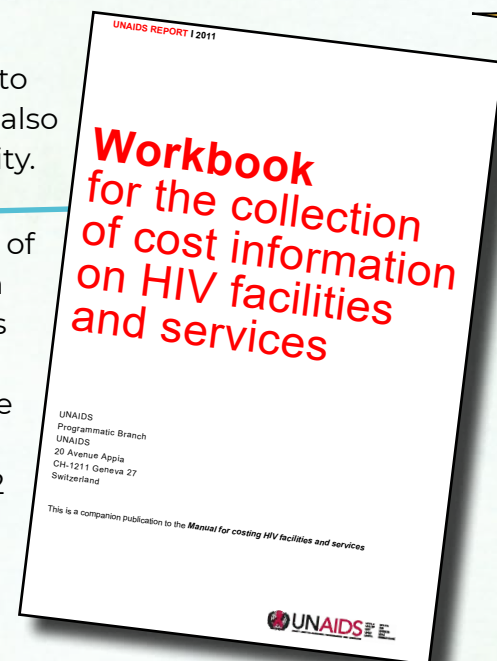
Once there is awareness, there will be demand which in turn will lead to more impact and outcomes. It is important to increase the resources at the frontlines such as the ASHA, ANMs etc and capacitate enough to effectively utilise the funds in a managerial manner.

Bottom up approach talks about community engagement and community empowerment. As by raising voices will give communities more opportunity to generate demand and thus demands will be met by the system. This system also talked about the feedback report card to drive transparency and accountability.

In 2011, UNAIDS published a workbook titled “Workbook for the collection of cost information on HIV facilities and services” - a companion publication to the Manual for costing HIV facilities and services, providing instructions that link the theoretical framework and definitions of the manual to the worksheets. Readers not already familiar with basic costing concepts were advised to review these concepts in the manual before proceeding to the work with the spreadsheets presented therein. This workbook provides 22 worksheets that guide the user through the data collection and analysis process for calculating the unit costs of providing services at the facility level and the programmatic costs associated with providing services at a single facility. Some of these worksheets are needed only once for each cost analysis, but multiple copies are required for others. This workbook can be accessed at

[https://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110523\\_workbook\\_cost\\_info\\_en.pdf](https://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110523_workbook_cost_info_en.pdf)

The workbook found its usage in costing and budgeting for HIV/AIDS response often at the most local granular levels and can be used as a prototype for planning for resourcing for Comprehensive Integrated Health and Climate Change Response.





## Step 6: Integrating Health Workforce

Integration is essential to enhance the capabilities of current health workers, enabling them to proficiently deliver multiple programs. Fostering the ability to multitask and task shift is crucial, as health workers may be required to address diverse health initiatives concurrently. Moreover, promoting a comprehensive approach to outreach is imperative, ensuring that health workers engage with communities holistically.

Climate-proofing health workers is a pivotal aspect, preparing them to serve communities even in the most challenging situations. This involves assessing their readiness to cope with the impacts of climate change on health services. Health workers need to be resilient and adaptable, equipped to respond effectively during extreme weather events or other climate-related challenges. Training and support mechanisms must be in place to enhance their preparedness, ensuring they can continue to provide essential services to communities regardless of environmental adversities. This integrated approach strengthens the resilience and effectiveness of health workers in delivering diverse programs while navigating the complexities of climate-related disruptions.

## Step 7: Integrating Service Delivery

**How to integrate all our actions?**

**Who will integrate? - The Stakeholders**

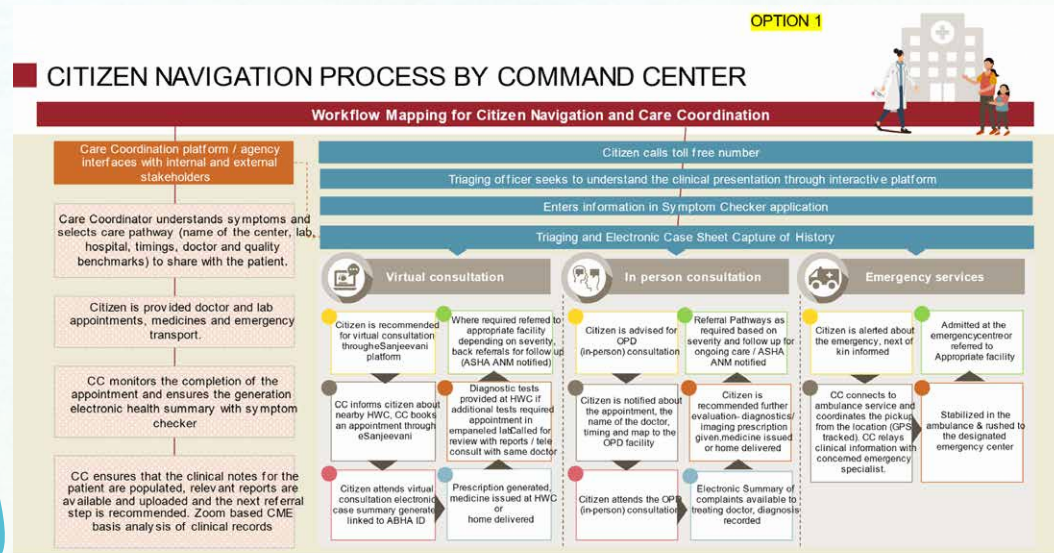
**At what levels will they integrate? -**

- 🌊 In the local governance platforms - Panchayats, Urban Local Bodies, Cantonment Boards, Municipalities
- 🌊 In the community settings - Faith Based Organisations, Community Organisations
- 🌊 In the service delivery touchpoints - At PHCs, Nutrition Centres such as the 43 Community Food & Nutrition Extension Units (CFNEUs) under the Regional offices, located in 29 States/ UTs, Disaster Response Units and others

## What will integration look like:

- 🌊 Comprehensive action around health and climate change response
- 🌊 Comprehensive messaging
- 🌊 Capacity building of communities and first responders irrespective of their roles
- 🌊 Resilience building of communities

Let us try to understand integration through a practical example—the Bill & Melinda Gates Foundation’s framework towards reducing friction in patient journey, care coordination and the continuum of care. The BMGF believes that these are the fundamental building blocks towards a climate-resilient health delivery system.



Conceptual framework contributed by Dr Santosh Mathew, country lead public policy and finance, BMGF

# Outputs of the Planning Phase

By the time we reach the end of the planning phase the following outputs would be ready in addition to the outputs of the pre planning phase:

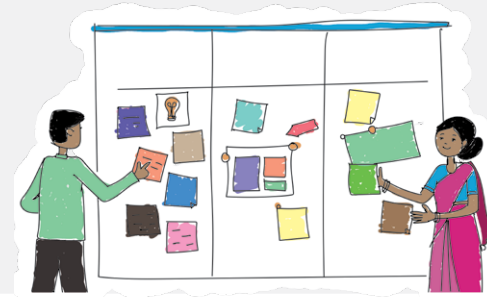
## Step 1

🌊 An elected and formalised governance body



## Step 2

🌊 A synthesised multidimensional evidence based understanding of current state of gaps and challenges



## Step 3

🌊 A plan for

- ❖ Integrating Prevention & Social Medicine: Medical Products, Vaccines and Technology
- ❖ Integrating infrastructure
- ❖ Financing
- ❖ Health Workforce
- ❖ Service Delivery





# Launch and Continuance

The launch, continuance and governance of Comprehensive Integrated Health and Climate Change Response plan involves a strategic and coordinated approach. Here's a step-by-step guide:



## Step 1. Building Consensus

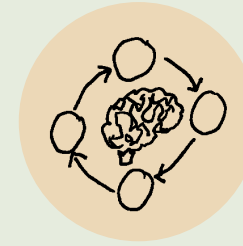
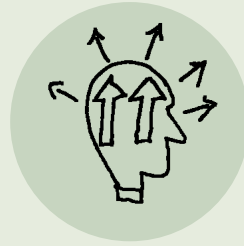
ACE the plan!

Appropriateness

How do we go about building consensus?

Contextual

Experiential



### Appropriateness

- Addressing root causes
- Guidelines based
- Evidence based strategies and allocation of efforts

### Contextual

- Deep understanding the context
- Needs of communities and institutions
- Having the right people at the table

### Experiential

- What works (and why)
- What does not work (and why)
- Good practices - Local and other comparable

Building a consensus on public health and climate change is crucial for effective policy making and implementation. It allows for shared ownership, buy-in, and commitment from stakeholders, which leads to greater success and impact of interventions. Additionally, consensus-building promotes transparency, accountability, and inclusivity in decision-making, ensuring that diverse perspectives and needs are considered.

## Insights from the sector in India:

Anil Swarup, a retired Indian Administrative Service (IAS) officer, has shared his views on consensus building through his writings and work. Swarup was an officer from the 1981 batch, who served as the Secretary for School Education and Literacy in the Ministry of Human Resource Development.

Santosh Mathew is also a retired IAS officer from the 1995 batch and currently the country lead of public policy and finance at the Bill & Melinda Gates Foundation. Mathew has referenced Swarup's points on the importance of consensus building when developing policies and programs. They are as follows:

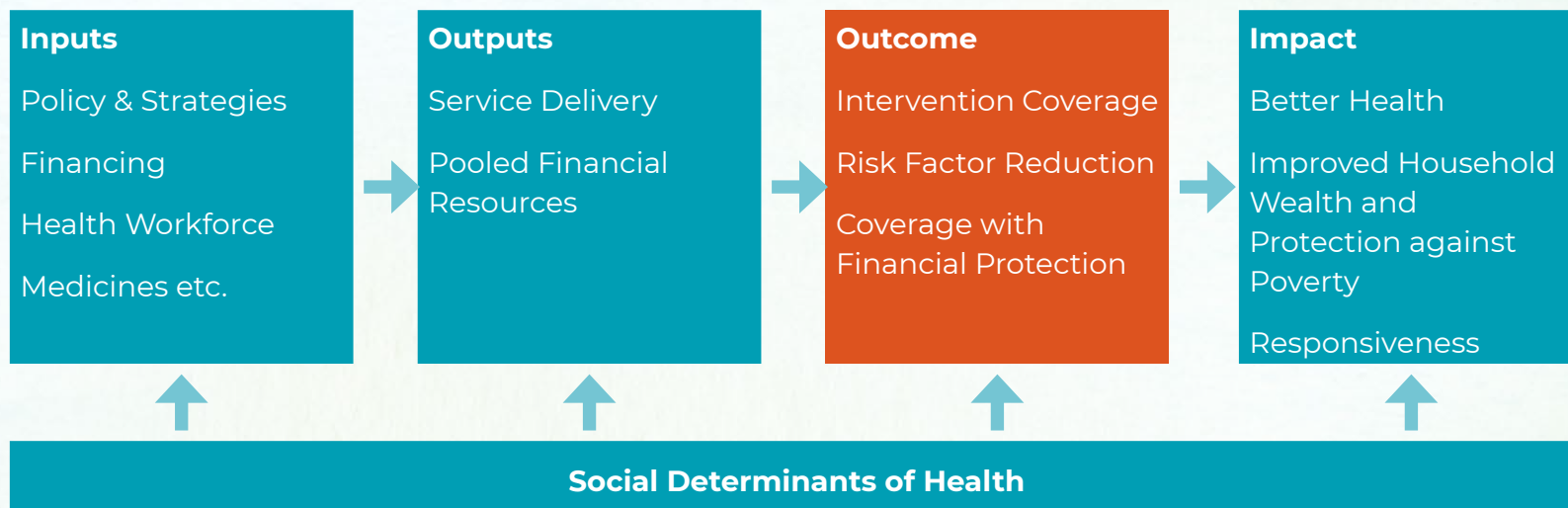
- 🌊 **Politically salient:** Keeping in mind the political scenario and the interest of all the stakeholders involved.
- 🌊 **Socially desirable:** Recognizing that policies should be designed to address the needs of the society and improve the well-being of the people.
- 🌊 **Technologically feasible:** Considering the availability and appropriateness of technology to implement the policy and ensure its success.
- 🌊 **Judicially tenable:** Ensuring that the policies and programs are legally sound and adhere to the constitutional framework and existing laws.
- 🌊 **Financially viable:** Developing policies and programs that are cost-effective and within the budgetary constraints of the government.
- 🌊 **Administratively doable:** Taking into account the capacity of the administration to execute them, thereby recognizing the need for practicality and feasibility in the implementation of policies and programs.

## Where there is no consensus

- 🌊 Be guided by the vision of the district
- 🌊 Listen deeply to elders and experts
- 🌊 Abide by agreed upon governance mechanisms

## Step 2. Establish what would success look like?

At the district level support the elected and formalised governing body to develop a results framework such as the following developed for Universal Health Coverage by researchers<sup>6</sup>



The intermediary planning exercise results (as outlined in this playbook) must be integrated in the monitoring and evaluation plan with community level outcomes mapped to the same. By the time the planning is completed - the users must have an agreed upon plan, agreed upon resource allocation and agreed upon governance mechanism.

<sup>6</sup> Ties, Boerma & Abouzahr, Carla & Evans, David & Evans, Tim. (2014). Monitoring Intervention Coverage in the Context of Universal Health Coverage. PLoS medicine. 11. e1001728. 10.1371/journal.pmed.1001728.



# Guidance for developing a monitoring and evaluation plan for comprehensive integrated health and climate change response at the district:

## Objective:

To systematically assess and enhance the effectiveness of the district plan in integrating health and climate change responses, ensuring the delivery of sustainable, resilient, and comprehensive healthcare services.

## Components:

### Baseline Assessment (during pre planning phase):

- ❖ Conduct a comprehensive baseline study to understand the existing healthcare infrastructure, climate vulnerabilities, and community health indicators in the district.



### Indicator Development (during planning phase):

- ❖ Define clear and measurable indicators for health and climate change integration, encompassing aspects such as disease prevalence, climate-related health risks, and community awareness.



### Data Collection (during pre planning and planning phase):

- ❖ Implement regular data collection mechanisms to monitor key indicators, utilizing both quantitative and qualitative methods.
- ❖ Include health and climate-specific metrics, community feedback, and resource utilization data.

### Stakeholder Engagement (continuous):

- ❖ Regularly consult with key stakeholders, including health professionals, environmental experts, community representatives, and local authorities. Gather qualitative insights on the integration process, community engagement, and the responsiveness of health services to climate-related challenges.

### Capacity Building (continuous):

- ❖ Develop and implement training programs for healthcare professionals on climate-resilient healthcare practices.
- ❖ Assess the impact of training sessions on their ability to integrate climate change considerations into healthcare delivery.

### Community Outreach Evaluation (continuous):

- ❖ Evaluate the effectiveness of community awareness programs regarding climate change impacts on health.
- ❖ Measure changes in community behavior and practices related to climate-resilient health measures.

### Adaptation Measures (continuous):

- ❖ Monitor the implementation and effectiveness of climate change adaptation measures in healthcare facilities.
- ❖ Assess the resilience of health infrastructure to extreme weather events.

### Cross-Sector Collaboration (continuous):

- ❖ Assess the level of collaboration between health and environmental sectors.
- ❖ Monitor joint initiatives and their impact on community health and climate resilience.

### Timely Reporting (continuous):

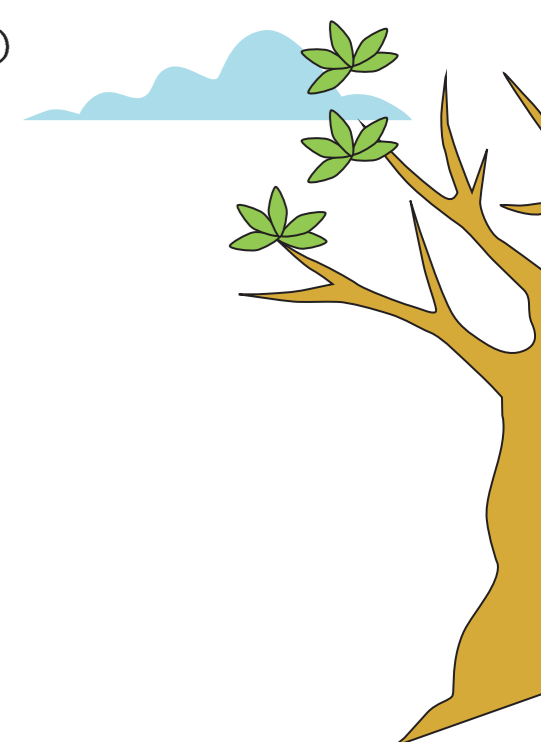
- ❖ Develop a system for regular reporting on key indicators and progress toward integration goals.
- ❖ Provide timely feedback to decision-makers for informed decision-making.

### Mid-Term and Final Evaluations (As per plan timelines):

- ❖ Conduct mid-term and final evaluations to measure the overall success of the integration plan.
- ❖ Identify challenges, lessons learned, and areas for improvement.

## Review and Adaptation:

Regularly review and adapt the monitoring and evaluation plan based on emerging challenges, changing climate patterns, and the evolving healthcare landscape. Use the findings to inform policy adjustments, resource allocation, and continuous improvement in integrating health and climate change responses at the district level.



Here is a list of results to use as conversation starters to ultimately create the district specific results / goals framework for the Districts' Comprehensive Integrated Health and Climate Change Response plan.

## Individual:

Here are five results that individuals may gain from an Comprehensive Integrated Health and Climate Change Response plan

### 1. Improved Public Health:

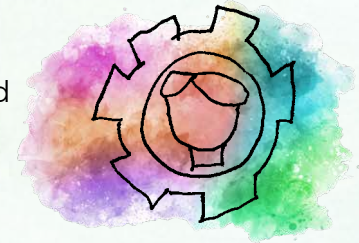
- ❖ Integration of health and climate responses can lead to improved air and water quality, reducing the prevalence of respiratory diseases and waterborne illnesses. This results in better overall public health, with individuals experiencing fewer health issues related to environmental pollution.

### 2. Enhanced Resilience to Climate-Related Health Risks:

- ❖ Integrated approaches focus on building community and individual resilience to the health impacts of climate change. This may include early warning systems for extreme weather events, community preparedness programs, and increased access to healthcare services, making individuals more resilient to the health challenges posed by a changing climate.

### 3. Green and Healthy Living Spaces:

- ❖ Integration promotes sustainable urban planning and the development of green spaces, encouraging physical activity and mental well-being. Access to green and healthy living environments contributes to reduced stress, increased physical activity, and overall better mental health for individuals.



#### 4. Personal Climate Action and Mitigation:

- ❖ Individuals become active participants in climate mitigation efforts through integrated health initiatives. Lifestyle interventions, such as promoting sustainable transportation, adopting plant-based diets, and reducing energy consumption, empower individuals to contribute to broader climate goals while improving their own health.

#### 5. Community Engagement and Empowerment:

- ❖ Integrated responses often involve community engagement, fostering a sense of empowerment among individuals. Informed communities are better equipped to address health and climate challenges collaboratively. Individuals may participate in decision-making processes, contribute to local initiatives, and advocate for policies that promote both health and environmental sustainability.

## Community:

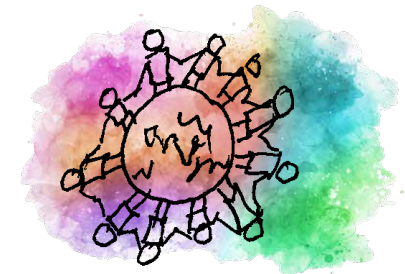
Here are five results that communities may gain from an Comprehensive Integrated Health and Climate Change Response plan

#### 1. Increased Community Resilience:

- ❖ Integration promotes the development of resilient communities capable of effectively responding to climate-related health challenges. This includes preparedness for extreme weather events, implementation of early warning systems, and improved healthcare infrastructure, contributing to overall community resilience.

#### 2. Improved Public Health Outcomes:

- ❖ Integrated approaches address environmental determinants of health, leading to improved air and water quality. This, in turn, reduces the incidence of climate-related diseases and enhances overall public health outcomes within the community.



### 3. Sustainable Infrastructure and Urban Planning:

- ❖ Integration fosters sustainable urban planning and infrastructure development. Communities may benefit from green spaces, pedestrian-friendly neighborhoods, and sustainable transportation options, contributing to enhanced physical and mental well-being.

### 4. Community-Based Adaptation Strategies:

- ❖ Integrated responses involve the development of community-based adaptation strategies that address local health vulnerabilities linked to climate change. This may include initiatives to protect against heatwaves, manage vector-borne diseases, and ensure access to clean water and sanitation.

### 5. Community Engagement and Empowerment:

- ❖ Integration encourages active community engagement in decision-making processes and the implementation of health and climate initiatives. Communities become empowered to participate in sustainable practices, advocate for policies that benefit both health and the environment, and contribute to the overall resilience of the community.

## Environment:

Here are five results that the environment may gain from an Comprehensive Integrated Health and Climate Change Response plan

### 1. Reduced Greenhouse Gas Emissions:

- ❖ Integrated responses often involve measures to reduce greenhouse gas emissions, such as transitioning to renewable energy sources, promoting energy efficiency, and implementing sustainable transportation practices. These actions contribute to mitigating climate change and reducing the overall environmental impact.



## 2. Preservation of Biodiversity:

- ❖ Integrating health and climate responses can include initiatives to protect ecosystems and biodiversity. Conservation efforts, habitat restoration, and sustainable land use practices help preserve biodiversity, ensuring the health of ecosystems and the species within them.

## 3. Improved Air and Water Quality:

- ❖ Integrated approaches address sources of pollution and environmental degradation, leading to improved air and water quality. Reductions in emissions from industrial processes and transportation contribute to cleaner air, while sustainable water management practices protect water sources and ecosystems.

## 4. Enhanced Resilience to Climate Change Impacts:

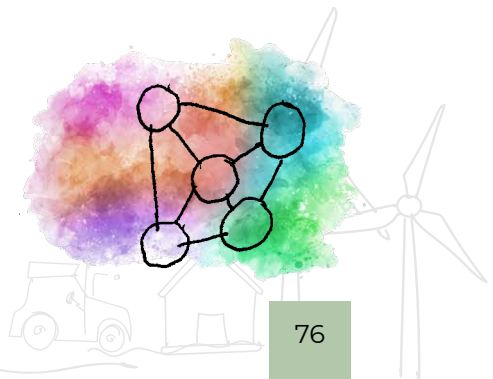
- ❖ Integrated responses often involve ecosystem-based adaptation strategies, such as the restoration of natural buffers like mangroves and wetlands. These measures enhance the environment's resilience to the impacts of climate change, including extreme weather events, rising temperatures, and sea-level rise.

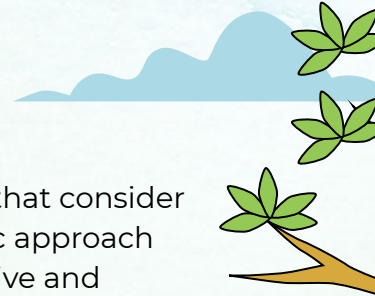
## 5. Promotion of Sustainable Land Use Practices:

- ❖ Integrated efforts encourage sustainable land use practices that prioritize environmental conservation and health. This may include reforestation projects, agroecological farming methods, and the protection of natural habitats, fostering ecosystems that support both human health and the environment.

## District Governance:

Here are five results that the district governance may gain from an Comprehensive Integrated Health and Climate Change Response plan





## **1. Comprehensive Public Health Planning:**

- ❖ Integration allows district governance to develop comprehensive public health plans that consider both current health challenges and those exacerbated by climate change. This holistic approach ensures that health policies address a broader range of factors, leading to more effective and resilient public health systems.

## **2. Climate-Resilient Infrastructure:**

- ❖ District governance can implement climate-resilient infrastructure projects that address both health and environmental concerns. This includes designing healthcare facilities to withstand extreme weather events, ensuring water and sanitation systems are climate-adaptive, and incorporating green spaces into urban planning for improved community well-being.

## **3. Community-Based Health and Climate Initiatives:**

- ❖ District governance can facilitate community engagement in health and climate initiatives. This involvement fosters community resilience and ensures that local perspectives are considered in the design and implementation of programs, leading to more effective and sustainable outcomes.

## **4. Data-Driven Decision-Making:**

- ❖ Integration supports data-driven decision-making by providing district governance with comprehensive information on health and climate trends. This allows for more informed planning and resource allocation, ensuring that interventions are targeted and responsive to the specific needs of the community.

## **5. Policy Alignment and Coordination:**

- ❖ Integrated responses promote alignment and coordination between health and climate policies at the district level. This ensures that efforts are synergistic, avoiding duplication and maximizing the impact of interventions. District governance can foster collaboration between relevant departments, such as health, environment, and disaster management, for more cohesive governance.

## Step 3. Launch

### **a. Position the Comprehensive Integrated Health and Climate Change Response Plan based on Needs Assessment:**

- During the pre-planning and planning phase, a comprehensive needs assessment to identify key health and climate change challenges within the district has been identified - the positioning of the launch should be that of evidence solutioning and actioning based on the same.

### **b. Stakeholder Engagement:**

- Involve relevant stakeholders, including district officials, health professionals, climate scientists, policymakers, and community representatives, in the launch process.

### **c. Set Clear Objectives:**

- Define clear and measurable objectives for the plan, outlining its purpose, scope, and intended outcomes.

### **d. Resource Allocation:**

- Allocate resources, including funding, personnel, and technology, to support the launch.

### **e. Expert Input:**

- Seek input from subject matter experts in health and climate change to ensure the presentation of the final plans' content is evidence-based and effective.

### **f. Training and Awareness:**

- Conduct training sessions to raise awareness about the plans' importance and provide guidance on its use in sync with the launch.

### **g. Publicize:**

- Launch the plan through strategic communication channels, ensuring widespread awareness among relevant stakeholders and the general public.



## Step 4. Commit to continuance

### a. Monitoring and Evaluation:

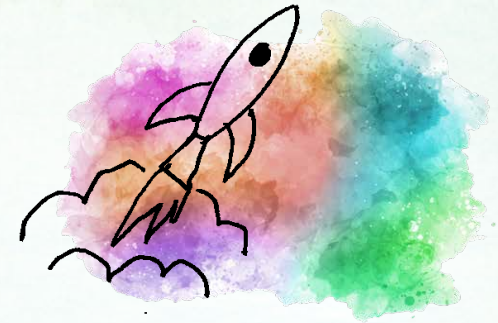
- Implement a robust monitoring and evaluation framework to regularly assess the plans' effectiveness and identify areas for improvement.

### b. Feedback Mechanisms:

- Establish feedback mechanisms to gather insights from implementers, stakeholders, and community members, facilitating continuous improvement.

### c. Capacity Building:

- Provide ongoing training and capacity-building initiatives to ensure that stakeholders remain equipped to implement the plan effectively.



### d. Integration with Policies:

- Integrate the plans' recommendations into relevant health and climate change policies at the regional, national, or local levels.

### e. Technology Updates:

- Stay abreast of technological advancements and update the plan to incorporate new tools, data sources, and approaches.

### f. Community Engagement:

- Maintain active engagement with communities, seeking their input and ensuring the plan addresses their evolving needs.

### g. Partnerships:

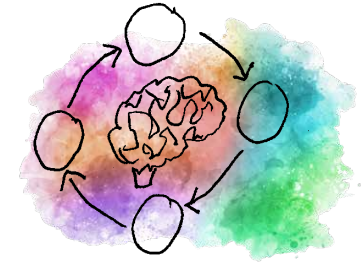
- Foster collaborations with governmental and non-governmental organizations, academia, and private sector entities to sustain support for the plan.



## Outputs of the Launch and Continuance Phase

By the time we reach the end of this phase the following outputs would be ready in addition to the outputs of the pre planning and planning phases:

- 🌊 An approved and publicized Districts Comprehensive Integrated Health and Climate Change Response plan
- 🌊 Roll out of projects towards Districts' Comprehensive Integrated Health and Climate Change Response



Credits: Kamerakirriks

## Closing Note

***“It always seems impossible until it’s done.”***

— Nelson Mandela, from a speech at the Laureus World Sports Awards (2000).

As we face the interwoven challenges of health and climate change, this playbook by the CPHC Alliance is an invitation—a shared space to come together, learn from each other, and co-create solutions. It is not a definitive guide but a starting point, grounded in collective wisdom and a commitment to nurture our communities and planet.

## A Shared Vision for Resilience

The principles in this playbook are reflections of what we already have within us, meant to inspire dialogue and action:

- Outcome to Action:** Let’s collaborate to turn aspirations into tangible improvements, guided by shared goals that emerge from our collective efforts.
- Asset Utilization:** Every community holds strengths—knowledge, resources, and resilience. Recognizing and connecting these strengths is the foundation of meaningful change.
- Science and Continuum:** Bridging traditional practices and modern science is an ongoing journey, one that honors diverse perspectives and shared expertise.
- Public Health Perspective:** A holistic view of health unites us. By working together across sectors, we can create systems that truly reflect and serve our collective needs.

🌊 **People Focus:** When we place people and relationships at the center, we ensure inclusive solutions reflect our shared values.

🌊 **Data and Surveillance:** Together, we can use data to understand challenges, track progress, and hold ourselves accountable to one another.

## Co-Creating Local Leadership

Districts are where collective action thrives. This playbook invites collaborative leadership, where governance is inclusive, and everyone has a voice. It's about creating spaces where every perspective is valued, and where solutions are shaped by the people they impact most directly.

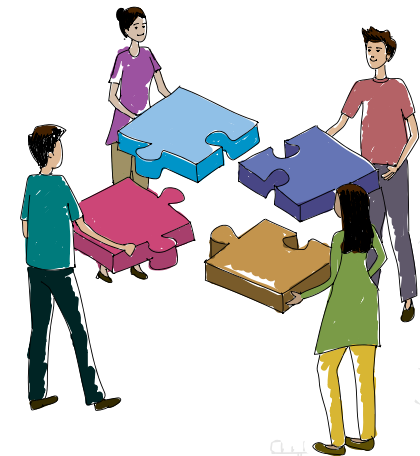
## A Collective Path Forward

From pre-planning to planning and into launch and continuance, the steps in this playbook are not rigid instructions but shared frameworks. They are meant to be adapted and enriched by the communities they serve:

🌊 **Pre-Planning Phase:** By coming together to understand vulnerabilities and assets, we ensure plans reflect shared realities and aspirations.

🌊 **Planning Phase:** Aligning resources, perspectives, and relationships creates systems that are resilient because they are rooted in collaboration.

🌊 **Launch and Continuance:** Success is about building trust, nurturing relationships, and committing to learn and grow together.



## Supporting Ongoing Efforts

This playbook is designed to support the work already being done to protect the health of the most vulnerable in the face of climate change. It seeks to amplify existing efforts by providing shared tools and frameworks that can strengthen collective impact:

- 🌊 Communities Flourish: Clean air and water, equitable healthcare, and shared resilience reflect what's possible when we work in unison.
- 🌊 Governance Reflects Us: Transparent, collaborative decisions are grounded in the priorities and voices of the people they serve.
- 🌊 Health Systems Grow: Care that is adaptive and community-centered becomes a reliable anchor in times of uncertainty.
- 🌊 We Thrive: Aligning human health with environmental stewardship highlights the interconnectedness of all life.

## An Invitation to Build Together

This playbook is not a conclusion but an open invitation. It calls on all of us—policymakers, health workers, community leaders, and individuals—to bring our shared experiences, insights, and hopes to the table. Its success depends on our ability to listen, engage, and act with shared purpose.

As we close this playbook, let us remind ourselves that we already possess the tools to create a better, more connected future. Together, we can build systems and communities that reflect our collective strength and shared humanity. The journey continues, and it is one we take side by side.





## About the CPHC Alliance

The inception of the CPHC Alliance began with recognizing the need for a collaborative platform to strengthen Comprehensive Primary Healthcare (CPHC). This idea took root through a series of strategic activities anchored by USAID and Swasti - starting with a brainstorming meeting involving key stakeholders in December 2020, followed by a “blue-sky thinking” session in February 2021. To ensure a well-rounded perspective, consultations with thought leaders were conducted through one-on-one interviews.

On the eve of World Health Day in April 2021, several organisations signed a Statement of Intent to form the Alliance for Comprehensive Primary Health Care (Alliance) in India.

By mid-2021, the Alliance extended invitations to over 30 potential members, forming a Core Group that included representatives from USAID, the Bill & Melinda Gates Foundation (BMGF), LetzDream Foundation (LGTVP), and the Asian Development Bank (ADB). One of the central themes identified by the members was the need to reimagine districts as units for healthcare delivery. This focus aimed to explore district-centric models and develop a comprehensive, integrated approach to CPHC.

From 2022 to 2023, multiple in-person consultation meetings were organized to delve into critical aspects such as design, financing, and governance. These sessions sought inputs from Alliance members to shape actionable strategies. Additionally, a series of virtual “Meet the Expert” talks in 2023 provided members with diverse insights from subject matter experts.

The insights gathered from these activities culminated in the creation of the Comprehensive Integrated Health and Climate Change Response (CIHCCR) Playbook, enriched with climate considerations, and two documentary films that highlighted the voices of service users and frontline workers. These outputs, completed between 2023 and 2024, embody the Alliance’s collective learnings and vision for CPHC.

The CIHCCR empowers district-level stakeholders with actionable frameworks to address the intersecting challenges of health and climate change. This playbook was developed through a consultative approach and is designed to guide stakeholders in developing multi-stakeholder action plans that are both strategic and tailored to local needs, ensuring that solutions are practical and sustainable.

In its second phase, introduced in August 2024, the CPHC Alliance intends to expand its reach beyond India to encompass Asia, creating a broader platform to unite voices from across the continent. It aims to amplify visibility for impactful member initiatives, particularly those championing diversity, equity, and inclusion. By consolidating technical, technological, and financial resources, the Alliance supports cross-sector collaboration, showcasing frugal innovations and driving sustainable healthcare improvements. With an infinite mindset and a commitment to unconventional perspectives, the Alliance is poised to scale its impact, attract investments, and stand as a unified voice for transformative primary healthcare solutions across Asia.

**To know more about the alliance, follow us on LinkedIn at CPHC Alliance.**

<https://www.linkedin.com/showcase/cphc-alliance/>



# Annexures

## Annexure 1: Understanding contextual vulnerability

### Understanding Contextual Vulnerability

In the context of Comprehensive Integrated Health and Climate Change, contextual vulnerability takes into account the specific factors that contribute to the vulnerability of marginalised groups, such as migrants and daily wage workers, to the impacts of climate change. These factors include not only their exposure to climatic events but also their socio-economic conditions and their constant exposure to temperature and weather changes.

Identifying contextual vulnerability involves assessing the unique circumstances of a particular community or population and understanding how these factors interact to increase their susceptibility to climate change impacts. This can be done through a combination of quantitative and qualitative research methods, including surveys, interviews, and data analysis.

To identify contextual vulnerability, researchers and practitioners may consider the following steps:

1. **Conducting vulnerability assessments:** This involves collecting data on social, economic, political, and environmental factors that contribute to vulnerability. This can include analysing demographic data, assessing infrastructure and resource availability, and understanding governance structures and policies.
2. **Mapping exposure to climatic events:** Assessing the frequency and intensity of climatic events in the region and determining the extent to which the population is exposed to these hazards. This can involve analysing historical climate data, modelling future climate scenarios, and mapping the distribution of vulnerable populations.

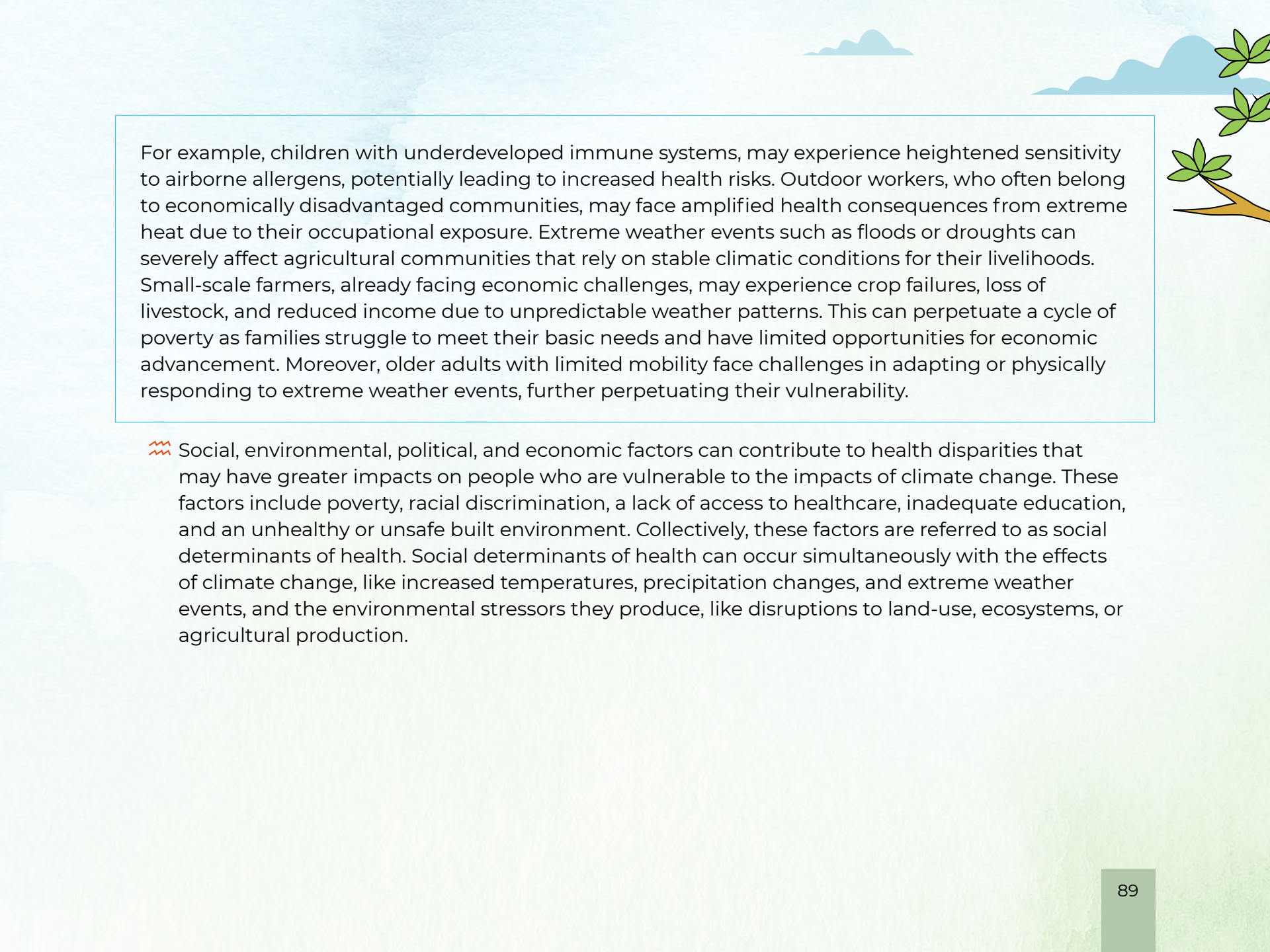


3. **Analysing socio-economic conditions:** Examining the socio-economic characteristics of the population, such as income levels, employment patterns, access to healthcare, and social support systems. This helps identify how these factors intersect with climate change impacts and increase vulnerability.
4. **Assessing adaptive capacity:** Evaluating the community's ability to adapt to and cope with climate change impacts. This includes examining existing infrastructure, institutional capacity, community networks, and access to resources and technologies that enable adaptation and resilience.
5. **Engaging stakeholders:** Involving local communities, policymakers, and other stakeholders in the vulnerability assessment process to gather diverse perspectives and ensure that interventions and measures are contextually relevant and effective.


By understanding contextual vulnerability, decision-makers can develop targeted interventions that address the specific needs and challenges faced by vulnerable populations. This can involve implementing measures to enhance adaptive capacity, improve access to healthcare and social services, strengthen infrastructure, and promote sustainable livelihoods. Additionally, addressing the underlying social, economic, and political determinants of vulnerability is crucial for long-term resilience building and comprehensive integrated health in the face of climate change.

Perspectives on contextual vulnerability in discourses of climate conflict, Earth System Dynamics, Copernicus Publications on behalf of the European Geosciences Union, Retrieved on 10th July, 2023, from <https://esd.copernicus.org/articles/7/89/2016/esd-7-89-2016.pdf>

*In general, children and pregnant women, older adults, certain occupational groups, persons with disabilities, and persons with chronic medical conditions are more vulnerable to health stressors, such as extreme heat, floods, poor air quality, and other climate-related events.*



For example, children with underdeveloped immune systems, may experience heightened sensitivity to airborne allergens, potentially leading to increased health risks. Outdoor workers, who often belong to economically disadvantaged communities, may face amplified health consequences from extreme heat due to their occupational exposure. Extreme weather events such as floods or droughts can severely affect agricultural communities that rely on stable climatic conditions for their livelihoods. Small-scale farmers, already facing economic challenges, may experience crop failures, loss of livestock, and reduced income due to unpredictable weather patterns. This can perpetuate a cycle of poverty as families struggle to meet their basic needs and have limited opportunities for economic advancement. Moreover, older adults with limited mobility face challenges in adapting or physically responding to extreme weather events, further perpetuating their vulnerability.

 Social, environmental, political, and economic factors can contribute to health disparities that may have greater impacts on people who are vulnerable to the impacts of climate change. These factors include poverty, racial discrimination, a lack of access to healthcare, inadequate education, and an unhealthy or unsafe built environment. Collectively, these factors are referred to as social determinants of health. Social determinants of health can occur simultaneously with the effects of climate change, like increased temperatures, precipitation changes, and extreme weather events, and the environmental stressors they produce, like disruptions to land-use, ecosystems, or agricultural production.

The most vulnerable are often also disproportionately impacted by measures to address climate change. In the absence of well-designed and inclusive policies, efforts to tackle climate change can have unintended consequences for the livelihoods of certain groups, including by placing a higher financial burden on poor households. For example, policies that expand public transport or carbon pricing may lead to higher public transport fares which can disproportionately impact poorer households. Similarly, if not designed in collaboration with beneficiaries and affected communities, approaches such as limiting forestry activities to certain times of the year could adversely impact indigenous communities that depend on forests year-round for their livelihoods. In addition to addressing the distributional impacts of decarbonizing economies there is also a need to understand and address the social inclusion, cultural and political economy aspects – including agreeing on the types of transitions needed (economic, social, etc.) and identifying opportunities to address social inequality in these processes.

 Social Dimensions of Climate Change. World Bank. Retrieved April 28, 2023, from <https://www.worldbank.org/en/topic/social-dimensions-of-climate-change>

Vulnerable Populations and Climate Change. NIEHS. Retrieved April 28, 2023, from [https://www.niehs.nih.gov/research/programs/climatechange/health\\_impacts/vulnerable\\_people/index.cfm](https://www.niehs.nih.gov/research/programs/climatechange/health_impacts/vulnerable_people/index.cfm)



## Annexure 2 : Planning for climate change resilient health infrastructure

Climate change-resilient health infrastructure refers to the design, construction, and management of healthcare facilities and systems that can withstand, adapt to, and recover from the impacts of climate change. The goal is to create a health infrastructure that remains functional, effective, and safe under changing climate conditions, ensuring the continued provision of healthcare services while minimizing vulnerabilities. Key features of climate change-resilient health infrastructure include:

### **Adaptation to Extreme Weather Events:**

- ❖ Structures designed to withstand extreme weather events such as hurricanes, floods, and heatwaves, reducing the risk of damage and ensuring the safety of patients and healthcare workers.

### **Built-in Climate Resilience:**

- ❖ Integration of climate resilience into the design and construction of healthcare facilities, considering factors such as rising temperatures, changing precipitation patterns, and increased frequency of extreme weather events.

### **Sustainable Design and Materials:**

- ❖ Use of sustainable and environmentally friendly construction materials to minimize the environmental impact and contribute to overall climate mitigation efforts.

### **Infrastructure Location Planning:**

- ❖ Consideration of climate change projections when planning the location of healthcare facilities to avoid areas prone to climate-related hazards such as sea-level rise, flooding, or landslides.

### **Energy Efficiency and Renewable Energy Sources:**

- ❖ Implementation of energy-efficient technologies and incorporation of renewable energy sources to reduce greenhouse gas emissions and enhance the sustainability of healthcare infrastructure.



### **Water and Waste Management:**

- ❖ Robust water management systems that account for changes in precipitation patterns and increased water scarcity, as well as effective waste management practices to minimize environmental impact.

### **Health System Resilience:**

- ❖ Strengthening of health systems to cope with changing patterns of diseases influenced by climate change, ensuring flexibility and adaptability in responding to emerging health challenges.

### **Community Engagement and Preparedness:**

- ❖ Involvement of local communities in planning and preparedness efforts, raising awareness about climate-related health risks and fostering community resilience.

### **Technological Integration:**

- ❖ Utilization of advanced technologies, such as telemedicine and information systems, to enhance healthcare delivery and improve response capabilities during extreme events.

### **Early Warning Systems:**

- ❖ Implementation of effective early warning systems to provide timely alerts for extreme weather events, enabling healthcare facilities to prepare and respond proactively.

### **Training and Capacity Building:**

- ❖ Training healthcare professionals and support staff in climate-resilient practices, ensuring that the workforce is prepared to handle the challenges posed by changing climate conditions.

By incorporating these principles into the planning and construction of healthcare infrastructure, countries can enhance their resilience to climate change, safeguarding the health and well-being of communities in the face of evolving environmental challenges.





Credits: Kamerakirriks

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2024

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