Health Integration in Climate Agendas Across Sub-Saharan Africa

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SUMMARY

Climate change poses escalating health risks across Africa, yet health remains underrepresented in national adaptation agendas. This study reviewed the climate-related policy frameworks of eight countries in Africa to assess gaps and opportunities for effective health integration into climate agendas. The cross-country assessment reveals varying levels of progress, offering valuable insights into what works and where further support is needed. Results indicate varying levels of progress and integration across countries. A few countries in this study have begun incorporating health considerations into climate adaptation efforts through the development of Health National Adaptation Plans (HNAPs), establishment of One Health initiatives, and implementation of climate-smart health pilot projects. Weak cross-sectoral coordination, low recognition of health–climate linkages, and limited financing for mental health, pollution-related illnesses, and community-based services were key gaps in the policies. Donor-driven fragmentation also constrains sustainability. To advance climate–health resilience, countries should mainstream health within their adaptation strategies, introduce health tagging in national budgets, enhance institutional capacity, and invest in robust data systems to support inclusive, evidence-based planning.

KEY MESSAGES

- Some countries, such as Tanzania, Ethiopia, and Kenya, have developed HNAPs, piloted climate-smart health strategies, and adopted the One Health framework for integrated planning.
- Climate policies prioritize health but focus narrowly on communicable diseases, overlooking noncommunicable diseases; nutrition; mental health; pollution-related illnesses; sexual and reproductive health and rights; and water, sanitation, and hygiene.
- Policy silos, donor-driven fragmentation, limited institutional capacity, and inadequate financing slow coordinated action.
- There is a need to scale up HNAPs, develop national climate-smart health strategies in lagging countries, and leverage regional coordination platforms such as the African Union and Regional Economic communities to harmonize approaches.
- Countries should leverage opportunities for regional learning and experience sharing to accelerate progress, recognizing the varying levels of advancement across nations.

BACKGROUND

Climate change is increasingly recognized as one of the greatest threats to public health in sub-Saharan Africa. Rising temperatures, changing rainfall patterns, extreme weather events, and ecosystem disruptions are intensifying existing risks to people's health while straining already fragile health systems. The World Health Organization projects that climate change will cause an additional 250,000 deaths annually between 2030 and 2050 from malnutrition, malaria, diarrhoea, and heat stress alone.[1] In Africa, where health systems are underfunded and often overstretched, these impacts are particularly severe.

Vector- and water-borne diseases are among the most climate-sensitive health threats. Warmer and wetter conditions expand the transmission range of malaria, dengue, yellow fever, and Rift Valley fever, while floods and droughts contaminate water supplies and increase the prevalence of cholera and other diarrheal diseases.[2] These conditions particularly endanger children under age 5, for whom such illnesses remain among the leading causes of mortality.[3] At the same time, people's respiratory health is increasingly at risk due to worsening air quality, dust storms, and the continuing reliance on biomass fuels for household energy, all of which worsen asthma, cardiovascular disease, and chronic respiratory illness.[4]

The climate crisis also accelerates the spread of zoonotic diseases. Changing ecosystems, land-use pressures, and increased human–animal contact heighten the risks of outbreaks such as Rift Valley fever and Ebola, raising concerns about preparedness and disease surveillance in high-risk regions.[5] Food and nutrition security are similarly affected: Droughts and floods reduce crop yields, disrupt livestock systems, and damage food storage, driving up hunger and malnutrition rates.[6] Malnutrition is already a leading contributor to child mortality in Africa, and climate shocks threaten to reverse progress in reducing stunting and wasting.

Beyond physical health, climate change is taking a heavy toll on mental well-being. Displacement, loss of livelihoods, and recurrent exposure to disasters are linked to increased cases of depression, anxiety, and trauma, yet mental health services remain among the weakest and least-resourced components of African health systems.[7] The resilience of health systems more broadly is also under strain: Floods and cyclones routinely damage hospitals, clinics, and cold-chain systems; drought- and conflict-related displacement put additional burdens on already-overstretched facilities; and shortages of skilled medical personnel hamper effective emergency response.[8] Limited disease surveillance and weak supply chains further reduce countries' capacity to anticipate and manage climate-sensitive health risks.

Water, sanitation, and hygiene (WASH) challenges compound these vulnerabilities. Drought restricts access to safe drinking water while floods overwhelm sanitation infrastructure, contributing to outbreaks of diarrheal disease and undermining infection prevention in health facilities.[9] These systemic weaknesses heighten the risks faced by populations during climate-related emergencies and impede recovery.

Despite the scale of these health challenges posed by climate change, health is often underrepresented in national climate policies and adaptation strategies across sub-Saharan Africa. Where health is addressed, the focus tends to be narrow—centered on specific diseases—rather than encompassing broader concerns such as infrastructure resilience, workforce capacity, nutrition, WASH, and surveillance. Financing gaps further limit implementation of these policies, with health rarely prioritized in climate adaptation budgets.[10]

This study examines the extent to which health priorities are integrated into climate policies, plans, and financing in sub-Saharan African countries. It assesses the coherence of health and climate frameworks, the degree to which health is prioritized in adaptation strategies, and the effectiveness of systems to prepare for, respond to, and recover from climate-related health shocks. The findings can be used to inform more comprehensive and resilient climate–health responses that protect populations and strengthen public health systems in the face of a changing climate.

Climate policies prioritize health but focus narrowly on communicable diseases, overlooking noncommunicable diseases; nutrition; mental health; pollution-related illnesses; sexual and reproductive health and rights; and water, sanitation, and hygiene.

METHODS

We analysed climate- and health-related documents from eight countries in sub-Saharan Africa (SSA)—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. The table details the documents reviewed.

TABLE. CLIMATE AND HEALTH POLICY DOCUMENTS REVIEWED

ETHIOPIA
Climate Resilient Green Economy (CRGE) Strategy (2011–2019)
Long-Term Low Emission and Climate Resilient Development Strategy (LT-LEDS), 2020-2050
Updated Nationally Determined Contribution (NDC), 2021
Climate Resilient Green Economy – National Adaptation Plan (NAP-ETH), 2019
Guidance for Building Climate Resilient Health System, 2024
Health Sector Transformation Plan II (HSTP II) Mid-Term Review, 2023
Climate Change Gender Action Plan, 2024
Scoping Report – Ethiopia's Response to Climate Change and Gender, 2020
FP058 Annual Performance Reports (CY2020-CY2023)
Health National Adaptation Plan II (2024-2028)
KENYA
Second Nationally Determined Contribution (NDC 3.0) (2031-2035) - updated 2025
Population, Health and Environment (PHE) Policy Guidelines, 2022
Kenya Vision 2030
Kenya National Action Plan 2015-2030
National Climate Change Action Plan III 2023-2027
Population Policy for National Development 2013
National Disaster Risk Management Policy 2017
Third Medium Term Plan 2018-2022
Kenya Health Policy 2014-2030
National Policy on Gender and Development 2021
MALAWI
Updated Nationally Determined Contributions (NDCs), 2021
National Climate Change Management Policy, 2016
Health Sector Strategic Plan II (2017–2022) and III (2023–2030)
National Disaster Risk Management Policy 2015
Emergency Preparedness and Response Roadmap 2023–2025
National Framework for Water and Climate Services (NFWCS) 2024-2029
Climate Resilient Health and Well-Being for Rural Communities in Southern Malawi project (funded by the Green Climate Fund)
Her Future Her Choice project (funded by Global Affairs Canada/Oxfam)
NIGER
Gender and Climate Change Action Plan (PAG-CC) 2023-2027
Niger Nationally Determined Contribution (NDC) 2021
National Population Policy 2019-2035
National Health and Social Development Plan (PNDS 2017-2021 and 2022-2026)
Health Sector Development Plan 2022-2026
Family Planning Costed Implementation Plan 2030
National Adaptation Plan (NAP) 2022
National Adaptation Programme of Action (NAPA) 2006

RWANDA

Nationally Determined Contributions (NDCs) 2020
National Climate Change Gender Action Plans (ccGAPs)
National Environment and Climate Change Policy, 2019
National Adaptation Plan (NAP)
Population Health and Environment Strategy
Rwanda Vision 2050
National Strategy for Transformation (NST1) 2017 –2024
National Reproductive Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategies
National Disaster Risk Reduction and Management Policy, 2023

TANZANIA

Nationally Determined Contribution (NDC), 2021
National Climate Change Response Strategy (NCCRS), 2021–2026
Health National Adaptation Plan (HNAP) Draft, 2025-2030
National Five-Year Development Plan (FYDP) 2021/22–2025/26)
Health Sector Strategic Plan (HSSP V) 2021-2026
National Health Policy 2007 (under review)

UGANDA

Updated Nationally Determined Contributions (NDC) 2022
Uganda National Climate Change Policy 2015
National Population, Health and Environment Network (NAPHENET) Strategic Plan 2020/21-2024/25
Uganda Vision 2040 (long-term National Development Plan, NDP)
NDP 1 (2010-2015), NDP II (2015-2020), NDP III (2020/21-2024/25) (short-term NDPs)
The National Policy for Disaster Preparedness and Management 2011
Second National Family Planning Costed Implementation Plan (FP-CIP II) 2020/21-2024/25
Ministry of Health Strategic Plan 2020/21-2024/25
Health-National Adaptation Plan (H-NAP) 2025-2030

ZAMBIA

Nationally Determined Contribution (NDC) 3.0, 2025
National Adaptation Plan (NAP), 2023
Climate Change Gender Action Plan (ccGAP)
2022-2026 National Health Strategic Plan
National Health Strategic Plan 2017-2021

RESULTS

Integration of Health in Climate Change Actions

Integrating health into climate change actions means recognizing that climate change directly affects human health and designing policies that address both crises simultaneously. Key areas of integration include addressing health impacts, strengthening resilient health systems, and promoting health co-benefits in climate mitigation.

Results from our cross-country policy analysis reveal notable progress in the integration of health into climate policies. Most countries, particularly Ethiopia, Kenya, Tanzania, and Uganda, identify health as a climate-vulnerable sector in their national climate adaptation and gender action plans. These policies recognize the rise of vector- and water-borne diseases (such as malaria and cholera), the burden of heat-related illnesses, and the strain on health systems as climate impacts intensify. Adaptation strategies focus on improving disease surveillance, strengthening health infrastructure, and expanding early warning systems. Ethiopia's policies, for instance, go further by emphasizing health system resilience and integration across sectors like water and agriculture.

While these countries have begun to acknowledge health within their climate policy frameworks, the coverage remains uneven and fragmented. Most National Adaptation Plans (NAPs) and related strategies prioritize climate-sensitive infectious diseases such as malaria, cholera, and diarrheal illnesses, as well as general health system resilience. However, critical areas such as respiratory health—linked to air pollution, dust exposure, and biomass fuel use—receive limited attention, despite evidence of their growing burden in both rural and rapidly urbanizing settings. Mental health and psychosocial well-being, which are increasingly recognized as significant dimensions of climate-related vulnerability in contexts of disaster, displacement, and livelihood loss, are almost entirely absent from the national climate frameworks we reviewed.

Sexual and reproductive health and rights (SRHR) are also weakly integrated, if at all, in most policies. Tanzania stands as an exception—its Health National Adaptation Plan (HNAP 2023–2030) explicitly references maternal and newborn health, adolescent reproductive health, and services for survivors of gender-based violence (GBV). In contrast, countries like Ethiopia, Kenya, Uganda, Rwanda, and Zambia only make brief, often generic references to maternal or child health without positioning SRHR as part of their climate adaptation responses. Key issues such as access to family planning, prevention of early marriage, HIV and sexually transmitted infection (STI) prevention, adolescent health services, and protection from GBV are largely absent from their frameworks.

Monitoring and data systems are equally insufficient. While some countries—such as Kenya, Ethiopia, and Rwanda—acknowledge the importance of collecting sex-disaggregated data, SRHR indicators are not included in climate monitoring frameworks. Without reliable data on how climate change is affecting access to reproductive health services, maternal mortality, or GBV risks, it becomes nearly impossible to design targeted, evidence-informed responses. This gap constrains governments' ability to track progress, secure appropriate funding, and respond effectively to the compounded vulnerabilities faced by women, youth, and other at-risk groups

The limited integration of health within climate frameworks, coupled with weak monitoring, reflects a broader fragmentation between national health and climate policy domains. This disconnect has serious equity implications: The absence of dedicated actions and resources for climate-related health risks means that the specific needs of women, adolescents, persons with disabilities, and marginalized communities are often overlooked during climate shocks such as droughts, floods, displacement, and food insecurity. This gap undermines inclusive and resilient adaptation planning and risks worsening existing health inequities, leaving large sections of society without essential protections in the face of intensifying climate impacts.

Financing for Health in Climate Change Actions

Financing remains one of the most significant gaps in linking health to climate change actions. While most countries in the region—including Ethiopia, Kenya, Rwanda, Tanzania, Uganda, and Zambia—acknowledge the health impacts of climate change in their Nationally Determined Contributions (NDCs), climate change strategies, or NAPs, very few translate these commitments into dedicated or costed financing. Health is often bundled under broader adaptation sectors such as water, agriculture, or disaster risk management, which obscures health-specific needs and reduces visibility for health ministries in national climate finance planning.

Less than 0.5% of multilateral climate finance is directed towards health, despite health being cited as one of the most urgent climate-vulnerable sectors.

Where financing is mentioned, the references are typically broad and aspirational. For example, Ethiopia's Climate Resilient Green Economy Strategy and Uganda's National Climate Change Policy recognize climate-health risks but do not allocate clear budget lines or establish mechanisms to mobilize domestic resources. In practice, this means that critical actions—such as climate-proofing health infrastructure, strengthening early warning and disease surveillance systems, and addressing nutrition and vector-borne disease risks—are severely underfunded.

Evidence also shows that no country we reviewed has successfully accessed global climate finance (such as through the Green Climate Fund or Adaptation Fund) for health-specific projects. This lack of access is consistent with global patterns: A 2023 World Health Organization (WHO) analysis found that less than 0.5% of multilateral climate finance is directed towards health, despite health being cited as one of the most urgent climate-vulnerable sectors. Furthermore, most countries lack systems to track or tag how climate finance supports health, making accountability and resource mobilization even
more difficult.

As a result, health adaptation remains reliant on fragmented and unpredictable donor funding. This reliance undermines long-term planning for climate-resilient health systems and leaves countries poorly prepared to address rising health risks from climate shocks, including heat-related illnesses, respiratory diseases from air pollution, and expanding vector-borne disease ranges.

Multisectoral Coordination on Climate-Health Linkages

Our review of the selected countries' policies and practices reveals both emerging progress and persistent gaps in integrating climate change considerations into national health systems. However, national responses vary widely. Kenya and Uganda are among the frontrunners in multisectoral coordination. Both countries developed dedicated HNAPs and embed climate-health actions into broader climate policy frameworks. Kenya's approach is particularly holistic, linking climate change to public health, disaster preparedness, infrastructure resilience, and early warning systems, with an emphasis on vulnerable populations. Uganda's HNAP-II outlines clear pathways for climate-sensitive disease surveillance, intersectoral collaboration, and health system preparedness.

Tanzania developed a draft HNAP that strongly integrates climate change into sectoral health strategies such as the Health Sector Strategic Plan V. Tanzania demonstrates relatively robust multisectoral coordination, with collaboration across the health, environment, and planning ministries. However, institutional and financial gaps remain, and the draft HNAP has not yet been finalized or implemented.

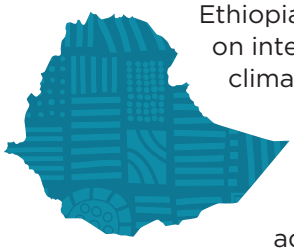
Ethiopia's HNAP-II identifies specific health vulnerabilities and proposes sectoral interventions. It reflects a growing understanding of climate-health linkages, but integration within other national health planning frameworks is inconsistent. While Ethiopia emphasizes gender-responsive adaptation in its Climate Change Gender Action Plan (ccGAP), climate-health integration at the operational level still requires strengthening.

Rwanda, despite lacking a formal HNAP, demonstrates promising multisectoral collaboration through its One Health approach, which encourages cooperation across human, animal, and environmental health sectors. Yet, climate-health linkages in Rwanda's policy documents are mostly indirect or weak, with few concrete actions or indicators. The health sector recognizes the impact of environmental pressures, but the translation of this understanding into climate-resilient health planning remains limited.

On the other hand, Malawi, Niger, and Zambia show weak to nonexistent integration of climate change in their national health policies. These countries are highly vulnerable to climate-sensitive diseases and environmental hazards but lack dedicated climate-health strategies. Malawi's Health Sector Strategic Plan acknowledges some vulnerabilities, but financing and policy coherence are lacking. Niger's policies make no reference to climate and health linkages. In Zambia, while health policies make general references to resilience, climate change is not systematically mainstreamed into health planning, and cross-sector collaboration mechanisms are poorly defined.

COUNTRY CASES

ETHIOPIA



Ethiopia has made notable progress on integrating health within its climate change agenda, though significant gaps remain in implementation and financing. The HNAP-II (2024-2028) explicitly addresses the health impacts of climate change, including vector-borne and waterborne diseases, malnutrition linked to food insecurity, and the risks of respiratory illnesses. It outlines adaptation strategies such as strengthening surveillance and early warning systems, improving the resilience of health infrastructure, and enhancing institutional coordination. The Climate Resilient Green Economy National Adaptation Plan (NAP-ETH, 2019) similarly prioritizes health, proposing measures for strengthening the health workforce, emergency preparedness, and integrated health and environmental surveillance. The Updated Nationally Determined Contribution (NDC, 2021) references disease outbreaks such as cholera and measles associated with climate variability and highlights the health sector as vulnerable.

Despite these policy commitments, integration into core health sector strategies such as the Health Sector Transformation Plans is limited, creating a disconnect between climate-health planning and routine health programming. Key gaps include limited attention to mental health, community-level resilience, nutrition, and SRHR considerations. Financing mechanisms are also weak—while adaptation strategies are well articulated, they are rarely accompanied by clear costing or dedicated budget lines. Health is often embedded under broader adaptation areas such as agriculture or water, which undermines prioritization and sustained resource allocation. Implementation is therefore heavily reliant on fragmented donor funding, leaving programs vulnerable to financing shortfalls.

Monitoring and evaluation frameworks provide some structure for tracking health outcomes within climate strategies, but they remain fragmented, with indicators focusing primarily on disease incidence and infrastructure rather than system-wide resilience or cross-sectoral outcomes. On coordination, Ethiopia has made progress by linking health adaptation measures with other sectors—particularly agriculture, WASH, and disaster risk reduction—but institutional collaboration remains inconsistent, and the absence of joint planning and financing mechanisms weakens long-term sustainability.

Key Next Steps for Ethiopia

- Mainstream climate-health integration into core sectoral documents such as the Health Sector Transformation Plan, ensuring climate resilience is institutionalized rather than remaining in parallel adaptation plans.
- Strengthen domestic financing by allocating a defined percentage of climate and health budgets to climate-sensitive health interventions, reducing dependence on short-term donor projects.
- Enhance monitoring systems by developing comprehensive climate-health indicators that go beyond disease surveillance to include nutrition, mental health, and community-level resilience.
- Promote cross-sectoral coordination through a joint national task force linking health, agriculture, WASH, and disaster risk reduction actors, with clear accountability and resource-sharing mechanisms.

KENYA

Kenya has established a sophisticated, multi-layered policy architecture for linking health and climate change, positioning itself as a regional leader. This framework is structured vertically from high-level climate commitments to specific sectoral guidelines. The Second NDC and the National Climate Change Action Plan (NCCAP III 2023-2027) explicitly designate the health sector as a priority for adaptation, setting the strategic national direction. These broad commitments are operationalized through dedicated health policies, primarily the Kenya Health Policy (2014-2030), and are given a concrete implementation model by the Population, Health and Environment (PHE) Policy Guidelines (2022), which promote cross-sectoral action. This integrated vision is anchored in the country's core development blueprint, Vision 2030, and its recent implementation plan, the Third Medium Term Plan (2018-2022), which prioritize universal health coverage and infrastructure

resilience. The system is further reinforced by enabling policies like the National Disaster Risk Management Policy (2017), which bolsters early warning systems for climate-related health risks, and the National Policy on Gender and Development (2021), which ensures interventions consider differential vulnerabilities.

However, our review reveals that the integration of health into climate action is often acknowledged in principle but remains fragmented in scope and implementation. While the NDC and the National Climate Change Action Plan (2015-2030) recognize health as a climate-vulnerable sector, their focus is narrowly confined to communicable disease control (for instance, malaria and dengue). They show a critical gap by overlooking other major climate-sensitive health threats, such as the impact of heat stress on noncommunicable diseases, climate-related disruptions to maternal and child health services, nutritional deficiencies from falling agricultural yields, and the destruction of WASH infrastructure by floods and droughts.

A particularly significant disconnect involves population and reproductive health. Despite their prominence in national development instruments like the Population Policy for National Development (2013) and their explicit integration model in the PHE Policy Guidelines (2022), these issues are conspicuously absent from Kenya's primary climate adaptation strategies. This omission creates a critical policy silo where the powerful synergies between voluntary family planning, women's empowerment, climate resilience, and health system preparedness remain largely untapped, ultimately weakening the overall coherence and effectiveness of Kenya's climate-responsive health agenda.

Key Next Steps for Kenya

- Expand the scope of health actions in the NDC and NAP to include maternal and newborn health, nutrition, noncommunicable diseases, and mental health as climate-sensitive priorities.
- Leverage the Climate-Smart Health Strategy and H-SCCAP to operationalize investments in resilient medical infrastructure, climate-adapted WASH systems, and integrated surveillance covering vector-borne, zoonotic, and respiratory diseases.
- Institutionalize family planning and reproductive health within climate adaptation frameworks, building on the existing Population, Health and Environment Policy Guidelines to highlight their role in reducing ecosystem pressure and strengthening adaptive capacity.
- Enhance financing mechanisms for climate–health interventions by mobilizing domestic resources and climate funds (such as the Green Climate Fund) to close gaps in health system resilience.
- Strengthen data and monitoring systems to capture disaggregated climate–health impacts and ensure evidence-informed decision-making across sectors.

MALAWI

Malawi's policy documents demonstrate a growing recognition of the health impacts of climate change and an effort to strengthen resilience within its health systems. Frameworks such as the Health Sector Strategic Plan III (2023–2030) and the Climate Resilient Health and Well-Being project funded by the Green Climate Fund emphasize disease surveillance, emergency preparedness, intersectoral coordination, and climate-resilient infrastructure. These frameworks represent important steps towards mainstreaming health within climate action. However, integration remains partial, with significant gaps in preparing for the scale and complexity of climate-related health risks. For instance, while the country faces recurrent climate shocks, particularly floods and droughts, its health sector continues to lack a dedicated climate adaptation strategy. This lack of a dedicated strategy leaves Malawi's already resource-constrained health system reactive rather than proactive in the face of climate-induced health threats such as cholera, malaria, respiratory infections, and malnutrition.

Despite notable progress, several challenges persist. Climate change is only marginally referenced in earlier health strategies such as the Health Sector Strategic Plan II (2017–2022), and SRHR integration into climate policies is particularly weak. The Updated NDC 2021 includes public health and HIV/AIDS as cross-cutting concerns but omits maternal health, family planning, adolescent health, and GBV. Similarly, the National Climate Change Management Policy (2016) and the National Disaster Risk Management Policy (2015) reference public health risks broadly but fail to link them to specific service delivery needs during climate-related

emergencies. The establishment of a Directorate for Reproductive Health within the Ministry of Health signals institutional recognition, but limited technical capacity, persistent shortages of essential drugs, and constrained access to health care facilities continue to undermine resilience. Current SRHR initiatives, such as the Her Future Her Choice project supported by Global Affairs Canada and Oxfam, address adolescent health and GBV prevention but remain siloed from climate policy frameworks, reducing sustainability and systemic impact.

Key Next Steps for Malawi

- Develop a dedicated health and climate adaptation strategy that systematically integrates both communicable and noncommunicable disease preparedness with WASH, nutrition, and resilient health infrastructure planning.
- Expand financing for climate-health action by leveraging mechanisms such as the Green Climate Fund while ensuring domestic budget allocations for long-term sustainability beyond donor projects.
- Strengthen data and monitoring systems to include climate-sensitive health indicators, ensuring timely surveillance of vector-borne and waterborne diseases and integrating climate risk into health information systems.
- Enhance intersectoral coordination between the Ministry of Health, Ministry of Environment, and disaster risk agencies to mainstream health into national climate adaptation and disaster response frameworks.
- Bridge the SRHR gap by explicitly incorporating maternal and adolescent health, family planning, and GBV services into climate-related preparedness and response strategies, especially for flood and drought emergencies.

NIGER

Niger's policy landscape reflects a strong foundational commitment to health and SRHR, particularly through targeted reproductive health strategies and national health planning frameworks. The Integrated National Reproductive Health Strategy (SNISR) underscores the centrality of SRHR and family planning in reducing maternal mortality and advancing women's empowerment. These frameworks prioritize access to essential services for women and adolescents, with an emphasis on rights, equity, and quality of care. The Family Planning Costed Implementation Plan (2030) deepens this commitment, setting ambitious goals on contraceptive access, adolescent-responsive services, and reduction in unmet family planning needs. Despite these strengths, none of these strategies explicitly integrate climate resilience considerations, leaving SRHR and family planning services vulnerable to climate-induced disruptions.

Conversely, Niger's climate policies, particularly the National Adaptation Plan (NAP) 2022 and the National Adaptation Programme of Action (NAPA) 2006 acknowledge health vulnerabilities but remain overly broad. Measures such as early warning systems, disease surveillance, and community resilience are included, yet explicit references to SRHR, family planning, or differentiated health impacts on women, adolescents, and marginalized groups are missing. Although the NAP addresses gender-disaggregated indicators and maternal and child health in emergencies, it overlooks the specific inclusion of reproductive health services within this framework. This omission represents a missed opportunity to create synergy between Niger's strong reproductive health policy frameworks and its climate resilience efforts.

The country's Health Sector Development Plan 2022-2026 focuses heavily on service coverage and maternal health but does not recognize climate change as a health issue, despite Niger's high exposure to climate-related hazards such as extreme heat, recurrent drought, water scarcity, and vector-borne disease outbreaks. Without a formal mechanism to link health and climate responses, women, adolescents, and children remain especially vulnerable to disruptions in care during climate shocks. This policy fragmentation reflects a structural gap in integrating climate-health risks into national health planning.

Key Next Steps for Niger

- Explicitly integrate family planning, adolescent health, and GBV response into the NAP and NAPA, linking them to climate-resilient health service delivery models.
- Revise the SNISR and Family Planning Costed Implementation Plan 2030 to incorporate climate resilience, ensuring service continuity during droughts, heatwaves, and displacement.

- Develop a climate-health coordination mechanism that establishes formal linkages between the Ministry of Health and the National Climate Council to align adaptation planning with health sector strategies.
- Introduce SRHR and maternal health indicators into climate monitoring systems, with data disaggregated by sex and age to track climate-related service disruptions.
- Allocate dedicated budget lines within both health and climate funds for SRHR service continuity during climate crises, leveraging external climate financing mechanisms such as the Green Climate Fund.

RWANDA

Rwanda has demonstrated strong political will in addressing cross-cutting issues through comprehensive frameworks. This commitment is evidenced by its pioneering One Health approach, which institutionalizes collaboration between the health, agriculture, and environment sectors. Similarly, its climate policies like the NDCs and the National Environment and Climate Change Policy recognize the health sector as highly vulnerable to climate risks. However, this progress has not extended to the integration of SRHR, which remains fragmented. This oversight is critical as the One Health platform provides a ready-made model for the exact type of multisectoral collaboration needed to tackle the climate-SRHR nexus, yet it remains underutilized. For instance, while the National Disaster Risk Reduction Policy acknowledges that disasters compromise health access, it fails to specify SRHR needs. This example stands in stark contrast to the precise, disease-focused coordination achieved under One Health, highlighting a disparity in how different health threats are prioritized within climate and disaster frameworks.

While Rwanda's climate strategies acknowledge the broad impacts of climate change on health, they do not explicitly address how climate-related disruptions affect access to essential SRHR services such as antenatal care, safe delivery, family planning, or protection from GBV. For example, the National Environment and Climate Change Policy references SRHR indirectly through its focus on demographic trends and population pressures, framed in relation to environmental sustainability. Yet it falls short of proposing concrete strategies to link reproductive health with climate adaptation. Similarly, the National Disaster Risk Reduction and Management Policy acknowledges that disasters compromise access to health services but does not extend this analysis to specific reproductive, maternal, and adolescent health needs.

The absence of a dedicated HNAP means that efforts to mainstream health into the climate agenda are less coordinated. Although broader development frameworks, such as Vision 2050 and NST1, aim to improve maternal and child health, they remain insufficiently aligned with climate adaptation strategies. This lack of alignment results in siloed interventions, missed opportunities for multisectoral planning, and limited integration of climate risk into public health resilience, particularly for women, youth, and other vulnerable groups.

Rwanda's ongoing formulation of a Climate Change Gender Action Plan (ccGAP) is a promising development. It provides a critical opportunity to close these policy gaps. The participatory process behind the ccGAP—bringing together the ministries of gender, health, and environment—creates space to integrate SRHR into climate resilience planning through a gender-responsive approach. If operationalized with concrete strategies, budgetary commitments, and monitoring mechanisms, the ccGAP could provide a transformative model for embedding SRHR into climate and health policy, potentially leveraging the foundational work of the PHE Strategy.

Key Next Steps for Rwanda

- Finalize and operationalize the ccGAP with clear strategies for integrating SRHR—including family planning, adolescent health, and maternal care—into climate adaptation, backed by dedicated financing and monitoring frameworks.
- Develop a HNAP to systematically mainstream health, including SRHR, into climate policies and ensure alignment with national development frameworks such as Vision 2050 and NST1.
- Strengthen disaster preparedness and risk management policies by explicitly incorporating SRHR services—particularly antenatal care, emergency obstetric care, and GBV prevention—into emergency response and recovery strategies.
- Enhance multisectoral coordination between the health, gender, environment, and disaster risk management sectors to avoid siloed

interventions and improve integrated service delivery for vulnerable groups.

- Leverage Rwanda's One Health approach to explicitly address the intersection of climate risks, population dynamics, and health outcomes, ensuring that SRHR is treated as a central component of community resilience.

TANZANIA

Tanzania's policy landscape reveals growing but uneven integration of health into climate change strategies, while the inclusion of SRHR remains fragmented and underdeveloped. Several key documents, including the draft HNAP 2025–2030 and the Health Sector Strategic Plan V (HSSP V, 2021–2026), explicitly recognize the health sector's vulnerability to climate change, particularly regarding infectious disease outbreaks, waterborne and vector-borne illnesses, and fragile health infrastructure. These policies propose adaptation measures such as strengthening disease surveillance, training the health workforce, and climate-proofing health facilities. Similarly, the National Climate Change Response Strategy (NCCRS, 2021–2026) acknowledges the burden of climate-sensitive diseases such as malaria, cholera, and dengue. However, the strategy's treatment of health issues remains largely descriptive, with limited detail on financing and implementation. In contrast, the National Health Policy (2007) makes no mention of climate change, reflecting an outdated stance that undermines current climate-health priorities.

Despite improvements in health resilience planning, Tanzania's broader development agenda has yet to fully integrate climate-health linkages. The National Five-Year Development Plan (FYDP, 2021/22–2025/26) makes substantial commitments to health-system strengthening, maternal health, and youth well-being but does not explicitly connect these service areas to climate vulnerabilities or adaptation measures. This omission represents a critical missed opportunity to mainstream health resilience within the country's development planning. While the NCCRS envisions a climate-smart health system, it lacks concrete strategies, financing mechanisms, and accountability frameworks to translate ambition into results. Climate-health financing is particularly underdeveloped, with limited quantification or tracking of allocations to health-related adaptation, even where diagnostic evidence of need exists.

The integration of SRHR into climate and health policies remains even more limited. The HNAP makes initial progress by framing maternal health, GBV, and adolescent health as climate-relevant issues, particularly in the context of emergencies and service disruptions. Yet it does not address other critical aspects of SRHR, including family planning, menstrual health, HIV and STI prevention, or population dynamics. The NCCRS highlights the disproportionate vulnerability of pregnant women and the increased risks of GBV during climate shocks but does not outline concrete SRHR actions, indicators, or budgetary allocations. Similarly, although the FYDP contains ambitious targets on maternal and adolescent health, these targets are not framed as part of the climate adaptation agenda. HSSP V and the outdated National Health Policy are largely silent on the SRHR–climate nexus, reflecting a significant policy blind spot.

Monitoring and evaluation frameworks also reveal weaknesses. While SRHR indicators are included in the FYDP and HNAP, they are not linked to climate adaptation outcomes. Existing monitoring systems in HSSP V and the NCCRS focus on general health targets without the disaggregation or specificity needed to assess SRHR resilience in the face of climate change impacts. Financing gaps are especially acute, as climate-related funds allocated to health rarely extend to reproductive health or adolescent services.

Key Next Steps for Tanzania

- Revise and update the 2007 National Health Policy to explicitly incorporate climate-health linkages, including SRHR.
- Mainstream health resilience and SRHR in the next iterations of the FYDP and NCCRS, ensuring that adaptation strategies are matched with clear financing mechanisms.
- Strengthen coordination between the ministries of health, gender, and environment to advance SRHR in climate adaptation planning.
- Develop climate-smart SRHR interventions—including family planning, menstrual health, and adolescent services—and explicitly cost and integrate them into health adaptation budgets.

- Enhance monitoring frameworks by including climate-sensitive SRHR indicators with disaggregated data to better track outcomes for women, adolescents, and other vulnerable groups.

UGANDA

Uganda's climate and development policy environment presents a mixed picture in terms of integrating health into climate policies. On the health-climate side, the HNAP-II 2025-2030 provides a relatively strong anchor by identifying priority, climate-exacerbated risks such as vector-borne and waterborne diseases and outlining strategies for surveillance, medical infrastructure resilience, and strengthening human resources. The Ministry of Health works with other sectors through the One Health platform, which offers an institutional entry point for cross-sectoral adaptation. However, implementation remains uneven, with limited financing and fragmented coordination across ministries and local governments. Nutrition and WASH are acknowledged in both HNAP-II and broader health frameworks, yet operational linkages with climate adaptation measures are underdeveloped.

At the policy level, the Uganda National Climate Change Policy (2015) and the National Population, Health and Environment Network (NAPHENET) Strategic Plan (2020/21–2024/25) demonstrate commendable integration of health, with explicit references to maternal and reproductive health, family planning, and demographic trends as pillars of climate resilience. Uganda Vision 2040 and the updated NDCs 2022 provide moderate coverage of health and gender-responsive measures but stop short of committing specific resources or interventions for health system resilience under climate change. Conversely, the National Policy for Disaster Preparedness and Management (2011) mentions health broadly without detailing climate-sensitive priorities such as SRHR, maternal care, or GBV protection during crises. Similarly, the Second National Family Planning Costed Implementation Plan (FP-CIP II, 2020/21–2024/25) remains comprehensive on family planning and adolescent health but is silent on climate risks, reflecting a persistent gap in mainstreaming climate-health linkages.

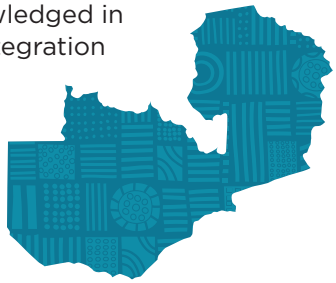
Uganda's policy mix therefore highlights both progress and gaps. While health is better integrated than in many countries, the absence of detailed financing frameworks, fragmented cross-sectoral coordination, and the limited operationalization of SRHR in climate-health strategies weaken resilience-building efforts. Opportunities lie in leveraging existing platforms like One Health, strengthening local-level implementation, and ensuring climate financing flows more directly into health system preparedness.

Key Next Steps for Uganda

- Establish a dedicated health and climate financing window within Uganda's climate budget framework, ensuring funds are earmarked for surveillance, health infrastructure resilience, and medical supply chains.
- Scale up the One Health approach beyond national-level coordination to district-level implementation, focusing on zoonotic diseases, nutrition, and WASH linkages.
- Revise the National Disaster Preparedness and Management Policy to explicitly include climate-sensitive health priorities, such as maternal and child health, WASH, and the protection of essential services during shocks.
- Align the FP-CIP II and other reproductive health strategies with the climate agenda, ensuring that maternal health, contraception access, and adolescent health services are protected during climate-related disruptions.
- Strengthen climate-health monitoring systems by integrating disaggregated health indicators (age, sex, and vulnerability status) into the national climate monitoring framework to better inform targeted adaptation responses.

Upcoming climate planning cycles, donor negotiations, and global stock takes provide opportunities to advance these priorities.

ZAMBIA



In Zambia, health is acknowledged in climate frameworks, but integration remains limited and largely superficial. The NDC 3.0 identifies health as a vulnerable sector but lacks clear strategies or measurable targets for addressing climate-sensitive illnesses, SRHR, or pollution-related health risks. Similarly, the National Adaptation Plan (NAP) and the Climate Change Gender Action Plan (ccGAP) recognize health and gender as cross-cutting themes, yet neither health nor SRHR are substantively addressed. While the Ministry of Health participates in climate discussions, health-focused stakeholders—including women's health and rights organizations—are often excluded from decision-making processes. Monitoring and evaluation frameworks also neglect health, making it difficult to track progress or ensure accountability. This omission is particularly concerning given the intersection between climate impacts and health vulnerabilities such as food insecurity, displacement, or heightened risks of early marriage among adolescents, which are not reflected in either climate policies or the 2022-2026 National Health Strategic Plan.

The broader health policy environment reinforces this gap. The National Health Strategic Plan (2017–2021) references environmental health only in general terms, without providing direction on climate change. Investments in climate-resilient health systems—including climate-proof infrastructure, early warning systems, and epidemic preparedness—remain underdeveloped. Without deliberate integration, climate change threatens to widen health inequalities, leaving women, adolescents, and marginalized groups without adequate protection.

Financing further compounds this gap. Although Zambia has piloted gender-responsive budgeting and adopted the ccGAP, there are no dedicated allocations for health within climate finance systems, nor are SRHR and other health outcomes linked to global climate funds such as the Green Climate Fund or Adaptation Fund.

Cross-sectoral coordination is also weak. The Ministry of Health is not consistently engaged in inter-ministerial climate processes, leaving health issues at the margins of national adaptation planning and implementation. This fragmentation risks further neglect of the needs of women, adolescents, and marginalized communities during climate shocks such as floods, droughts, and displacement.

Key Next Steps for Zambia

- Ensure the forthcoming NDC and next National Health Strategic Plan explicitly include SRHR, maternal and adolescent health, and climate-sensitive illnesses, with measurable targets and clear accountability.
- Strengthen the Ministry of Health's leadership and consistent participation in national climate coordination and decision-making platforms.
- Prioritize climate-resilient health infrastructure, epidemic preparedness, and community-level services to safeguard women, adolescents, and marginalized groups during climate shocks.
- Develop a dedicated health and climate adaptation plan, with SRHR integration, GBV response, and mechanisms to maintain essential health services during crises.
- Introduce health and SRHR indicators in monitoring frameworks and climate budgets and align them with global climate funds (such as the Green Climate Fund and Adaptation Fund) to unlock sustainable financing.

While countries have made progress in acknowledging health as part of climate resilience, integration remains partial and fragmented.

KEY BARRIERS IDENTIFIED ACROSS THE REGION

The integration of health considerations into climate policy (and vice versa) is impeded by a set of interconnected yet distinct systemic failures. The following analysis delineates these primary barriers, with an emphasis on their operational and financial manifestations.

- **Structural and procedural fragmentation in governance**
  A siloed policy landscape, characterized by separate mandates, planning cycles, and accountability frameworks across health, environment, and finance sectors, prevents coherent action. This fragmentation is institutionalized by a lack of formal mechanisms for joint planning and resource allocation, leading to policy incoherence, duplicated efforts, and diffused accountability for achieving integrated health and climate outcomes.

- **Deficits in institutional capacity constrains integrated planning and financing**
  Many health and environment institutions lack the technical skills and systems to design, cost, and implement joint climate-health programmes. These limitations constrain the ability to prepare integrated financing proposals or to health tag climate budgets, limiting access to resources from global funds such as the Green Climate Fund or Adaptation Fund.

- **Misaligned and unsustainable financing architectures**
  The reliance on short-term, externally driven project funding creates financing streams that are disconnected from national climate and health plans. This model distorts priorities, undermines government ownership, and fails to build sustainable, nationally scaled systems. By operating parallel to core government budgets and systems, such funding fragments service coverage and actively hinders the long-term institutional strengthening required for integrated responses.

- **Marginalized health sector influence in climate governance**
  Even where multisectoral climate coordination platforms exist, health sector representation is often non-voting, ad hoc, or vested in officials who do not have sufficient technical or political authority. This marginalization within the political economy of climate decision-making results in health adaptation needs being systematically deprioritized and the significant health co-benefits of climate action being overlooked in national strategies and investment priorities.

CONCLUSIONS AND OVERALL RECOMMENDATIONS

This study assessed the integration of health within climate change policy frameworks, financing mechanisms, and cross-sectoral coordination across eight sub-Saharan African countries—Ethiopia, Kenya, Malawi, Niger, Rwanda, Tanzania, Uganda, and Zambia. While countries have made progress in acknowledging health as part of climate resilience, integration remains partial and fragmented. National climate policies and NDCs generally prioritize infectious diseases such as malaria, cholera, and other water- and vector-borne illnesses, alongside health system resilience to climate-induced disasters.

However, integration remains narrow and disease specific. Climate-sensitive but often neglected health issues—including mental health impacts from displacement and disasters, pollution-related illnesses, and SRHR are almost entirely absent in the policies we reviewed. In all countries, there are no dedicated financing mechanisms linking climate funds to SRHR, mental health, or pollution-related health priorities. This absence leaves critical vulnerabilities—particularly for women, adolescents, and urban poor populations—unaddressed in both planning and implementation. Upcoming climate planning cycles, donor negotiations, and global stock takes provide opportunities to advance these priorities.

Recommendations for Countries

- Embed health, especially SRHR, mental health, and pollution-related illnesses, within climate adaptation plans, disaster risk management, and health system strengthening.
- Introduce health tagging in climate budgets for tracking and accountability. Climate fund proposals (such as to the Green Climate Fund or Adaptation Fund) must include health outcomes, particularly SRHR, mental health, maternal health in emergencies, contraceptive supply chains, and pollution reduction. At the same time, countries should expand domestic financing models to ensure sustainability.
- Formalize joint planning and budgeting for climate-health action across ministries of health, gender, environment, and finance. Strengthen planners' technical skills so they can design integrated climate-health strategies, and invest in robust data systems that track gender, SRHR, mental health, and pollution outcomes.
- Finalize or update HNAPs and ensure they integrate missing health components such as SRHR, adolescent health, and maternal care. Where HNAPs are absent, develop climate-smart health strategies drawing on peer-country models. Operationalize the One Health framework to promote integrated, multi-sector planning.
- Adopt sex- and age-disaggregated indicators that track health outcomes. Engage women's and youth organizations systematically in climate-health governance. Strengthen surveillance systems by integrating climate and weather data with health data and expand early warning systems to better predict and respond to climate-sensitive health risks.
- Pursue opportunities to leverage regional learning and experience sharing among countries. This role can be facilitated by national, regional, and international nongovernmental organizations in collaboration with development partners. Regional bodies like the African Union, Southern African Development Community, and East African Community should be leveraged to harmonize policies, share lessons, and co-invest in addressing cross-border climate-health risks.

Recommendations for Partners

- ***Development partners (such as bilateral aid agencies and multilateral development banks):*** Align development assistance and climate finance with national priorities outlined in key strategic documents like NAPs, NDCs, and HNAPs. Provide flexible funding and high-level technical assistance to help governments operationalize these plans, focusing on systemic integration and budget support rather than isolated, short-term projects.
- ***Nongovernmental organizations, Regional Economic Communities, and UN agencies:*** Translate national strategies into actionable programs on the ground. This involves delivering specialized, technical capacity strengthening to line ministries and local government units. Focus on practical skills such as conducting vulnerability assessments, designing community-based adaptation projects, monitoring health outcomes, and preparing local-level funding proposals to ensure plans are effectively implemented and sustainable.

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