

A photograph of a woman with dark hair tied back, looking down and to the right with a gentle smile. She is holding a young child, likely a toddler, who is looking directly at the camera with a neutral expression. The child is wearing a white long-sleeved shirt with small colorful patterns. The background is slightly blurred, showing what appears to be an outdoor event with colorful bunting.

Weathering the Storm: The Impact of Climate Change on Vulnerable Women and Children

Ralph-Opara, Uche

So, good morning, good afternoon, good evening, everyone.

Depending on what part of the world you're joining us from, we're so excited to welcome everyone to our webinar titled "Weathering the Storm: The Impact of Climate Change on Vulnerable Women and Children", which excitedly is the first of our Global Health Crossroads and Global Health series.

The global health community is talking a lot about climate change, so today we aim to shed some light on the crucial intersection between climate and health, particularly focusing on women and children who we know are often the most affected by environmental changes among other things.

The WHO, as we know, has recognized climate change as one of the greatest threats to global health.

And according to the United Nations Development Program, we're seeing that women and children are 14 times more likely than men to die in natural disasters, and with women, of course, suffering disproportionately during the climate crisis.

So we see how important it is to talk about these things.

We're also seeing a lot of other issues across regions where we work on how climate change is affecting women and children from displacement and migration to food security and nutrition issues to other health implications, including morbidities and mortalities and very importantly, gender-based violence.

Importantly as well, we're seeing extreme weather events, rising temperatures, shifting disease patterns.

We're seeing more vector borne diseases which are creating new challenges and also exacerbating existing ones.

So, this makes it really crucial for us not just to understand, but also to address these impacts across our programs.

And I'd also like to note that very recently Project HOPE worked with Deloitte on a White Paper, which was really focused on the impact of climate change on the health workforce. And this is set to be released in the coming weeks, so I'll encourage us to watch this space. I will be very happy to share.

So today, let's just dive right in and introduce our distinguished speakers who are representing Southeast Asia, Africa, and Europe who have graced us with their presence today and will

be bringing valuable insights from their respective fields and context.

I will start by introducing our Co-host Diana Hamer.

Diana is the Director for Climate and Crisis Preparedness with the National Network of Public Health Institutes.

She's here with us as the co-host and we're excited to have her set the scene in the next few minutes.

We also have our moderator and Nabila Purno, a Program Analyst with UNFPA and focused on maternal health. Thank you so much for joining us from Bangladesh.

And we have our only male speaker who's certainly a strong advocate for women and children – Dr. James Duah. He's the Deputy Executive Director for Christian Health Association of Ghana, and he'll be representing the health system. We're very excited to have him here and we've worked with him on a couple projects.

We also have Arafin Happy Mim, who's a midwife with Research, Training and Management International, also in Bangladesh, representing frontline workers.

Bangladesh, of course, is also very important to us because very recently we've seen a lot of cyclones, flooding and the compounding climate crisis.

We are excited to hear from her on how this has impacted her work, especially as it relates to women and children.

And then lastly, we have Giulia Gasparri, who works with The WHO as the Technical Officer at the Partnership for Maternal, Newborn and Child Health. She is based in Switzerland, and she will be representing the policy and advocacy group.

Thank you so much everyone for being part of this webinar.

Also to note that at Project HOPE we do recognize the critical link between climate change and health and are very committed to integrating climate responsive strategies across our programs, including RMNCH, infectious diseases, noncommunicable diseases, to ensure that our response is impactful and holistic.

Today's session is not about just understanding the challenges, but also inspiring action and collaboration.

I would encourage our participants to engage, ask questions, think about how we can collectively work together towards building healthier, more resilient future, especially for women and children.

I'll have Diana set the scene for us and then she will hand it over to the moderator and we can have a go at it.

We're trying to save enough time for questions and conversations after the after all of the talks.

Thank you so much everyone for joining and over to you, Diana.

Diana Hamer

Thank you.

Good morning, everybody.

I am honored to join these panelists today to talk about the impact of climate change on women and children, and I'd like to give a brief introduction into this topic.

The effects of global warming on local climate are felt between regions and countries, and even though we know that the human health impacts associated with increased temperatures are mostly being felt by urban areas in tropical regions, all populations on Earth will be directly affected by the changes in climate.

So, when we talk about climate change, I'd like to highlight that the planet is warmer, and the climate has changed.

So, whether we speak in terms of extreme weather events or use terms like unprecedented heat or record-breaking precipitation, we are talking about climate change already and we're not preparing for it anymore. But we're responding to it.

And this is an important distinction, because the ones who are most affected are people living in poverty, people in unsafe housing, people in poor sanitation conditions, or people with poor health status or those who don't have access to good health system or places that have very weak health systems, as well as places where political and financial instability.

These people, regardless of the country that they're in, are already carrying the burden of climate-sensitive health outcomes, and that's here in the US and Europe and every country abroad.

So, within these populations, whether they're being affected right now or not, the most vulnerable populations within every country are going to be pregnant women, the developing fetus, and young children.

They're the ones who are being impacted the most by climate change, and climate change can influence maternal and child health by directly impacting food security and food accessibility.

Climate change is limiting the availability of safe drinking water, pushing people to migrate and lose those social networks, decreasing the availability of shelter, and causing financial instability as well.

And moreover, it increases the morbidity for both physical and mental health conditions and these, as we know, can lead to immediate harm, especially during extreme events or in the immediate aftermath of these.

But what we don't talk about as much is about the lasting effects of experiencing unstable conditions or traumatic events, and what that does to young children as they develop into adults.

And this is important to talk about when we talk about climate change, when we're looking for funding or when we are doing advocacy.

In politically-charged environments where a lot of these words are still not embraced as facts, we can talk about the growing body of research that does demonstrate that a lack of perceived security or safety in early years of childhood development, like those you would face when you're experiencing an extreme heat event or your whole life is uprooted in the aftermath of a climate disaster, can increase.

The likelihood of developing mood disorders like depression and anxiety can increase the risk for impulsive behavior and violence and can also lead to more problems for adults with chronic conditions like hypertension and diabetes.

Meaning that the mothers and children who are impacted today can lead to adolescents and adults with poor health status who are less resilient to any type of crisis 5-10 years down the road.

So, as we learned today about global initiatives such as WASH or global development goals, or as we hear about boots on the ground initiatives to provide care during emergencies, I'd like to invite you to think about these direct actions to promote mothers and safeguard their children as contributing to the climate resilient communities of the future and conversely, any inaction in this space has galactic consequences on mothers and children now, and it also results in unstable, unhealthy, and unprotected communities in the short- and long-term future.

It's my pleasure now to hand over to Nabila and get this interesting conversation going.

Nabila

Thank you so much, Diana.

First of all, welcome everyone.

We hope you have a very insightful session on climate change and health, particularly as it impacts women and children.

Big thanks to Project HOPE for organizing this very timely discussion.

Before we start off with the questions, I just want to take a moment and say how well Diana has set the stage in discussing why climate change is such an important issue.

Climate justice is a feminist justice issue because of the power imbalances of how the impacts are being felt, and these power imbalances are not only between the countries which are producing carbon, but the ones that are being mostly impacted are the ones that have a low carbon footprint.

In addition, it's also a problem within the household and within family units and how different family members can cope and

adapt to the different ways they're being impacted. And we all know that women and children are a particularly vulnerable group, so it's very important that when we look at this issue, it's only right to start with this.

With that, I would like to, you know, discuss have the first question to our first speaker, our Arafin Happy Mim.

Arafin is a midwife.

She works in Bangladesh.

If you can you please tell us what are the main vulnerabilities that you see women and children facing due to climate change and how do you think this is affecting mothers and children's health and well-being?

Arafin Mim

Thank you so much.

I think at first, I really want to indicate some common climate change, especially I have experienced and if I talk through your question, these are cyclones, heavy rain and heat waves which are common in Bangladesh, and I have personally experienced these things are very closely.

And personally, I am engaged with such a system where we work hard to prevent any kind of complication and emergency situation.

So we often found high anxiety among pregnant women about transportation and emergency medical access.

It's about, like always, what, if any complication arises, and what if they need emergency medical support?

So this is like fear of not being prioritized or not getting access in the hospital at the right time.

I just want to focus on some points like, as I already mentioned, that during heavy rain with such strong winds and when any cyclone hits, it's impossible to move or make any referral of emergency cases from the island to the mainland.

And we are, as the midwives, we're managing every complication, especially providing the services successfully during heavy day and with strong winds.

I really want to mention that in my past two and half years, I have experienced 3 to 4 cyclones and most of the time we are facing electricity problems with such vulnerabilities, and we actually don't see the sunlight for 10 to 14 days during this situation.

And I really want to explain my experience.

Like I remember, during heavy rain and strong winds, we had an emergency case in our primary health care center, and it was a large baby due to diabetes mellitus.

And that time we couldn't refer that woman to the main facility

due to strong winds and heavy rain. And with very sad news, the outcome was a still birth and it was it was a bad incident of my experience.

So I really want to mention that transportation is the biggest concern here and I really want to mention another topic that happens during this duration of cyclone: We are often receiving gender-based violence cases more than normal days.

And I really want to mention here how heat waves and heat restraints are having an impact on pregnancy and the women's life while bearing the child.

So, during 18 week checkup, what we often found many pregnant women are experiencing hypertension and they are facing an increased temperature. In some of the months in Bangladesh, overheating is affecting pregnant women and what we are observing is the pregnant women where we are providing the main services, we found that seven out of 10 pregnancies result in a low birth weight and an increase in premature delivery.

It's still birth and this premature delivery that are becoming common outcomes.

So, I think if we talk about experience and the situation, one incident is: We received a patient in our health post and the mother was not in labor but when we were about to give an entry checkup we found fetal distress and had more than 170, so immediately we referred the patient to the Simon facility where the midwives and other health care providers like gynecologist were there to diagnose severe fetal distress due to dehydration.

As a midwife we don't promote a cesarian section until it's a lifesaving procedure, so that time we counseled that woman to have a c-section to save her baby's life.

So these are common situations like heat stress and hypertension, dehydration, transportation challenge, and electricity challenge.

These are really, really are connected to climate change during these emergency situations.

And I think if I relate the mental situation with this topic, I think it will be great because mental situation is really connected to the climate change both from the side of the community and the health care providers.

And what I mean is the health of ourselves hits during a flood or cyclone where we are in a food crisis.

Also, I think these are the topics I've really connected as lateral to climate change, and we can highlight the topics as the vulnerabilities in Bangladesh.

Thank you.

Nabila

Thank you very much Mim.

I think hearing firsthand from you, a health care provider working in such a climate vulnerable region, seeing patients and women coming with their vulnerabilities, with the challenges that they're facing, I think it's very important and it really does set the stage.

This brings us to a different segment of our discussion right now.

We heard some of the challenges that women, the challenges they're facing right now because of climate change- be that extreme weather events, be that slow onset issues and how it challenges their accessibility to healthcare services.

At the same time, I think from the health care providers, from the health systems perspective, climate change again is a very multi-sectoral problem because it has impacts which are direct and indirect, and impacts which are short-term and long-term and, again, it depends on the front line health care workers who are dealing with women and children populations day in and out to be able to realize which impacts are being caused by climate change and how best they are suited to help the community.

As with this, I think we will have a lot of great insight from Dr. James Duah, who is the Deputy Executive Director from the Christian Association of Ghana.

James Duah, I welcome you to give us some insight about some of the problems related to RMNCH that women and children are presenting within the health care facilities in Ghana due to climate change and what do you see as the role of health care providers in identifying and addressing these impacts while dealing with the women?

Dr. Duah

Right.

Thank you very much for the opportunity to speak on this issue.

I think Diana has set the stage enumerating all the key areas that climate presents globally.

Let me say that the Christian Health Association of Ghana is the second largest provider of health services in Ghana, and we present strong responses to climate-related issues because of our direct relations in terms of health services delivery in Ghana. The main Climate situations in Ghana mainly are erratic rainfall #1.

The second has to do with water spillages.

If you have been following the news on Ghana, I'm sure you may have read about our recent water spillage from the biggest one that we have in Ghana.

The third one has to do with drought situations, higher temperatures, and rising sea levels.

Now, how do these impact women and children who access our health services?

I will classify this into 6 main areas.

Number one is access to services and nutrition.

We operate mainly in rural areas, so in some of these areas when they are flat as occurred recently, you have several communities that are cut off from a main service delivery point.

When this happens, women who are accessing prenatal care services and reproductive health services, including family planning, contraception, safe childhood services, are not able to access it.

It's quite common in the places where we operate.

Again, disasters like flooding usually affect children and women and the number of emergency cases increase, especially for women who are not able to flee.

In September 20, 2023, we had a situation when the biggest, Akosombo, hit and the capacity was exceeded.

And so, we had very high water levels.

And so, the dam authorities had to release the water and it affected several communities. 26,000 people were affected.

These people had to leave their communities and, you know, in situations when people are running for their lives, mothers are often affected.

So it increases and there are a lot of emergency situations.

The third one in terms of access actually has to do with immunization programs.

We are set up to take services to communities, to the doorstep of communities.

The WHO recommends our primary healthcare services. Mostly that is what we do.

So when they are flat, we are not able to take these services like immunization.

While we give vaccines to children to prevent childhood killer diseases, we also have issues of access to nutrition.

If you look at Ghana, we have 16 administrative regions, five of the regions are set up in the North.

These are very poor regions, and they are affected by very extreme weather, especially drought and hot temperatures.

And during this time, it's about 8 months out of the year; we have four months where it rains and eight months where

the weather conditions are very, very, very harsh and these negatively impact our crop yields.

At this point, food has become very expensive, and because those regions are very poor, most people living on less than \$2.00 a day, they are unable to afford food or even when people have money to be able to buy, they are not able to access it.

So what happens?

You have high malnutrition rates stunting for children and even for pregnant women you have malnourishment, which undoubtedly leads to having babies with low, low birth weight.

The second area is actually on infrastructure.

When flats happen, as has occurred recently, you have strain on health infrastructure, the spillage of the Akosombo Dam actually submerged a lot of our facilities where so many people access health services.

Recently in December, apart from the Akosombo Dam, you had another spillage from the bakery that which is coming all the way from Kpong dam reservoir, also affecting 2,000 people and 43 communities who had to flee the health facilities as they were also submerged underwater.

And so, during those periods, all people who have to access health services were not able to.

There's also an impact on maternal mortality if you look at our data.

The most common cause of maternal mortality is actually hemorrhage.

The second most common cause is preeclampsia, eclampsia, and as you are aware, these are mostly impacted by high temperatures.

In regions where you have high temperatures, these conditions are quite common now because a lot of the month in Ghana are also high temperature months.

Nabila

Dr. Duah,

We will probably need to move on to the next question and then we really want to hear this and we hope we can elaborate more on this in the in the next session.

But please, you know if you can just wrap up the question that will be great.

Thank you.

Dr. Duah

Alright, so the high temperatures and drought situations have diminished electricity production and so we have invested quite a lot in solar, but what we have realized recently is that unlike before, rainfall patterns are changing.

Where solar systems for health facility used to work well now, because of increased rain, the solar systems are not working. So, you have situations where midwives have resorted to using touch light to provide care.

All these impact on health services and I think I will end here and for the next speaker.

Nabila

Great.

Dr. Duah

Thank you very much.

Nabila

Yes, thank you so much.

And you know, we'll enter the next round, where we'll be hearing more about these experiences that you have.

And with this, I think now we want to listen to more about at the policy level, what's going on that supports health care providers to respond to the impacts of climate change.

And I want to request Giulia Gasparri, who's a Technical Officer with the Partnership for Maternal, Newborn and Child Health.

So Giulia, can you please tell us a little bit about what policy and advocacy efforts are in place to protect mothers and children's health from climate change?

Gasparri, Giulia

Thanks so much, Nabila, and thank you again to Project HOPE for the invitation.

So building on the interventions, by the other scene panelists, we have heard that climate change impacts disproportionately, women, children and adolescents, and young people.

However, when we look at policies, the current data shows that climate policy specifically are not really prioritizing the needs of women, newborns, children, and adolescents.

For example, when we look at nationally determined contributions, which are countries commitments towards the United Nations Framework Convention on Climate Change and the Paris Agreement, UNICEF has analyzed that out of 103 countries which submitted new nationally determined contributions in 2021, only 34% really were child sensitive.

At the same time, UNFPA, and I know some of you here might know this, has recently launched their report on analyzing sexual, reproductive, maternal and newborn and child health in nationally determined contributions (NDC).

Analyzing over 119 NDC's from 2020 to 2022, it shows that only 38 countries reference SRMNCH.

I'll give some country examples to show that you know it's not all doom and gloom.

Using some of the countries that we have mentioned so far, looking at Bangladesh for example, Bangladesh does include it in its nationally determined contribution.

Some planned activities, specifically on promoting low carbon and clean cook stoves to reduce really indoor air pollution.

As we know, indoor air pollution from unclean cookstove is one of the main causes of increased asthma and respiratory diseases for women and children, given that they spend more time at home and are responsible for the cooking most of the times.

Bangladesh also mentions in its NDC the importance of engaging young people in climate action.

Looking at Ghana, Ghana has prioritized in its NDC promoting responsible, sustainable forest management.

So including women?

In this field as part of climate response and managing gender-related health risks aiming to have interventions that can benefit most of the population.

There's other countries which I won't mention now, but for example, like Paraguay, has in its NDC, the intention of building capacities for family health units in Venezuela.

Their NDC includes also the integration of SRHR information and awareness in the context of climate change.

So overall, there are countries who are increasing their policies on this intersection.

However, policies are not enough.

We need to ensure that the activities and policies are actually accompanied by financing in order to ensure that the interventions are implemented and when we look at climate financing overall, the data shows that only 5% of climate adaptation spending overall worldwide is dedicated to health and only 2.4% of climate financing for multilateral climate funds is actually targeted to child responsive activities.

This is a very small proportion, and we really need to ensure that we can increase financing both in terms of exploring synergies between health financing and climate financing and exploring potentials for cofinancing.

So, co-financing is when we use funding from one sector to

support the goals of another sector and although as I, as I mentioned, in terms of policies, there are improvements in the field but still women and children have not really been prioritized in climate policies.

When we look at advocacy on the other hand, we see that worldwide there's a growing movement, specifically from the climate and health community and from adolescents and young people themselves towards calling for more policies, more financing, and more services for prioritizing women.

But it's powerful to see there's this growing movement calling for more policies on financing.

Nabila

Thanks so much.

It's very important to understand the machineries at the policy level.

That trickles down to what actually happens with the health system.

That's great.

With this, we are now going to move on to round two where we talk a little bit more about solutions.

So I would now again go back to Mim.

Arafin Mim and I want to ask Mim: You discuss some of the unique challenges that women in your community are facing related to maternal health issues and accessibility issues.

Can you talk a little bit about solutions, and we would want to do this within two minutes if possible.

Mim, over to you.

Nabila

Right, I think Mim is having some technical difficulties.

So, we will move on to James and then we can come back to Mim when she's ready to speak.

To Dr. James Duah, I wanted to ask you, in your setting, how can you ensure meaningful participation of women in this climate change adaptation initiatives that goes on?

Dr. Duah

Thank you very much.

I think it all begins with education and in Ghana we understand the concept of involving women very well.

One of our former ministers has said clearly that educating a woman means potentially educating their whole nation because they manage their home, so even those in

management understand the need to reach women and they are listening to quite clearly.

So, for us that is where it begins; with educating the women so that 1. They can start from the home then they can start from the offices.

That's quite important.

The issue of creating national awareness on potential effects of this, how to be involved, responding through emergencies either through the religious groups or leaders or whoever it is, that's also quite important. We've done some work with Project HOPE on mental health, and that is about training the health workers who deliver, who are the forefront of care in times of crisis that climate presents, who show us how to be resilient in such situations.

So education and training of health workers on how to be resilient is another very important point.

Considering that five main regions of this country are subjected to very severe weather conditions, especially high temperatures, given the sparse land with no trees, one of the things that we are doing is women and midwives leading tree planting across the country.

There's other issues of providing resources.

There are places where we cannot avoid flooding.

There are places where we cannot avoid the high temperature.

So, what are we doing?

With support from partners, we provide resources that are needed to take services despite these situations to the community level using their primary health care approach.

So we buy things like motorbikes.

We use raincoats, water, boots and things so that midwives and nurses can deliver care.

In terms of quality of care, not to be affected by logistical challenges that we are experiencing.

As I mentioned earlier, we are investing in solar energy so that the places where we have enough sunlight can have adequate electricity to provide the necessary care, especially for prenatal care and postnatal care.

Again, for the northern side, one of the things that we are doing is providing health workers with decent accommodation.

If you have hard weather and high temperatures where people cannot sleep at night or sleep during the daytime because of high temperatures, providing decent accommodation and conditioners is very important.

Nabila

I think it would be great if you could please wrap up in 30 seconds.

Thank you.

Dr. Duah

So, in places where they are susceptible to fire, we are also constructing fire belts around health facilities to reduce vulnerabilities that occur with infrastructure to fire.

Thank you very much.

Nabila

Thank you very much, Dr. James Duah.

Now Mim,

If you can hear us, are you there?

Arafin Mim

Yeah, I can hear you.

Nabila

Great.

Arafin Mim

Sorry for the inconvenience.

Nabila

No, no worries in very short 2 minutes.

Can you please talk about some of the solutions that you have been engaging in for climate change issues, on maternal health?

Arafin Mim

I can connect to the prevention and solution in together because like as a midwife, personally, I believe that what we can do with our words and our hands rather than the technology and the modern things, and we are going forward to the counseling part and the better counseling during the internal checkup.

But if we can see the context of Bangladesh, I think counselling is the main part and what we can do with our words. And this, I think, this is one kind of one of those unavoidable topics because we need to talk more with the women about the situation and the condition, and we need to make her understand about the, about the impact and the affecting situation and how she can move, move to the right status site.

Counselling about the importance of keeping her hydrated, how she can keep herself cooler, and collaborating with the system.

How can we make staff open during the situation?

I talk about the collaborative work between the community health and nutrition workers, and they are going door to door and counseling the pregnant women and the children and the facility, and the team is collaboratively working and making lists of pregnant women, children, old people, and disabled people, also to help them during the during any climate change hits.

And we are also supporting higher management teams, the support team, and the reference center, and we are keeping in mind the individual areas for patients at the other time of disaster.

We ensure which organization will give ambulance support, transportation support and how we can cope with an emergency situation.

We made an advocacy group for better transportation to move to the mainland and in my working place, I think it the result of this advocacy. It is just an example to follow looking forward to the achievement and we are actually also preparing ourselves for the next crisis with the emergency kit boxes and the solar system.

As I already mentioned, we don't see sunlight for 10 to 14 days during this situation.

So I think we need to be ready with the solar system equipment and do normal delivery and managing of all the complications and keep available of essential medicines.

Also, as the counseling part to the preparedness, we need to communicate and advocate to the high-level management team.

I think these can make the perfect solution for prevention during the climate change hits.

Thank you.

Nabila

Thank you very much, Mim. We can see the picture and it really does tell the story of how services are provided in extreme weather events and how local solutions are actually the key.

With that, my next question is for Guilia.

So Guilia, can you please tell us a little bit about recommendations for fostering interdisciplinary climate change initiatives and policies that protect, you know, women and children?

Gasparri, Giulia

Thank you so much for that question.

And I think we've, we've heard from all the other panelists the importance of the intersection between, climate change, for example, how it affects transportation, it affects nutrition, it affects violence and how that has a repercussion on women and children's health.

So, it's clear that in order to really address these issues, we really need to enter the ziplining approach which really integrates the inputs from experts from different sectors.

Some of the main barriers that we are facing in terms of addressing the impacts of climate change on women, children with less than health are the siloed policymaking, the siloed financing and budgeting, and need to foster into the action in this field, and some of the ways I think that it's important to do this is through the power of partnership and multi stakeholder platforms.

Bringing partners together from different fields really to align on messaging, align on evidence, and also provide capacity building for experts from different fields.

And there's many initiatives that are doing this.

For example, the Global Climate and Health Alliance bringing together climate and health organizations and experts within that, there's also the Youth, Climate and Health Network in which I'm part of, and we are really trying to advance this intersectoral action moving forward and at the same time, there is an importance really, of ensuring capacity building on these issues because climate experts might not necessarily be aware of the unique needs of women and children.

And therefore, regarding specifically their health and at the same time, health experts are not necessarily aware of what is climate change and therefore it is really important to ensure capacity building and really engaging people from different networks through multi stakeholder platforms at the partnership for maternal, newborn and child health, we are doing this capacity building effort bringing together partners to really advance these issues.

And in order to do so, we have been aligning messages, specifically advocacy messages for different constituencies, from NGOs to private sector youth led organizations, UN agencies, funders and donors, governments, because we all have a part to play.

This organization has a part to play in order to advance this intersectoral action, and so part of the advocacy messages that are really tailored to each and every single constituency is, however, to ensure that, for example, we advocate for women and children's health to be prioritized in climate policies and vice versa for health policies to really address the issue of climate change, we need to also ensure, for example, adaptive social protection, which ensures that women and children can

cope with climate shocks, ensuring that they have the finances in order to cope with these shocks and this is an example of an intersectoral initiative that can be promoted.

We also need to ensure really the importance of community engagement and really engaging with people, women and children who are the most affected, but who also have the solutions and are coming with very strong advocacy messages and specifically adolescents and young people who are around the world are really driving climate advocacy and engaging with them in order to understand their priority story and their solutions moving forward so that we can ensure really multi sectoral approach towards addressing this issue.

Nabila

Great.

Thank you so much, Giulia.

I like how you have already touched on the issues of community engagement and how different providers can be trained and what are the different ways of the multi sectoral players in the climate change and health theory that can be brought together.

That's great.

With this we are going to go into our question-and-answer sessions.

If any of you have any questions, please do put them up in the chat.

We have a couple of questions.

I would like to start with the first question and this first question is for Mim.

So Mim, if you can tell us in your perspective, just two priority actions that can be taken to make women in Bangladesh more resilient?

Arafin Mim

OK, so I think in this question, I can talk with about the facility where we need to keep maintained privacy within the hospital to towards the mother and maintain their privacy in the maternity area, giving quality maternity care. We need to think about their privacy, about the space.

For 10 to 12 hours, we need to be stay with the mothers.

I think the hospital inspection instructor is one kind of thing and another thing is I already mentioned the transportation in the right time.

Where we need to, we stand or then refer to the mother to save the babies and the mothers together.

Thank you.

Nabila

Thank you very much, Mim, this goes to the heart of the community itself.

Women in their cultural context need to feel protected, need to feel that they can come to the health facilities in a safe way and have respectful care.

Arafin Mim

Yeah.

Nabila

So it's also a human rights issue here.

Thank you so much, Mim.

We have a question for Giulia in the chat.

Arafin Mim

Thank you.

Nabila

I'm just trying to access the question.

Great.

It's from Steven Neri.

And the question is, Giulia, if you can please tell us some details about the Youth Climate and Health Network, so that people can connect to the network.

Gasparri, Giulia

Thank you so much and I'll also just drop the link in the chat where you can find more information, but essentially so the Youth Climate and Health Network is a youth led network hosted by the Global Climate and Health Alliance and it was founded in May 2023 to really bring together young people specifically from the health sector, the climate sector.

But any other sector who wants to really be engaged in this intersection really to drive forward climate justice and intergenerational justice.

So, looking specifically at the impact of the disproportionate impacts of climate change on young people in future generations from a health perspective and really to push forward for this intersection, the main purpose of the network is really to ensure that different organizations and different individuals could really connect with each other in order to align more strongly for more powerful advocacy.

And we have initiatives running throughout the year specifically, for example at the recent COPs and the World

Health Assembly, but also in other regional big conferences or national conferences where the members of the network really come together in order to align on advocacy messaging, reaching out to governments, for example, to call for a specific issues and supporting specific campaigns such as, for example, the Fossil Fuel Nonproliferation Treaty calling for the phase out of fossil fuels and also other initiatives.

If you want to hear more about it, I've dropped the link in the chat and or you can reach out to me also for further information.

I hope this is useful.

Nabila

Great.

Thanks so much, Giulia.

I think that's great.

There is a link in the chat box for people who want to access it.

We have another question for Dr. James Duah.

So Dr. Duah, if you can recommend how to address the delays in accessing RMNCH services related to flooding in Ghana, better transport or decentralized services.

What do you think is the way to go?

Dr. Duah

I think it requires both. In some of the regions there are places where even a few decentralized services staff may not be able to live in such communities.

And so, in such areas it is good to package the services, provide adequate transportation for staff to be able to get there, and then there are also areas where you need to also provide the means for women.

I think anticipation and preparedness are quite important.

Educating families to know that within these periods, these are likely to happen, and then the third thing that I will say is actually intersectoral collaboration.

In the two disasters that happened recently in September and December, we saw disjointed response from the National Disaster Management Organization from the work of the clergy. Two different responses.

And so, where we work together to provide coordinated response and I think it works better, and we achieve better effect than if it is disjointed.

Thank you very much.

Nabila

Great.

Thank you so much, Dr. Duah.

I have one more question for you.

Given your expertise working with all these healthcare providers, what do you think are the important skills that health care providers need to learn to be able to respond to climate change?

Dr. Duah

Thank you.

So, let me draw on the experience that we have, a shared experience, with Project HOPE.

You're in the COVID crisis.

We had assumed that help workers know a lot, and so there were group of people that were left and so we package training on resilience and to cooperate response.

And you'll be amazed at what we saw during the training.

And I think that we need to do the same when it comes to climate change.

Which what is what?

What is in the mind that I will always see it?

What is not in the mind that I will never see it even when it is very close and I think we need to drum the issue of climate change, how it occurs and some of the impact to health workers so that we can prepare the issues of disaster always happen around certain periodic times.

Staff need to be involved and know how to prepare for the issues of temperatures having very high temperatures and its impact on, let's say, eclampsia, all these we can create awareness for health workers to be aware and involved.

Thank you.

Nabila

Thanks a lot, Dr. Duah and as a Program Manager for Health in Bangladesh, I wholeheartedly agree with you.

Even if we lack evidence about a lot of the ways into how climate change is impacting specific health outcomes, it's so important to orient health care providers that climate change is a real issue.

They may experience it, they may not be able to draw linkages, but it's so important to start orienting them, sensitizing them about these issues and let them take the take the lead and to join and to connect the dots on what it is that they're experiencing in their communities.

In Bangladesh, we are doing a lot of work like this and we are seeing that health care providers, when they are being sensitized to different climate change issues, they themselves are able to pick up the ways it's impacting women and children and communities and what it is that they can do to safeguard community health going forward.

It's been a great honor to moderate this discussion.

We have heard about not just communities that are vulnerable, but how they would like to become resilient. How are the different healthcare providers, facilities, and ways that they can become resilient? Be that true natural or local initiatives through trainings through sensitization and how more importantly at the global level there are so many platforms, there are so many tools like the NDC's, the national adaptation plans, the health national adaptation plans, which provides the opportunity for all of us advocates for help to say that climate change is impacting health and how you know, we'd like to see this this movement going forward.

With this, I would like to pass over to hand it over to Dr. Uche to speak a few closing remarks.

Thank you, Dr. Uche, over to you.

Ralph Opara, Uche

Thank you so much, Nabila, and thank you so much to the incredible team of speakers.

Thank you for sharing your insights and your experiences.

We're really deeply grateful for all of what we've learned.

And then for me, I would say this was very insightful, a lot of highlights showing how profoundly climate change is not just impacting health, but women and children specifically.

The examples from Ghana, from Bangladesh, I think very importantly is also what we're hearing from the policy side of things.

And one key takeaway for me, I think I took a couple notes around one multi sectoral and in these interdisciplinary approaches and collaboration, right, we can't do this alone.

We need to collaborate.

We need to partner.

We need to also listen to the communities and know what they want.

We need to engage even with the women and let their voices be heard.

We want the women also to be part of the solution, so things around creating awareness, trainings and a lot of things that are already ongoing and countries.

I also like the angle of engaging with young people and the

adverse advocacy group Giulia alluded to, and I think we want to continue to engage in these conversations.

So we've heard a lot about the critical work being done on the ground, the systemic challenges faced by health systems and a lot of the global policy efforts.

We're not there yet.

We need to go beyond policy to actually financing and some of the outcomes from the cops from last year and hopefully for this year we're seeing more investments in climate and health.

I'm hoping we can all leverage and improve resilience in communities where we work.

So, let's all take insights and inspiration from today's discussion.

And I think for me it's turning all of that into concrete actions.

My call to action would be:

Let's continue the dialogue.

Let's continue to advocate for policies and practices to protect the health of the most vulnerable.

So once again, thank you.

All our participants and our speakers, our cohosts for being part of our first crossroads in Global Health Seminar: Weathering the Storm Together.

We hope we can make a significant impact in the fight against climate change and health, and we look forward to seeing you at all our future sessions and continuing this very important work we all do together.

Have a great day and stay safe and healthy.

Thank you.

Dr. Duah

Thank you.

Levine, Rachel

All right.

Thank you again everyone.