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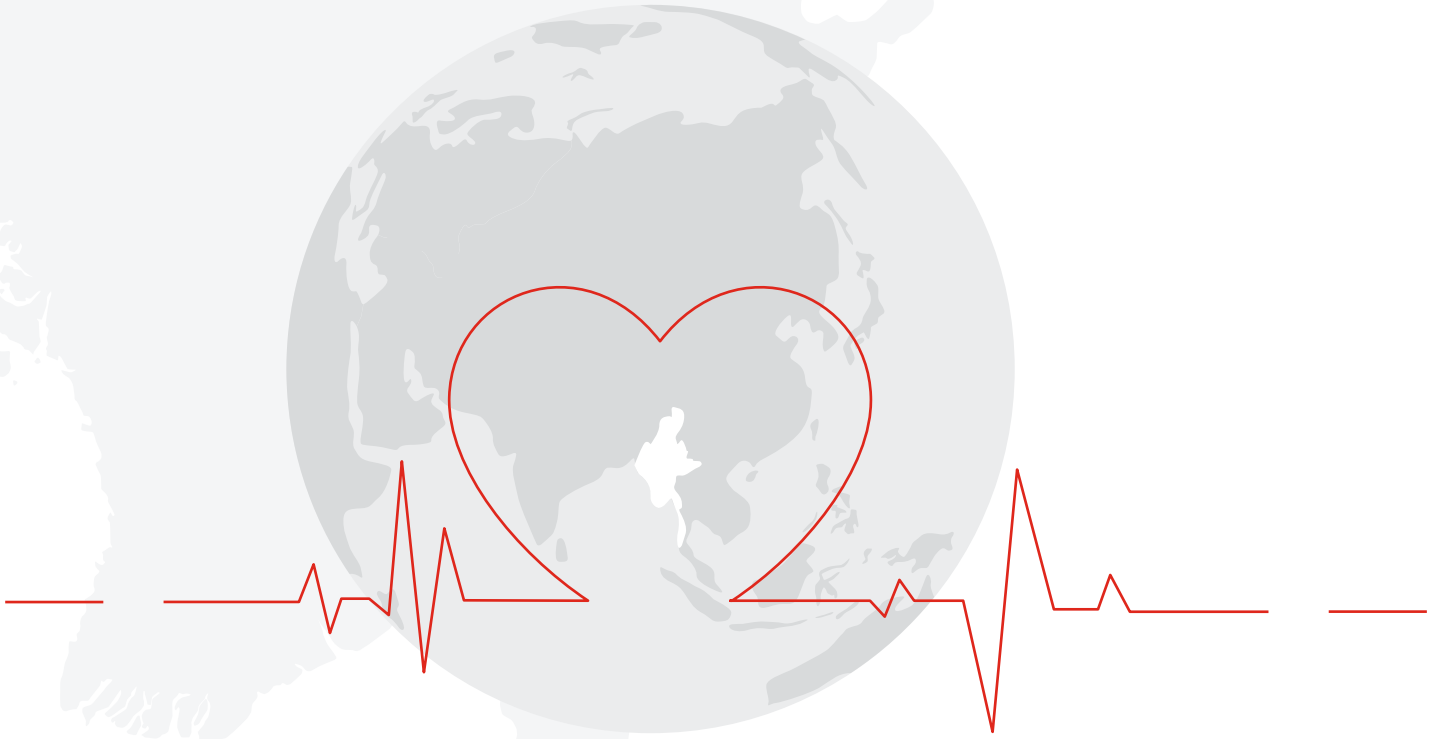
Climate change impacts on health:
Myanmar assessment



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Climate Centre

Executive summary

Myanmar faces severe threats from climate change, ranking second among the countries most vulnerable to extreme weather events, according to the Global Climate Risk Index (2021). Frequent heatwaves, floods and cyclones, along with rising sea levels, have significantly impacted human health, livelihoods, food security and land availability. Compounding these risks is ongoing armed conflict, which has exacerbated climate-sensitive health conditions by worsening socio-economic factors and pushing poverty levels to alarming heights.

Average temperatures are projected to rise by 0.7–1.1°C by 2040. They could accelerate to reach as much as 1.3–2.7°C higher by the 2070s, particularly affecting inland and hilly areas. The low-lying Ayeyarwady Delta is at risk of submergence due to rising sea levels. Cyclones, once striking every three years, now occur annually, and extreme heat is projected to surge, with an additional 3–6 extremely hot days per month by the end of this decade.

The populations that are most prone to harm, discrimination and disadvantage due to multiple vulnerability factors are also more vulnerable to the health impacts of climate change. These groups are particularly susceptible due to multiple intersecting or "shared" factors, such as exposure to climate risks, geographic location, sociopolitical conditions and resilience of local health systems. Health status and socio-economic conditions also play a critical role in shaping vulnerability. Conflict situations heighten climate-sensitive health risks, especially for internally displaced persons (IDPs) and low-income households due to lack of (or inadequate) shelter and infrastructure. These risks are worsened by extreme heat, poor living conditions and lack of access to healthcare, creating severe challenges.

This environment fosters the spread of infectious diseases, malnutrition and other health complications among the more than 3.4 million IDPs in Myanmar. With almost half of Myanmar's population now living below the poverty line, the situation has worsened over the last six years as the rate of poverty has doubled. Consequently, the population's ability to withstand climate shocks has been severely diminished.

The healthcare system in Myanmar, particularly in areas like Rakhine State, has suffered severe damage due to increased attacks on health facilities, blockades of medical supplies and assaults on healthcare workers. This has led to the destruction of infrastructure, loss of medical personnel and a crisis in an already fragile system. Many households lack adequate healthcare access, including 70 per cent of non-displaced stateless households and 40 per cent of IDP households. This increases morbidity, including from preventable diseases, and mortality.

In remote areas such as Chin, Sagaing and Kachin, healthcare remains scarce due to ongoing conflict and difficult terrain. Regions like Ayeyarwady and Tanintharyi on the south coast, as well as eastern Shan State, are extremely vulnerable to climate risks due to exposure to cyclones and storms. Extreme heat exacerbates the situation, particularly for vulnerable populations like labourers, elderly people and children, contributing to mental health issues and increased violence. These issues overlap with the hardships faced by IDPs and low-income households.

Extreme weather also impacts sexual and reproductive health, leading to higher maternal mortality and gender-based violence. The absence of access to clean water and sanitation for women can increase mortality and incidence of waterborne and reproductive diseases. By improving safety during menstruation and enhancing overall health and well-being these risks can be reduced, which can support women's participation in the labour force.

Although Myanmar has policies addressing climate change and health, sociopolitical conditions in the country have hindered implementation and further developments. The current policies offer a limited definition of vulnerable groups and do not adequately connect climate change with specific health concerns. Without a more nuanced understanding of vulnerability, there is a risk of marginalization. Additionally, the lack of focus on impact pathways may result in climate-related health issues going unaddressed.

The Myanmar Red Cross Society (MRCS) is enhancing its early warning and early action initiatives by utilizing local resources, improving impact forecasting and reinforcing early warning systems. Key recommendations for programming include:

- strengthening community capacities to handle climate-sensitive health issues, especially in conflict contexts
- supporting national vaccination programmes and reinforcing local health systems
- integrating health measures into anticipatory actions for extreme weather events, focusing on infectious disease risks
- addressing mental and psychosocial health challenges by training MRCS volunteers
- incorporating community-level services for mental health to tackle the combined impacts of climate change and conflict

Efforts by national and international partners must focus on empowering local actors:

- **Strengthen health systems** and make them climate resilient by supporting the welfare of health workers and volunteers, providing training and ensuring comprehensive services are available, including emergency care and health surveillance.
- **Ensure access to essential medicines and medical supplies** to address climate-sensitive health outcomes, particularly in districts affected by conflict and extreme weather, to reduce mortality and combat drug resistance.
- **Prioritize vulnerable populations** in the most affected regions, including IDPs and low-income households, through targeted interventions and localized vulnerability assessments.

- **Emphasize mental health support** with a community-based approach involving local stakeholders, to address the compounded effects of climate change, conflict and socio-economic challenges.

- **Promote locally led action** by strengthening the capacities of health workers and volunteers, fostering resilience and enabling communities to proactively address climate-sensitive health risks through anticipatory actions and long-term solutions.

This approach will reduce negative impacts and cultivate resilience, ensuring communities are better prepared for climate-related health challenges.

Introduction

The confluence of a political crisis, conflict, economic downturn, pre-existing poverty and climate-related shocks is compounding the climate-sensitive health risks in Myanmar. The Global Climate Risk Index (2021) ranked Myanmar second among the countries most vulnerable to extreme weather events, of 183 countries. As more frequent heatwaves, floods, cyclones and droughts – along with rising sea levels – impact production, food security and land scarcity, climate change poses a severe threat to livelihoods and sustainable development (Danish Institute for International Studies, 2023). The primary factor exacerbating climate-sensitive health conditions is armed conflict. This has had a detrimental effect on socio-economic status, increasing poverty levels and economic insecurity, similar to what was observed in 2015 (World Bank Group, 2024).

This report[1] focuses on understanding how these interconnected factors contribute to the impacts of the climate crisis on health. By analysing these relationships, effective responses can be developed to protect the health of the most at-risk populations. This review is the result of a close collaboration between the Myanmar Red Cross Society (MRCS), the Finnish Red Cross and the International Federation of Red Cross and Red Crescent Societies (IFRC), with technical support from the Red Cross Red Crescent Climate Centre. It builds on the *Climate Change Impacts on Health and Livelihoods: Myanmar Assessment* conducted in 2021. The report emphasizes the unique role of the MRCS and its key contributions in mitigating and addressing the health risks associated with climate change.

1. Climate risks in the country

Myanmar has a tropical climate with three seasons: a cool winter, a hot summer and a rainy season dominated by the southwest monsoon. Rainfall varies greatly across the country, with the central dry zone receiving the least and coastal areas such as Rakhine State receiving the most (Ministry of Environmental Conservation and Forestry, 2012).

Temperatures rose by about 0.25°C per decade from 1981 to 2010, with inland areas warming faster than coastal regions. Temperatures are projected to rise by a further 0.7–1.1°C by 2040 and could accelerate to reach as much as 1.3–2.7°C higher by the 2070s (Horton *et al.,* 2017). Inland regions, particularly the eastern and northern hilly areas, will see the most dramatic warming (*ibid.*).

Rainfall is increasing in coastal areas, with a rise of 157mm per decade from 1981 to 2010, though the southwest monsoon's rainfall has decreased in some areas. Wet season rainfall is expected to rise further, exacerbating flooding risks (ibid.). Annual rainfall is also expected to increase, especially in Rakhine State, while inland areas will see more moderate changes (WBGCCKP, 2021).

1 This report employed a qualitative methodology, prioritizing in-depth insights over numerical data. Semi-structured interviews were conducted to ather rich, nuanced data, allowing for flexibility in exploring interviewees' experiences. A significant limitation was the unavailability of up-to-date epidemiological data. To address this, insights were triangulated by cross-referencing interview data with existing literature and reports published since 2021, ensuring the findings reflect current trends and perspectives.

Sea levels have been rising globally and are expected to rise by at least 0.6–1.1 metres by 2100 under high-emission scenarios. Myanmar's low-lying areas, particularly the Ayeyarwady Delta, are at significant risk of submergence (Oppenheimer *et al.*, 2019).

Cyclones and extreme heat days have been increasing in frequency since the 1990s. Cyclones, which used to strike on average once every three years, are now an annual occurrence. The number of extremely hot days per month is projected to rise by a further 3–6 days by the end of this decade, and by as many as 7–17 days by the 2050s (Horton *et al.,* 2017).

The country's coastal areas, such as Rakhine State and the Ayeyarwady Delta, are projected to experience more frequent flooding, tropical storms and cyclones, while inland areas are likely to face increased droughts, heatwaves and flash floods by the 2050s (*ibid*.).

2. Who is most at risk?

A vulnerable group comprises individuals who, due to specific characteristics or circumstances, are more susceptible to harm, discrimination and disadvantage. Factors contributing to this increased vulnerability include age, gender, disability and socio-economic status, ethnicity, geographic location and exposure to abuse or neglect (UNESCWA, 2020).

However, vulnerability extends beyond these specific characteristics or circumstances, as individuals may belong to multiple vulnerable groups simultaneously. Identifying the populations most vulnerable to climate-sensitive health risks requires consideration of the various intersecting or "shared" factors that contribute to vulnerability. This includes exposure to climate risks, sociopolitical conditions and the resilience of public health systems. In addition, health status and socio-economic conditions play an important role in shaping vulnerability. Owing to the convergence of these intersecting factors, IDPs and low-income households comprise two of the most vulnerable and at-risk populations in Myanmar. These vulnerabilities are explored further below.

Internally displaced persons (IDPs)

IDPs are among the most at-risk populations in the country, due to a lack of social networks, low incomes, increased likelihood of further displacement, heightened exposure to hazards, discrimination by host communities, difficulties in accessing health services and increased exposure to health risks. Displaced populations face significant barriers to obtaining healthcare, including limited access to medical facilities, shortage of medical supplies and restricted movement due to ongoing conflict (Kyungmee Kim, 2024).

As of 9 December 2024, the number of IDPs in Myanmar has reached approximately 3,490,000 (UNHCR, 2024). The largest concentration of IDPs is in conflict zones, with 36.1 per cent located in Sagaing Region, followed by Rakhine State (15.1 per cent), Magway Region (7.3 per cent), Kayin State (6.4 per cent), and Kachin State and Tanintharyi Region (6.1 per cent) (*ibid*.). Additionally, Myanmar is the origin of Asia's third largest refugee population (McAuliffe & Oucho, 2024).

Cyclone Mocha, which impacted Myanmar in 2023, increased the number of IDPs, including Rohingya communities living in protracted displacement. Furthermore, it caused significant agricultural damage and led to increased food insecurity among IDPs. Coupled with access

constraints associated with conflict, this heightened overall humanitarian needs, particularly in areas hosting IDPs such as the states of Rakhine and Chin (IDMC, 2023).

Food insecurity directly links climate disasters with the decision to migrate, and it is impacted by vulnerability factors, including social inequalities among affected communities (McAuliffe & Oucho, 2024). Impacts are further shaped by gender and income levels (Smith & Floro, 2020; Smith & Wesselbaum, 2022). The prevalence of food insecurity has increased, with the latest estimates indicating approximately 13.3 million individuals – nearly a quarter of the population – are experiencing Phase 3 (Crisis) or Phase 4 (Emergency) insecurity, according to the IPC Acute Food Insecurity classification system. This consequently gives rise to an increased risk of malnutrition (UN OCHA, 2023). In the central dry zone of Myanmar, food insecurity and exposure to flood risks are a function of income, food production systems, transport and access to water for irrigation, in addition to loss and damage sustained from floods and droughts (Boori, 2017).

Climate change–migration–conflict dynamics are highly context-specific. In Myanmar, migration appears to be driven by structural vulnerabilities in areas with low resilience. Food insecurity emerges as a product of environmental changes, mainly related to droughts and floods. This has led to increased friction and violence, further driving migration among vulnerable populations (McAuliffe & Oucho, 2024). Infectious diseases are more likely to be introduced and transmitted during massive flooding that is exacerbated by conflict situations, especially when large-scale population movements occur. Transmission is further exacerbated in the presence of overcrowded settings, poor hygienic conditions and broken infrastructure and where access to medical treatment is lacking (Marou, 2024). Owing to the increasing incidence of acute watery diarrhoea, WHO partners have provided health assistance to Rakhine and Chin States, despite operational and access challenges. There are significant shortages of medicine and medical supplies across the country, worsened by local procurement constraints, importation and transport difficulties, and limited funding (WHO Health Cluster, 2024).

Since September 2022, authorities have been instructing IDP camps to close under the National Strategy on Resettlement of IDPs and Closure of IDP Camps, offering return packages and removing people from IDP lists (WHO, 2023), but most IDPs have not returned to their villages of origin due to concerns including unexploded ordnances and lack of jobs.

Low-income households

By the end of 2023, almost half of Myanmar's population was living below the national poverty line of 1,590 Myanmar kyats (MMK) per day (0.75 US dollars or 0.68 euro) (UNDP, 2024). Over the last six years, the proportion of the population living below the poverty line has doubled (UNDP, 2024).

A third of the population is estimated to be economically insecure, directly related to displacement, constraints on income and employment, and the rising informality of the economy (World Bank Group, 2024). Import restrictions, transport challenges, decreased production,

increased prices for goods, agricultural disruptions and reduced access to livelihood opportunities, particularly in rural areas, further exacerbate the situation for low-income families (IFRC, 2024a).

While poverty is higher in villages than in cities, urban poverty has increased more quickly than rural poverty over the last six years (World Bank Group, 2024). As high food inflation outstrips incomes, households inevitably have less to spend on health, education and other non-food expenses (UNDP, 2024). Women living in slums face higher rates of physical or sexual violence from intimate partners compared with other city residents. Economic pressures and overcrowding further increase their exposure to violence outside the home (UN Women, 2024).

Farming households have been negatively impacted by climate-related disruptions, particularly in Rakhine State. The rising cost of food, particularly rice and vegetables, has forced households to rely on negative coping mechanisms – for instance, spending savings, selling assets and reducing both non-food and food expenditure (Myanmar Agriculture Policy Support Activity, 2024). Therefore, food security and nutrition has deteriorated, consequently increasing malnutrition. The diet is characterized by a low consumption of nutrient-dense foods and a high intake of unhealthy foods that are high in calories, fats, sugars and salts. This results in a dual burden of malnutrition, whereby undernutrition (predominantly affecting children) coexists with overweight and obesity in adults (Tauseef *et al.,* 2024). Women in the poorest rural households are most likely to be underweight (moderately or severely thin), suggesting inadequate food intake; women in the poorest urban households are more likely to be overweight or obese, indicating an insufficiently varied and nutritious diet (UN Women, 2024).

As of 16 September 2024, IFRC estimates that more than 630,000 people have been affected by floods and landslides across nine states and regions in Myanmar. An estimated 7.1 million vulnerable people live in these affected areas (including 500,000 IDPs) (IFRC, 2024a). Already grappling with food insecurity, the floods only exacerbate their vulnerability (WFP, 2024).

Cross-cutting health concerns impacting those most at risk

Since 2021, there has been an increase in attacks on health facilities and health workers and blockades of medical supplies (Krugman, 2024). This has led to destroyed health infrastructure and the emigration of healthcare workers, allowing infectious diseases such as malaria, HIV and tuberculosis to increase (*ibid.*). A recent report by Insecurity Insight documented 1,468 attacks on Myanmar's healthcare system between 1 February 2021 and 19 August 2024. Since January 2024, attacks intensified in many states and regions, where healthcare facilities have been damaged by explosive weapons or repurposed for non-medical activities. In addition, health workers have been killed or injured, further compounding the crisis in an already fragile healthcare system (Insecurity Insight, 2024).

While major urban centres like Yangon and Mandalay have better healthcare facilities, rural and conflict-affected regions face a much graver situation. According to the Myanmar Humanitarian Needs and Response Plan (2024), a staggering 70 per cent of non-displaced stateless households and 40 per cent of IDPs do not have adequate access to healthcare services. The situation is particularly critical in states like Rakhine, Kachin and Kayah (IOM, 2024). In remote areas such as Chin and Kachin States, healthcare facilities are sparse, under-resourced and often inaccessible due to both difficult terrain and persistent conflict.

This lack of access to essential healthcare services is expected to lead to an increase in morbidity, including from preventable diseases, and mortality. During 2022, a strong increase in cerebral malaria cases was observed in Karenni State (Chen, 2023). In addition, the Covid-19 pandemic and political instability have led to lower coverage for many vaccines under the Expanded Program on Immunization, thereby increasing the risk of outbreaks of vaccine-preventable diseases such as measles, diphtheria and polio (WHO, 2023). In 2024, cases of acute watery diarrhoea rose to 2,957 hospitalized cases in the Yangon Region, primarily in the townships of Botahtaung, Dawbon, Hlaingtharyar, Thaketa and Thingangyun (WHO, 2024c). By the end of July, more than 40 severe diarrhoea cases – including suspected cholera cases – were reported in IDP camps and villages in Sittwe Township, Rakhine State (OCHA, 2024).

Extreme heat also threatens the physical health of vulnerable populations such as labourers, elderly people and children, as well as those who have pre-existing health conditions (Jordan, 2023). It also impacts mental health: it has been associated with higher rates of suicide and violence (*ibid*.). This overlaps with the situation of IDPs and low-income households, increasing the likelihood of their being particularly affected by extreme heat events. In Myanmar, where conflict is protracted and expansive, displaced populations face severe challenges including inadequate shelter, which compounds risks due to extreme heat. Extreme weather also impacts sexual and reproductive health, increasing risks like maternal mortality and gender-based violence.

On 28 April 2024, temperatures in Chauk in Magway Region hit an extreme 48.2°C (Radio Free Asia, 2024). The heatwave was especially deadly in the central dry regions. Although there have been no official reports, media reported that several people died due to heat-related issues (*ibid*.). According to the Department of Meteorology and Hydrology, the highest recorded temperatures in Myanmar since record-keeping began 56 years ago were recorded in 2024 in Naung-U, Minbu and Sagaing (IFRC, 2024b).

3. Policy commitments on health and climate change

In Myanmar, there are a number of policies in place that to some extent address climate change impacts on health. Although adopted some years ago, they are still considered valid. The 2012 National Adaptation Programme of Action (NAPA) to Climate Change, which identifies 32 priority adaptation projects across 8 sectors, includes public health (Ministry of Environmental Conservation and Forestry, 2012). The 2019 Myanmar Climate Change Policy provides long-term guidance on promoting climate action by integrating adaptation and mitigation considerations into national priorities, where human health and wellbeing are accounted for (Government of Myanmar, 2019a).

Additionally, the Myanmar Climate Change Strategy and Master Plan 2018–2030 outline cross-sectoral goals for achieving climate resilience and low-carbon growth (Government of Myanmar, 2019b; 2019c). They place specific emphasis on improving systems for managing climate risks, enhancing social protection and strengthening the health sector to address climate-induced challenges.

The 2021 Nationally Determined Contribution details Myanmar's commitment to climate change mitigation through sector-specific actions and targets in energy and agriculture, forestry and other land use, while also enhancing socio-economic resilience across various sectors including health (Government of Myanmar, 2021). Furthermore, the National Mental Health Policy and Strategic Plan for Mental Health 2021–2025 incorporates mental health programmes into national disaster preparedness and response plans to address challenges arising from climate-induced disasters (Ministry of Health and Sports, 2020).

While these provide a positive backdrop to climate change adaptation in the health sector, the definition of vulnerable groups in these policies is limited, as are the linkages made between climate change and specific health concerns. For example, where vulnerable groups are defined, this mainly refers to people living in high-risk areas, women, children and elderly people. A more nuanced definition of vulnerability is not provided, possibly leading to marginalization. The absence of a focus on impact pathways can also potentially lead to climate-related health concerns being under-addressed. Impact pathways help to identify the connections between climate variables and health outcomes; without a clear understanding of these pathways, interventions may miss critical opportunities for implementing proactive, targeted and effective health actions. Finally, most policies focus on systems and processes, with only a marginal focus on awareness-raising and knowledge transfer for climate adaptation at community level.

In general, policy implementation would benefit from a more comprehensive definition of vulnerable groups, more detail and focus on explicit health consequences stemming from climate change and an increased focus overall on community education as a key mitigation and adaptation strategy.

4. Programmatic recommendations for mitigating risks

Recommendations in the 2021 assessment *Climate Change Impacts on Health and Livelihoods* remain pertinent and valid. The Myanmar Red Cross Society (MRCS) is enhancing its early warning and early action initiatives by leveraging local resources, improving impact forecasting and reinforcing early warning systems. This also includes raising awareness of climate change at the branch level and within communities. Some progress has been made on the health recommendations from the 2021 assessment, particularly through water, sanitation and hygiene (WASH) services that aim to promote behavioural changes, including for menstrual hygiene management. Additionally, MRCS plans to conduct community-level assessments to evaluate the impacts of climate change on health and WASH services.

The following recommended actions address the needs of the populations most at risk:

- **Strengthen community capacities to anticipate, absorb and adapt to climate shocks and extreme events from the perspective of health and first aid.** Support MRCS health promotion activities by incorporating community-based health, epidemic and pandemic preparedness and response approaches, linking these to climate risks. This allows MRCS to foster resilience by leveraging local capacities, ensuring vulnerable populations have the skills to address climate-sensitive health issues, including in conflict contexts. IFRC, ICRC and all Partner National Societies can continue to support the MRCS in these efforts.

- **Support national immunization coverage and strengthen local health systems to implement the national Expanded Program on Immunization and vaccination programmes.** Do this by integrating direct vaccination services into MRCS primary healthcare delivery. This will include training volunteers and staff, as well as incorporating these activities into community mobilization approaches. MRCS can assist with vaccine distribution to rural health centres and facilities in remote areas, which involves working with community health workers. These strategies will address the adverse effects of climate change on infectious diseases, including their distribution and incidence, as well as the impact of extreme weather events on healthcare services. They will also reduce the risk of disease transmission among vulnerable groups.

- **Integrate health elements into anticipatory action for extreme weather events.** Encourage the development of emergency action plans that align with the extreme weather events prioritized by the MRCS. Ensure the inclusion of early detection measures and responses to climate-sensitive health events, regardless of their scale. Extend these plans beyond rainfall and heatwaves to encompass a range of infectious disease scenarios and other climate-sensitive health risks. Implementing this process will promote adaptive changes in programming and actions, enhancing overall preparedness and response efforts.

- **Strengthen the competence of MRCS volunteers to address mental and psychosocial health challenges exacerbated by climate impacts.** Continue to incorporate capacity-strengthening processes for volunteers and staff including training on psychosocial support, psychological first aid, survivor-centred approaches, coping skills, de-escalation techniques and working with people in distress, linking this to climate-sensitive health risks. This provides MRCS personnel with basic tools and skills to take care of themselves and to integrate wellness and mental health actions within the communities they support to address climate-sensitive mental health impacts.

- **Incorporate community-level services for mental health into health services, with support for climate-related risks.** Emphasize the valuable role of volunteers as key points of interaction in the community. Integrate mental health support related to climate risks into community health programmes, including the development of a communication strategy to spread essential information on the impact of climate risks on mental health and well-being. Additionally, address the compounded risks for mental health in conflict settings through targeted interventions.

- **Include mental health and psychosocial support initiatives in resilience or adaptation programmes.** Ensure compounded climate-related risks and outcomes for mental health are included in these programmes.

5. Key advocacy messages for the national and international community

- **Strengthen health systems in general and make them climate resilient.** This should include supporting the welfare of health personnel and volunteers facing conflict-related stigmatization and harassment, and training health and community health workers. These actions should be guided by local needs and encompass the broad range of health services available: basic emergency care, prehospital care and emergency obstetric and newborn care, as well as health surveillance.

- **Provide access to essential medicines and medical supplies as a critical part of addressing climate-sensitive health outcomes.** This includes medicines for emergency treatments, tuberculosis, HIV, malaria and waterborne diseases like cholera and acute watery diarrhoea, as well as treatments for non-communicable diseases and vaccinations. Scaling up these interventions is imperative in districts facing the combined effects of remoteness, conflict, vulnerability to climate shocks and long-term climate changes. Such efforts are pivotal in reducing mortality and complications from communicable and non-communicable diseases. They also help address the growing challenge of drug resistance through facilitating improved strategies for drug-based prevention.

- **Place the most vulnerable and at-risk people at the centre of actions.** To effectively reduce morbidity from climate-related health risks among IDPs and low-income households in the most affected regions, a sustainable and targeted approach is essential. This applies for regions and states like Sagaing, Rakhine, Magway, Kayin, Kachin, Tanintharyi and Bago (see UNHCR's overview and detailed data on IDP populations per state and region). It is essential to address IDPs' specific vulnerabilities to climate-related health impacts, especially as camps face closure. It is also essential to implement actions rooted in community participation, which incorporate local knowledge, risk perceptions and sustainable solutions developed through participatory risk assessments. By empowering communities with decision-making authority and involving them in monitoring and evaluations, interventions can be tailored to meet specific health needs related to climate impacts. Localized vulnerability analyses are necessary to ensure these interventions are accurately aligned with needs in these regions.

- **Recognize the paramount significance of mental health and prioritize actions to address risks.** Noting how the combined effects of climate change, conflict and socio-economic factors (such as IDP stigmatization and poverty) impact vulnerable groups, a robust community-based approach to mental health and psychosocial support is needed. This should recognize the indispensable contributions of local stakeholders, including elders or community leaders, religious leaders, community volunteers, youth and women. A robust approach guarantees that interventions are designed to meet the specific requirements and cultural context of the population, thereby fostering greater participation and long-term effectiveness.

- **Make locally led action the foundation for addressing climate-sensitive health risks.** The role of health workers, community health workers and Red Cross volunteers must be strengthened, as they are key actors on the ground and most knowledgeable about changing climate risks and how these affect local communities. Their capacities and resources should be reinforced to enable anticipatory actions and proactive solutions. By empowering these actors to develop sustainable solutions and manage long-term adaptation initiatives, greater community engagement and proactivity will be promoted. This approach cultivates resilience from within, thereby ensuring communities are better prepared for climate-related health challenges.

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