International Medical Corps

International Medical Corps and the Threat of Climate Change:

Our Response and a Call to Action

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Image on the cover: Sindh province, Pakistan; image below: Binga, Zimbabwe.

Sindh province, Pakistan

SECTION 1

Introduction

According to the World Health Organisation, climate change is "the biggest health threat facing humanity,"[1] with 50 years of advances in public health under threat because of climate change.[2] In the geographic areas where International Medical Corps works, larger numbers of people are likely to be severely affected by increases in water-borne diseases, such as cholera,[3] and in some cases by increases in vector borne diseases, such as malaria.[4] The scientific consensus is that we should expect increases in the frequency and intensity of floods,[5] extreme heat,[6] wildfires[7] and droughts,[8] as well as increases in the intensity of tropical storms.[9] We should also expect disasters to become more complex, with multiple disasters occurring simultaneously.[10]

Not only will disasters be more frequent and intense, but they will also strike people who are in many cases less resilient and able to survive when disaster strikes. This is because—even in years without disasters—climate change will have cumulative, year-on-year negative effects on the health, food security, water security and nutritional status of affected communities, and will erode their overall coping mechanisms. Climate change may also lead to increased migration, new conflicts or exacerbations of existing conflicts, and force more vulnerable communities into poverty. The impacts of climate change will be particularly harsh in the fragile and conflict-affected countries where much humanitarian work takes place.[11] These countries are at very high risk of the effects of climate change[12] but are receiving very little international help to adapt to a hotter, more dangerous future.[13] In these fragile contexts, some people are more affected by the impacts of climate change than others. Women, children, the elderly and people with disabilities,[14] as well as displaced people and refugees, are particularly vulnerable.[15]

International Medical Corps has increasingly become aware of the threat posed by climate change to the people we serve, as well as to our operations and those of our partners. While statistics for global humanitarian action increasingly demonstrate that global warming is leading to rising levels of need,[16] our teams on the ground are seeing the reality behind the numbers: recurring disasters, crop failures, outbreaks of disease and people forced to leave their homes.

Climate change poses a real, significant and unprecedented threat to the health and well-being of the communities and people we serve. This white paper outlines how International Medical Corps is responding.

1 WHO, 2018.
2 WHO, 2013.
3 Funari et al., 2012.
4 Martin & Zermoglio, 2017.
5 Caretta et al., 2022.
6 Masson-Delmotte et al., 2021.
7 Seneviratne et al., 2021.
8 Masson-Delmotte et al., 2021.
9 Masson-Delmotte et al., 2021.
10 Portner, Roberts, Tignor et al., 2022.
11 Knox Clarke and Hillier, 2023.
12 More than two-thirds of the countries experiencing conflict in 2021 (according to the World Bank List of Fragile and Conflict Affected Situations)—including three of the five largest humanitarian crises (Yemen, DRC and Somalia, all of which are countries where International Medical Corps works)—are among the most vulnerable in the world to climate change, according to the ND Gain Index of Climate Vulnerability.
13 Of the 32 very highly vulnerable or highly vulnerable countries that received less than $1 of either climate-change adaptation or disaster risk-reduction funding per person, 27 were fragile or extremely fragile (Swithern, 2022). Looking more narrowly at climate funding, only 12% ($1.3 billion) of disbursed funding from multilateral climate funds ($10.7 billion) goes to fragile and conflict-affected states (Development Initiatives, 2022).
14 Lejano, Rahman, and Kabir 2020; Alam, Sammonds, and Ahmed 2020; Jay et al. 2021; Alcayna 2021; Costella et al., 2021.
15 UNHCR 2021; UNHCR and OHCHR 2022; for country specific examples see for example: Dampha et al. 2022; Kapoor et al. 2021; GNDR 2022; Few et al. 2021, IOM, UNEP and Samuel Hall, 2021.
16 Carty and Walsh, 2022

Galkacyo, Somalia

SECTION 2

International Medical Corps' Response to Climate Change

International Medical Corps delivers multi sector programs that are people-centered and evidence-based, with the goal of improving the health and well-being of populations in distress. As first responders, we provide initial emergency relief, and continue to support governments and communities with health services and training through the protracted crisis phase and into recovery and development. In doing so, we aim to contribute to the achievement of Goal 3 of the 2030 Agenda for Sustainable Development ("Ensure healthy lives and promote well-being for all at all ages")—in particular target 3D ("Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks"). We also aim to help fulfill World Health Assembly Resolution WHA69.1, which urges member states "to show leadership and ownership in establishing effective health governance by national and subnational health authorities, including cross-sectoral health policies and integrated strategies aiming to improve population health" and "to invest in the education, recruitment and retention of a fit-for-purpose and responsive public health workforce."

We use an integrated approach that combines health, mental health and gender-based violence (GBV) services, and nutrition, food security, livelihoods, and water, sanitation and hygiene (WASH) programming to achieve the best health outcomes for communities affected by conflict, natural disasters and disease outbreaks. Throughout all our programs, we actively engage communities and local authorities at all stages of program interventions. Currently we operate programs in about 25 countries, with more than 8,500 staff (96% of whom are nationally recruited), in partnership with a wide range of international and local actors.

We recognize the profound threat that climate change poses to the communities with which we work, and are committed to dedicating our resources and expertise to tackling the impacts of climate change and helping communities survive in a hotter and more dangerous world.

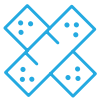
To this end, we are:

Developing a solid understanding of the impacts of climate change, at the global level and in the countries where we work. We have completed an evidence review on the expected impacts of climate change on our work in the fields of humanitarian health, mental health, nutrition, food-security and WASH activities, and shared this review across the organization and with the humanitarian sector more widely. We have held a range of internal discussions, presentations and learning events

investigating climate impacts and potential program responses, and developed tools to help country offices consider how they will respond to the climate threat. We have invested in an internal climate innovation fund to help four country offices—Mali, Pakistan, Somalia and Zimbabwe—develop activities to address climate impacts, and are providing these countries with technical support. Beyond these "pathfinder" countries, a number of other countries, including Afghanistan and the DRC, will include a climate focus in their health work over the coming year.

Strengthening our emergency response capacity to respond to more frequent and more intense climate disasters. Climate change is creating larger, more complex disasters. The health consequences of these disasters and outbreaks demand agile and timely responses. Significant loss of life can be prevented with anticipatory and context-adapted measures ensuring that International Medical Corps and the health systems we support are prepared for sudden emergencies. Our preparedness and response activities for climate-related disasters align with WHO's Health Emergency and Disaster Risk Management Framework, and include developing tools and systems for risk assessment, reporting and surveillance; prepositioning of critical supplies; establishing systems and operating procedures for rapid response; and the creating surge capacity in countries vulnerable to disasters that have ill-equipped health systems.

One example of this is in Somalia, where we have trained the health workforce in disaster response and established a public health emergency operations center to respond to drought. In Jordan, we have piloted and rolled out a health information management system with integrated surveillance and risk assessment modules to help health providers follow changing disease threats in communities. In countries such as Central African Republic, Ethiopia, Pakistan and Somalia, International Medical Corps has prepositioned supplies and materials to rapidly respond to climate change-induced sudden-onset disasters.



Helping health systems become more resilient to climate change. In partnership with governments and civil society, and in line with a large body of international policy and guidance (including United Nations General Assembly resolution 67/81 (which "recognizes that effective and financially sustainable implementation of universal health coverage is based on a resilient and responsive health system that provides comprehensive primary health-care services"), WHO's Health Emergency and Disaster Risk Management Framework and USAID's Blueprint for Global Health Resilience), we are increasing our focus on climate-resilient health systems, particularly in the areas of service delivery, workforce development, access to medicines and information systems.

With funding from existing donors and from our newly established internal Climate Innovation Fund, we are planning country-specific support to ministries of health. Initial activities include the incorporation of climate issues into our community health work across a number of countries, rehabilitation of health and water infrastructure that has been destroyed in climate-related disasters, and design of health and water infrastructure that is more resilient to extreme heat.

Supporting the resilience of vulnerable communities through healthcare services. International Medical Corps has decades of experience in approaches that address ill health and the causes of ill health in some of the most remote, hard-to-reach and marginalized communities on Earth. By supporting people's health, we help them avoid the costs of ill health and to be better able to survive climate shocks. We see good health and nutrition as a key element of resilience to climate change[17] and—recognizing that resilience programming is most effective when it is multi-sectoral and aims to address several facets of resilience at once[18]—we plan to integrate our health and nutrition work into humanitarian resilience programming.

In all of this work, we are:

Reducing our own environmental impact by working across the supply chain to reduce CO2 emissions and waste.

Working with others, particularly with government health authorities and civil society organizations. For example, we are working with national NGOs from Ethiopia, Kenya and Somalia to jointly develop their programmatic approaches to change.

Innovating for reach, scale and efficiency. Recognizing that our resources will be increasingly stretched by the scale of the climate challenge, we are identifying and focusing on approaches that, over time, will maximize the impact of our work without large increases in budget.

Learning and improving, and sharing knowledge. Though we can draw on a wide variety of skills and experience, we—in common with all humanitarian actors—are deploying these skills in conditions that we have not encountered before and are addressing problems for which lessons and good practice do not necessarily exist. As an organization, we need to try out new ideas, learn what works and share what we learn with the humanitarian community and beyond.

17 We are not alone in this—the link between health and resilience is a frequent topic in research into community resilience. See: Keim 2008; Plough et al., 2013; Ray-Bennett et al., 2010: Cohen et al., 2016. The link is also an increasingly important topic in global health policy—see, for example, WHO Regional Office for Southeast Asia, 2017.

18 ICRC & Norwegian Red Cross, 2023; Bene et al. 2019; Wilson et al.

Galkacyo, Somalia

SECTION 3

A Call to Action

International Medical Corps is taking steps to respond to the impacts of climate change on the health of vulnerable and hard-to-reach communities in humanitarian contexts around the world. We are at the start of a process that will ensure that we are ready to meet the impending crises of climate change. Although this work is at an early stage, we are already learning lessons and gaining an understanding of the actions required to address the challenge.

As such, we call on the international community to:

Recognize that people living in fragile and conflict-affected states are disproportionately vulnerable to the negative impacts of climate change on their health and well-being, and that it is particularly difficult for the health systems of these states to build resilience to climate change. This recognition that the most vulnerable communities should not be excluded from assistance because they are "too difficult" to help should be a central consideration in policymaking and in providing climate, development and humanitarian finance.

Recognize the importance of healthcare and nutrition as key pathways to community resilience to climate change, and integrate healthcare, nutrition, WASH and psychosocial support activities into existing humanitarian "resilience-building" activities and into climate change adaptation activities. To ensure that healthcare can continue to support vulnerable communities in a world affected by climate change, governments and international actors should also act to make health systems more resilient.

Respond to the very real threat that climate change poses to existing humanitarian programs, and take action to decrease risk to vulnerable populations currently receiving humanitarian assistance. As the planet continues to heat, existing humanitarian operations will become increasingly vulnerable: for example, camps are more likely to flood, while healthcare and education facilities are more likely to become dangerously hot during heatwaves. To ensure that humanitarian operations do not compound harm and suffering, all humanitarian organizations should identify these risks in their programs and take action to mitigate them.

Prepare for the increased scale, frequency and complexity of imminent climate-related disasters, restructuring the existing international humanitarian architecture to be more flexible and adaptive. In addition, the international community should engage with a wider range of organizations and expertise, and give space, resources and leadership to national and local actors.

Recast the relationship between humanitarian and developmental assistance, to enable communities to be better prepared and more resilient to disasters. Recognizing that much humanitarian work is already concerned with providing multi-year assistance to meet basic needs, that these needs will significantly increase as a result of climate change and that response activities will not, in themselves, be sufficient to meet these needs, we call for a renewed emphasis on articulating short-term humanitarian assistance with longer-term activities to build resilience and preparedness for disasters. A renewed focus on the humanitarian-development/peace nexus, increased integration of humanitarian action and social protection systems, and more flexible humanitarian funding are all important in moving practice forward in this area.

Develop and share programmatic approaches for supporting health system resilience, as well as other areas of "climate-aware" programming, moving beyond policy pronouncements to create concrete, operational practice in resource-poor contexts, particularly in fragile and conflict-affected states.

For our part, we will seek to contribute to larger efforts in all of these areas and will collaborate with a wide variety of partners within and beyond the humanitarian sector to do so. We will actively experiment and innovate with new programs, and will share what we learn. We are aware that the threat is great—and that time is short.

Binga, Zimbabwe

SECTION 4

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