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From Policy to Practice: Perspectives of Primary Healthcare managers on Building Climate-resilient and sustainable health systems in Ghana's low -resourced settings.

# Background

## Ghana National Climate Change Master Plan Action Programmes for Implementation: 2015–2020



*agriculture*

*infrastructure*

*communities*

*carbon sinks*

*ecosystems*



*health*

*water*

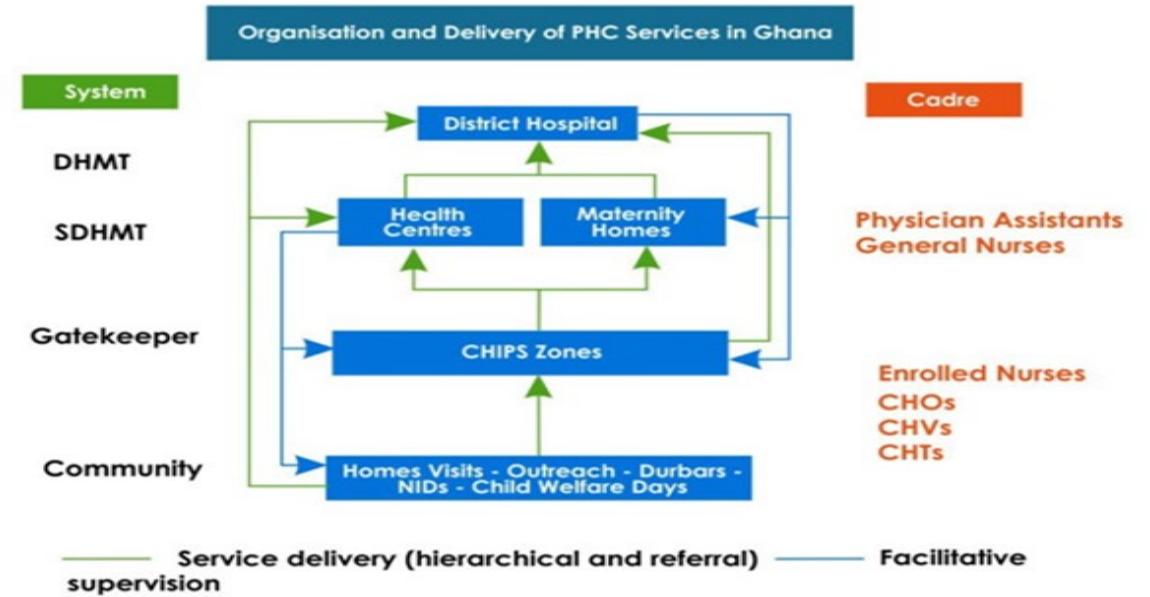
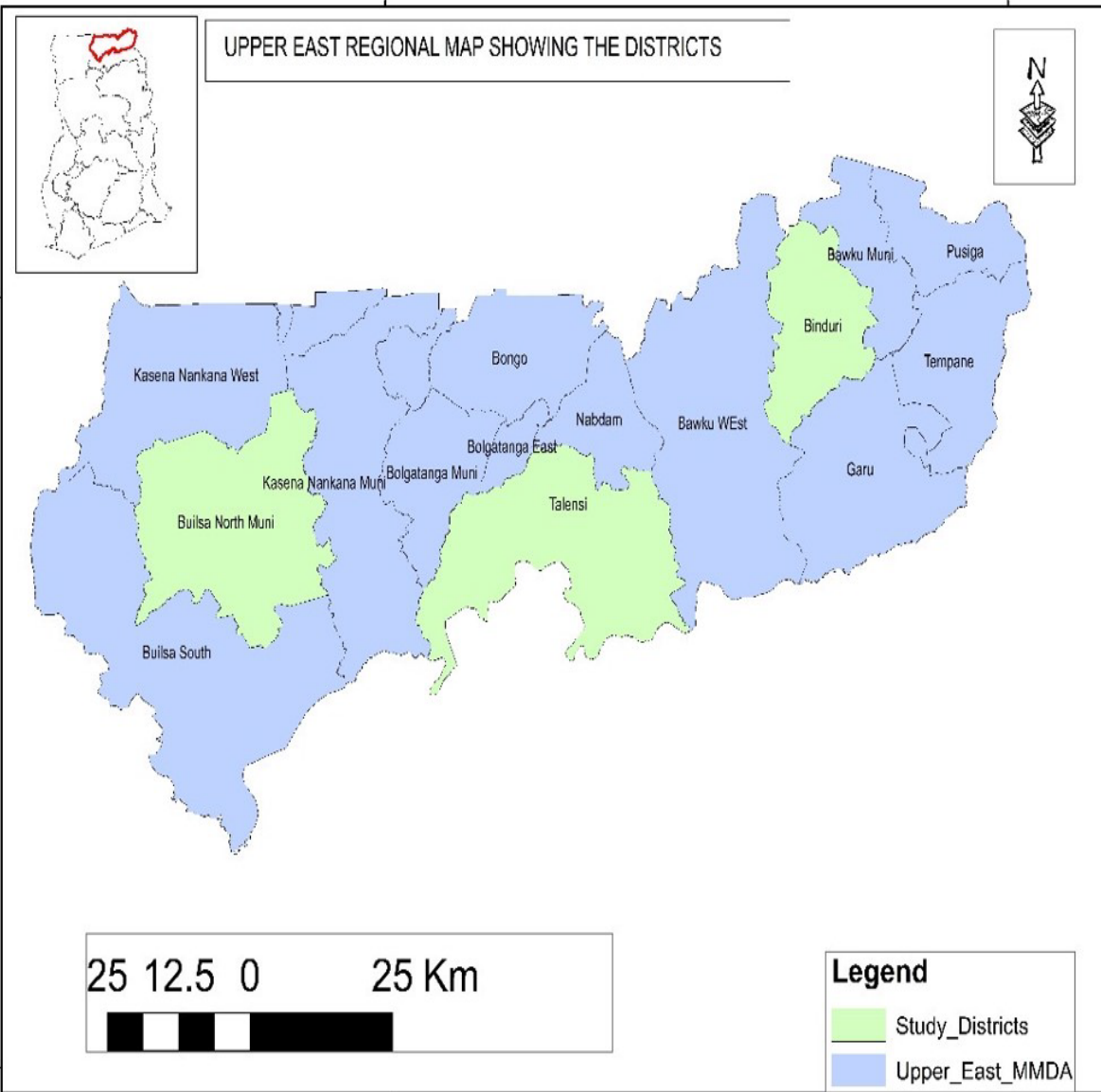
*gender*

*migration*

*energy*

- By 2015, Ghana mainstreamed actions into 2 successive health sector development plans and costed actions
- Developed framework for mainstreaming Health systems adaptation
- Healthcare waste Policy for Ghana(2020) and Revised National Health Policy(2020)
- Low implementation due to Capacity, policy inconsistency and Funding (Tye and Waslander, 2021)
- This paper presents cost-effective interventions proposed by PHC managers and a co-created collaborative framework for sustainably mainstreaming climate action into operations of PHCs in low resourced settings of Ghana.

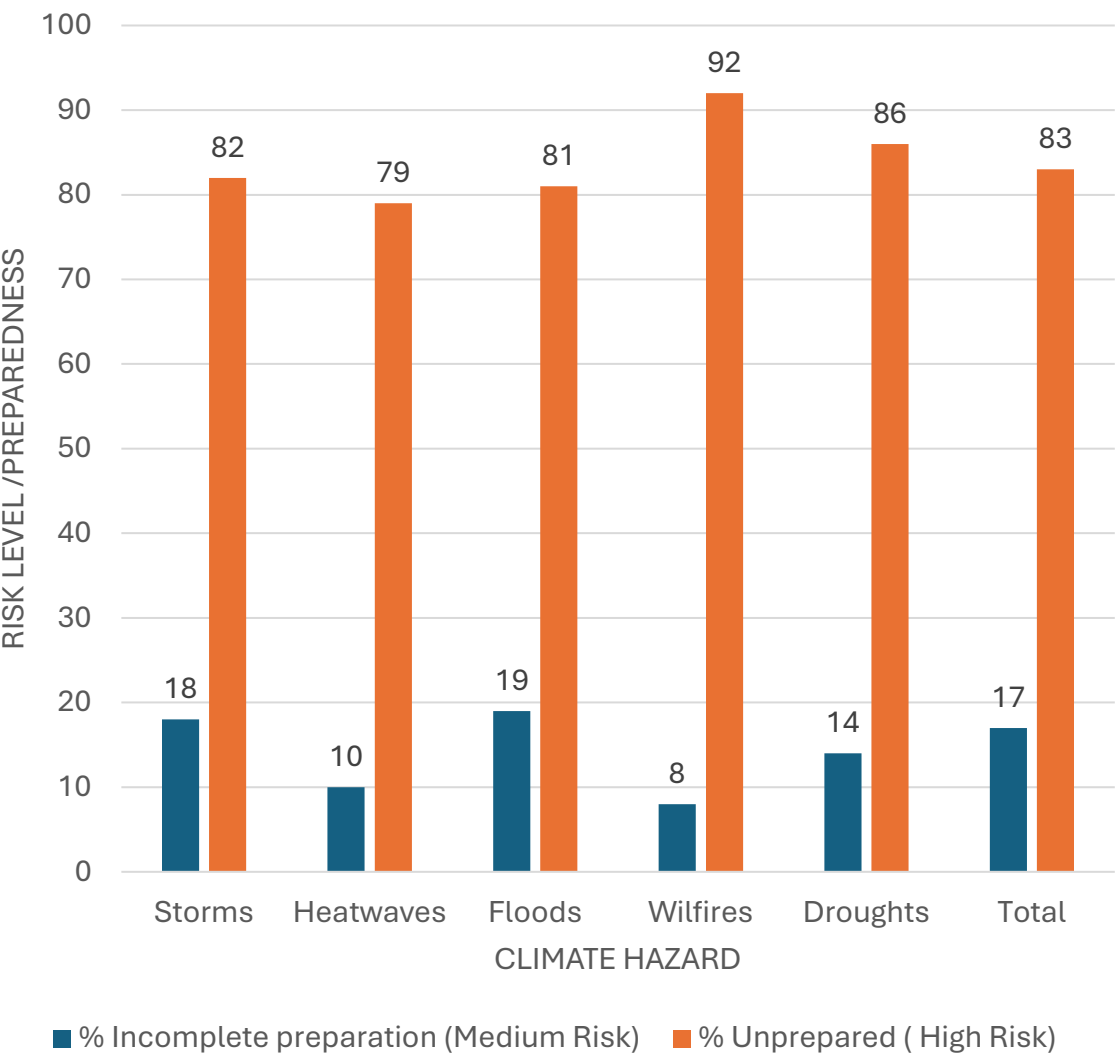
# Study Area and Sampling



- Multi-stage Sampling
- Binduri, Talensi and Builsa North Districts/PHCs
- Sixty –five ( 65 )of 67 HCF managers (97%) in Vulnerability and Impact Assements(WHO, 2021).
- September 2021 to September 2022



# Preparedness of HCF/ Example of Impacts of heatwaves



Workforce	Loss of work capacity / reduced productivity, and increased likelihood of heat stress effects
WASH and Healthcare Waste	Increased water demand, shortage of safe water, no access to drinking water premises and water source contamination.
Energy	Increased demand for energy consumption, power outages and disruption of medical equipment, storage of vaccines and refrigeration-dependent medical supplies
Infrast ,tech, prodcuts and process	Increased demand for adaptation plans to reduce health effects on staff and infrastructure, increased cost of providing necessary measures to keep staff and infrastructure safe, medical and laboratory equipment damage, and increased electricity demand

- **Eighty-two percent of PHC facilities experienced multiple climate hazards**
- **Average Exposure ( Binduri 2.1, Builsa North 2.2, Talensi 2.3 )**
- **Average of 39 Impacts per Health Facility**

# Co-creation Process - Collaborative Framework



- Design thinking (Linberg et al., 2010).
  - Empathize, Define, Ideate, Prototype, and Testing
1. District based workshops
  2. Proposed low cost interventions using WHO template
  3. Five working groups(**Storms, heatwaves, floods, Droughts, wildfires**)
  4. Reviewed low-cost interventions
  5. Co-created a collaborative framework for mainstreaming into PHC .

# Examples - Proposed Low-cost Interventions for Heatwaves

Binduri	Builsa North	Talensi
<b>HEALTH WORKFORCE</b>		
Identify staff with pre-existing conditions and monitor and provide guidelines to keep them safe when they are at post	-Train staff on impact of heatwaves and proper management of heat-related morbidities and heat within HCF -Scheduling outreach activities in the mornings to avoid exposure to heat	-Reduce over crowding -Sitting health facilities near shady areas or plant shady trees
<b>WASH and Healthcare waste</b>		
-Pursue alternative water sources e.g solar powered mechanized bore-holes <b>-Rain water harvesting</b>	-Institute appropriate hygiene measures and sustainable waste disposal mechanism to avoid contamination.	<b>-Rain water harvesting</b> -Regular water quality checks in health facilities
<b>ENERGY</b>		
-Solar for electric generation in health facility and staff accommodation	<b>-Provision of cold boxes for storage of ice-packs for use during emergencies and use during outreaches.</b>	-Develop and implement energy conservation guidelines including the acquisition of only energy efficient gadgets
<b>INFRASTRUCTURE TECHNOLOGY AND PROCESSES</b>		
<b>-Expanding windows (double windows) and use louver blades instead of glass</b>	<b>Planting shady trees around health facility</b>	-Erecting shady pavilions to provide outdoor cooling for clients and staff

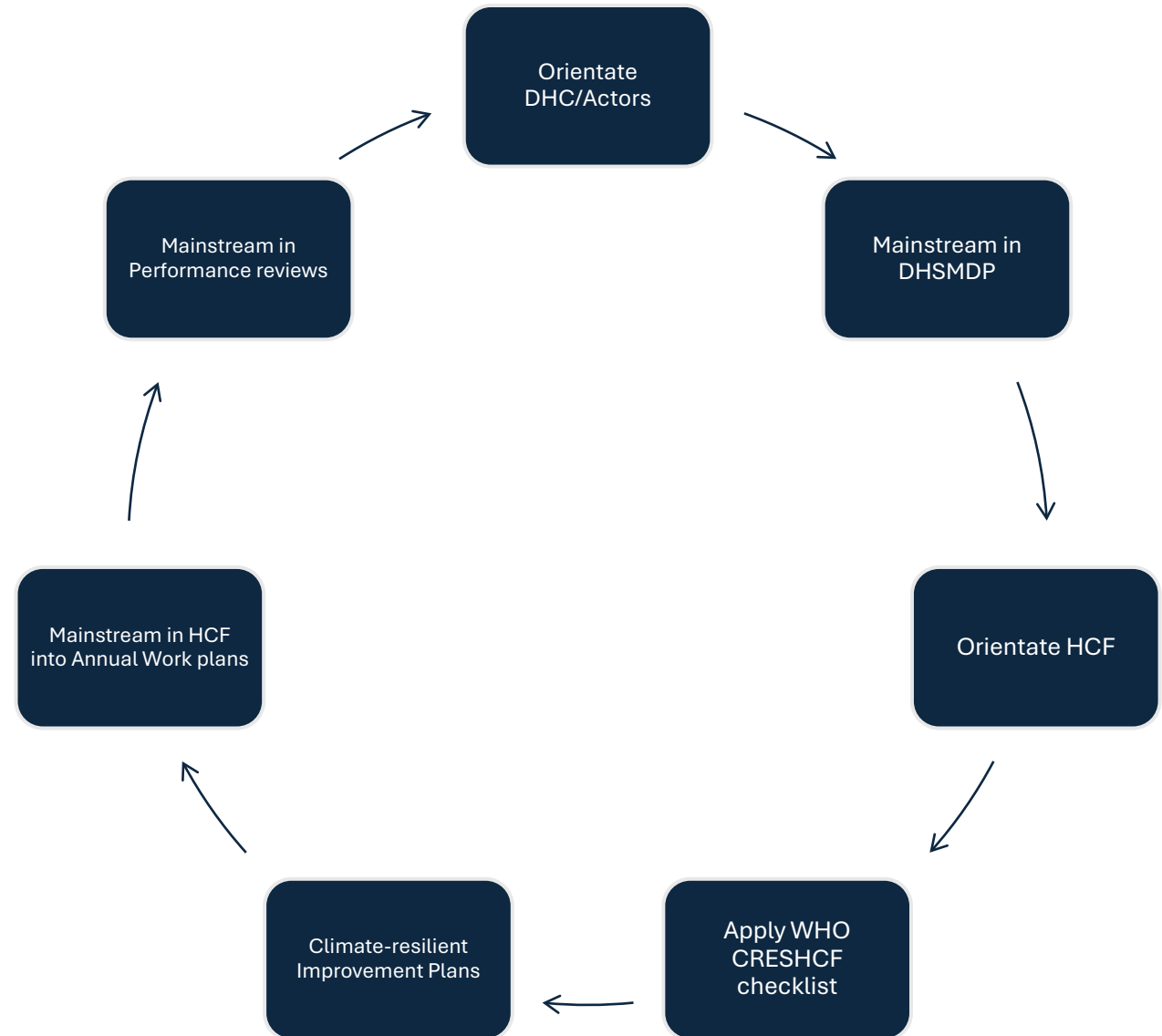
# Collaborative framework for sustainable climate action in PHC operations

## Levers of Subnational Integration

- District Health Medium –term Development Plans(DHSMDP)
- Routine Reviews

## Intersectoral legally mandated bodies

- District Health Committees(DHC)
- Community Health Management Committees(CHMC)
- Close to client services

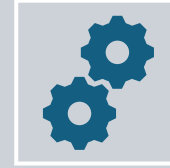




# Prospects of Framework



The “thick mainstreaming” framework enhances the usability of the WHO framework.



Framework enhances the systematic application of the WHO framework PHC level, collaboration and buy-in.



Stimulate autonomous adaptation and provide a framework for PHC to partner with independent and government stakeholders.



- Support PHC to extend its influence on health-determining sectors and community actors
- Strengthen bottom-up approaches for sustainable action.



# Thank You !