

# HARARE – DECLARATION ON CLIMATE AND HEALTH IN AFRICA, 2024

RESEARCH, POLICY, CAPACITY BUILDING, IMPLEMENTATION AND ADVOCACY

ADOPTED BY THE PARTICIPANTS AT THE (1<sup>ST</sup>) INTERNATIONAL CLIMATE AND HEALTH AFRICA CONFERENCE  
HARARE, REPUBLIC OF ZIMBABWE, 29<sup>TH</sup>-31<sup>ST</sup> OCTOBER 2024



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Let it be known that this Declaration, adopted on the 31st of October 2024 in Harare, Zimbabwe, by representatives from 54 nations, including 30 sovereign states of Africa, stands as a unified commitment to addressing the urgent climate and health challenges confronting Africa and the wider world. Ministers, senior government dignitaries, prominent political figures, esteemed researchers, dedicated implementers, funders, international organisations, the private sector, non-state actors, and community envoys hereby affirm their steadfast commitment by endorsing this document as a reflection of Africa’s collective resolve and vision. With the endorsement of august entities such as the Africa CDC, United Nations agencies, and a host of international participants, this Declaration embodies the unified aspirations of Africa’s leadership and its global allies, cementing our shared pledge to address the critical impacts of climate change on public health and environmental stability across our nations and communities.

## **1. PREAMBLE**

This Declaration follows the first Climate and Health Africa Conference, held from 29th-31st October 2024 in Harare, Zimbabwe, with representation from over 30 African countries and more than 450 global participants. Researchers, public health practitioners, program implementers, community organizations, funders, youth, United Nations agencies, Africa Centres for Disease Control and Prevention (Africa CDC), and high-level policymakers gathered in Harare in a collective effort to address the climate impacts on health across the continent. An inter-ministerial meeting, with representatives from 16 African nations, was convened during the conference to coordinate a unified African position on health in the United Nations Framework Convention on Climate Change (UNFCCC) processes, building on the momentum from COP28, towards COP29, and future UNFCCC Conference of Parties (COPs). The conference provided a historical platform for sharing new knowledge, best practices and creative innovative solutions under the theme “Cultivating resilience in health: towards unified equitable strategies for climate adaptation and mitigation”.

This Declaration builds on past policy documents, including the 2008 World Health Assembly Resolution No. 61.19 on Climate Change on Health, the 2008 Libreville Declaration, the 2011 WHO Framework for Public Health Adaptation to Climate Change, the 2017 United Nations Environment Assembly Resolution on Environment and Health and the 2023 Conference of the Parties (COP28) United Arab Emirates (UAE) Declaration on Climate and Health. It also aligns with Africa’s 2019–2029 Strategic Action Plan and the 2022–2032 Regional Strategy for managing environmental impacts on health Africa, while reaffirming the need to implement the commitments made under the COP26 Health Programme.

### **With the understanding that:**

- Climate change is one of the greatest health threats in the 21st century. Climate impacts intensify health risks, increasing climate-related morbidity and mortality, especially for the most vulnerable populations.
- People in Africa bear a disproportionately high burden of the climate change impacts despite contributing minimally to greenhouse gas emissions.
- There is limited published evidence on the linkages between climate change and health in Africa, especially African-led.
- The African continent has limited resources to cope with the crisis and has received little financial support from the highest emitting countries.
- Health remains on the periphery of the UNFCCC COP negotiations, despite its critical importance to climate action and the well-being of communities across Africa.
- Negotiators with expertise in climate and health in Africa are underrepresented in global decision-making processes around climate change policy and financing for health.
- There is an urgent need to integrate climate resilience into national health policies and to strengthen healthcare systems and other sectors’ systems to address climate-related health challenges.

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**Acknowledging that** building climate-resilient health systems and systems in other sectors, is essential to reduce the health burdens imposed by the changing climate, mitigate risks, and protect the health of all communities

**Recognizing the** urgent need to advance research and build capacity, mobilize finance, and catalyse policy and implementation action, to address the growing health impacts of the climate crisis through a public health approach.

This Declaration is a collective voice outlining high-level priorities and offering actionable recommendations toward equitable strategies that will help build climate-resilient, equity-oriented, people-centred systems for health.

Different stakeholders, including policymakers, funders, academics, researchers, program implementers, and communities, have a role in achieving these key priorities.

## **2. PRIORITIES**

This declaration outlines *six key priorities*, which together represent the most pressing issues at the intersection between climate change and health in Africa. These issues have been thoughtfully discussed during this conference. These priorities need to be urgently addressed to advance progress towards protecting the health and well-being of the people of Africa. These priorities are:

- (1). Capacity for African-led research, training and knowledge generation on climate change and health.
- (2). Inclusive dialogue between science, policy, community and youth for effective research and action.
- (3). Dedicated, sustained funding from international and national sources specifically aimed at investment in research and national programmes to build resilience and protect people's health from climate change.
- (4). Robust monitoring and surveillance systems to track the health impacts of climate change.
- (5). Cross-sectoral engagement for climate-resilient systems for health.
- (6). Participation and influence of African health experts in the UNFCCC COP processes.

## **3. RECOMMENDATIONS**

This Declaration sets forth a decisive call to action, outlining **required actions** from **policymakers, funders, academics and researchers, program implementers, communities, and the youth**, to respond to the pressing challenges of climate change on health in Africa.

### ***A- AFRICAN PARTIES TO THE UNFCCC AND THE PARIS AGREEMENT***

- (1). Unequivocally prioritize adaptation strategies efforts and the means of implementation during UNFCCC climate negotiations.
- (2). Unite in advocating for the inclusion of regionally relevant health indicators within the Global Goal on Adaptation and strengthen surveillance systems to track progress. (3). Ensure health experts and policymakers' active representation and involvement in global decision-making and negotiation processes.
- (4). Advocate for health to be recognized as a standalone agenda during UNFCCC COPs.

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## ***B-POLICYMAKERS AT ALL LEVELS***

- (1). Prioritise climate change as a public health emergency within the agenda and functions of governments and multilateral agencies ensuring it receives sustained and dedicated funding from international and national sources.
- (2). Strengthen the health sector's policies, practices, coordination mechanisms, and funding to increase the ability to protect, capacitate, and involve health workers in the face of climate change impacts on their work and their communities.
- (3). Enhance the health sector's capacity to respond to the climate crisis by integrating climate change as a priority within health policies and programmes at local, district, national, regional, and international levels and including health as a critical component of other sectors' adaptation-mitigation programs and nationally determined contributions.
- (4). Strengthen research capacities and multi-level surveillance systems to track the impacts of climate change on health, through standardised indicators, data harmonisation, knowledge-sharing mechanisms, and enhanced regional collaboration.
- (5). Develop climate-resilient, people-centred, ethical, and equitable health systems by building on evidence generated by locally relevant research and other knowledge sources.
- (6). Ensure the representation and involvement of African health experts and policymakers in global decision-making and negotiating mechanisms through advocacy, strategic alignment, and capacity building to elevate Africa's influence in climate-health policies.

## ***C-FUNDERS***

- (1). Increase funding for research, capacity building, technical support, and programme development focussing on climate and health, with dedicated streams specifically for climate-health resilience in Africa.
- (2). Reconfigure financing mechanisms to make funding more accessible, flexible, and adaptive aligning with the guiding **principles for financing climate and health solutions** adopted at COP28 principles for financing climate and health solutions and ensuring responsiveness to emergent health crises and changing climate conditions.
- (3). Increase local and national government investment in research and in building climate-resilient health systems, recognising the substantial co-benefits of climate mitigation and adaptation.
- (4). Ensure the equitable distribution of climate finance to rebalance the distribution between co-produced adaptation interventions and climate change mitigation activities in vulnerable regions and populations, empowering communities in building climate resilience.
- (5). Prioritise addressing economic and non-economic loss and damage from climate change impacts on African health systems by leveraging the operational Loss and Damage Fund as a key mechanism for sustainable, long-term investment.

## ***D-ACADEMICS AND RESEARCHERS***

- (1). Establish equitable research partnerships, that build capacity and recognise African institutions and researchers as intellectual leaders in climate and health research, ensuring fair recognition of their contribution to the global scientific discourse.
- (2). Reinforce the capabilities and expertise of African researchers by supporting, funding, and communicating key research priorities on the continent. Catalyse efforts to translate this research into evidence-based action, involving policymakers and communities throughout all the stages of research and implementation.
- (3). Strengthen efforts to incorporate local and traditional knowledge in participatory research, fostering co-production of culturally and contextually appropriate interventions and insights.

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- (4). Increase understanding of the mechanisms of climate impacts on health, rigorously evaluate and scale locally relevant, complex multi-level adaptation-mitigation interventions with clear pathways for impact assessment.
  - (5). Ensure climate-health research fosters co-benefits for all stakeholders, incorporating ethical practices in collaborations and prioritising equitable access to data and findings (6). Promote mentorship and leadership development opportunities for early-career African researchers, building a sustainable and locally driven climate-health research community

### ***E-COMMUNITIES***

- (1). Reinforce, by all stakeholders, the central role of affected communities in understanding their unique contexts and framing their climate and health messages and actions, ensuring that communities have a decisive voice in shaping their responses to climate challenges.
- (2). Strengthen communities' active participation in the co-production of contextually relevant solutions that respect ethical and equitable principles to protect health and wellbeing in the face of climate change.
- (3). Prioritise youth, women, children, and other marginalised groups in climate and health actions, elevating their ideas, giving them a decisive voice in decision-making mechanisms, and elevating their needs in these actions.
- (4). Engage communities in local surveillance of climate-related health risks, contributing to early warning systems and ensuring communities can respond proactively to risks such as extreme weather and disease outbreaks.
- (5). Build capacity for local adaptation and mitigation efforts, ranging from sustainable agriculture, heat adaptation and mitigation to water management and creating green spaces, empowering communities to drive their own resilience initiatives.
- (6). Seek funding and resources for community-led climate-health projects through local fundraising, grants, and partnerships with NGOs, ensuring financial support for resilience efforts.
- (7). Support community awareness campaigns to educate members on the health impacts of climate change and protective measures. Integrate traditional knowledge and cultural practices into these efforts to support effective, locally adapted solutions, and foster informed and resilient communities.


### ***F-PROGRAMME IMPLEMENTERS***

- (1). Work collaboratively with researchers, policymakers, and key ministries of all sectors—particularly Health and Environment—to transform scientific findings into culturally relevant, community-driven programs.
- (2). Equip communities, health workers, and local leaders with the skills, resources, and coordination mechanisms necessary to respond swiftly to climate-induced health emergencies.
- (3). Foster robust partnerships across sectors—including health, environment, agriculture, water, education, and housing—to align strategies, share insights, and leverage resources.
- (4). Incorporate climate and health indicators to assess and improve program effectiveness. Track outcomes such as health impacts from heat stress, air quality, and vector-borne diseases.
- (5). Coordinate funding, resources and accountability mechanisms across Health, Environment, and Finance ministries; ensuring climate-health resilience is embedded in national policies and programs.

**As a continent on the frontlines of climate change, Africa should no longer be a passive recipient of global solutions, but a proactive architect of its own future systems for better health and wellbeing, shaped by further prioritised role given to scientific, local, and traditional knowledge generation, scale-up of innovative solutions, and policy leadership.**

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