



FAITH CONSORTIUM

— FOR —

**CLIMATE
RESILIENT
HEALTH**

**Faith in Action: Catalyzing a
Movement to Safeguard
Health in the Face of Climate
Change in LMICs**

FAITH4CRH

JUNE 2024

EXECUTIVE SUMMARY

Climate change has broad and intensely specific impacts on the planet and throughout the health sector, and its effects are increasing over time. The populations at most significant risk are the poorest and most economically and socially vulnerable (i.e., children, youth, women, elderly, disabled, migrants). Many individuals fall into more than one high-risk group, and their intersectionality increases their vulnerability. These people are likely to live in the high-risk areas of the highest-risk countries (i.e., most often LMICs¹).

Faith-based health organizations (FBOs) have a strong legacy of humanitarian response as direct health service providers and are trusted by the communities they serve. Despite this, their perspective is underrepresented in climate-resilient health conversations and they are often not part of local, regional, and national health sector and emergency planning and resource allocations. Additionally, many health-related FBOs want to address and adapt to climate change but lack the dedicated resources needed to do so.

CCIH recognizes the urgency of mitigating Climate Change's impacts by **reducing greenhouse gas emissions** and **better stewarding our environment**.

Faith4CRH focuses on supporting adaptation to the inevitable effects of Climate Change in low and middle-income countries.

CCIH's ***Faith Consortium for Climate Resilient Health*** (Faith4CRH) aims to increase climate resilience with faith-based health partners in LMICs. Faith4CRH envisions a world where all communities: *1) have consistent access to quality healthcare and prevention services in the face of climate change, 2) are prepared for the impacts of climate change, and 3) have the tools they need to adapt.* To achieve that, we need to elevate the voice of the communities and generate momentum across health systems.

¹ LMIC - World Bank's category of Low and Lower middle-income countries. [World Bank blog](#), July 1, 2022.



INTRODUCTION AND PROBLEM STATEMENT

Climate change is having both broad and intensely specific impacts on the planet. In the health sector, climate change is already having deleterious effects which will worsen over time.² The health of plants, animals, and humans are increasingly interrelated, and the very nature of diseases and the determinants of health are changing in the face of excess heat, drought, and flooding.³ And though Low and Lower middle-income countries (LMICs)⁴ have contributed the least to climate change, they bear its greatest burdens.

Not surprisingly, the populations at greatest risk⁵ are also the poorest⁶ and most vulnerable (i.e., children, youth, women, elderly, disabled,⁷ migrants),⁸ who likely live in high-risk areas of the highest risk countries (i.e., most often LMICs). These groups are also most affected by both unexpected emergencies and slow-moving 'natural' disasters.⁹ For example, service providers, facilities, roads, and supply chains are easily disrupted by climate extremes. Disabled and elderly people with limited mobility cannot evacuate quickly or reach health services.¹⁰

Migrants (who may be migrating BECAUSE of climate change¹¹) may lack local language skills and thus not be aware of urgent, important information about the emergency and how to access services. Children are especially vulnerable to dehydration and infection and, if separated from their caretakers, need protection. Many individuals fall into more than one of these groups; intersectionality increases their vulnerability.

Climate change is already affecting health by:¹²

- Affecting air, soil and water quality.
- Changing and increasing the disease burden.
- Reducing the food supply and increasing malnutrition.
- Impacting health facilities and worsening the overall stress on populations, and
- Disrupting transportation routes which affect access to health and health-related supply chains.

² [Lancet Countdown on health and climate change: the imperative for a health-centered response in a world facing irreversible harms](#). The Lancet, Nov.14, 2023.

³ [Alliance for Transformative Action on Climate and Health \(ATACH\), WHO](#).

⁴ World Bank classifies [28 countries as low-income and 54 as lower-middle income](#) (accessed February 29, 2024).

⁵ See discussion of the components of risk (hazard exposure + vulnerability) in the [World Risk Report, 2023](#).

⁶ [NAE releases report on impacts of Climate Change on Poverty](#), August 29,2022

⁷ [2023 Climate Change and Disability Kupenda Fact Sheet with Footnotes \(Electronic\).pdf](#) 2023

⁸ See first chapter of *AL-MIZAN: A covenant for the Earth*. Othman Llewellyn, Fazlun Khalid and others. Al-Mizan: Covenant for the Earth. The Islamic Foundation for Ecology and Environmental Sciences, Birmingham, UK, 2024.

⁹ [Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey](#). The Lancet Planet Health 2021, 5:863-73.

¹⁰ Sébastien Jodoin, Katherine Lofts & Amanda Bowie-Edwards, [Disability Rights in National Climate Policies: Status Report](#) (Centre for Human Rights & Legal Pluralism & International Disability Alliance, June 2022).

¹¹ [Climate Change is Fueling Migration](#), Dec 19, 2022.

¹² [Climate Change and Human Health](#) EPA (accessed My 13, 2024).



Faith-based health organizations (FBOs) respond to the critical health needs of underserved and marginalized communities globally, and many have a legacy of humanitarian response. They work with supporting donors and aid-receiving partners to influence values, attitudes, and behaviors and increase understanding of and action on climate change. Many Christian churches¹³ and FBOs see climate change as a spiritual matter - part of their responsibility to live in harmony with God, each other, and nature.¹⁴

Safeguarding against the effects of climate change is an urgent priority in FBO restorative justice and efforts to improve health among those who are least able to advocate for themselves.¹⁵

FBOs in LMICs have a unique and currently underrepresented perspective on promoting and ensuring climate-resilient health.

They partner with local religious institutions and organizations in health, food security, and the broader arenas of religious practice, economic development, and emergency management. Due to their strong networks, FBOs can expand their scale and are closely involved and engaged in the communities they serve. Because of that close involvement, FBOs have earned their communities' trust.

FBOs support health outcomes in many different ways. CCIH's [Christian Health Asset Mapping Consortium](#) illuminates the range of health assets¹⁶ that make up the Christian health landscape (see Figure 1 – Christian Health Asset Venn Diagram).

¹³ [Let's Act Together for our Common Home](#), Catholic Climate Covenant and the [Global Catholic Climate Movement](#)

¹⁴ For discussion of Christian concepts of stewardship and reconciliation see section 1: Dorothy Borse, "[Loving the Least of These](#)." 2022 National Association of Evangelicals.

¹⁵ For discussion of various religious approaches to the environment see: Öhlmann, Philipp, and Ignatius Swart.

"Religions and the Environment." In [The State of the Evidence in Religions and Development](#), edited by Joint Learning Initiative on Faith and Local Communities (JLI), 34-42. Washington, DC: JLI, 2022, 33-40.

¹⁶ For definition of religious health assets see: Blevins, John, and Ester Mombo. "[Religions, Health, and Development](#)." In [The State of the Evidence in Religions and Development](#), edited by Joint Learning Initiative on Faith and Local Communities (JLI), 28-33. Washington, DC: JLI, 2022, 27-32.



A recent analysis of data collected between 2020 and 2023 from 22 Christian health networks in 17 countries identified over 8,300 health assets in Sub-Saharan Africa.¹⁷ Of these, 95% are health service providers, and 5% are support institutions.

Figure 1 – Christian Health Asset Venn Diagram



There are several types of direct service organizations, including national- and district-level hospitals, health centers, dispensaries/clinics, community health programs, community health initiatives, and congregational or other church-run health programs. There are also various types of support organizations, including networks of facilities and programs (i.e., Christian health associations [CHA]), drug and medical supply organizations, health worker training institutions, plus miscellaneous types of international aid. Many international FBO partners support local operations in LMICs, contributing staff, medicines and supplies, equipment, and funds.

¹⁷ 2023, https://www.ccih.org/wp-content/uploads/2024/01/2024_SSA_Data_Summary.pdf



Despite having the trust of their local communities, FBOs are often not part of local, regional, and national health sector and emergency planning and resource allocations.¹⁸ This reduces participation in community, regional, and national-level decision-making and, during an emergency, leaves crucial, needed resources and expertise untapped. Though health-related FBOs and their national and international networks may be motivated to address and adapt to climate change, there is a significant lack of dedicated resources to achieve this. This is added to exclusion from local, regional, and national conversations that involve decision-making, policy development, and climate change planning.

While many tools exist for adapting health systems to climate change, most are not geared toward and/or appropriate for LMIC practitioners and communities. Though many LMIC health partners can readily articulate the impact of climate change on their work and programs, many others still lack the education, awareness, tools, and bandwidth to address and adapt to climate change. **FBOs want to address climate change but are daunted by a lack of resources, exclusion from decision-making, inappropriate tools, and sometimes a lack of education/awareness.**

¹⁸ [*With you in the storm: The role of the local church in building resilience*](#). John Twigg and Chris McDonald. Tearfund 2023.



FAITH4CRH IS ORGANIZING TO ADDRESS AND FILL THESE GAPS

In 2022, CCIH surveyed its members on their climate-related health activities and held a special breakout session at the 2023 CCIH conference that extrapolated from a hypothetical example of flooding and its effects on communities and health facilities. These experiences made clear that there is global interest among CCIH members to galvanize this energy and join the conversation on climate change and health.

Thus, CCIH's ***Faith Consortium for Climate Resilient Health*** (Faith4CRH) was formed to increase climate resilience with faith-based health partners in LMICs.

The Christian Connections for International Health (CCIH) global network¹⁹ includes 110 organizations (i.e., non-governmental organizations, church networks, Christian Health Associations, volunteer and product donation agencies, and other support organizations) and several hundred individual members working in health facilities, communities, and health programs in over 90 countries. CCIH works with Protestant, Catholic, and non-denominational organizations and interfaith networks.

¹⁹ [Christian Connections for International Health \(CCIH\)](#) is a global network of Christian organizations and individuals committed to advancing health and wholeness. Motivated by Christian faith and values, CCIH envisions a world where all have access to quality healthcare and prevention services. More than half of CCIH's 100 organizational members are based in low/middle-income countries (LMICs). Faith4CRH is just one of several CCIH programs including the [30 X 30 Health Strengthening Initiative](#), the [Christian Health Asset Mapping Consortium \(CHAMC\)](#), a [small grants program](#), [advocacy](#) on FBO international health concerns, and [organizational capacity development](#).

Seven CCIH partners joined together to launch the Faith4CRH initiative. Led by CCIH as Faith4CRH's secretariat, partners include [World Relief](#), [World Renew](#), [Providence Health's Global Programs](#), the [Mennonite Central Committee \(MCC\)](#), [Kupenda for the Children](#), [Eglise Methodiste Du Togo \(EMT\)](#), and [Corus International](#).

Together, their work spans the globe in roles that cover a wide variety of climate-affected health services.

CCIH is well-positioned to address the challenge of climate change adaptation in faith-based health programs, given its reach and skill with advocacy and capacity building. Half of the CCIH network are organizations and individuals based in LMICs, and half are international partners directly supporting local partners. CCIH can leverage these diverse and broad perspectives to ensure that climate adaptation support and tools fill current gaps in this area.

CCIH regularly engages with 27 international advocacy and technical leadership bodies, regularly elevating the voice of faith partners in health planning and development. Because Faith4CRH's partners have earned the trust of their community health partners, this initiative is uniquely positioned to inspire and support health programs.

STATEMENT OF PURPOSE/CALL TO ACTION

Faith4CRH envisions a world where all communities: 1) have consistent access to quality healthcare and prevention services in the face of climate change, 2) are prepared for the impacts of climate change, and 3) have the tools they need to adapt. To achieve that, we need to elevate the voice of the communities and generate momentum across health systems.

In the next five years, Faith4CRH seeks to achieve its vision by attracting funding to develop appropriate health-related climate change adaptation tools and strategies that will benefit at least 50 organizations in at least 20 LMIC countries. The Faith4CRH partnership also seeks to establish and fund a new small grants program to enable members to test and implement at least 25 \$5,000 to \$25,000 climate change-related health projects.



Faith4CRH members identified the following as **needed tools to support health actors in LMIC settings**:

- An advocacy toolkit to support local health actors to participate in their local, national, and international climate change adaptation conversations
- A baseline climate risk self-assessment for local actors
- A health facilities climate adaptation checklist so partners can identify needed improvements in their physical spaces to increase their own resilience
- A monitoring and evaluation framework, such as a climate adaptation scorecard, so that partners can track their improvement
- A knowledge-sharing platform (and context for knowledge management) so partners can share their experiences and glean information
- Business continuity and emergency response planning tools for health system resilience.

Additional activities, like holding themed virtual gatherings (i.e., to identify barriers and facilitators of climate change resilience, climate change education and awareness), adapting educational materials on health-related climate change adaptation (such as social behavior change communication), and bringing practitioners together to share knowledge, experiences, and resources will add strength to local adaptation efforts and help disseminate developed tools.



The Faith4CRH small grants fund will stimulate local resilience programming for health facilities and communities that can scale globally. It will focus on **three areas**:

- Supporting innovative local-level proof of concept projects that are experimental and have not been proven in a specific context or for a specific hazard but have strong potential for local impact and adaptation to other contexts.
- Supporting project implementation of best practices in climate resilience.
- Support local organizations to acquire assets or equip and repair facilities to increase resilience.

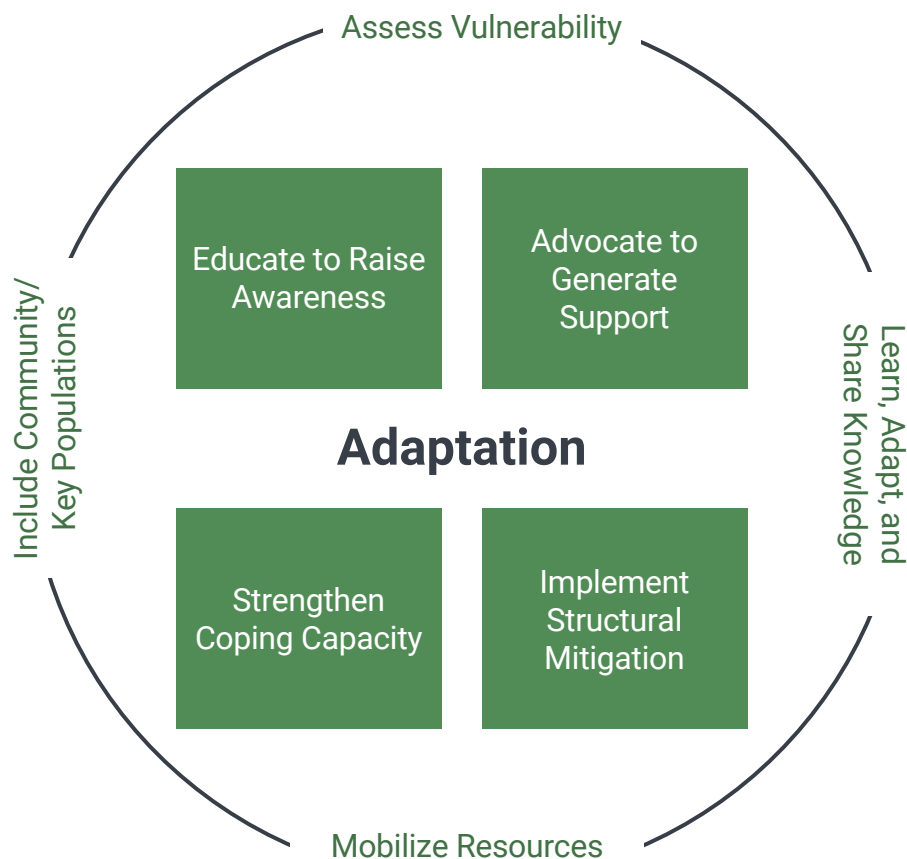
CCIH anticipates many locally designed and implemented activities that can be joined together through CCIH learning and networking platforms to improve climate-resilient health. The CCIH secretariat will enable and support these efforts by:

- Offering a united voice on climate change adaptation for faith-based health actors in LMICs, including facilities, community-based programs, and integration with churches and parachurch organizations.
- Encouraging and facilitating partnerships with the public sector so that partners understand the unique strengths of faith-based actors and how they strengthen the total health system.
- Creating momentum with local faith-based health actors toward action on climate change adaptation by
 - communicating the urgency of action and potential for adapting at scale;
 - engaging and raising awareness with diverse faith-based health partners;
 - fostering local movement clusters that support each other through the sharing of promising practices and ideas, and
 - encouraging action across the faith-based health landscape on various levels (i.e., local and national advocacy, adaptations at all levels).

Figure 2 provides a general framework for responding to an identified vulnerability or hazard. See on the next page.



FIGURE 2: GENERAL RESILIENCE FRAMEWORK



If we applied this framework to an example of local flooding resulting from heavy rains, the Faith4CRH movement could support a local organization to choose and implement some of the following activities.

| | |
|---|---|
| <p>Educate to Raise Awareness</p> <ul style="list-style-type: none"> • Baseline climate risk self-assessment • Congregation education toolkit (for pastors) • Health facility climate adaptation checklist • Knowledge-sharing platform | <p>Advocate to Generate Support</p> <ul style="list-style-type: none"> • Local health actors engage in national planning • Religious leaders engage and educate congregations • Community toolkits support structural mitigation measures |
| <p>Strengthen Coping Capacity</p> <ul style="list-style-type: none"> • Water safety and swimming lessons • Evacuation planning for clinics and communities • Trauma-informed emergency response • Business continuity planning for health facilities | <p>Implementing Structural Mitigation</p> <ul style="list-style-type: none"> • Hardening local drainage structures • Installing backup generators or alternative energy sources • Strengthening a bridge on the evacuation route • Elevating medical storage |

CONCLUSION

Faith actors will play an increasingly important and visible role in equipping communities and health facilities to prepare for and reduce the harmful impact of climate change on health. Faith4CRH's two-pronged strategy encourages locally designed approaches to climate change adaptation among health FBOs in LMICs. We aspire to see movement in all places where faith actors work on improving health. This implies engaging with other sectors and actors to stimulate policy action, improve practice, and contribute to learning networks.

- We call for new and renewed partnerships between FBOs, government, and private sector actors, aided by new awareness and accountability for faith-based inclusion in emergency planning and response.
- We seek improved technical and operational capacity to train and equip faith-based health leaders and church leaders to prepare for change by integrating planning processes and tools to ensure continuity of services and contribute to national and global monitoring, evaluation, and learning networks.

Faith4CRH will lead these efforts within CCIH's global network and catalyze a global movement of faith actors who stand ready to meet the profound global challenges posed by climate change.

Stay updated on the work of Faith4CRH by joining CCIH's climate and health Google Group (listserv) by visiting <https://groups.google.com/g/ccih-climate> and selecting "Ask to join group." You can also visit our webpage for more information: <https://www.ccih.org/faith-consortium-for-climate-resilient-health/>.



ACKNOWLEDGEMENTS



World Relief



World Renew



Providence Health's Global Programs



Mennonite Central Committee (MCC)



Kupenda for the Children



Eglise Methodiste Du Togo (EMT)



Corus International

