Pathfinder Initiative | AFIDEP African Institute for Development Policy | London School of Hygiene & Tropical Medicine | APHRC African Population and Health Research Center

WORK PACKAGE 3 REPORT



Executive Summary

Background:

Africa contributes less than 4% of global greenhouse gas emissions but bears a disproportionate share of climate-related harm. Framing climate action around its near-term health co-benefits is a promising policy lever. However, health co-benefits are inconsistently defined and rarely operationalised in Sub-Saharan African (SSA) climate policy. Work Package 3 of the Pathfinder II Initiative was delivered by LSHTM, APHRC and AFIDEP. It aimed to strengthen the capacity of SSA organisations to develop, implement and evaluate climate actions that promote health, and to translate evidence into practice.

Methods:

The work package had three complementary strands. The first was policy analysis: a qualitative review of 19 Kenyan national and county climate policy documents, validated at a national stakeholder forum (~60 participants), and a content analysis of C40 Climate Action Plans from ten SSA cities. The second was a survey-based assessment of organisational climate–health research capacity across six domains. The third was capacity strengthening and policy engagement, which included stakeholder mapping, a virtual framing workshop (28 participants), and a high-level side event at the Africa Climate Summit 2. It also included launching a Community of Practice, a three-day regional workshop in Nairobi (25+ participants from 10+ countries), and five case studies of African mitigation actions with health co-benefits.

Findings

Health was widely recognised as a strategic priority, but integration was partial. Health was rarely linked to specific actions, financing or monitoring, and health indicators were largely absent. Co-benefits were more often reported for adaptation than for mitigation actions. Only 46% of organisations reported knowledge of health co-benefits as a strength, falling to 25% among government organisations. The greatest capacity needs were applying tools to assess co-benefits (66%), modelling health impacts (56%) and GIS (50%). Only 14% of organisations reported reliable emissions data, and 12% reported reliable air-pollution data. Stakeholders found "mitigation" framing contentious given Africa's low historical emissions, and they favoured solution-oriented, relatable language. Workshop participants' self-rated skills improved in all areas, although climate–health financing and AI use remained the weakest. The Community of Practice now has 131 members.

Conclusions:

Moving health co-benefits from ambition to implementation in SSA requires several things: clearer definitions, measurable health indicators, better access to emissions and air-quality data, practical analytical skills, multisectoral collaboration, and framing that reflects regional priorities. A practical next step beyond the Pathfinder II Initiative that aims support stakeholder engagement and dissemination of climate-health research in Africa is continuous engagement via the Community of Practice. Specifically, we are engaging the Wellcome Trust funded Climate and Health Centres of Excellence in sub-Saharan to disseminate evidence via the Pathfinder II Initiative CoP.

CHAPTER 01

Introduction and Background



Rationale for climate–health co-benefits work in SSA

Although Africa contributes less than four percent of global greenhouse gas emissions, the continent bears a disproportionate share of climate change's harms, with more than 110 million people affected and an estimated USD 8.5 billion in economic losses in 2022 alone (World Meteorological Organization, 2023). Around 70 percent of African cities are highly vulnerable to heatwaves, drought, sea-level rise and flooding (Leck et al., 2025), and these hazards compound existing health and development pressures: urban environments across the region already carry a high burden of non-communicable disease, with cardiovascular disease, chronic respiratory disease, cancer and diabetes accounting for over 70 percent of premature deaths (Barry et al., 2025). As the continent's urban population is projected to double to 1.4 billion by 2050 (OECD, 2025), the emissions and air quality pressures associated with rapid urbanisation will only intensify this burden.

Health co-benefits, defined as the near-term health gains that accompany climate mitigation action rather than its longer-term climate outcomes (Smith et al., 2015), offer one of the more persuasive levers available to policymakers navigating this context.

Evidence from outside the region suggests that framing climate action around its health benefits increases public and political support relative to framing built on environmental or economic arguments alone (Dasandi et al., 2022; Gilbreath et al., 2026), partly because health is perceived as less politically polarising and more immediately relevant to people's lives than climate change itself (Dasandi et al., 2025; Uppalapati et al., 2026). Despite this, health co-benefits remain inconsistently defined and rarely operationalised within the climate policies, strategies and action plans that African governments and cities are now producing at pace, and the evidence base describing how well health is integrated into these instruments in Sub-Saharan Africa specifically remains thin (Johnson et al., 2022).

Work package aims/objectives

This work package aims to strengthen the capacity of partner organisations to develop, implement and evaluate context-specific climate mitigation actions that promote human health, increase equity and resilience, and contribute to a healthy net-zero future, while facilitating the translation and sharing of evidence and lessons.

Objectives:

- Assess organisational capacity and identify priority needs for implementing ambitious climate mitigation and decarbonisation actions, including gaps in technical expertise, evidence and tools. This will ensure that capacity strengthening responds to context-specific needs and supports the implementation of evidence generated through Pathfinder III.
- Strengthen organisational and collective capacity to develop, implement and evaluate climate mitigation actions for health, through targeted awareness raising, training, practical tools and resources, drawing on principles of co-design and locally relevant approaches.
- Establish and support a community of practice to facilitate peer-to-peer learning, exchange of experiences and sharing of evidence, challenges and solutions.
- Translate and disseminate evidence and lessons through webinars, workshops, open-access educational and training materials, and targeted communications. This will support wider uptake of Pathfinder II evidence and approaches and contribute to accelerating informed climate action for health.

How WP3 contributes to the overall Pathfinder II aims

WP3 provides the critical implementation and knowledge-sharing component of Pathfinder II, linking the evidence and guidance generated through the programme with the capacity required to apply them in practice. While other work streams generate and synthesise evidence on the health benefits and potential trade-offs of climate mitigation and support the development of guidance for action, WP3 focuses on enabling key implementing partners to use this evidence to develop, implement and evaluate context-specific climate action. Through organisational capacity assessment, peer learning and knowledge dissemination, WP3 will help ensure that Pathfinder II evidence is translated into practice and that lessons from implementation are shared. In doing so, WP3 directly contributes to Pathfinder II's overarching aim of accelerating effective action towards a healthy net-zero future, while supporting the development of climate mitigation actions that sustain and promote health, increase equity and resilience, and can be adapted and scaled across contexts.

Partners and their roles

The work package was delivered by the London School of Hygiene and Tropic Medicine (LSHTM) in partnership with the African Population Health Research Centre (APRHC) and the African Institute for Development Policy (AFDIEP). LSHTM coordinated the work package and led the content analysis and public survey strands, contributing methodological expertise in policy and



content analysis, survey design, and quantitative and qualitative research methods. APHRC led the policy analysis strand, drawing on its standing as a leading African research institution with established relationships across Kenyan national and county government. AFIDEP led the capacity-building and policy engagement strand and worked jointly with the wider partnership on the capacity assessment, drawing on its focus on translating research into policy and practice across Sub-Saharan Africa.

An initial workshop

The work package aims and objectives were co-developed during an initial team workshop held at the Africa Climate and Health Summit 2024, which brought the partnership together around a shared climate-health co-benefits agenda and shaped the decision to on how pursue the three complementary strands described in this report.

Approach

The three strands of work are designed to address complementary dimensions of the pathway from evidence to policy and implementation in Sub-Saharan Africa. Policy analysis will identify how climate and health are currently reflected in policy and planning frameworks, highlighting enabling factors, gaps and opportunities for stronger integration of health into climate action. The capacity assessment will then identify the organisational capabilities, skills, data and resources required in climate action and health, and where capacity strengthening is most needed. Practitioner network-building will bring together organisations and individuals working across these areas to facilitate peer learning, knowledge exchange and collaboration, and support the translation of evidence into practice. Together, these strands provide a connected understanding of the policy environment, the capacity required to act within it, and the networks needed to support implementation, enabling capacity strengthening and knowledge-sharing activities to be targeted towards locally identified needs and opportunities.

CHAPTER 02

Policy Analyses



Policy review of Kenya's Climate Change Policies

Objective & Activities

APHRC set out to assess how well health co-benefits are integrated into Kenya's national and county climate change policies, and to identify practical entry points for strengthening that integration. The country ranks 147th of 190 on the ND-GAIN Index of climate vulnerability and adaptive readiness, yet it is also a regional leader in climate policy ambition, generating over 90 percent of its electricity from renewable sources11, 12. This combination, high vulnerability alongside strong policy ambition, made Kenya interesting focus country to understand, and ultimately strengthen, how health co-benefits are recognised and acted on within climate governance, from the wording of national strategy documents through to public understanding and support on the ground.

The team conducted a desk-based qualitative analysis of 19 purposively selected policy documents: four national frameworks (the Climate Change Act 2016/2023, the National Climate Change Action Plan III 2023–2027, the Long-Term Low Emission Development Strategy 2022–2050, and the Kenya Climate Smart Agriculture Strategy 2017–2026) and 15 county-level documents drawn from five counties chosen for their geographic and governance diversity (Mombasa, Kisumu, Nakuru, Turkana and Samburu). The analysis applied Walt and Gilson's (1994) policy analysis framework, covering context, content, actors and process/strategy, alongside a health co-benefits framework adapted from Fernandez-Guzman et al. (2023), extracting evidence through a structured matrix. Document review was supplemented by consultations with government, county, civil society and academic stakeholders, since several relevant documents, draft county policies in particular, were not available online.

Findings were then tested with a wider audience and the review was presented at a national stakeholder policy forum co-convened with CIFOR-ICRAF in Nairobi (20–21 February 2025), held jointly with the Wellcome-funded Pathfinder II and Visibilize 4 Climate Action initiatives. Around 60 participants from national and county government, research institutions and civil society took part in structured Q&A and small-group discussion exercises, validating the review's findings and surfacing additional gaps and entry points.

Outputs

- **Policy analysis report:** Health Co-Benefits in Kenya's Climate Change Policy Documents.
- **A peer-reviewed journal article:** "Integration of health co-benefits in Climate Mitigation Action Policies: A Policy Review of Kenya's Climate Change Policies" (forthcoming, submitted to the Journal of Climate Change and Health, under review).
- A shared contribution to the joint national stakeholder engagement report co-published with CIFOR-ICRAF (Mukhwana et al., 2025).
- **Dissemination presentations:** 1) Planetary Health Annual Meeting, Rotterdam 2025 2) World Health Summit, Geneva 2025 3) Workshop on Integrated Climate and Health Action with key stakeholders from SSA, Kenya 2026 4) Forthcoming: EGEA Conference, France 2026.

Key findings

- Integration of health co-benefits into Kenya's climate policies is real but partial, and it is uneven across national and county level alike.
- Nationally, the NCCAP III (2023–2027) makes the strongest explicit links, particularly around clean energy, air quality, and water, sanitation and hygiene. The Climate Change Act, the LT-LEDS and the Climate Smart Agriculture Strategy pursue mitigation and adaptation actions with clear indirect health benefits, such as reduced air pollution and improved diets, without naming them as such.
- At county level, more detailed Climate Change Action Plans (in Samburu, and parts of Mombasa and Nakuru) tend to make the health link more explicit than County Integrated Development Plans, which rarely do so even when they propose actions (clean energy, waste management, tree planting) with well-established health benefits.
- Recurring gaps across the policy set include the absence of a national framework for climate-health surveillance or data collection, limited attention to active travel and sustainable mobility as a co-benefit pathway, weak coordination between health, environment and agriculture ministries, and an almost total absence of health indicators in monitoring and evaluation frameworks.
- Climate financing mechanisms, including the Financing Locally-Led Climate Action (FLLoCA) programme and the NCCAP budget (which has grown from effectively unbudgeted in its first cycle to KSh 45.8 billion for 2023–2027), are not yet explicitly linked to health outcomes.

Lessons learned from delivering this strand

- Pairing the desk review with a stakeholder validation step, rather than publishing findings unilaterally, strengthened both the credibility of the analysis and its reach into policy audiences. This is worth repeating for future policy analyses.
- Delivering the dissemination jointly with CIFOR-ICRAF's own national forum, alongside the Pathfinder II and Visibilize 4 Climate Action projects, extended the audience and shared the logistical load, although it meant APHRC's findings shared time and attention with several other workstreams in the room.
- Kenya's climate governance is genuinely cross-sectoral and multi-level. Reviewing national policy alongside five counties in parallel was therefore resource-intensive, but it is what made the national/county comparison possible and credible.

Content Analysis of C40 Climate Action Plans of Sub-Saharan African cities

Objective / methodology

African cities are facing an interplay of health and development challenges, rapid urbanisation, and limited financial resources, which weakens their adaptative capacity, exacerbates the impacts of climate change and poses barriers to climate action. When facing these myriad challenges, it is often challenging for policymakers to make the case for climate action. Highlighting the synergies between climate actions and broader development objectives can garner support and motivation to implement changes and help motivate policies.

Over the last few decades, numerous efforts have been undertaken to integrate health into the climate agenda. An analysis looking at the health engagement in major global climate and biodiversity reports showed how health engagement in the space of climate change has increased over the past few years from 'being peripheral ... to being a central issue', indicating the increased importance of health in climate policymaking. Few studies to date have systematically assessed the extent to which health is integrated in city-level climate planning. An analysis of urban climate actions plans from 27 cities around the globe, showed that compared to environmental quality, the health effects of climate change and health co-benefits of climate mitigation actions were mentioned less frequently, suggesting that health is not yet fully recognised and that barriers remain that challenge the inclusion and consideration of health in climate action planning.

Whilst the interest and literature on the extent to which health is integrated in climate action reports is expanding, there is, however, a lack of evidence and understanding of the extent to which and how health is discussed in urban climate policymaking in Sub-Saharan African cities. To date, most studies assessing the health engagement in climate planning focused on national climate action plans, global analyses of urban climate action plans or adaptation strategies analysed in isolation. No systematic analysis of the health engagement in urban climate action plans of Sub-Saharan African cities has been conducted and there is limited understanding of how health co-benefits are reported for individual actions in these climate plans.

Building on earlier studies, we analysed publicly available Climate Action Plans (CAPs) from ten Sub-Saharan African cities that were publicly available in January 2025. The CAPs are available on the C40 website. Through an exploratory content analysis, we examined the degree to which health is recognised, framed, and integrated in the Climate Action Plans to identify patterns of health framing, and thematic priorities. We quantitatively assessed the reported climate actions and their associated co-benefits, and we qualitatively assessed how different health categories (health as overall aim, right to health, health impacts, health equity and health co-benefits) were referenced in the documents.

Outputs

A peer-reviewed journal article: "Health Engagement in Urban Climate Planning: Analysis of C40 Climate Actions Plans from 10 Sub-Saharan African Cities" (forthcoming, submitted to PLOS Climate, under review).

Key findings

Health is increasingly recognised as a strategic priority in urban climate planning, but the depth of integration varies considerably. Most of the ten C40 Climate Action Plans (CAPs) explicitly identified health as an overarching objective or strategic priority. However, the extent to which health was integrated into specific climate actions, decision-making processes and monitoring varied substantially across cities.

More evidence and technical capacity are needed to identify and communicate health pathways. References to health were often broad or generic, with limited explanation of how specific climate actions could affect health.

Health integration differs across sectors and between mitigation and adaptation. Health co-benefits were reported more frequently for adaptation than mitigation actions. Sectoral differences were also evident, with transport, WASH, and AFOLU and Food actions more frequently linked to health than buildings and housing or disaster preparedness and response.

Greater transparency is needed in how health co-benefits are identified, prioritised and assessed. Most CAPs did not explain how health co-benefits were selected, what evidence informed their inclusion, or how cities assessed whether climate actions would deliver the anticipated health outcomes.

Measurable health indicators are essential for moving from ambition to accountability. Few cities included indicators to assess the health impacts or co-benefits of proposed climate actions.

Health equity needs more specific and contextualised consideration. Although many CAPs recognised that climate change disproportionately affects certain populations, these groups were often collectively described as "vulnerable communities", without specifying who is most affected, why they face greater risks, or how climate actions address underlying inequities.

Lessons learned from delivering this strand

Health is widely recognised as a strategic priority within urban climate actions plans across Sub-Saharan Africa, but its integration across specific areas, including health impacts, co-benefits, equity and the right to health, remains limited and inconsistent.

Health co-benefits are often described broadly, with limited definition of what constitutes a co-benefit, how climate actions affect health, or how health considerations inform policy and investment decisions.

Stronger evidence, indicators and cross-sectoral collaboration are needed to embed health throughout the climate policy cycle, including clearer definitions, improved data, health impact assessments, and monitoring and evaluation frameworks with measurable health indicators.

More systematic integration of health could strengthen climate action helping cities demonstrate the benefits of climate policies, support more equitable outcomes, and improve accountability for implementation across Sub-Saharan Africa.

Capacity Assessment

Objective / methodology

Locally relevant and context-specific evidence is essential for developing and implementing effective climate action (Ogega et al., 2022). Understanding the health impacts of climate change and evaluating the effectiveness of climate interventions therefore requires evidence that reflects local contexts. Research led by local researchers can support more inclusive knowledge generation and ensure that evidence is grounded in relevant socio-political and cultural contexts, which can strengthen the development and implementation of effective climate action (Blicharska et al. 2017).

However, to date, evidence on climate change is heavily skewed towards research conducted in Western, high-income countries. There is an urgent need to strengthen the evidence base for effective, evidence-based, and locally appropriate climate action in Africa. Building this evidence base requires not only greater investment in climate and health research but also strengthened capacity within African research institutions to generate, access, and use locally relevant data. Although efforts have been undertaken to strengthen climate research capacity, more needs to be done to overcome inherent research capacity challenges (Ogega et al., 2022; Blicharska et al., 2017).

Against this background, there is a need to better understand where research capacity in climate and health is currently concentrated, where important gaps remain, and what barriers constrain the generation and use of locally relevant evidence. We therefore assessed organisational research capacity in climate and health among organisations operating across Sub-Saharan Africa. To our knowledge, this is the first study to systematically assess research capacity, gaps, strengths, and data-related barriers across organisations working at the intersection of climate change and health in the region. The study included organisations operating at local, national, regional, and global levels that conducted, or were planning to conduct, work on climate and health in SSA.

The assessment focused on six domains of organisational capacity:

(1) organisational focus and areas of work;

(2) methodological research capacity and expertise;

(3) data availability, accessibility, and awareness;

(4) engagement with policymakers and relevant networks;

5) organisational strengths and constraints; and

(6) research priorities and capacity-strengthening needs. By identifying areas of existing capacity alongside unmet needs, the assessment provides evidence to inform future investments in research capacity strengthening, support locally led research and contribute to a stronger evidence base for climate and health action in Sub-Saharan Africa.

Outputs

- A peer-reviewed journal article – in draft

Key findings

- Organisational understanding of climate adaptation and mitigation was generally strong, but understanding of health co-benefits was less consistent, particularly among government organisations.
- Climate and health work is already well established, but economic valuation remains less developed, only 22% of organisations identified economic valuation as a key area of work.
- Organisational engagement with policymaking is relatively strong, particularly among government and non-governmental organisations
- Knowledge of health co-benefits represents an important organisational capacity gap. Although knowledge of climate adaptation was the most commonly reported organisational strength, only 46% of organisations identified knowledge of health co-benefits as a strength, and only 25% among government organisations.
- Organisations are interested in expanding climate and health work, particularly on climate adaptation and the health impacts of climate change
- The greatest capacity needs relate to applying tools and evidence to assess health co-benefits. Using existing tools to assess co-benefits was the most frequently reported high or very high capacity need (66%), followed by modelling the health impacts of climate change (56%) and GIS (50%).
- Limited access to reliable emissions and air-pollution data is a major barrier to climate and health work. While climate and health data were generally available to some extent, only 14% of organisations reported reliable and up-to-date emissions data and 12% reported this for air-pollution data.

Lessons learned from delivering this strand

- Strengthen knowledge and expertise on climate–health co-benefits. While organisations generally demonstrate strong understanding of climate adaptation and mitigation, greater capacity is needed to understand and apply health co-benefits. This should include improving access to climate–health expertise and data, alongside strengthening organisations' ability to use evidence to inform policymaking.
- Build capacity to use existing data, tools and analytical approaches. Rather than focusing primarily on primary data collection, support should also prioritise practical skills in GIS, modelling, data visualisation and the application of existing climate and health tools to generate actionable evidence.
- Improve the availability and accessibility of emissions and air pollution data. Organisations need better access to reliable emissions and air pollution data, which were identified as among the least available and most restricted data sources. Strengthening data sharing, accessibility and interoperability could help organisations generate and apply evidence for climate and health action.

Capacity Building & Policy Engagement (AFIDEP)

Objective & activities

AFIDEP led the work package's capacity-strengthening and policy engagement strand. Its aims were to build a network of researchers, policymakers and practitioners working on climate action and health in Sub-Saharan Africa, and to strengthen their ability to generate, communicate and use evidence on health co-benefits. The strand drew on AFIDEP's regional convening role, including as co-convener with PACJA and AMREF Health Africa of the Pan African Platform on Climate and Health (PPCH). It ran from June 2024 to September-2026 as a sequence of activities, each building on the one before.

Stakeholder mapping (June—November 2024). AFIDEP began with a desk-based mapping and analysis of organisations working at the intersection of climate and health in Sub-Saharan Africa. The initial list was drawn from participants at the 12th Conference on Climate Change and Development in Africa (CCDA-XII, Abidjan, August–September 2024) and expanded through document review. Stakeholders were grouped as UN agencies, regional political and economic blocs, funders, research institutions, international NGOs, and regional initiatives and networks, then scored for interest and influence using a matrix developed by the AFIDEP team. The mapping was designed to guide whom the project engaged, including who was invited to its workshops.

Virtual framing workshop (March 2025). Pathfinder collaborators had identified early on that framing climate mitigation and its health benefits was a particular challenge in sub-Saharan African contexts. AFIDEP therefore convened a 90-minute virtual workshop with 28 participants, including officials from the Kenyan and Ethiopian environment ministries, academics, NGO and international NGO staff, and the partner teams. The programme covered lessons from how framing shaped the response to other health crises along with an overview of Pathfinder Phase 1 findings. Facilitated breakout and plenary discussions followed, guided by pre-set questions on terminology, what does and does not work for framing of health co-benefits within sub-Saharan Africa, and the pathways most relevant to the region.

Africa Climate Summit 2 (Addis Ababa, September 2025). AFIDEP used its role in the ACS2 Climate and Health Cluster, convened under PPCH, to take the work package to a high-level policy audience. On 8 September 2025, AFIDEP, PACJA, AMREF Health Africa and LSHTM co-convened a high-level side event, "Pathways for integrating health into Africa's climate change adaptation, mitigation and resilience strategies". There were presentations followed by a high-level panel and Q&A, designed for policymakers, civil society actors, researchers, implementers and funders. Around the summit, the partners also ran a session to launch the Community of Practice, share the framing workshop's findings and promote the expertise-mapping survey that fed the capacity assessment.

Community of Practice. The Community of Practice on Climate Action and Health in Africa was launched around ACS2. It aims to share knowledge, best practice and lessons on climate actions that also improve health; support the uptake of evidence-based climate and health solutions; promote interdisciplinary and cross-sectoral partnerships; and help integrate health into climate discussions and policy in Africa. Its intended members are researchers at African universities and research institutes, practitioners, policymakers and programme implementers. Members engage through a LinkedIn group with regular updates, virtual workshops and the Pathfinder Initiative newsletters. Membership currently sits at 131 members.

Nairobi capacity-strengthening workshop (28–30 April 2026). The strand culminated in a three-day, in-person workshop, "Integrated Action on Climate and Health", held at Ulwazi Place on the APHRC campus. AFIDEP and LSHTM co-facilitated it, with a session from APHRC. It had three objectives: knowledge (a shared foundation on how climate action and health are linked, focused on the co-benefit pathways most relevant to Sub-Saharan Africa), skills (a toolkit of approaches for commissioning, researching and implementing integrated climate action) and networks (connections across organisations, disciplines and funders). There were over 25 attendees from across academia, government and NGOs, with over 10 different countries represented. Sessions covered:

- Climate–health win-wins and policy pathways, and the framing of climate action and health in Sub-Saharan Africa
- Findings from the organisational capacity assessment
- Regional and Kenyan perspectives on health in climate policymaking (AFIDEP and APHRC)
- AI tools for evidence synthesis, including an interactive evidence map, and health impact modelling
- Economic evaluation, and data gaps and translating evidence into practice
- Engaging with policymakers and writing for influence
- Funders' perspectives, from Breathe Cities and FCDO

Across the three days, participants worked individually or in groups on a case study of how health could be integrated into climate action in a setting they work in, and presented it on the final day.

Word-cloud analysis from the pre- and post-test survey of the workshop showed a shift from a binary adaptation-versus-mitigation framing of climate actions toward a focus on "health co-benefits," policies and strategies, multisectoral collaboration and climate justice and equity. Self-rated skills of the participants also showed improvement in all areas, though climate-health financing and AI use remained weakest. Most participants rated the workshop as a success, across all evaluation criteria.

Kenya International Scientific Lung Health Conference (August, 2026). As part of the dissemination and stakeholder engagement efforts of the Pathfinder 2 Initiative, AFIDEP participated in the 7th Kenya International Scientific Lung Health Conference. The conference was held from 5th to 8th August 2026 in Diani in Kwale County, under the theme; "From Detection to Recovery: Integrated Pathways & Patient-Centered Innovations in Lung Health". The conference deliberated on ways of addressing the growing burden of respiratory disease in Kenya and across the Africa region. Dr. Nurudeen Alhassan (the technical lead of Pathfinder 2 Initiative at AFIDEP) made a presentation in the plenary session showcasing climate mitigation actions as a viable pathway for improving lung health in Africa.

Case studies of Climate Mitigations Actions with Health Co-Benefits. AFIDEP documented case studies of real-world examples of climate actions that have been implemented in Africa, and have the potential to (or have resulted in) simultaneously reduce emissions and improve health outcomes. Five case studies were documented to showcase the three key pathways to a healthy low-carbon future: energy transition, transportation and nature-based solutions. The two case studies that demonstrated the health co-benefits of the energy transition pathways were the Lake Turkana Wind Power Project in Kenya and the Solar for Health Programme. Regarding the transportation pathway, the health impact of the Northern Corridor Green Freight Programme in East Africa and the Kigali Car-Free Day Initiative. On nature-based solutions, the health co-benefits of the Green Urban Infrastructure in Beira City, Mozambique.

Outputs

Stakeholder Mapping and Analysis Exercise report (November 2024).

Framing of Health Co-Benefits of Climate Change Mitigation in Africa: Workshop Report (March 2025).

The ACS2 high-level side event: 'Pathways for integrating health into Africa's climate change adaptation, mitigation and resilience strategies' (8 September 2025).

The Community of Practice on Climate Action and Health in Africa and its LinkedIn group.

Regional Capacity Strengthening Workshop Training materials and Report (April 2026).

Case study report (Sept 2026)

Blog on participation in Kenya Lung Health Conference (August, 2026)

Two policy briefs on lessons from the capacity strengthening programme and case studies (September 2026).

Key findings

- The framing of climate change in Africa is usually around harm: floods, heat and drought. Solution-oriented framing that shows "win-win" actions, such as UNDP's Solar for Health programme in Malawi, is a viable pathway for reducing emissions while health outcomes.

- The word "mitigation" meets resistance. Africa contributes less than 4% of global emissions, so mitigation framing can imply a responsibility that feels misplaced and unjust. Thus, discussing climate actions more broadly with stakeholders rather than as a binary of mitigation versus adaptation reduces resistance. This matters for how a mitigation-focused programme such as the Pathfinder 2 Initiative presents its work in the region.

- Relatable language, such as "temperature change" or "air quality for health", communicates better than jargon like "net zero", "decarbonisation" or "carbon footprint". Framing should also cover livelihoods and wellbeing, not health alone: protecting mangroves in Ghana, for example, matters to communities whose livelihoods depend on them.

- The most viable pathways to climate emissions that were identified by participants in the framing workshop were urban planning and land use, household cooking fuel, emissions and waste from the health sector, waste management, and transport and active travel. The policy engagement activities demonstrate growing regional momentum for climate change and health integration, but there is still weak capacity and inadequate multisectoral collaboration as well as limited financial investment in interventions that can simultaneously reduce emissions and improve health outcomes.

- Stakeholder knowledge and skills required to understand and engage policymakers on pathways to a healthy low-carbon future that have tangible public health benefits in Africa is significantly limited. Specifically, skills in evidence translation and communication, data analysis using AI and other modelling techniques and policy synthesis is quite low for many of the stakeholders that participated in the capacity strengthening workshop.

The capacity strengthening workshop improved knowledge and skills evidence translation and policy communication and framing climate actions with practical health benefits in the African context, but participant knowledge and skills in climate-health financing and AI use remained weak after the workshop.

The Lake Turkana Wind Power Plant and the Solar for Health Programme show that renewable energy investment can decarbonise electricity supply while strengthening health facilities' cold-chain storage, emergency and maternity care.

The Northern Corridor Green Freight Strategy and Kigali's Car-Free Day initiative demonstrate that transport-sector mitigation can reduce air pollution-related disease burden and, in Kigali's case, avert disability-adjusted life years and hospital admissions while promoting physical activity.

The Beira Green Urban Infrastructure Project shows that nature-based solutions can build climate resilience while improving waste management, flood protection and access to green space.

Lessons learned from delivering this strand

The resistance to "mitigation" is a lesson for the programme as well as its audiences. Work built around mitigation co-benefits is likely to resonate more with African policymakers when it is presented as climate action more broadly, and when it recognises the region's priorities and historical context.

Effective climate action in sub-Saharan Africa need to be informed by context specific research and evidence that support practical solutions.

Skills for modelling (including use of AI) the economic impact of climate actions can help engage policymakers to prioritise the intersections of climate change and health.

Knowledge and skills to translate and package for research evidence is critical for engaging policymakers and influencing decision making on climate change and health in sub-Saharan Africa.

Multi-sectoral collaboration across government, NGOs, international development partners is critical for supporting research and policies that advance the integration of health and climate change in sub-Saharan Africa.

Robust monitoring and data systems, such as the Solar for Health Digital Platform, are needed to track emissions reductions and health outcomes together, since most national climate policies, including the H-NAPs reviewed in this study, do not yet systematically capture the health co-benefits of mitigation actions.

Blended and concessional international financing, from institutions such as the Green Climate Fund, UNEP and the German Government, remains critical for de-risking mitigation investments in health facilities, freight transport and urban green infrastructure, particularly where domestic financing for low-carbon transitions is limited.

The mix of formats worked well. The virtual workshop reached a wide range of countries quickly and cheaply, while the three-day in-person workshop allowed the depth needed for skills and relationships. Sequencing the strands so that capacity assessment results fed into the Nairobi programme helped join them up.

On-going work & Next Steps

Building on our work on capacity strengthening for climate change and health research and on understanding how health can be better integrated into climate policymaking in Sub-Saharan Africa (SSA), we identified an important evidence gap concerning the public dimension of climate–health action. In particular, there is limited evidence on public knowledge and perceptions of the links between climate change, climate action and human health, including awareness of the health co-benefits that can result from climate mitigation and adaptation. Much of the existing research has been conducted in high-income, Western countries, with comparatively little evidence from SSA and other low- and middle-income settings (LMICs). Furthermore, while there is growing interest in the potential for health framing to strengthen support for climate action, relatively little is known about public understanding of climate–health co-benefits themselves.

As next steps, we will therefore address two related evidence gaps: first, the limited understanding of public knowledge and perceptions of the relationship between climate action and human health, including awareness of health co-benefits; and second, the limited evidence on whether communicating these health benefits can influence public support for climate action in SSA. We therefore aim to continue to disseminate emerging research evidence on climate actions with public health benefits via the community of practice. We have started engaging the Wellcome Trust funded Climate and Health Centres of Excellence in sub-Saharan with the aim to supporting them disseminate and engage policymakers with their evidence via the Pathfinder CoP. These engagements are expected to improve public understanding of climate-health co-benefits and spur advocacy and policy actions across the continent.

Another activity that is being pursued is a study that focuses on urban residents in Nairobi, Kenya, to assess public

awareness and perceptions of the health benefits of climate action, as well as how different climate policy framings affect support for climate actions. In addition, a cross-sectional household survey with an embedded conjoint experiment will be conducted to examine these questions. The survey will collect information on participants' socio-demographic characteristics, including age, gender, education and occupation, alongside measures of baseline knowledge of climate change and its health impacts, awareness of the links between climate action and health, and perceptions of climate-related health risks. The conjoint experiment will then quantitatively assess preferences across climate policy communication scenarios that vary in how climate action is framed and the benefits associated with it.

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