

**BRIEF**

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# COMMUNITIES OF PRACTICE BETWEEN THE FIELDS OF CLIMATE & HEALTH

## THE CASE OF LEBANON & JORDAN

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# INTRODUCTION

This brief is part of a rapid assessment that aimed to study the needs, barriers and enabling factors in the development of networks/ Communities of Practice (CoP) working at the intersection of the climate and health fields, made up of cross sectoral and interdisciplinary stakeholder collaboration.

The rapid assessment was the start of discussions and exploration at the intersections of Climate and Health stakeholders in Jordan and Lebanon and its aim was to share insights and lessons learned from the stakeholders in the region. The rapid assessment, on which this brief is based, relied mainly on desk research to gather general insights into climate change and health in both countries. It also engaged in primary data collection through a survey, key informant interviews, and group discussions in Lebanon and Jordan.

Beyond Group is part of a consortium led by Quicksand and commissioned by Wellcome, and gathers partners from countries in Asia- Pacific including India, Indonesia, The Philippines, Lebanon and Jordan. Beyond Group engaged with stakeholders in data collection through interviews, a survey and a workshop in Jordan and Lebanon. Other whereas other consortium members in countries in the Asia-Pacific region include India, Indonesia, the Philippines and Bangladesh.

This brief delves into the rationale, challenges and recommendations for the development of collaboration channels/ networks between the fields of climate and health to mitigate the effects of climate change - derived health implications to the populations of Jordan and Lebanon. Conclusions and recommendations presented within this brief are solely based on the secondary research and responses gathered throughout the stakeholder engagement activities undertaken for the purposes of the rapid assessment in the two countries.

## OVERVIEW

# COLLABORATIONS ACROSS THE SECTORS OF CLIMATE AND HEALTH

Climate change is a growing concern worldwide, with devastating effects on the environment and public health. Looking into the Middle East region, Lebanon and Jordan are particularly vulnerable to multiple climate change stressors, which pose both a direct and indirect threat on public health on top of the current challenging contexts in both countries (Rochdi, 2021 and UNDP, n.d). Lebanon currently faces several challenges, including political turmoil, economic and financial crisis, which has significantly contributed to the deterioration and a fragmentation of the healthcare system (The National Editorial, 2023). This has been evident in the last two years especially with the lack of funding, decreased number of healthcare professionals, shortages of drugs and medical supplies, and limited infrastructure (ReliefWeb, 2022). On the other hand, Jordan has a relatively stable government, but the country still faces economic and social challenges as well due to several reasons including their high levels of public debt, the ongoing regional instability, and the influx of refugees from neighbouring countries for which Jordan does not have adequate social infrastructures (USAID, 2017). Both countries are in the Mediterranean basin and as such already suffer from high temperatures and frequent heatwaves and droughts which affect their ability to cope with climate change impacts. Jordan for instance is considered as being one of the most water scarce countries in the world and scientific predictions for both countries are expecting the effects of climate change stressors to intensify over the coming years (Climate Centre & ICRC, 2021). These stressors include temperature extremes, air pollution, water scarcity and flooding causing a range of direct and indirect impacts spreading over a broad range of sectors as observed in Figure 1.

## CLIMATE CHANGE

### RISING AVERAGE GLOBAL TEMPERATURES

#### DIRECT IMPACT

- Rising sea levels and coastal erosion
- More frequent wildfires
- Change in prediction patterns (water shortages, flooding)
- Heat-related illnesses, dehydration, and respiratory problems from air pollution
- Increased frequency and severity of extreme weather events (heatwaves, droughts, floods, hurricanes)
- Loss of biodiversity



#### INDIRECT SOCIO-ECONOMIC IMPACT

- Loss of tourism and recreation
- Increased costs for disaster relief
- People displacement causing social & economic instability
- Compromised agricultural productivity, food security



#### INDIRECT HEALTH IMPACT

- Impacted mental well-being
- Physical Injury, death
- Spread of vector diseases, malnutrition related conditions



Figure 1 : Direct and indirect impacts of climate change (linkages to health and other sectors).

Health is one of the overarching sectors affected by climate change both directly and indirectly. Direct impacts include heat stress, dehydration, and respiratory problems from air pollution and wildfires. Indirect impacts can include increased risks of water-borne diseases, malnutrition due to crop failures, and mental health impacts such as anxiety and depression related to natural disasters and displacement. These climate change – induced health impacts are primarily felt by vulnerable populations in the two countries, such as the large populations of refugees, low-income communities, children, elderly individuals, those with pre-existing health conditions and people living in disaster-prone areas, who are particularly at higher risk (Oxfam, 2019 and UNICEF, 2021). Given these challenges, it is therefore crucial to examine the intersection between climate change and health in Lebanon and Jordan and develop effective ways to encourage dialogue between the fields of climate and health in the two countries. The development of CoPs working towards mitigating the impacts of climate change on public health is one of the ways that might help in approaching the issue. Addressing the intersection between climate and health for the two countries requires a thorough understanding of the various linkages between climate change and health (both direct and indirect). The mapping of the linkages between the two fields is essential in identifying which stakeholders should be involved in the dialogue for mitigation strategies. Although both countries have grasped the intersection between the two fields to an extent, there are still a lot of linkages that need to happen if further measures are to be taken to minimize the climate change impact on health.



More specifically, over the past few years Lebanon has made the linkage between climate and health and as such has acknowledged the need for collaboration between the two fields. Linkages identified between climate and health for Lebanon include the establishment of healthcare as one of the most vulnerable sectors to climate change, the realization of the vast economic impact climate change has on the healthcare sector as well as the current lack of preparedness to handle public health crises such as COVID-19 or the most recent cholera outbreak (AUB, 2022). Similarly, Jordan has also made the basic linkages between climate change and health and has also proceeded to develop a series of strategies and action plans main-streaming health in climate change mitigation efforts. Health has also been identified as one of the main priority pillars for developing a green economy resilient to climate change in Jordan. As such, several strategies have been developed to help materialize the country’s objectives (World Bank Group, 2023 and UNDP n.d.). Despite this, very few of what has been developed on paper has been implemented on the ground. Developing effective ways to encourage dialogue between the fields of climate and health, such as through the development of Communities of Practice, is essential in mitigating the impacts of climate change on public health in these countries. However, while both countries have acknowledged some of the linkages between climate and health, there are further challenges to overcome if more collaboration and linkages are to be established to minimize the impact of climate change on health.



**“ It is important that stakeholders realize climate change is no longer just a social and environmental issue, but an important economic and political issue as well - International development agency employee, Jordan ”**

## KEY CHALLENGES

Building on the input of the different stakeholders in both Jordan and Lebanon, there were multiple common stressors identified across the intersection of both sectors. These stressors and challenges could be grouped into three different categories.

Challenges associated with the categories that follow pose obstacles to the creation of effective collaboration channels or CoPs working at the intersection of climate and health. Thus, they will need to be addressed to effectively work towards mitigating the impacts of climate change on public health in Lebanon and Jordan.

POLICY DEVELOPMENT & IMPLEMENTATION
Limited prioritization of the intersection across health and climate change themes
Difficulty in main-streaming intersectionality in policy implementation
CLIMATE & HEALTH DATA
Difficulty in establishing correlation
Lack of quantifiable indicators & collection mechanisms
ECOSYSTEM ACTORS
Lack of Expertise at the intersection
Limited incentives for stakeholders to collaborate
Lack of clear understanding of relevance/impact of intersectionality

## POLICY ENVIRONMENT

### UNDERSTANDING LINKAGES BETWEEN HEALTH & CLIMATE FOR EFFECTIVE IMPLEMENTATION

#### The Policy Making Environment In Both Countries Is Not Recognizing The Full Extent Of Intersectionality In The Fields Of Climate Change And Health And Is Thus Difficult To Resonate With Stakeholders.

Stakeholders in both countries believe that actors in both climate and health fields find it difficult to agree on a common denominator. In other words, most of the interviewed stakeholders agreed that the presentation of the topic, the language used, and the framing of the issue is one of the important variables that would allow all actors to come together and work towards improving the current situation. Several initiatives and projects have used the term 'climate change' without delving into specific sub-sectors and its relation to other sectors. This has decreased the interest of stakeholders and the general population, as well as changed their perception towards the topic, deeming it as less important. With this being said, it is important to stress on important issues such as individuals' health, agriculture, and food systems, as these topics are closer to individuals than talking about climate change in general.

#### REFLECTING ON THE AGRICULTURE SUB-SECTOR

Individuals working in the agriculture sector struggle to grasp the intersectionality between climate and health. Their primary focus may be on maximizing agricultural productivity and profitability, potentially leading them to overlook the broader implications of climate change on both the environment and public health. In this context, the agricultural industry may prioritize short-term gains, such as increasing crop yields or expanding irrigation systems, without fully considering the long-term consequences of these actions on climate patterns and human well-being. They might not recognize the potential linkages between climate change, changes in rainfall patterns, soil erosion, pesticide use, and the subsequent impacts on ecosystem health and human health.

The government in Lebanon appears to fail in prioritizing and acting towards implementing measures aimed at improving the performance of its healthcare sector in general. Many the Lebanese population relies on international donor funded NGO clinics for healthcare treatments<sup>1</sup>. Despite studies that showed the immense economic impact climate change will have on the already suffering healthcare sector of the country, no evidence was found to suggest there are any efforts in developing or endorsing measures exploring means of collaboration between the two fields to mitigate this impact<sup>2</sup>.

Jordan has developed comprehensive strategies and action plans that integrate climate considerations as part of its pursuit of a green economy. However, when it comes to implementation, main-streaming climate parameters in economic sectors, including health, proves challenging. Stakeholders involved have a limited understanding of the technical implications derived from main-streaming climate into health.



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***It's very hard to correlate health impacts to climate change. It's very difficult to go out and collect information on cases - International development agency employee, Lebanon***”

1 Input shared from interview with MED Global in Lebanon

2 Input shared from interview with UNDP in Lebanon



## DATA AVAILABILITY: ADDRESSING DATA SCARCITY

**In both Lebanon and Jordan, researchers, policy makers and practitioners find it difficult to access data correlating the effects of climate and health to help them efficiently target problematic thematic areas.**

It was evident through this rapid assessment study, that there is limited data and research in both countries on linking the prevalence and symptoms of a certain disease to one of the climate change stressors. Correlation between climate and health is easier for direct causality events such as hurricanes i.e. where the number of physically wounded individuals are recorded. In other instances, however, it might not be as straightforward. For example, healthcare professionals, specifically doctors, don't receive enough training to link respiratory distress diagnosis to the different climate change stressors.

### REFLECTING ON THE MEDICAL CARE SUB-SECTOR

The most common causes that hospitals report on are smoke inhalation and diseases resulting from a specific pandemic i.e. the onset and management of asthma post COVID-19 (Agondi et Al, 2022). However, other factors are still to be explored such as air pollution, droughts, and exposure to high levels of ozone.

Additionally, there is a lack of quantifiable parameters and indicators for the creation of climate change derived health data. There is no systemic way of documenting health information in a way that is easy to correlate with climate i.e. there are no qualitative or quantitative indicators particularly for health implications excluding those for extreme single occurring events (hurricanes, floods etc.). Moreover, there is a lack of existing publications utilizing or exploring such indicators that can be replicated to combat this issue. Without proper indicators, the correlation between health and climate remains theoretical and it is difficult to obtain the buy-in of governments and other important stakeholders and motivate them to act or implement policies and action plans working towards mitigating public health issues derived from climate change.

## ECOSYSTEM ACTORS: ENCOURAGING COLLABORATION THROUGH COMMUNITIES OF PRACTICE

**The ecosystem is not necessarily enabling actors to participate in a health and climate CoP, as a result of limited incentives, and lack of knowledge around the importance of intersectionality in these fields.**

Despite both Jordan and Lebanon having a long list of seasoned professionals in the climate and health fields separately, they lack stakeholders with knowledge and experience at the intersection of the two. The absence of such stakeholders in the development of collaboration networks of CoPs is significant as it makes bridging the gap between the two communities much harder. Additionally, despite the urgent need to address the intersection of climate change and public health, there seems to be a lack of motivation from stakeholders to participate in a climate and health CoP in both Jordan and Lebanon. Stakeholder engagement has been identified as one of the main challenges in developing such a network/ CoP. Given the current socio-economic and political crises in Jordan and Lebanon, people's minds are understandably not focused on long-term, seemingly distant issues. It is challenging to motivate and incentivize stakeholders to prioritize climate change and public health when they are facing pressing short-term problems that demand their immediate attention.

**Donor dependency could hinder potential efforts made at the intersection of health and climate.**

The successful establishment and sustainability of a network/CoP that addresses health issues at the intersection of Lebanon and Jordan heavily relies on donor funding. Unfortunately, donor dependency has emerged as a concern among stakeholders, which could hinder the development of this network. Moreover, challenges arise from fraud and corruption within local ministries, which undermine the community's trust in NGOs and affect the funding process<sup>3</sup>.

In addition, many NGO clinics that provide healthcare services to the most vulnerable populations are heavily reliant on donor funding to operate and cannot sustain themselves in the long run. Therefore, donor dependency poses an added risk to the continuity of vital healthcare services, which could have devastating consequences for the already struggling communities in Lebanon and Jordan.

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3 Input shared from interview with MED Global in Lebanon and UNDP Lebanon

# RECOMMENDATIONS & CONCLUSION

Climate change poses significant health risks to populations in Jordan and Lebanon, and collaboration between the climate and health sectors is crucial to mitigate these risks. However, this collaboration faces several challenges, including a lack of research and data on the intersection between climate and health, a disconnect between government and civil society as well as various challenges with the ecosystem actors. To overcome these challenges, it is essential to develop the right tools and modalities of engagement to encourage collaboration and the creation of networks such as CoPs in climate and health between the key stakeholders. Although further research and topic exploration are required, the below are some high-level directions and interventions to be explored and prioritized in Jordan and Lebanon to contribute to accelerating efforts in the collaboration between the fields of climate and health to allow for the protection of vulnerable populations and economic prosperity, in addition to pro-actively accelerating the efforts in the collaboration between the fields of climate and health to build a more resilient future for Jordan and Lebanon.

## POLICY ENVIRONMENT

- Capitalize on donors and development actors to explore the possibility of main-streaming climate change in health strategies and policy planning in addition to establishing clear mechanisms for implementing by providing sufficient resources and support for their implementation.
- Consider the development of a coordinating body that brings together stakeholders from different sectors to work towards common goals, avoid duplication of efforts and oversee the administrative requirements of a CoP in health and climate.
- Create spaces where the various linkages between health and climate are communicated and explained to all relevant stakeholders including policy makers so that it becomes easier to get them on board in collaboration efforts for mitigation activities.

## DATA AVAILABILITY

- Explore the possibility of academic and non-academic research grants that could focus on identifying the health implications of climate change and establish correlations between them.
- Develop quantifiable parameters and indicators for the creation of climate change derived health data such as the collection of qualitative data from patients to identify conditions or circumstances that lead to health implications derived from climate change.
- Health concentrate efforts on producing not only country wide research but also local and rural research that would allow for localized and contextual data and consequently scaling up with higher-level stakeholders to a national level.

## ECOSYSTEM ACTORS

- Support in establishing learning networks and circles that allow for a transdisciplinary approach while ensuring participatory tools to avoid any power dynamics.
- Establish CoPs across different levels in the two countries - national, sub-national, and local – to safeguard all types of intersectional activities that are captured and transferred within the CoP participants as efficiently as possible.
- Engage with experts from both fields to encourage their participation in the CoPs by emphasizing the importance of this collaboration and its potential positive impact on public health



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