Health and climate change

Røde Kors

Climate Centre

Ethiopia

Why we should talk about climate change and health

Climate change is affecting our health today

- Our planet is warming rapidly due to greenhouse gas emissions from human activities (e.g., the burning of fossil fuels). Climate change is linked to extreme weather events, water and food insecurity, poor air quality and more.

- Climate change impacts our health in numerous ways: it increases the frequency of communicable diseases such as cholera, diarrhoeal disease and malaria; of non-communicable diseases, like respiratory illness and cardiovascular disease; and of mental health conditions and trauma from extreme weather events, including droughts, floods and heatwaves.

- Climate change disrupts health systems by increasing the frequency of extreme weather events that damage healthcare infrastructure, cause power cuts and disrupt essential services. It is, therefore, important to maintain essential healthcare services close to populations that are most vulnerable to the effects of climate change.

- You can make a difference by talking about climate change in your communities. You have a unique role in helping your communities understand the health impacts of climate change and how to protect themselves.

How to communicate on health and climate change to communities

Before you start talking, consider your audience and goal.

Who are you speaking with? It could be community members, local leaders, farmers or herders. What is your goal? It might be to empower, raise awareness, convince, inform or encourage.

Keep your message simple and focus on human health.

Simple messages are often the most effective. Presenting climate change as a health issue helps your audience see climate change as a local, tangible problem that they are facing right now.

Tell stories to connect with people.

People can find it hard to connect with facts and statistics, while they relate more easily to stories. If you have personal experience observing the health impacts of climate change, share the story with the community. (e.g., In 2024, we had the heaviest rains since 1967. We saw a sharp rise in cases of malaria and cholera ...).

Empower people to make good decisions about their health and community.

Let people know how they can protect themselves and their communities from the health impacts of climate change.

Vulnerable populations

The health risks posed by climate change vary between and within regions and communities. While everyone is affected, certain groups are more vulnerable than others.

Who are the vulnerable populations?

- Elderly people
- Infants and children, especially those under five years old
- Pregnant or breastfeeding women
- People with pre-existing health conditions
- People living with disabilities
- Internally displaced persons living in camps or temporary shelters
- Smallholder farmers and herders in rainfed areas, whose livelihoods depend on rainfall
- Pastoralists and nomadic herders affected by desertification
- Women and girls, who face extra barriers to accessing healthcare and are at higher risk during crises
- People who work outdoors in hot climates

Key messages: Health and climate change

Ethiopia

Ethiopia faces some of the most severe climate-related health challenges in the world. Erratic rainfall, prolonged droughts and flooding directly threaten the health of millions of Ethiopians. These climate hazards worsen the spread of diseases that communities already know – particularly cholera and malaria – and place the greatest burden on those who are already vulnerable.

Health and climate context

- Recurrent droughts (Afar; Somali; Southern Nations, Nationalities and Peoples' Region; Tigray) and seasonal floods (Awash River basin in Oromia) are a recurring reality.
- Malaria affects approximately 75 per cent of the country's land area (WHO, 2024); climate shifts are expanding transmission to higher altitudes.
- Cholera outbreaks regularly follow flooding and drought through contaminated water and disrupted sanitation (Demlie *et al*, 2024).
- Highest-risk groups: women, children under five years old, the elderly, people with disabilities and displaced persons.

1. Flooding and heavy rain

Primary health impacts of flooding and heavy rain:

- Cholera
- Diarrhoea
- Malaria, dengue
- Typhoid
- Injuries
- Mental health effects (fear, anxiety and trauma)

What is happening?

- Seasonal floods overwhelm latrines, flushing faecal matter into drinking water and causing waterborne illnesses – the leading reason for post-flood deaths.
- Standing water after floods creates mosquito breeding grounds, repeatedly triggering malaria outbreaks as well as Rift Valley fever in some regions.
- Flooding damages roads and health facilities, cutting off communities from emergency care when they need it most.

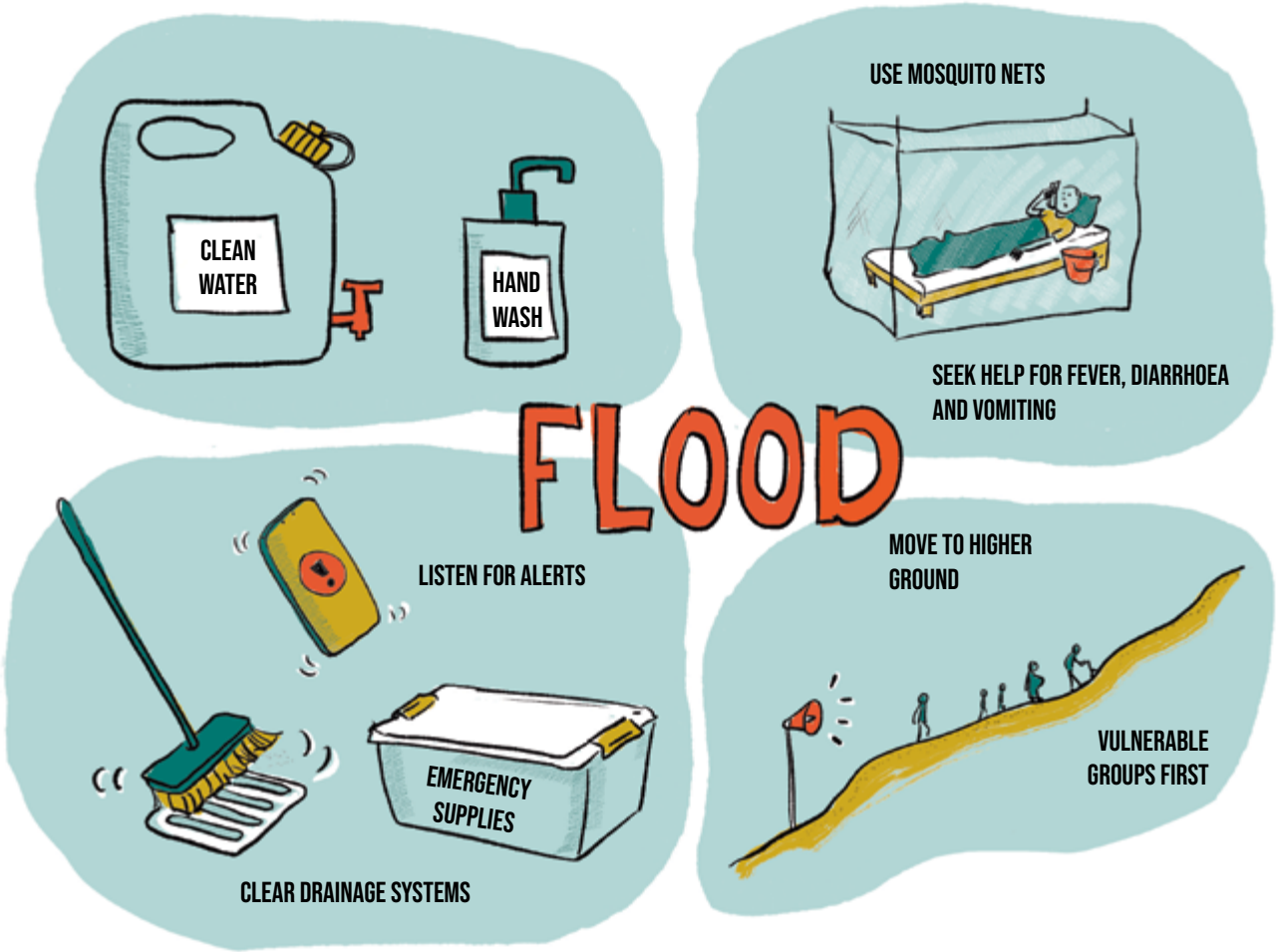
How does flooding make us sick?

- Floodwater contaminates wells and drinking water, spreading cholera, diarrhoea and typhoid. After floods, mosquitoes breed in puddles and stagnant water, so cases of dengue and malaria often rise in the weeks that follow.
- Floods also cause injuries, and the fear and loss this causes can severely affect mental health, particularly for families already living through conflict and displacement. Health workers themselves may be displaced or affected, reducing the capacity of the health system to respond.

What can you do?

- Do not drink or cook with floodwater. Boil water, use purification tablets or filter it. Keep drinking water in a clean, covered container and empty and clean water storage containers regularly. Do not allow water to sit uncovered where dirt, flies or mosquitoes can enter.
- Wash your hands with soap and water before preparing or eating food and after using the toilet.
- Sleep under a mosquito net and empty any containers around your home that collect standing water to reduce mosquito breeding grounds.

- Seek health advice immediately if anyone develops fever, diarrhoea or vomiting after a flood. Alert community leaders if multiple people fall ill – this may signal a cholera outbreak.
- Store emergency supplies (soap, clean water, oral rehydration salts) before the rainy season begins.
- Support community early warning systems: listen to radio alerts or local announcements about rising water levels.
- Work with your neighbours to keep drainage channels clear of waste so floodwater can flow away more easily.
- Participate in community clean-ups after floods to reduce mosquito breeding grounds and restore safe living conditions.



2. Drought

Primary health impacts of drought:

- Malnutrition and stunting in children
- Cholera, diarrhoea, typhoid (waterborne diseases)
- Skin and eye infections
- Mental health effects (stress, anxiety, hopelessness)

What is happening?

- When rains fail, arrive late or do not come at all, the consequences for food security, livelihoods and health are severe. Drought destroys harvests, kills livestock and forces communities to abandon their homes in search of food and water. Pastoralist communities are among those most affected.
- Drought also increases conflict over scarce water and pasture, especially in pastoralist regions where competition between communities can turn violent.

How does drought make us sick?

- Food shortages cause malnutrition in young children, leading to permanent harm to growth and development as well as increased vulnerability to diseases including measles, pneumonia and other infections.
- Drought reduces the volume and quality of water in rivers, ponds and shallow wells, causing people to rely on contaminated sources they would not normally use, spreading diseases like cholera and diarrhoea.
- When drought forces families to leave their homes, they often end up in crowded areas where clean water and toilets are hard to find – and cholera spreads quickly in these conditions.
- Pregnant and breastfeeding women face high risk – climate shocks disrupt breastfeeding, dietary diversity and access to therapeutic feeding programmes for infants and young children.
- Women and girls often walk long distances to fetch water, exposing them to exhaustion, injuries and risks of gender-based violence.
- Drought also causes profound psychological stress and worry, particularly for displaced families.

What can you do?

- Monitor young children. Warning signs of malnutrition include extreme thinness, swollen legs or feet, weakness and loss of appetite. If you see these signs, seek help straight away. The sooner a child gets treatment, the better.
- Give clean, safe water and the best available food first to young children and pregnant or breastfeeding women. Keep water stored in a clean, covered container.
- If someone has sudden, severe watery diarrhoea with vomiting, treat it as a potential cholera emergency – take them to a health facility immediately.
- Stay in contact with the health workers and nutrition teams in your area. Therapeutic feeding programmes exist in many regions – find out where the nearest one is before a crisis hits.
- Encourage the vaccination of children, as malnutrition makes them more vulnerable to preventable diseases.

Extra messages

3. Extreme heat

Primary health impacts of extreme heat:

- Heat stroke and heat exhaustion
- Dehydration
- Worsening malnutrition
- Worsening existing conditions (heart disease, kidney disease)
- Expansion of vector-borne diseases (dengue, malaria, Rift Valley fever)
- Mental health effects (anxiety, exhaustion, irritability)

What is happening?

- Ethiopia's lowland regions (Afar, Somali) are among the hottest places on Earth and temperatures are rising because of climate change. Rising temperatures are not only affecting the country's lowland regions, but also shifting disease patterns in the highlands where communities are unprepared for malaria.

- Displaced people in camps with little shade or clean water are most exposed to extreme heat and have the fewest resources to cope.

How does extreme heat make us sick?

- When it gets too hot our bodies lose water quickly, causing dizziness and weakness. In serious cases, this can lead to heatstroke, which can be life-threatening. Heat also worsens existing conditions such as heart disease, kidney disease and diabetes, and is particularly dangerous for pregnant women.

- Heat affects how we feel mentally, making us tired, anxious and on edge – and this is even harder for families who have lost their homes and are living through conflict and food insecurity.

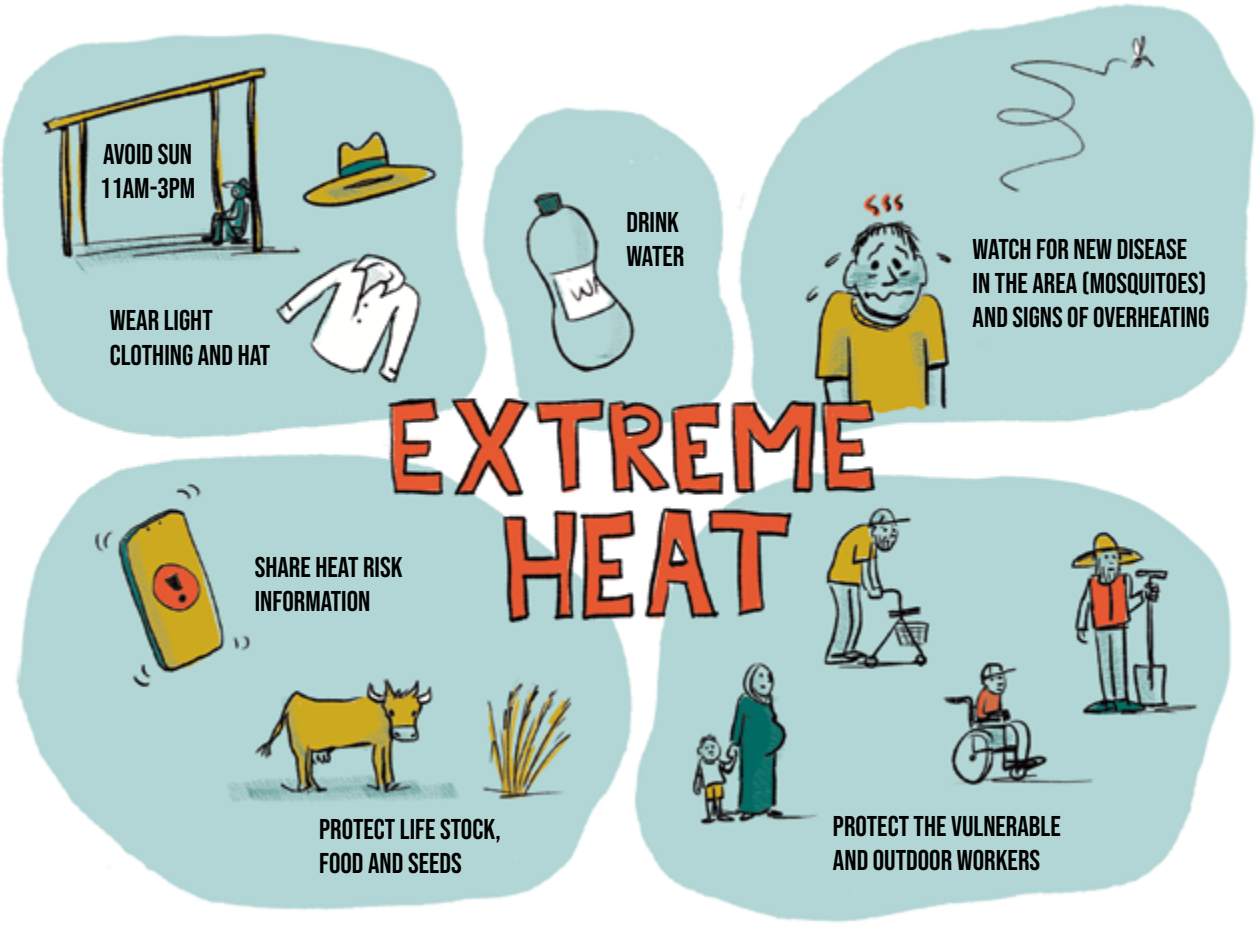
- Heat can reduce productivity and school attendance, affecting livelihoods and education, which indirectly harms health and wellbeing.

What can you do?

- Drink water throughout the day even when you're not thirsty. Stay out of the sun between 11am and 3pm. Wear loose, light-coloured clothing and cover your head.

- Check on elderly neighbours, young children, pregnant women and people who are ill. If someone seems confused, is breathing fast, or has hot dry skin during a heatwave, this is an emergency – move them to a cool place straight away and get help.

- In highland areas, be aware that malaria is now present where it was not before. Sleep under treated mosquito nets and seek early treatment for any fever.
- Encourage people working outdoors to take frequent breaks, drink water and wear protective clothing.
- Plant trees and support reforestation. Natural shade reduces local temperatures and improves air quality.
- Share information about heat risks through schools, local radio and community leaders so families can prepare before heatwaves strike.



4. Conflict, crisis and displacement

Primary health impacts of conflict, crisis and displacement:

- Health system collapse and reduced access to care
- Mental health challenges (anxiety, grief, psychological distress)
- Water insecurity and waterborne diseases
- Malnutrition
- Injuries and displacement

Why are displaced people most at risk?

- Displacement camps host tens of thousands of people in overcrowded conditions with strained water sources and sanitation.
- Overcrowding increases the spread of respiratory infections such as measles, pneumonia and tuberculosis.
- Displacement disrupts continuity of care. People with chronic conditions (HIV, diabetes, hypertension) often lose access to medicines and monitoring.
- Children miss vaccinations and schooling, which weakens both their health and long-term resilience.

What can you do?

- Share information about nearby clinics, water points and health workers – especially with families who have just arrived in the area.
- Encourage displaced families to register with local health posts to be included in vaccination and nutrition programmes. Keep up with children's vaccinations and nutrition check-ups, even after moving.
- Promote safe spaces for women and girls to reduce the risk of violence and exploitation. Remember: listening to someone who is struggling is also a form of care.

Remember: adapt these messages to where you are.

Ethiopia is a large and diverse country. A community in the Somali lowlands faces very different threats from one in the Amhara highlands. Use these messages as a starting point and adjust them to reflect what people in your community are experiencing.


WATER POINT
HEALTH CLINIC
ENSURE DISPLACED PEOPLE KNOW WHERE TO GET HELP
SUPPORT INJURED AND DISABLED INCLUDE THEM IN EVACUATION PLANS
CONFLICT
PROTECT CLEAN WATER SOURCES
MAINTAIN ROUTINE HEALTH CHECKUPS, INCLUDING VACCINATIONS
OFFER EMOTIONAL SUPPORT BY LISTENING
CONNECT THOSE WHO NEED IT TO MENTAL HEALTH SERVICES