ABSTRACTS

PART 1: Climate change and health: The role of international health cooperation?

Beat Jans, Basel Stadt

Basel-Stadt in a world of crisis

The pandemic, the war in Ukraine and global warming present us with major challenges. Moreover, the overexploitation of natural resources, the decline in biodiversity, and social inequalities are endangering our natural livelihoods and posing acute threats to the safety, health, and well-being of all people worldwide. The rich cities of the Global North have a special duty to do their part to solve these challenges. The Canton of Basel-Stadt is committed to this locally as well as in cross-border cooperation. It can make a key contribution in climate protection, because global warming poses an existential threat to us all. It has already taken important steps toward achieving climate neutrality. In the coming years, further major actions will be taken to quickly achieve net zero. The consequences of climate change will also be addressed through a broad catalogue of measures to ensure the high quality of life and health of the population.

Astrid Knoblauch and Gulara Afandyieva

Effects of environmental degradation on public health and human rights in the Aral Sea region, Republic of Uzbekistan

Introduction: Over the past decades, the Aral Sea has declined to less than 10% of its initial size due to global warming, hydrological changes, excessive irrigation for cotton cultivation and heavy application of insecticides and pesticides. The low water table has uncovered sediments full of toxic substances, which winds from the dry lake distribute across distances of several hundred kilometers. This environmental disaster is negatively impacting the health of the vulnerable population of the Aral Sea region, part of which has a precarious semi-autonomous status in the Republic of Uzbekistan. There has been major outward migration as fishing and other communities lose their livelihoods and income. Recent protests regarding the right to secede led to a state of emergency and heavy military presence, further exacerbating an already challenging situation.

Methods: Information from a desk review, epidemiological data, interviews with health care providers, and community focus group discussions were triangulated to assess the health and human rights impacts of the environmental degradation in the Aral Sea region.

Results and discussion: The climate has changed towards hotter summers and colder winters, with more frequent droughts and intense dust storms. National and regional data show a steady increase in Non-Communicable Diseases (NCDs), specifically cardiovascular diseases (CVDs), cancers and mental health conditions. Hospital admissions for CVDs rose by 33% between 2007 and 2019 according to Ministry of Health data, and admissions for cancers rose by 36% for the same timeframe according to the WHO Health For All database. Community members perceive these trends to be linked to widespread air, soil and water pollution, high salt content of drinking water, and the poor socio-economic situation of the population. The UN Committee on Economic, Social and Cultural Rights underlines that the people of the Aral Sea lack the “underlying determinants of health” that include safe drinking water and nutrition, as well as healthy working and environmental conditions. They also face political repression and have only poor access to health and other services.

Conclusions and outlook: The combination of environmental degradation, economic hardship and social challenges result in an increased burden of disease in the Aral Sea region. The population faces a difficult political situation, with knock-on effects on human rights, including the lack of human and other resources for basic service provision.

Recently, the Government of Uzbekistan and its partners have started to take steps to alleviate the Aral Sea conundrum by working to restore the delta and wetland areas, create new livelihoods, and promote human rights, including through health and social reform processes. By ensuring stronger basic service provision, including through better equipped PHC facilities, medicine supplies, and health "brigades" (teams) trained in the prevention, control and management of NCDs, the right to health is more strongly respected. Certain entitlements are also being introduced, e.g., a basic package of health services that are covered by a new health insurance, thus reducing the amount of out-of-pocket payments for services.

Remco van de Pas, Centre for Planetary Health Policy (CPHP)

The limits to Growth and its Implications for Global Health cooperation

Ivan Illich wrote 50 years ago how health tends to become expropriated in a process of the medicalisation of death and whereby health care has become a monolithic world religion. In these times of multiple crises, much global health efforts have gone into efforts for technology, medicines and knowledge, such as the Covid-19 vaccine, to become available across countries. While arguably much more investments should go to Primary Health Care, Health workforce Development and Social Health Protection, much of this funding, also via development cooperation, has gone into a phenomenon known as 'Uneconomic Growth'. This is in essence growth in health care that costs the society and environment more than the benefit it brings. Poor health care quality and its relative overuse, driven by forces of privatisation and lack of regulatory capacity, is seen in high-income countries. To what extent is this financialization of health care, one of the fastest growing economic sectors worldwide, also becoming a problem in lower- and middle-income countries and what would be alternative policy actions to advance social health justice and overcome deep inequities? This presentation will argue that the core problem of health care development is not to overcome inefficiencies, but that much of modern health care is intrinsically part of the colonial and capitalist 'Growthism' project and hence contributes to the deep crises we face today. In line with Illich we explore the 21st century medical nemesis and what alternative social and ecological diverse pathways could be taken from a Postgrowth and international solidarity perspective, towards a so-called 'Care Economy.'

PART 2: The world in crisis: How NGOs could adapt?

Blaise Genton, Université de Lausanne/Unisanté

NGOs: ready to change perspectives?

12 billion doses of Covid vaccines administered; 68% of the world's population covered but only 21% in low socioeconomic index countries. Wealthy countries have monopolized almost all of the available supplies, over-vaccinating populations at low risk of complications. The major focus on the pandemic has completely overshadowed the much more serious risks that climate change and loss of biodiversity represent for human health, especially for populations living in disadvantaged countries.

Serious and immediate governmental action on this matter is unlikely. NGO could thus move away from emergency humanitarian actions and take a leading role to promote sustainable policies and

practices that mitigate the deleterious effects of human activities on climate change and loss of biodiversity. This approach could lead to spill-over effects, help to change the system and build a new societal model that ensures equality, well-being, and complies to planetary limits.

Hafid Derbal, terre des hommes Schweiz

Towards climate friendly programming – terre des hommes schweiz and its commitments to reduce CO2- emissions until 2030

tdhs works with local youth organizations in Zimbabwe, Tanzania, Mozambique and South Africa in the field of SRHR. The implementation of projects and programs is done by local partners and supported by local teams. There is a backstopping role of officers in Basel but facing key challenges of the climate crisis and taking into account central debates around "decolonizing aid" we adopted a strategy to reduce our CO2-emissions by 2030, acknowledging that if we want to solve the climate crisis we have to look at structures and processes in the Global North first and stop to seek solutions in programming countries for problems we create here.

Alan Schamroth, Calcuta Rescue

Building climate change resilience into a healthcare NGO in Kolkata, India

From its inception 40 years ago, the healthcare NGO, Calcutta Rescue (CR) has adopted a development approach towards its work with the slum dwellers in Kolkata, India. This approach is based on 2 interconnected approaches. Firstly, providing acute & chronic health care and secondly, reducing the vulnerability to illness of the inhabitants of these slums. This latter focus of Calcutta Rescue has directed its work towards improving the resilience of both the slum communities to all sources of ill-health (including pandemics & climate change) and to the organisation itself.

CR programmes to improve the resilience of the slum communities have included reducing poverty and inequality (skills training & direct cash handouts) and improving access to health (with outreach programmes), education (after school education), sanitation (building toilets), clean water (arsenic extraction systems) and food (dry rations given out in clinics and hot meals in the schools).
CR has recognised that organisational resilience is equally important and has looked to strengthening its health system capacity with improved responses to direct emergencies (extreme weather events and pandemics), environmental harms (air pollution & vector-borne diseases) and social disruption (climate change population displacement, worsening poverty, undernutrition, mental and heat stress). This has been done by expanding its workforce, extending its fundraising to include national voluntary sources of finance (private and business), increasing its outreach capacity and developing its health information systems to monitor the communities, reduce health risk and exposure and provide research support.

PART 3: Building strong health systems in a disrupted world

Stuart Vallis, Swiss Agency for Development and Cooperation (SDC)

International health cooperation and relief in terms of crisis: the example of Ukraine

In this presentation Switzerland's evolving support to Ukraine will be explained. Prior to February 2022 Switzerland supported Ukraine in 4 domains: 1. Peace, Protection and Democratic Institutions, 2. Sustainable Cities, 3. SMEs and competitiveness and 4. Health. After the 24th of February following the Russian invasion, programs were re-orientated and humanitarian aid programming was expanded. Humanitarian work is aligned with the thematic priorities of the cooperation program and projects are designed to complement each other to facilitate effective joint outcomes.

Throughout 2021 and 2022 SDC and the SDC Humanitarian Aid Unit have been undergoing a reorganization in order to bring humanitarian and development aid closer together. This combined "nexus" approach was used for the SDC response in Ukraine. Outcomes and challenges, using health as an example, will be presented.

Lasha Goguadze, International Federation of Red Cross and Red Crescent Societies (IFRC)

Climate change and displacement a growing health concern

Climate change remains one of the most imminent risks to the health and wellbeing of people across the world, taking a serious toll on both physical and mental health. Climate change is adversely affecting human health, directly through exposure to hazards and indirectly through natural and socio-economic systems. It is noteworthy that climate change hits the poorest and most vulnerable the hardest, widening inequalities and creating new vulnerabilities. Health systems around face increasing challenges as both vulnerabilities and the population at risk are constantly evolving and expanding in all regions of the world. Climate change and global geopolitical crises around the world have dramatically increased displacement flows (either voluntary or involuntary) over the last few decades, with many refugees and migrants still lacking access to lifesaving health services. IFRC Network is uniquely placed to ensure that all migrants - irrespective of their legal status - are treated with dignity and have effective access to essential health services, free of stigma and discrimination, while prioritizing the rights and needs of vulnerable groups among migrant populations.

Thomas Rodrigues, Enfants du Monde

In Burkina Faso, the challenge of insecurity in a context of multifactorial crisis

Context: Enfants du Monde (EdM) has been supporting the Ministry of Health of Burkina Faso in the implementation of health promotion activities in the field of maternal and neonatal health since 2008. In a logic of development cooperation based on principles such as non-substitution, capacity building or institutionalisation to promote scaling up, EdM is not directly involved in the implementation of activities. The approach is more oriented towards supporting the health authorities at different levels.

Since 2016, Burkina Faso has been going through a multifactorial crisis, accentuated by interrelated security, political, climatic and demographic factors.
The armed attacks have resulted in the internal displacement of populations (1.9 million) and the closure of basic service structures. According to OCHA data as of 15.09.2022, 595 health structures are closed (192) or operating at minimum capacity (363), IDP camps have formed in some localities, and individual movement is significantly limited or even prohibited in some areas. Access to health care is therefore an essential issue for the population, particularly pregnant women, newborns and young children.
Lessons learned: In areas with a high security deficit, EdM has not been able to continue its complete package of activities by adapting its modes of intervention.
It is necessary to think about better complementarity between emergency and development from the outset **of an intervention in a country plagued by diffuse and shifting insecurity (Sahel)**. The impossibility of access to certain areas (local NGO partner and/or authorities) tends to freeze any intervention at first, if it is not thought through from the start in terms of nexus. However, means can be put in place upstream to ensure the continuity of a project's priority activities by designing interventions that can be carried out without a direct presence: digital training and coaching, health promotion/education tools accessible online via mobile phones, the establishment of strong links with local communities forged upstream by intermediary partners, etc. More

broadly, we need to think differently about the way projects are implemented to ensure a more sustainable impact and to avoid a situation where once the humanitarian actor, who is often present in the short term, has left, nothing lasts.

There is an urgent need to develop interventions that ensure better complementarity between the provision of care and health promotion/education, which is even more crucial in fragile contexts but is often neglected in emergencies, or even discredited and unfunded. Of course, it is not a question of ignoring the need to prioritise interventions in such contexts, but these two approaches, thought out together, would undeniably be more beneficial for the populations and be sustainable. The health approach in emergencies focuses on the provision of care with the primary objective of saving lives; health promotion is also an approach which aims to contribute to limiting the risks of complications and untimely deaths. In this sense they are complementary.

Maja Hess, Medico international schweiz and Sherwan Bery, the Kurdish Red Crescent

TALK: **Healthcare under attack: Experiences from North Syria**

In north-eastern Syria, the Kurdish people are trying to build a democratic confederal system with the aim that people of different religious and ethnic backgrounds can live together in peace. In the autonomous territory of Rojava, pluralism is seen as an important basis for peace, as well as the democratic participation of all social classes and the liberation of women from the narrow patriarchal corset. However, Rojava is under attack on several fronts: from Turkey, from jihadist militias and from the Assad regime. Furthermore, closed borders and sanctions result in a de facto Embargo against North-Syria.

Under these difficult conditions, the Kurdish Red Crescent (KRC), in coordination with the self-government of Rojava, is trying to maintain emergency and basic medical care. The organisation is present in conflict areas with mobile teams and provides first aid for wounded fighters and civilians. They also guarantee basic health care in refugee camps and remote villages.

Sherwan Bery will talk about the work experience of the KRC in Rojava and Shengal. Maja Hess will be adding a discussion on mental health issues – especially for health professionals working under such conditions – and on the importance of international attention and solidarity.