Adaptation Research Alliance

Transitions Research

# Climate Change and Health

## All Hands on Deck: Codeveloping Participatory Approaches

ARA – TLS Learning Journey Series

## About Transitions Research

Transitions Research is a social science research collective. We examine radical transformations shaping our future, including both urbanisation and the emergence of a climate-resilient society. Our research on urban resilience foregrounds social vulnerability, the differential impact on marginal social groups and communities. Our expertise is focused on driving climate action that's inclusive and participatory by engaging with diverse stakeholders to co-create and test resilience solutions that address challenges of the most vulnerable.

## About the Adaptation Research Alliance

The Adaptation Research Alliance (ARA) is a global coalition responding to the urgent challenges faced by vulnerable communities from climate change. Their membership is made up of researchers, funders, policymakers, development bodies and community-based organizations committed to action-oriented research for adaptation that supports climate resilient futures.

## About the Authors

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**Image Credit:** Abbas Raad / World Meteorological Organization via Flickr, Kalu Institute via Flickr

This report has been shaped by insights, reflections, and experiences shared by members of the Adaptation Research Alliance through their Tracking, Learning, and Sharing (TLS) program. Their perspectives have been integral to framing the findings and recommendations presented here.

October 2025

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# Overview

This insights report captures reflections, perspectives, and lessons gathered through a global collective learning process focused on climate change and health. Anchored by the Adaptation Research Alliance (ARA) and led by Transitions Research, this report focuses on how participatory, ground-up approaches can be developed to better understand the impacts of climate change on health. Addressing this question, the report synthesizes contributions from collaborative workshops, regional focus groups, literature mapping, and surveys led by Transitions Research and supported by the ARA.

ARA members highlighted the persistent complexity of the climate change–health nexus, noting limited capture of impacts and low institutional awareness as key barriers to integrating climate resilience into health systems. Addressing these knowledge gaps requires building a foundational evidence base grounded in localized data and promoting cross-sectoral collaboration, equipping stakeholders with the tools and knowledge needed for effective adaptation.

To structure this exploration, the report examined three interconnected dimensions of health impacts: direct and immediate physical health impacts, slow-onset and long-term physical health impacts, and mental health impacts. Looking at these three dimensions side by side can help to build a more complete picture of climate and health, and can guide responses that are both immediate and long-term.

At the heart of this process was a commitment to participatory learning. The journey engaged over 150 ARA members, including researchers, local NGOs, development practitioners, and community-based organizations, from across Africa, Asia, and Latin America and the Caribbean (LAC). Participants shared lived experiences and critical reflections on how climate change affects health through direct, indirect, and mental health impacts. This report aims to support an ongoing conversation rooted in practice, and the principle that adaptation must be shaped by those working and living on the frontlines of these challenges.

# Key Insights

The key insights that emerged are crucial for understanding and addressing the complex interplay between climate change and health. They highlight both the challenges involved and the participatory approaches needed to foster resilience and drive effective adaptation.

## Fragmented Monitoring Systems and Institutions Obscuring Impact and Coordination.

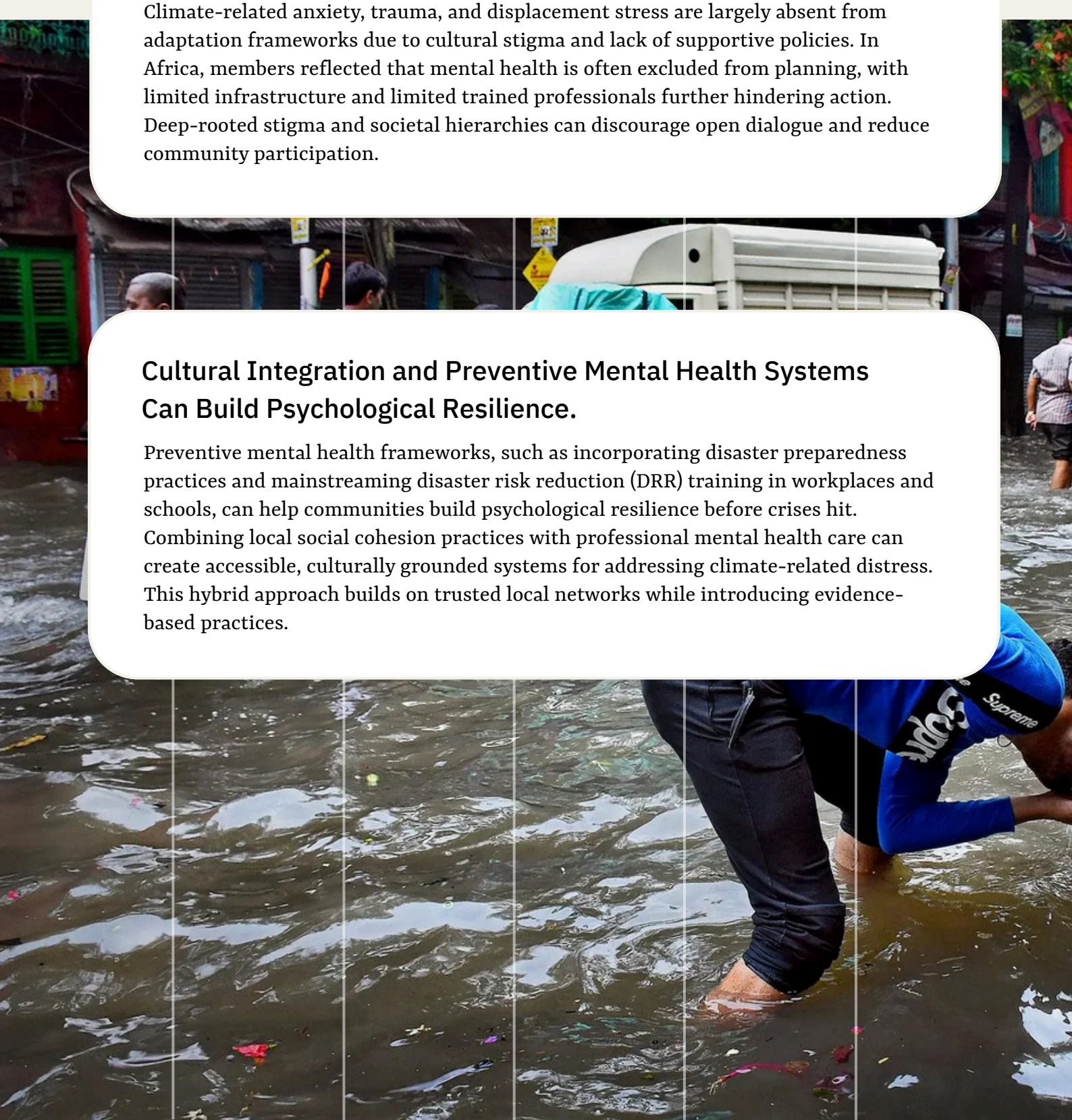
Fragmentation across ministries, sectors, and institutions, such as health, disaster management, water, agriculture, and food security, creates critical blind spots in climate-health responses. This lack of coordination is compounded by doctors, researchers, and community health workers using different tools and metrics, hampering effective action. At the same time, disconnected monitoring systems obscure slow-onset health impacts, such as malnutrition and shifts in vector-borne diseases, weakening early detection and long-term adaptation planning. For example, in Latin America and the Caribbean, deforestation is altering disease vectors and food production, while climate-driven changes in marine ecosystems threaten fisheries, nutrition, and livelihoods, forcing communities to abandon traditional food practices and exacerbating food insecurity.

## Integrated Multi-Sectoral Frameworks Can Transform Health System Resilience.

There is demonstrated evidence that linking climate, health, environmental, and social sectors through structured frameworks can strengthen health system resilience. The HealthClimProspect framework from West and Central Africa illustrates this with a three-pronged approach: assessing climate impacts on health, evaluating vulnerabilities, and co-developing local adaptation solutions. Emphasising continuous research, capacity building, and stakeholder collaboration, such approaches can enable evidence-based policy development adaptable to different regional contexts.

## Systematic Neglect Can Prevent Mental Health from Being Prioritised in Adaptation Frameworks.

Climate-related anxiety, trauma, and displacement stress are largely absent from adaptation frameworks due to cultural stigma and lack of supportive policies. In Africa, members reflected that mental health is often excluded from planning, with limited infrastructure and limited trained professionals further hindering action. Deep-rooted stigma and societal hierarchies can discourage open dialogue and reduce community participation.

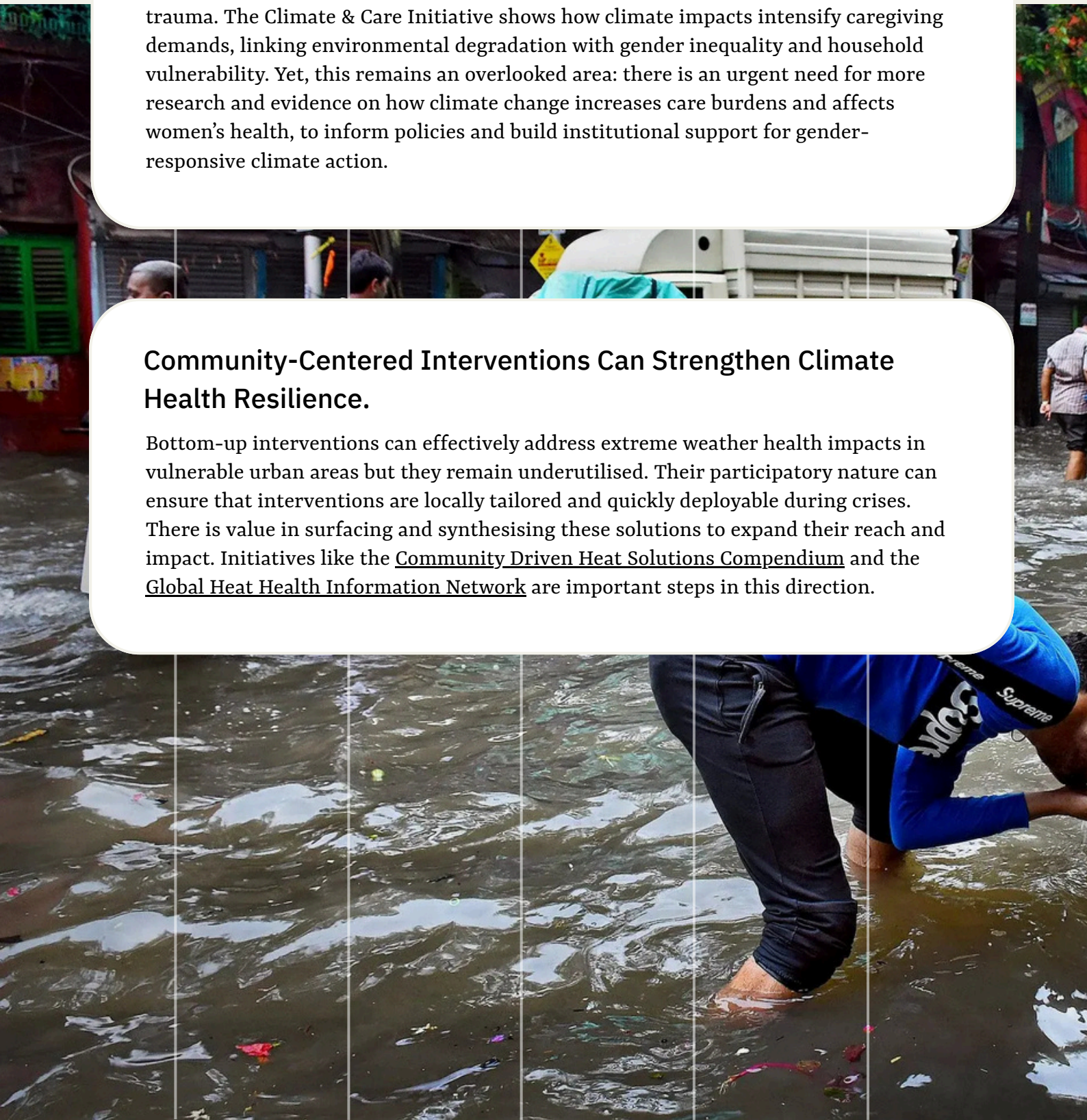


## Cultural Integration and Preventive Mental Health Systems Can Build Psychological Resilience.

Preventive mental health frameworks, such as incorporating disaster preparedness practices and mainstreaming disaster risk reduction (DRR) training in workplaces and schools, can help communities build psychological resilience before crises hit. Combining local social cohesion practices with professional mental health care can create accessible, culturally grounded systems for addressing climate-related distress. This hybrid approach builds on trusted local networks while introducing evidence-based practices.

## Climate Change Deepens Gendered Care Burdens.

Climate disasters disrupt essential services like water and transportation, increasing unpaid care work for women while they simultaneously cope with individual stress and trauma. The Climate & Care Initiative shows how climate impacts intensify caregiving demands, linking environmental degradation with gender inequality and household vulnerability. Yet, this remains an overlooked area: there is an urgent need for more research and evidence on how climate change increases care burdens and affects women's health, to inform policies and build institutional support for gender-responsive climate action.



## Community-Centered Interventions Can Strengthen Climate Health Resilience.

Bottom-up interventions can effectively address extreme weather health impacts in vulnerable urban areas but they remain underutilised. Their participatory nature can ensure that interventions are locally tailored and quickly deployable during crises. There is value in surfacing and synthesising these solutions to expand their reach and impact. Initiatives like the Community Driven Heat Solutions Compendium and the Global Heat Health Information Network are important steps in this direction.

# Setting the Stage

## Learning Focus and Approach

This learning journey was designed to explore how climate change and health intersect in ways that can guide climate-health adaptation practices. The focus was on identifying key themes, challenges, and opportunities that emerge when health is placed at the centre of climate adaptation. Insights were generated through a combination of participatory approaches. The Member Mosaic Survey from November 2025, engaged over 60 members and captured their priorities on climate and health. Three in-person regional workshops were then held across Asia-Pacific, Latin America and the Caribbean, and Africa, each bringing in insights from members and facilitated focus group discussions to surface regional perspectives. The process also included case study presentations and dialogue sessions where members shared lived experiences and tested ideas with peers. This combination of survey data, regional dialogues, and case evidence provides both breadth and depth, and it can help ensure that the findings reflect the diverse experiences of the ARA network.

## Learning Question

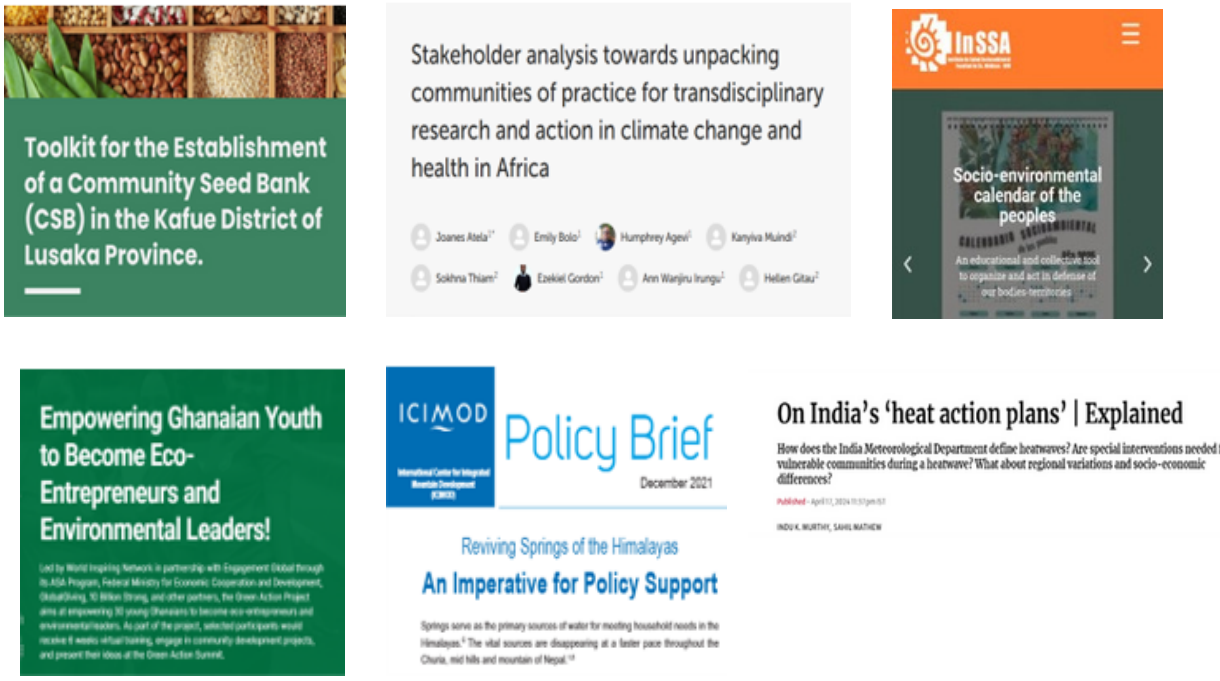
The learning journey underscored the persistent complexity of the climate change–health nexus, highlighting the limited capture of impacts and low institutional awareness as key barriers to integrating climate resilience into health systems. Addressing this knowledge gap involves developing a foundational knowledge base grounded in localized data and promoting participatory strategies through cross-sectoral collaboration, so that stakeholders have the tools and knowledge needed for effective adaptation.
This focus evolved into a guiding question for the journey:

***How to develop participatory and ground up approaches to understand climate change impact on health?***

# Building Momentum

## Members' Contributions to Climate and Health Adaptation

The literature review of publications from the ARA community revealed how strongly climate and health are already connected within the work of the Adaptation Research Alliance. We learned that nearly 80 percent of member organisations are engaged in health-related activities, and about 65 percent of these focus directly on the intersection of climate change and health. This level of engagement can indicate both a growing recognition of the climate–health nexus and a clear opportunity to deepen collaboration across regions.




Glimpse of Member Publications on Climate Change and Health

# Global Patterns

Three themes stood out as dominant areas of work across the Global South.

## Public Health and Wellbeing

This work spans disease prevention, illness management, vaccine access, medical and scientific research, mental health, and approaches to sanitation and hygiene. These efforts can help address systemic vulnerabilities that climate stressors often worsen.

## Food Security and Nutrition

Activities such as soil and plant health, seed innovation, sustainable farming, land use, and poultry health are linked to human health outcomes. This shows how food systems can be positioned as a key entry point for climate–health action.

## Research as a Cross-Cutting Theme

We observed widespread involvement in evidence generation, technical assessments, policy-relevant studies, and academic collaborations. This shared emphasis can signal the importance members place on building the knowledge base for adaptation.

# Regional Trends

- European ARA members displayed a strong institutional presence, combining academic research with community engagement. This suggests a comprehensive approach that can bridge knowledge and practice.

- African ARA members showed a balanced engagement across research and community-level action. This dual focus can point to an integrated strategy that values both evidence generation and participatory, localised implementation.

- Asia-Pacific ARA members stood out for its emphasis on capacity building. Organisations highlighted training programmes, institutional strengthening, and systems development, all of which can enhance climate–health resilience.

- North America members appeared more research-oriented. While research was widely reported, other areas such as awareness-building were less visible, which may reflect either reporting gaps or a research-centric orientation.

- From members from Latin America and the Caribbean, along with other regions, we observed fewer publications, but their work was often highly targeted. These efforts focused on capacity building and specialised research tailored to local priorities.

# From the Ground Up

## Key Highlights from Presentations

This synthesis draws out key insights from member presentations across regions. The full set of presentations that informed this summary is included in the appendix.

> Across regions, climate change is driving diverse health challenges. In Asia, extreme weather, air pollution, and food insecurity illustrate direct risks, while in Latin America and the Caribbean the focus was on caregiving burdens and Indigenous health vulnerabilities. In Africa, environmental degradation, malnutrition, and limited financing showed how systemic barriers can shape life expectancy and strain health systems.

> Community-led and participatory approaches emerged as effective strategies. Youth climate education in Bangladesh, urban resilience in Hong Kong, and Indigenous-led adaptation in Paraguay suggest that local knowledge can strengthen climate–health responses.

> Governance and financing gaps remain major obstacles. Weak regulation, as seen in unregulated vehicle imports in Kurdistan, and underfunded health systems, such as in Kenya, highlight institutional weaknesses that can limit adaptation.

> Frameworks and tools are helping to link climate and health agendas. Africa's HealthClimProspect framework, the Climate & Care Initiative in Latin America, and community-based approaches in Asia demonstrate ways to embed climate considerations into public health planning.

> Effective climate–health adaptation can depend on community leadership, stronger institutions, and more consistent financing.

# Case Studies from Practice

## Case Study 1: The Health Implications of Extreme Weather: Evidence from Hong Kong's Urban Settlement

**Wai Fun HO- CarbonCare Innolab (CCIL)**

This case showed how typhoons, heatwaves, and floods can intensify health risks for vulnerable groups such as children, the elderly, outdoor workers, and residents in overcrowded flats. These conditions can lead to heat stroke, respiratory illness, and psychological distress. Community-based responses demonstrated that low-cost, participatory strategies, such as heat vulnerability surveys, health workshops, and DIY cooling solutions, can reduce exposure and improve resilience. The case suggests that when NGOs, welfare groups, experts, and policymakers work together, they can co-develop context-specific interventions that empower local communities and strengthen health outcomes.

## Case Study 2: Climate & Care Initiative

**Maria Gracia – Fundación Avina**

The Climate & Care Initiative revealed how climate change can increase caregiving burdens, particularly for women and low-income households, while also highlighting the potential of care practices as low-carbon adaptation strategies. By framing care through a feminist lens, the initiative demonstrated that practices rooted in local knowledge and everyday survival can form the basis of climate resilience. The work suggests that integrating care into climate policy and applied research can support a just transition, while also reducing vulnerability and strengthening grassroots movements.

## Case Study 3: Analysis Approach to Climate-Linked Health in Indigenous Communities in the Paraguayan Chaco

**Rossana Scribano – Investigación para el Desarrollo**

Research in the Paraguayan Chaco illustrated how drought, water scarcity, and disease outbreaks can compound health risks for Indigenous women and children. Participatory tools such as mapping and seasonal calendars revealed vulnerabilities that might otherwise remain invisible. The case showed that valuing traditional knowledge and involving women in decision-making can lead to solutions that are both culturally grounded and locally effective. Strategies include skill training, strengthening community health networks, and adapting interventions to local socio-economic and environmental conditions.

## Case Study 4: Climate Change and Health: Scientific Framework HealthClimProspect for Effective Health Policies in a Climate Change Context

**Roseline Bayili - Centre Mathieu Badolo**

The HealthClimProspect framework demonstrated how scientific tools can help assess the impacts of climate change on health systems, including infrastructure, service delivery, and governance. It uniquely integrates ClimImpacts (impact assessment), ClimVulnerability (risk evaluation), and ClimSolutions (adaptive strategies) to provide a comprehensive, evidence-based policy framework. The case suggested that resilience can be strengthened through continuous research, capacity building, and collaboration between health and climate stakeholders. This approach shows how policy frameworks can integrate climate risks into health systems in a systematic way.

# All Hands on Deck

## Insights from Co-Creation Session

The co-creation session was designed to collectively identify how climate change affects health and what this means for adaptation. The objective was to surface shared insights on impacts, stakeholders, barriers, and strategies for alignment. To guide this discussion, the analysis considered three categories of health impacts: direct and immediate physical impacts, slow and long-term physical impacts, and mental health impacts, capturing both acute and gradual pathways through which climate change can affect wellbeing.

## Direct and Immediate Physical Health Impacts

This section highlights the main actors, barriers, and opportunities for coordination when addressing climate-related health crises.

### Identifying Key Stakeholders

The following groups were identified as central to immediate response and preparedness in different contexts:

> **Government emergency and health agencies**
>
> Health ministries, emergency response units and disaster management authorities can play leading operational roles in acute crises and may set policy and protocol for front-line action.

> **Medical workforce and frontline responders**
>
> Doctors, nurses, public health teams and first responders can function as the immediate clinical backbone for crisis care and emergencies.

### Community-based organizations (CBOs), NGOs and grassroots networks

These actors can be critical in outreach, last-mile messaging, and identifying vulnerable sub-populations.

### Private-sector operators

Utilities, healthcare providers, event organizers and insurers can influence system continuity and surge capacity; they may also be sources of resources and logistical capability.

### Media and information intermediaries

Journalists and communications platforms can amplify warnings and guidance, but their effect may be conditioned by credibility and local information ecologies.

### Regional Insights

- In Asia-Pacific, mass-event organizers and women's groups emerged to be especially important because public gatherings and gendered health needs can raise exposure, and trusted local figures (community elders or health volunteers) can help reach people where formal systems struggle.
- In LAC, security and protection forces were identified acting as primary responders in displacement or public-safety incidents, utilities may be central to keeping essential services running, and local groups can support last-mile outreach.
- In Africa, traditional and faith leaders and political representatives emerged to be shaping community responses and policy, and engaging them early can increase cultural relevance and uptake.

Focus Group Discussion

## Challenges in Engaging Stakeholders

These reflect the key challenges in engaging stakeholders as identified by members during the session.

**Institutional silos and fragmented coordination**

between ministries, agencies, and responders can delay decision-making and lead to duplicated responses across agencies.

**Mistrust and apprehension about partnerships**

may lead governments or agencies to hesitate in engaging NGOs or private actors, slowing joint operations. (Asia-Pacific notes: government hesitancy and media misinformation at mass events)

**Conflicting priorities in crises**

where immediate lifesaving actions, infrastructure restoration, and economic stabilization may compete, and differing mandates can slow consensus.

**Data inaccessibility and language barriers**

can reduce the utility of situational information, particularly where technical outputs are not translated or adapted for local responders.

**Funding shortfalls and workforce constraints**

can limit surge capacity and training, making it harder to scale rapid response in multiple locations.

**Equity and accessibility gaps**

can mean that vulnerable groups in remote or informal contexts may not be reached by standard emergency channels.

**Region-specific dynamics**

In LAC, the focus on immediate emergency response can crowd out preventive action; in Africa, weak governance and connectivity gaps may hamper coordinated engagement.

## Pathways to Alignment

Suggested strategies to strengthen collaboration and effectiveness in responding to immediate health impacts include:

**Pre-establish liaison frameworks and SOPs**

Pre-agreed roles, data-sharing protocols and joint standard operating procedures can enable smoother multi-actor responses and reduce the need for ad-hoc negotiations during crises.

**Use trusted intermediaries as primary messengers**

Investing in relationships with CBOs, faith/traditional leaders and frontline health workers can help counter misinformation and improve uptake of protective actions.

**Target predictable, high-leverage nodes**

Focusing preparedness on mass gatherings, utilities, transport hubs and other concentration points can protect many people quickly and demonstrate effective action, building trust for broader collaboration.

**Leverage private-sector continuity incentives**

Framing investments to reduce business interruption (utilities, hospitals, insurers) can attract private finance while strengthening public resilience.

**Create rapid multi-stakeholder platforms**

Short-term operational cells that include security, health, humanitarian and community representatives can harmonize immediate decisions and protection strategies.

**Invest in accessible risk communication products**

Multilingual, locally adapted guidance and pre-scripted messaging that community actors can use may reduce confusion and speed community compliance.

# Indirect and Long-term Physical Health Impacts

This section synthesizes insights on the slower, long-term physical health impacts of climate change, highlighting relevant stakeholders, barriers to engagement, and possible strategies for alignment.

## Identifying Key Stakeholders

The following actors were identified as central to addressing long-term health impacts.

**Urban planning, housing and infrastructure departments**

These sectors can influence exposure to heat, pollution and vector habitats through design and zoning decisions.

**Health and epidemiological research institutions**

Cross-disciplinary collaboration with climate science groups can help track chronic and shifting disease burdens.

**Water, agriculture and food-security sectors**

Ministries and agencies here can be pivotal for nutrition, water-borne risk monitoring and long-term environmental health.

**Labour and transport departments**

These actors can influence occupational exposures, mobility patterns and air-quality impacts that accrue over time. (Asia-Pacific callout: labour departments and informal workers noted as important.)

**Fisheries, forestry and sanitary surveillance systems**

These sectoral actors can provide early signals of ecological shifts that affect nutrition and disease vectors.

**Private development funders and insurers**

These actors can shape investment in infrastructure, pharmaceuticals and preventive services, aligning financial flows with long-term resilience.

**Grassroots and indigenous knowledge holders**

Local knowledge can offer insights into slow-onset patterns that formal monitoring may miss.

## Challenges in Engaging Stakeholders

These reflect the main challenges in engaging stakeholders on long-term health impacts, as highlighted by members during the session.

**Cross-sector fragmentation**

can leave long-term trends invisible to health planners; sectoral data rarely flows into health surveillance in routine ways.

**Short funding cycles and donor priorities**

may bias attention toward one-off projects and away from longitudinal work that could reveal slow-onset risks.

**Low technical capacity in some sectors**

(e.g., health officials lacking climate expertise, or fisheries/forestry actors not linked to health systems) can weaken integration.

**Regulatory and bureaucratic rigidity**

can lead to outdated labour laws or siloed mandates that leave evolving occupational risks unaddressed.

**Public awareness and cultural blind spots**

where slow-onset risks may not attract public concern until impacts are entrenched, making prevention harder to prioritize.

## Pathways to Alignment

The strategies below outline ways to strengthen collaboration and alignment around managing the gradual but significant health effects of climate change.

### Embed health metrics across sectoral programs

Incorporating climate-sensitive health indicators into urban planning, labour codes, water and agriculture programs can shift investment upstream.

### Formalize cross-sectoral data linkages

Mechanisms that route fisheries, forestry and sanitation data into public health analytics can create cost-effective early-warning signals for shifting disease or nutrition patterns.

### Adopt participatory longitudinal research

Community-based monitoring, citizen science and participatory action research can surface gradual changes and create locally credible evidence that may be more actionable than remote surveillance alone.

### Strengthen labour and workplace protections

Updating labour standards and extending occupational health measures to informal and climate-exposed workers can reduce cumulative risk.

### Reorient finance toward prevention and regional pooling

Participatory or regional funding models, together with insurer engagement, can incentivize preventative investments instead of perpetuating reactive funding cycles.

### Design sectoral capacity-building with health integration

Targeted training and cross-department secondments can help officials in non-health sectors interpret and act on health implications of their policies.

# Mental Health Impacts

This section synthesizes insights on the mental health impacts of climate change, focusing on the range of actors, engagement challenges, and pathways for collective action.

## Identifying Key Stakeholders

The following actors were identified as particularly important for addressing mental health impacts, given their roles in care, community support, and shaping narratives.

**Mental health and primary care providers**

Clinicians and community health workers can identify and treat clinical distress related to climate shocks.

**Community networks and CSOs**

Grassroots groups, support networks and neighborhood associations can detect and respond to psychosocial distress early.

**Research and advocacy networks**

Interdisciplinary academic and NGO actors can help translate emerging evidence into policy-relevant guidance.

**Education, workplace and faith institutions**

Schools, employers and faith/traditional structures can act as routine detection and support platforms. (LAC: schools; Africa & Asia-Pacific: faith/traditional leaders.

**Disaster responders and emergency services**

These actors may encounter acute psychosocial crises and can be trained in psychological first aid.

**Private sector wellness and telehealth providers**

In some contexts these actors might expand access to culturally adapted mental-health support.

## Challenges in Engaging Stakeholders

These reflect the key challenges in engaging stakeholders on mental health, as identified by members during the session.

**Low institutional recognition and prioritization**

Mental health may remain peripheral to climate plans, limiting coordinated action and funding.

**Fragmented research and limited interdisciplinary evidence**

Siloed studies can make it harder for planners to draw operational conclusions or to adopt standard indicators.

**Cultural stigma and help-seeking barriers**

Stigma can restrict the visibility of needs and the willingness of communities to engage with formal services.

**Workforce and infrastructure shortages**

A lack of trained providers and facilities can constrain scale-up of mental-health responses, especially in rural areas.

**Competing crisis priorities**

In the aftermath of disasters, psychosocial care may be deprioritized relative to immediate physical needs, reducing continuity of mental-health support.

All Hands On Deck: Focus Group Discussion

## Pathways to Alignment

The strategies below outline potential approaches for aligning efforts to address the psychological and social dimensions of climate change impacts.

**Normalise mental health through routine institutions**

Integrating basic screening and referral pathways into schools, workplaces and faith/community groups can create scalable entry points for detection and support.

**Co-produce culturally grounded interventions**

Combining traditional healing practices and community support networks with basic clinical approaches can make interventions more acceptable and reduce stigma

**Build interdisciplinary, practice-oriented research**

Co-designed studies that produce simple, operational indicators (rather than technical academic outputs alone) may be more likely to inform policy and preparedness.

**Incorporate psychosocial indicators into EWS and preparedness**

Including measures of community stress or displacement-related distress in early-warning systems can enable more proactive psychosocial preparedness and targeted response.

**Scale low-cost capacity-building models**

Peer-to-peer training, participatory workshops and task-sharing with community health workers can expand the practical frontline capacity to identify and manage climate-related distress.

**Diversify funding pathways**

Leveraging CSR, private sector wellness programs, and community-anchored funds may supplement limited formal funding for sustained mental-health programming.

**Use technology selectively and sensitively**

Mobile platforms and teletherapy might increase reach where culturally appropriate and where digital access exists (Asia-Pacific mention), but digital approaches may need to be combined with local supports to avoid excluding those without access.

# Charting the Course Ahead

## Pathways for Collaborative Action

The learning journey has made clear that advancing climate-health resilience is not just about generating knowledge but about sustaining collaboration, bridging divides, and enabling action at multiple levels. Moving ahead, different actors in the ecosystem—funders, researchers, organizations, and practitioners—have distinct yet interconnected roles to play in ensuring equity-driven, locally grounded, and scalable adaptation.

To ensure sustained momentum, the following strategic pathways are recommended:

### For Funders

Investments must prioritize long-term, flexible support that strengthens community-led initiatives and cross-sectoral collaboration. Funding mechanisms should enable knowledge co-creation, decentralized data systems, and locally tailored solutions rather than siloed, short-term projects.

### For Researchers

Research must move closer to communities and decision-making. This means co-designing studies with local actors, generating context-specific evidence, and translating findings into accessible, action-oriented knowledge products that can guide both policy and practice.

## For Organizations

Institutions should work to break down silos between health and climate agendas, fostering shared platforms like communities of practice. They must commit to institutional innovation that aligns policies, amplifies local voices, and scales inclusive approaches.

## For  Practitioners

Practitioners are critical bridges between global frameworks and lived realities. By centering local knowledge, integrating mental health, and tailoring interventions to regional contexts, they can ensure adaptation strategies are culturally relevant, practical, and equitable.

Building climate-health resilience is a shared responsibility that requires collaboration, inclusivity, and local insight. From immediate physical risks to long-term and mental health impacts, participatory approaches empower communities to lead adaptation that is equitable and context-specific. The lessons from ARA members show that bridging sectors, valuing local knowledge, and co-creating solutions are key to effective action.

# Appendix

## Member Presentations

The presentations that informed the insights in the ‘From the Ground Up: Case Studies from Practice’ are available at this link.

## Learning Journey Methodology

The Learning Journey on Climate Change and Health was designed as a participatory, co-creative process, rooted in the real-world knowledge needs of the Adaptation Research Alliance (ARA) members. Through multiple engagement touchpoints, members actively shaped the learning agenda, ensuring it responded to the complexities and on-ground realities climate-health adaptation faces across the globe.

To deepen this understanding, a detailed literature review of member publications was conducted to map existing focus areas and assess their impact. This review supplemented the insights gained through direct engagements, reinforcing a robust foundation for the learning process. An interactive group activity facilitated discussions on key stakeholders, challenges in collaboration, and inclusive strategies for comprehensive knowledge-building at the climate-health intersection.

The process was initiated through a Member Mosaic Survey, engaging over 60 ARA members. This was followed by a Learning Agenda Design Workshop, where members collaboratively refined key learning themes. Finally, insights were further validated and enriched through discussions at the ARA Plenary, reinforcing a democratic and inclusive approach to knowledge co-creation.

## Focus Group Discussions

The group activity employed focus group discussions to comprehensively explore the learning question and examine participatory strategies for understanding the diverse impacts of climate change on health. The discussion was structured around three broad categories of climate change-related health impacts: direct and immediate physical health impacts, slow and long-term physical health impacts, and mental health impacts.

The categorization was designed to capture the short- and long-term physical health effects of climate change, along with its psychological impacts, to ensure a comprehensive analysis and understanding of stakeholder engagement for effective adaptation research and strategies. Each group was assigned one of these categories to examine in depth.
The discussions progressed through three distinct phases, where the participants engaged in three key questions.

1. Who are the key stakeholders necessary to fully understand the impacts of this specific health challenge?
2. What challenges could you face in bringing the key stakeholders together?
3. How can you overcome these challenges to bring the stakeholders together and gain a comprehensive understanding of the impacts of the health challenge?

## Analyzing the Data

The data collected through the process was analyzed using a mixed-methods approach, combining literature review, survey responses, and participatory discussions. The literature review mapped existing focus areas of the ARA members and assessed their impact, providing a foundational understanding of climate-health adaptation efforts. Insights from the Member Mosaic Survey, Learning Agenda Workshop, and Plenary session were synthesized to identify recurring themes and knowledge gaps. Qualitative data from focus group discussions was systematically analyzed to capture key stakeholder perspectives, collaboration challenges, and proposed strategies for each region, while also drawing cross-regional comparisons to develop a holistic and contextually grounded understanding of climate change and health nexus.

# Participating Organisations in the TLS Symposiums

The learning journey engaged ARA's 250+ members, with deeper insights gathered from those who participated in the regional knowledge symposiums.

## Asia Pacific

1. Alternative Futures
2. Aran for the Development of Civic Culture
3. Biozid Climate Institute
4. CarbonCare Innolab (CCIL)
5. Center for People and Environment (CPE)
6. Center for Study of Science, Technology and Policy (CSTEP)
7. Doh Eain
8. Earthlanka Youth Network
9. Gorakhpur Environmental Action Group (GEAG)
10. Institute for Global Environmental Strategies (IGES)
11. Integrated Design
12. International Academy (PRIA) – Participatory Research in Asia
13. International Centre for Integrated Mountain Development (ICIMOD)
14. IRO Organization for Community Development
15. Kota Kita
16. Mahila Housing Sewa Trust
17. Nepal Water Conservation Foundation for Academic Research (NWCF)
18. RV University
19. Sevanatha – Urban Resource Center
20. SERAC-Bangladesh
21. Sindh Community Foundation
22. Transitions Research

## Latin America and the Carribean

1. ARAPY, Hub de Ciencias Climáticas
2. Barranquilla+20 Foundation
3. Center for Climate and Resilience Research
4. Fundación Avina
5. Gaia Social
6. GFLAC
7. iDERA
8. Instituto Clima de Eleição
9. Investigación para el Desarrollo

10. Iyaleta Research Association
11. Libélula
12. Municipalidad de Rosario
13. Universidad Tecnológica Metropolitan

## Africa

1. ABEFAB – Action communautaire pour le Bien-être de l'enfant et de la femme au Burkina
2. ACTS – Africa Centre for Technology Studies
3. Association des Exploitants Miniers Artisanaux pour la Pacification et la Reconstruction de l'Ituri
4. Association des Jeunes Agriculteurs du Mali
5. Centre for Climate Change Adaptation and Mitigation (CCCAM)
6. Centre for Communities Education and Youth Development (CCEYD)
7. Centre Mathieu Badolo de recherche, développement et transfert
8. Centre Oecuménique pour la Promotion du Monde Rural
9. Community Action for Health & Development (CAHED)
10. Community Empowerment and Development Association
11. Conservation of Nature for Survival (CONASU)
12. Conservation Society of Sierra Leone
13. Dialogue on Shelter for the Homeless in Zimbabwe Trust
14. Easytech Farm Solutions Limited
15. Foundation for Community Driven Development
16. GAYO – Green Africa Youth Organization
17. Institute of Climate and Environment, SIMAD University
18. KASA Initiative Ghana
19. Mamo Gardens Model Farm Initiative
20. MKAAJI MPYA asbl
21. Mozambique Ministry of Land and Environmental and Commonwealth Youth Climate Change Network in Mozambique
22. Nature Cares Resource Centre
23. Resilient40
24. Simon Diedong Dombo University of Business and Integrated Development Studies, Wa
25. Sustainable Solutions for Life
26. The Desert Research Foundation of Namibia
27. The Federal University of Technology, Akure, Nigeria
28. University of The Gambia
29. World Inspiring Network
30. Young Lawyers Foundation
31. Women's Life and Wellness Foundation

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