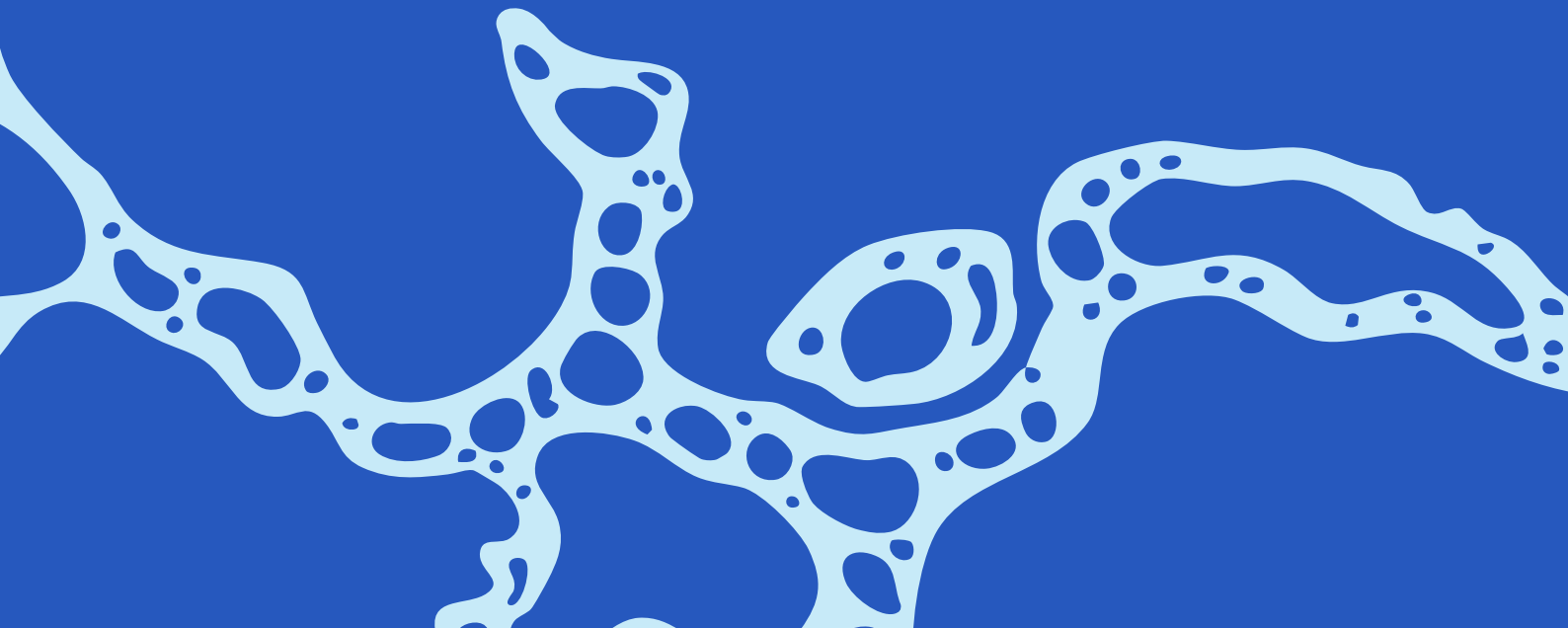




Alliance For Future
Generations

Evidence synthesis

Pacific health, climate change and policy gaps



Recognition and Commitment

We acknowledge the Traditional Custodians of the lands and waters across the region, including Aboriginal and Torres Strait Islander Peoples in Australia, Māori in Aotearoa, and the Indigenous peoples of the Pacific. We recognise their enduring sovereignty, deep cultural knowledge, and continuing connection to place. We commit to listening, learning, and working in ways that honour and reflect Indigenous ways of being and knowing in our shared pursuit of health equity.

Authors: Dr Francisca Cimatti, Josephine Boateng, Mariam George, Ruixue Zhang, Sunny Nguyen

Reviewers: Michelle Isles, Remy Shergill

ABN 75 260 386 455

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Rapid Evidence Synthesis

Pacific peoples are calling for their legal rights to health, safety and culture to be upheld in the face of the climate crisis.

Pacific peoples' climate priorities and solutions have been shaped through generations of cultural knowledge, lived experience and community leadership.

Regional policies have a strong foundation in evidence, but face barriers for proper implementation.

International climate policy should support Pacific-led priorities with the resources and systems needed to implement them.

Preliminary key priorities

These messages are informed by our evidence review, our case studies and our narrative frame focusing on moving from Pacific 'victimhood' to 'agency', informed and guided by our Pacific members and partners.

These key priorities should be regarded as preliminary, and will be strengthened through a talanoa process, which is inclusive, non-hierarchical and grounded in lived experience.

- **International policy should prioritise implementation of existing Pacific priorities rather than creating parallel agendas**
Pacific peoples' climate priorities and solutions have been shaped through generations of cultural knowledge, lived experience and community leadership.
- **Move from recognition to implementation**
Pacific regional and national policies already strongly recognise climate-related health risks. The central gap is implementation: commitments are not consistently translated into adequately financed, scalable, measurable and accountable action at community and health-system levels.
- **Put predictable, long-term and locally accessible finance behind climate-health commitments**
Financing is a recurring constraint. Project-based and crisis-driven funding is poorly suited to building resilient health systems, maintaining services between disasters or sustaining community-led approaches. International climate finance should provide predictable, recurrent and accessible funding for Pacific-led health priorities. Existing mechanisms such as the Pacific Resilience Facility provide a foundation for this approach.
- **Support health systems that are local, integrated and resilient**
Climate-resilient health systems need trained and supported workforces, essential medicines and supplies and effective links between formal services and community systems. International policy should support long-term local capacity building, rather than reliance on external expertise during crises.
- **Make health a core outcome of climate policy**
Climate impacts on health cannot be addressed through the health sector alone. Food and water insecurity, displacement, loss of livelihoods, unsafe environments and disruption to cultural and community connections are all pathways to poor health. Climate policy should therefore require health, wellbeing, gender and cultural safeguards to be built into adaptation and disaster preparedness planning.
- **Treat mental wellbeing as a systems issue**
Land, place, cultural identity, livelihoods and community relationships are central pathways to wellbeing. Policy responses therefore need to be multilayered, community-engaged and culturally grounded, rather than focused primarily on individual treatment.

- **Give women, girls and young people in positions of influence, with resources attached.**

Climate-health policy must address the specific risks faced by women, girls and youth, including disrupted access to services for sexual and reproductive health, maternal health and neonatal health, increased gender-based violence, loss of education and psychosocial distress. Recognition of these groups in policy is growing, but meaningful participation and dedicated resourcing remain uneven. International policy should move beyond representation and consultation to meaningful decision-making power and direct access to resources for women, girls and young people.

- **Protect and invest in Pacific Traditional Knowledge.**

Traditional Knowledge is a living, place-based system that supports food and water security, resource management, disaster preparedness, settlement, community organisation and traditional healing. It should not be treated as a static resource to be extracted. International policy should support Pacific ownership and equitable co-production of Traditional and scientific knowledge, recognising that different knowledge systems offer complementary strengths. It is essential to prioritise traditional knowledge systems as they adopt a sustainable approach to mitigating climate change impacts.



Introduction

Pacific communities contribute 0.02% of global carbon emissions yet experience the most severe weather impacts, directly affecting public health in the region. (1, 2) Further evidence demonstrates that women and youth face unique and disproportionate health threats. Increase in temperatures, flooding and rising sea levels create conditions that exacerbate the spread of vector-borne diseases such as malaria, Zika and Chikungunya. (1, 2) In addition, rising sea levels and droughts increase the incidence of waterborne diseases and reduce the availability of freshwater resources, as the Pacific has historically relied on rainwater harvesting as their major freshwater resource. (1, 2) Pacific representatives and academics from the region and beyond, highlight how climate change destroys traditional ways of living and knowing, posing a serious threat to the health of local populations. (1, 2)

Pacific communities have worked together on culturally appropriate, place-based solutions for decades. What is needed now is long-term finance, locally-led implementation, resilient health systems, meaningful participation, protection of culture and rights, and accountability for health outcomes, designed with Pacific communities rather than for them. It is crucial that climate change solutions do not just focus on adaptation but also mitigation as continuous natural disasters need solutions that delve into the root cause such as emissions from fossil fuels.



Tuvalu Youth Climate Activists performing at Saltwater in Our Blood: Climate-Health Talanoa, Nadi, Fiji, October 8, 2026

Impacts

Non-communicable disease and climate change

Climate change also affects the prevalence of non-communicable disease in the region, acting through multiple, interacting pathways that include rising ambient temperatures, degraded air quality, heat stress, disrupted food system and cascading mental health. (1-3) Currently, CVDs are the leading cause of death in the Pacific. (1, 3) Heat exposure is a risk factor for cardiovascular morbidity and mortality. (1) High temperatures increase the strain on the heart, promote dehydration, hemoconcentration and endothelial dysfunction, thereby raising the risk of thrombosis and compromising cardiovascular health. (3) Meanwhile, air quality continues to deteriorate due to activities such as waste incineration and emissions from vehicles and generators. These sources of pollution not only contribute to climate change but also factors for cardiovascular diseases (CVDs). The combined exposure to high temperatures and air pollution

further exacerbates the risk of myocardial infarction. (1, 3) Furthermore, the impact of climate change on agricultural productivity and fisheries has altered people's nutritional patterns, leading to serious health issues such as obesity and hypertension. This exacerbates the vicious cycle of non-communicable diseases, including CVDs. (1) Chronic respiratory diseases, hypertension, malnutrition and kidney disease are also among the risks of non-communicable diseases that people must face. (1-3) Patients with pre-existing chronic conditions also experienced a certain degree of worsening due to climate change. (3) Research has also shown that climate change is also causing significant mental distress for the local population (including ecological anxiety, post-disaster trauma and the loss of land and cultural connection) where there are limited accessible mental health services. (1, 4)

Women's health and climate change

It is important to note that the effects of climate change in the Pacific and elsewhere pose a disproportionate threat to women's health and livelihood. (5) Women in the region are almost entirely dependent on the agricultural sector for their livelihood; as such, due to extreme weather conditions, they are stripped of their source of income and autonomy. (5) They also experience an increase in sexual and gender-based violence (SGBV) in shelters, which makes them unlikely to evacuate to unsafe locations during natural disasters. (6) Consequently, affecting psychosocial aspects of women's health apart from their physical health. (6) Climate change,

including extreme heat, adversely impacts maternal health outcomes as it is associated with increased maternal anaemia, low infant birth weight and premature birth. (7, 8) As women often occupy roles as caregivers, they tend to have a higher risk for exposure to vector-borne diseases, often during pregnancy. Pregnancy is a known risk factor for serious complications from vector-borne infections. (5, 6) The impact of climate change has been linked to the endocrine system of women, inducing early menarche, which is detrimental to the health of girls and women. (9)

Youth health and climate change

Research on youth experiences of sexual and reproductive health and rights (SRHR) in the context of climate disasters in the Pacific shows that climate change and extreme weather events significantly heighten existing vulnerabilities. Resource insecurities (particularly shortages of food, water and income) drive increased risks of transactional early marriage and transactional sex as coping strategies among young people, especially adolescent girls. These increase the likelihood of early pregnancy and unintended pregnancy, and further widen the existing disparities in access to SRHR information and services. (10) Cultural norms and customs also exacerbate the SRHR challenges faced by youth in the context of climate change and related disasters. Access to sexual health services and knowledge is also limited by stigma and patriarchal norms. Climate change can disrupt service delivery, damage health infrastructure, and create unsafe environments, exacerbating these barriers and increasing SGBV rates. (10) Pacific grassroots organisations have further noted that young people with diverse sexual orientations and gender-diverse identities face heightened risks of SGBV, discrimination and exclusion from shelters. (10, 11)

Climate change-related interruptions to education have further impacted mental health and limited youth's access to SRHR education and information. In addition, continued displacement as a result of climate disasters has led to mental health issues such as post-traumatic stress disorder (PTSD), depression and anxiety among youth in the Pacific. (11) Furthermore, the growing loss of connections to land, traditional customs and cultural identity caused significant distress. (11) The issues regarding SRHR mentioned earlier, and menstrual hygiene management, also contribute to heightened insecurity and anxiety among youth girls. (12) According to a report by Plan International, which surveyed 350 young girls aged 10-18 through a feminist participatory action research approach (FPAR) about their lived experiences, 50% of the girls reported disruptions to their education due to climate change. It also affected their ability to maintain personal hygiene during menstruation. (12) The mental health of the young girls was also significantly impacted, with many of them reporting increased feelings of worry, stress and insecurity. (12) The lack of local mental health and psychosocial support services in much of the region exacerbates these burdens.

Cultural identity and climate change

Across Pacific cultures, the land and natural resources are interconnected to human identity. Continuous relocation disrupts rituals and destroys cultural identity and languages. (13) When communities are forced to move from their ancestral lands as a result of rising sea levels and extreme weather conditions, it induces collective stress in the population, as it is described as

losing a part of yourself. (13) Climate change also destroys native crops that are essential to the maintenance of traditional healing systems. (13) Cyclone Harold led to the loss of access to traditional food, medicines and shelter for at least 37% of households in the region. (13) Traditional healing knowledge is crucial for sustainable climate health solutions in the region.

The impact of climate change on healthcare services and healthcare workers

The impact of climate change not only extends beyond escalating health risks and disease incidence, but also the pressure on the resilience of health care services. Climate change causing meteorological disasters (such as hurricanes, floods and landslides) frequently block the delivery roads and disrupt power, water and telecommunications infrastructure. It severely affects the normal delivery of health care services. (14) Pacific Island nations possess a unique geographical environment where many medical facilities are located less than 500 meters from the coastline. High salinity and temperatures accelerate the corrosion of metal medical equipment, forcing healthcare systems to rely on single-use plastic products, thereby increasing costs and waste. (14, 15) Collectively, these interconnected challenges intensify supply chain vulnerabilities and material scarcity. Shortages of essential medical supplies

and pharmaceuticals and expired protective equipment impair clinical management and efficacy. (14, 16) Supply-demand imbalances have caused price spikes at private pharmacies, compounding the healthcare financial burden on households. (14) Diaspora populations relocating overseas, such as to Australia or the United States, frequently encounter linguistic barriers, stigma and fragmented medical records when seeking healthcare. It leads to delays and barriers to seeking health care. (14) Meanwhile, the health care workforce is also facing significant pressure that climate change causes. Frontline medical personnel are enduring immense physical and psychological strain due to the various impacts of climate change. Lacks of psychosocial and compensation support within the health care system has led to a significant exodus of frontline staff, particularly nurses. (14, 16)



Dr Ihirangi Heke of Aotearoa provided a stirring opening to the Talanoa



Seaweed farmers planting young seedlings in shallow water, demonstrating sustainable aquaculture in Solomon Islands.
Image: Adam Sébire / Climate Visuals

Locally led solutions and sustainable financing

It is integral that adaptation and mitigation centres locally-led ground up approaches in the Pacific. For example, Local women in the Pacific are already involved in community-led initiatives which align with their cultural practices. (17) Women in Pacific Island fishing villages are imparting sustainable fishing practices to the next generation and teaching them how to protect the local marine ecosystem. (17) Another locally-led initiative is the Pacific CIRCLE started by CARE Australia with various local partners across the Pacific. (18) The initiative is operating in Fiji, Kiribati, Tonga, and Vanuatu through 2029. It aims at training local women and youth groups with the skills to work on coastal restoration and safeguarding local water supplies. (18) One of the ways the project builds coastal resilience is by providing women opportunities to become self-reliant by providing them with seeds to grow

their own produce and sell it in the market. They are also educated on market prices and farming knowledge. (18) Which is why it is imperative to further support Pacific women-led grassroots organisations through grants and the Pacific Resilience Facility (PRF) and to advocate for the restoration of traditional knowledge systems that centre women's stewardship in climate mitigation. (19) The PRF is a self-reliant funding system through which the core capital is invested so that it stays debt-free. (18) The returns from the capital invested are then used to fund community initiatives including research on women-led businesses in the Pacific, projects that focus on spreading awareness of nutrition and women's health and funding businesses that help women earn incomes. (19)

Policy landscape

Climate change pushes vulnerable communities into cycles of socio-economic disadvantages with cascading impacts on health. As such, climate change policy and mitigation strategies need to prioritise their effects on women by adhering to global commitments such as the Belém Gender Action Plan (20). The Belém Gender Action Plan is a hallmark policy and action plan adopted at COP30 in Belém, Brazil, by the United Nations Framework Convention on Climate Change (UNFCCC) spanning 2026 to 2034 (20). Accordingly, CAHA has identified an important strategy from this plan to follow as a way of looking ahead, although some structural gaps remain. The Plan's main strategy is the adaptation learning program, a community-based adaptation intervention that strengthens women's adaptive capacity by improving access to markets and economic resources, teaching adaptive agricultural practices, including women in decision-making, and providing gender-sensitive climate information. (20, 21)

While approaches from the Belem Gender Action Plan may help reduce several climate-related health risks for women by strengthening their socio-economic positions, a major implementation gap remains: the Plan is still a voluntary action framework unsuited to the current 'demands' of the most affected populations (20). Still, the insights from these interventions offer valuable guidance for scaling up community-based adaptation efforts and shaping national policies on gender-sensitive responses to climate change. (21) The regional policy landscape already provides a strong foundation for this approach. Across the 2050 Strategy for the Blue Pacific Continent and its Implementation Plan, the Framework for Resilient Development in the Pacific, the Revitalised Pacific Leaders Gender Equality Declaration, the Healthy Islands Vision 2050, the Pacific Regional Framework on Climate Mobility and some specific Nationally Determined Contributions -NDCs- (Fiji, Vanuatu and Tuvalu) and Fiji's National Health

Adaptation Plan (HAP), there is clear convergence around people centred and locally led resilience, gender equality and social inclusion, youth leadership, community participation, cultural identity, and the recognition of Indigenous and traditional knowledge.(22-28) They aimed to achieve this through Regional commitments and increasingly connected climate resilience with health system strengthening, food and water security, social protection, safe and dignified climate mobility, women's health, and protection from gender-based violence (GBV).(13, 29-31)

The International Planned Parenthood Federation (IPPF) and the Australian Government also implemented the Sexual and Reproductive Health in Crisis and Post-Crisis Situations (SPRINT) in 2007 to provide SRH services in the Pacific region post-natural disasters (24). SPRINT was established to reduce SRH-related mortality and morbidity through country-level capacity building by delivering Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) standards in SRH. (32) It has had three phases since its conception in 2007; the programme has been involved in advocacy efforts for MISP, MISP coordination, capacity building and strengthening existing national systems. (32) The programme's primary aim is to offer comprehensive reproductive health services pre- and post-disaster, including ensuring preparedness. (32) Implementation has had varied results, with some informants saying that in Fiji there was limited training provided prior to Cyclone Winston, while in Tonga the programme was able to deliver more comprehensive training. The implementation phase initially struggled in Fiji because member organisations had differing agendas and supply logistics issues. (32) Yet informants did appreciate the specificity of the crash course provided in the context of Cyclone Winston on its usefulness, as most informants already had a background in training in SRH issues. (32)

Regional policies and implementation gaps

Regional Pacific policies increasingly recognise climate and displacement-related mental health impacts, as well as the social, cultural and material determinants of wellbeing. (33) There is broad convergence around culturally grounded, community-based and multilayered MHPSS, but operational architecture remains uneven. One clear case is Tuvalu: it provides one of the clearest examples through its National Mental Health Resilience and Support Initiative, which addresses climate change and relocation through community- and gender informed research, trauma-informed interventions building on the SOLAR model, workforce strengthening, and training for church and community leaders and health professionals. (33) Vanuatu similarly embeds MHPSS across community, school and health-system preparedness, while Fiji's HAP includes costed climate/mental health guidance and community engagement actions but does not establish a dedicated MHPSS service-delivery model.(33) Across policies, the main gaps remain

implementation capacity, sustainable financing, service integration and delivery at scale, and limited evidence on long-term effectiveness and sustainability. (33)

The main regional policy gap is therefore less one of recognition than of implementation. Across frameworks, commitments are not yet consistently translated into adequately financed, scalable, measurable and accountable action at national, subnational and community levels. Recurrent constraints include insufficient financing, workforce and institutional capacity and uneven monitoring and evaluation.

Climate-responsive pathways for mental health and psychosocial support, SRHR and continuity of GBV-related services are needed. Youth and grounded community participation still requires mechanisms that translate representation into meaningful influence over decisions and resources.



Fishermen on the island of Funafui say that increased temperature, storms, coral bleaching and overfishing is causing a reduction in fish stocks. Image: Rodney Dekker / Climate Visuals

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"We reject a future in which the Pacific is remembered for what the world allowed to disappear. We claim instead a future shaped by ourselves, not as passive victims of climate change, but as active agents of justice, custodians of our lands and ocean, and leaders of the transformation the world urgently needs."

-The Funafuti Call for Climate Justice

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