

Introducing REACT



REACT is a research consortium which aims to strengthen the responsiveness of the health workforce against health impacts of climate crisis. We are active in Nepal and Zimbabwe.

The climate crisis is the biggest threat to human health. Extreme weather events are affecting people emotionally and physically and that situation will worsen.

The climate crisis is also impacting on people's ability to access health care and health systems' ability to provide services. REACT is working to strengthen health systems so they can withstand climate shocks and stresses, and the health workforce is an important part of that response and our research.



REACT's research

We are working in study sites in Nepal and Zimbabwe, each carefully selected for the variety of contexts (urban vs rural, different health workforce situations etc) and associated challenges they present. There we are collaborating with health workers, communities and other stakeholders to develop context-specific interventions to improve local resilience to climate crisis.

Why focus on health workers?



Health workers are well-positioned to talk to people about the climate crisis, to act to protect health and to respond to health needs, but they do not have enough knowledge about climate crisis and its impact. REACT is working to strengthen the the health workforce's responsiveness to health impacts of climate crisis, engaging with stakeholders to ensure health workers in our study countries have the necessary knowledge, skills and support.

REACT's objectives

- To assess the preparedness and ability of health system actors to respond to climate crisis-related health impacts.
- To co-create context sensitive and gender equitable interventions to improve the resilience of the health workforce and communities to climate crisis-related health impacts.
- To pilot those co-created interventions and evaluate them for equity, feasibility, effectiveness, costs, sustainability and scalability.
- To promote uptake of learning on climate crisis and health among health systems actors and researchers

This will all be under-pinned by extensive training and capacity strengthening for all REACT partners. Our citizen science approach will also train participating community members to conduct research.

"We are seeing increasing instances of malnutrition, respiratory illnesses, maternal and newborn complications, heat-related deaths, and diseases such as malaria, and the situation will worsen. We need health systems that can withstand these challenges, and health workers are a vital part of that response. They have access to and are trusted by their communities, which is why REACT is working with them."

Professor Joanna Raven,
REACT co-lead, LSTM

Our study sites

Ghorahi Sub-Metropolitan City, Nepal

An urban site on the flat Dang district of Lumbini Province

- Population: 200,530 people
- Health services: 23 public health facilities, 195 health facility workers and 232 community health workers
- Climate challenges: flood, forest fires, heavy rainfall, landslides and windstorms

Chandannath Municipality, Nepal

A remote, rural, mountainous area in Jumla District, Karnali Province

- Population: 21,036 people
- Health services: 10 public health facilities, 128 health facility workers, 81 community health workers
- Climate challenges: flood, avalanches, heavy rainfall, landslides, snowstorms, windstorms and forest fires

Mount Darwin District, Zimbabwe

A rural district in north-east Zimbabwe

- Population: 240,727 people
- Health services: 25 public health facilities, 119 health facility workers and 417 community health workers
- Climate challenges: extreme heat and droughts but also floods.

Harare Local Authority, Zimbabwe

An urban area in Harare Province

- Population: 1,849,600 people
- Health services: 43 public health facilities, 400 health facility workers. 185 community health workers
- Climate challenges: Heat waves and variable rainfall



REACT comprises three partners – **CeSHHAR** and **HERD International** at our study sites in Zimbabwe and Nepal, and **LSTM** in UK. We also work with key local and national stakeholders who are deeply embedded in networks and communities of practice in their countries, regions and on the global stage. Health workers, managers and community members are also important partners for us.