

The power of community action in a changing climate

Mozambique and Zimbabwe—neighboring countries in southern Africa with diverse cultural landscapes—are both highly vulnerable to the effects of climate change due to an interplay of environmental, social, economics, and structural factors. The economies of both countries rely heavily on agriculture, particularly among rural populations, and the increasing frequency and severity of climate-related events, including cyclones, droughts, floods, and rising temperatures, threaten the food security and livelihoods of the country's inhabitants. MSF's work in these settings—which prioritises the knowledge, specific needs, and resilience strategies of local populations—demonstrates the value of community-centred and integrated responses to climate-related health challenges in both engendering relevant, adaptive, and lasting interventions and restoring dignity and agency to those most affected by the climate crisis.

Nampula, Mozambique

Since 1960, average temperatures in Mozambique have risen by 0.9°C and average rainfall has decreased. In 2019 and 2020, Cyclones Idai and Eline killed more than 1,000 people, displaced nearly 400,000, and caused extensive damage to crops, infrastructure, and homes. With most rural households in Mozambique relying on rain-fed agriculture, cyclones and other erratic weather events threaten local economies and food security—pressures that are further intensified by poverty, weak health systems, and a high burden of climate-sensitive diseases.

In 2022, MSF began working in Nampula province to address critical gaps in the prevention, diagnosis, and treatment of neglected tropical diseases (NTDs) such as lymphatic filariasis and schistosomiasis, as well as vector-borne diseases like malaria and dengue. Between 2022 and 2024, MSF treated nearly 19,700 NTD cases—including scabies (>12,000 cases), urogenital schistosomiasis (>6,300 cases), and lymphatic filariasis (856 cases)—and established a blood bank to support the management of patients with severe malaria, among other initiatives. But MSF's aim went well beyond treating disease. They also sought to address the environmental



and social drivers of disease, taking a planetary health approach that rested on three pillars: treating communities as partners; integrating medical and non-medical interventions; and focusing on climate-sensitive diseases.

Water, sanitation, and hygiene (WASH) interventions were a cornerstone of MSF's work in Nampula. Guided by community



input, MSF decentralised and diversified water points—including wells, hand-dug boreholes, and rainwater harvesting systems—to reduce exposure to unsafe river water sources. In one community, establishment of a new water point ended daily 4 a.m. walks to fetch turbid water, providing both access to clean water and a renewed sense of collective responsibility for monitoring and maintaining this vital resource.

As the primary water managers in this matrilineal society, women played a central role in establishing water committees that guided all decisions, including on the construction and upkeep of water sources, and co-designed community laundries that provided a culturally accepted alternative to river washing, complete with soak-away pits and grease traps to reduce stagnant water and deter mosquito breeding. Improvements were also made to sanitation systems, included reinforcing latrines, and household hygiene and vector control were promoted via encouraging mosquito net use and environmental hygiene.

Adapting to the community's practices was also central to MSF's work on health services. A steering committee that included local leaders, health workers and residents met regularly to contribute to health and hygiene decisions. Early engagement with traditional healers, who are often the first point of contact for health concerns, was also crucial. As a result of this engagement, four traditional healers joined

community health workers for MSF's NTD training, after acknowledging that certain conditions like chronic lymphoedema lay beyond the reach of traditional medicine. They subsequently began referring patients to MSF and the Mecutamala primary health clinic, creating referral networks that continued to function even after MSF's departure. The referrals tangibly improved the lives of patients living with lymphatic filariasis, with many patients joining self-care groups where they learned daily exercises, limb hygiene, and massage techniques to manage pain and swelling, resulting in improved mobility, comfort and confidence.

The project in Nampula was also impacted by the growing intersection of climate and health. Between 2022 and 2024, Mozambique was hit by six cyclones—Ana, Gombe, Freddy, Filipo, Jude, and Chido—that destroyed homes and infrastructure, increased disease risks, and devastated livelihoods. Recognising these weather patterns helped the project anticipate and respond to needs effectively, with climate-conscious interventions including the distribution of emergency hygiene kits, roll-out of preparedness training, and installation of solar systems in certain health facilities to ensure uninterrupted services.

Gwanda, Zimbabwe

In neighboring Zimbabwe, average temperatures rose by 0.03°C per year between 1970 and 2016, and rainfall steadily declined—especially during the key agricultural season. As a result of shifting weather patterns, malaria incidence has increased in areas where the disease was previously rare, and droughts and floods have led to repeated crop failures, resulting in devastating loss of income in a country where agriculture employs two-thirds of the population and 80% of farming is rain-fed. As a result, many farmers are turning to informal mining to survive.

In 2023, MSF launched a project in Gwanda, Zimbabwe to tackle the high burden of TB,



silicosis, and HIV among artisanal and small-scale miners. These diseases are highly interconnected in mining communities; exposure to silica dust can lead to silicosis, which sharply increases the risk of tuberculosis infection, and the prevalence of sex work within these communities increases vulnerability to sexually transmitted infections. To address these challenges, MSF established an outreach clinic in Gwanda District, Matabeleland South that supports the Ministry of Health and Child Care (MoHCC) in delivering essential healthcare to hard-to-reach mining communities. The programme provides comprehensive prevention, screening, and treatment services, delivered directly within communities, thereby reducing barriers to healthcare access.

As in Nampula, the project extends beyond providing access to clinical care and follows a forward-thinking community engagement model. With the support of MSF Southern Africa's Community Engagement team, each project seeks to collaborate with one or more local community-based organisations based on shared goals and vision. This approach isn't just practical—it's powerful. It brings MSF closer to the community, allowing for collaborative planning and mutual learning. And crucially, the model builds sustainability and resilience by investing in

community leadership. By equipping community-based organisations with tools and knowledge throughout the project, interventions are more likely to continue after MSF leaves, promoting long-term resilience.

Recognising the environment as a key determinant of health risks, MSF's work in Gwanda also has WASH and heat as a central component. In response to concerns around water safety, the team developed a research proposal to investigate contamination of drinking water sources due to mining activities—highlighting how water scarcity is pushing communities toward unsafe alternatives. Based on the research findings, MSF plan to target context-specific interventions such as borehole drilling and well decontamination, and engage local partners to raise awareness about environmental degradation. For heat, an assessment was conducted to identify risks, knowledge gaps and potential adaptive solutions for staff and communities. To address both priorities, MSF initiated a peer programme that includes formation of health committees at mining sites to facilitate and sustain WASH interventions, and provision of practical knowledge to communities on climate and environmental health risks—via a tailored educational model and provision of IEC materials—to support long-term environmental stewardship and cultivate local ownership, ensuring sustained impact well beyond the life of the project.



Photo captions????

The growing severity of climate-related health threats and their impact on communities during the Gwanda project highlighted the role of climate as a key factor affecting health. Prolonged droughts devastated agriculture, forcing more people into artisanal mining and exposing deeper layers of vulnerability. In May 2025, MSF conducted its first-ever Project-Level Climate Assessment in Gwanda to evaluate the project's exposure to climate threats, document local coping strategies, and recommend ways to strengthen resilience. Again, community was central to the process. Local organisation and community members worked alongside the project team, sharing insights and lived experiences that were essential in shaping the findings and ensuring that resulting recommendations are relevant and actionable at community level.

Final remarks

The Nampula and Gwanda projects illustrate the value of community and lived experience, together with the expertise of health workers, in designing health interventions that are effective, sustainable and rooted in local realities. As one MSF team member from Nampula project reflected, these kinds of MSF's intervention are "as much about restoring trust and dignity as they are about reducing disease". Traditional knowledge and practices hold immense power and insight, and to dismiss them is to overlook crucial aspects of health and community life.

Through authentic dialogue among traditional healers, local communities, and medical experts, we can co-create interventions that tackle the real challenges people face. This respectful collaboration ensures that solutions are culturally relevant, embraced by the community, sustainable, and deeply impactful—bridging worlds to improve health outcomes in ways that technology or medicine alone cannot achieve. The same principle applies to bridging gaps across sectors. MSF's experience shows that working in isolation limits our impact. We can accomplish more by collaborating with other sectors because, ultimately, individual health reflects the health of our communities and the environment around us.

By: Neo Tsotetsi (Climate Engagement Coordinator – MSF Southern Africa), with support from Aina Roca-Barcelo (Humanitarian Action for Climate and the Environment – HACE) in consultation with Nampula Project and Mozambique Mission staff (Lourino Pelembe, Rasha Ahmed, Luis Neira and Alexandra Malm) and Gwanda Project and Zimbabwe Mission staff (Graham Inglis, Natasha Zindoga and Dr. Munyaradzi Sidakwa)