

RECLAIMING HEALTH ACTIVISM IN THE AGE OF THE **CLIMATE CRISIS**

A **GUIDE**

to effective campaigning and advocacy
for health professionals

#HealthClimateActionGuide



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Foreword

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Writing a brief preface to this important book is an honor that provides me with a practical tool to describe how a few individuals can improve the health of our fellow inhabitants on this planet. As a secondary school student in New York City in the 1950s, I lived with the recent example of the hatred embodied in Nazism and the devastation that it wrought upon all humankind. This was an era of economic reaction, complacency, fear, and rampant racism that was largely unchallenged within the political arena in the United States. The country, having recently led the united effort to defeat the horror brought to many countries by the Axis powers and their quest for world domination, had not suffered substantially outside of the catastrophic and unprecedented

military death toll of the second world war. In fact, the US economy, science, and influence emerged from the war with little competition for the position of world superpower.

As I was becoming politically active, national liberation movements of the world began to tear down both the visible and the invisible imperial relationships of the pre-war years. It also stimulated national movements to demand an end to the inequities of people's daily lives individually, nationally, and internationally. This visualization of a world without oppression and exploitation clashed directly with the behavior of the United States and dominant imperial economic groups within the Allied powers. This

set the stage for a prolonged struggle by the national liberation movements, and a debilitating conflict between the socialist and capitalist countries. Within the capitalist countries it created increased repression against working people and, within the US, particular attention to bolstering the structural racism which secured the ruling circles' continued domination. Within the socialist nations this policy's impact was to incentivize the most dictatorial elements in the leadership to increase their power and control under the guise of preventing destruction due to the subversion of the capitalist countries.

Few movements or countries were able to resist this global dynamic for prolonged periods. Yet in country after country throughout the world, brief shining moments thrilled the movements for social, economic, and political democracy and ending the global scourge of racism. There has been no way to quench the human desires embodied in these movements and so, despite setbacks and increasing instability and danger to

the existence of the inhabitants of the world, they continue to challenge the forces of reaction in every venue and every moment.

It is within this setting that I have struggled with the issue of: how can an individual's actions impact such global issues and how can the same ideals of democracy and empowerment be applied locally, nationally, and internationally? This has become particularly complex during the last half century as the destruction of the planet has escalated. This book provides us with examples of practical ideas and experiences to enable us to understand the processes at work and spread the success of the movement for equality, democracy, and environmental sustainability in our communities, countries, and planet. I present a small example of the progression of the movement to reduce the impact effects of mercury on the developing brains of infants and small children as a history that has both inspiration and experiences which may be applied elsewhere as well.

MERCURY FREE MEDICINE*

In 1996, a nonprofit coalition, Health Care Without Harm (HCWH), was created to educate and mobilize the health care sector around the links between a healthy environment and healthy people. The coalition comprised hospitals and health care systems, medical professionals, community groups, labor unions, environmental organizations, and religious groups. HCWH decided to focus its efforts on alerting the health care industry to the dangers of mercury-based thermometers and sphygmomanometers while promoting their substitution with safer alternatives.



One of the first steps that HCWH took was to organize a Mercury Awareness Day and thermometer swap with Beth Israel Deaconess Medical Center in Boston, collecting more than 1,000 mercury thermometers and substituting them with digital alternatives. To remove mercury medical devices from the consumer market, HCWH nurses, along with socially responsible investors and community allies, pressed pharmacies to abandon mercury thermometers, rapidly getting every major US pharmacy chain to remove them from their shelves.

Getting the health care sector to switch to non-mercury devices required overcoming several challenges: lack of knowledge within the sector of the need for the change; health professionals' skepticism of the accuracy of the alternative devices; concerns about the affordability of the devices; and waste disposal concerns.

* Abstracted and modified from: *Lessons in Forging Global Change* by Josh Karliner, Gary Cohen & Peter Orris, Stanford Social Innovation Review Winter 2014, www.ssireview.org



With regard to the business challenge, in almost every case HCWH was able to demonstrate that the alternatives were affordable. Although a digital thermometer could cost five times as much as a mercury device, the latter broke 10 times more often than the former. So in addition to avoiding the release of literally kilos of mercury every year endangering both patients and health care employees, there was a business case to be made for substitution. The availability of the alternative devices grew as medical device companies around the world moved to meet increasing demand, which also brought down the price of the devices.

Providing accurate and accepted evidence from peer-reviewed medical literature, together with scrupulous attention to conclusions and recommendations based on it, became a hallmark of HCWH's approach.



In 2005, WHO issued a policy paper saying that a shift to mercury-free health care throughout the world was both necessary and possible.

HCWH found that many health professionals and hospitals around the world were receptive to this change.

This prompted HCWH to shift its attention with respect to mercury beyond the borders of the US.

HCWH Asia, for example, organized a regional event in Manila in 2006 in conjunction with UNEP, WHO, and the Philippines Department of Health. Within two years, the hosting Philippine Heart Center and several other prominent facilities had successfully removed their mercury devices. In other parts of Asia and Latin America, the effort made progress similarly. Particularly important were successful efforts led by HCWH and its partners in Argentina, Brazil, Chile, Costa Rica, India, South Africa and Mexico.

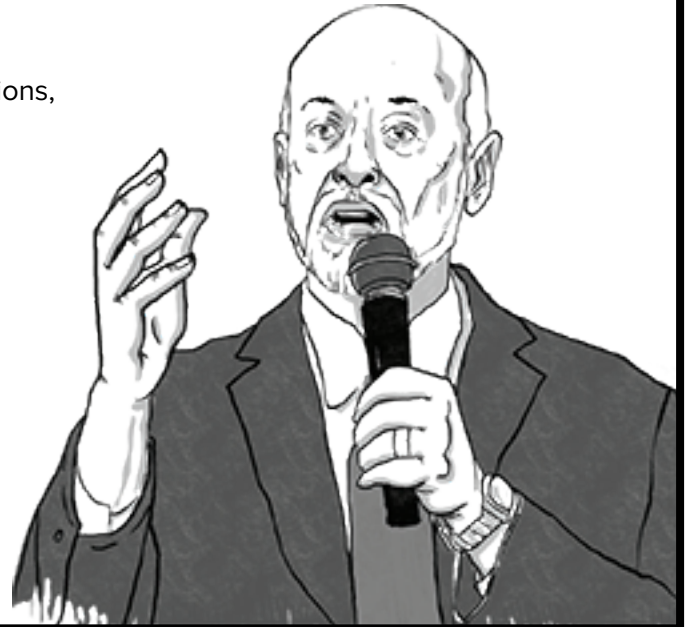
In little more than a decade the practice of mercury-free health care had spread across the globe. When governments came together in Stockholm in June 2010 for the first round of treaty negotiations to regulate mercury use and emissions, large segments of the health care sector had already made the switch to non-mercury devices. This demonstrated to the delegates that a move away from the toxic heavy metal was possible but also modeled strong steps to control mercury's impact on children's health worldwide.

As HCWH declared at the outset of the negotiations,

“

momentum is growing and mercury-free health care is increasingly becoming the status quo in many countries. The health sector is modeling change for society as a whole.

”



Negotiated in a bit over three years, the International Convention on Mercury was signed in Minamata in southern Japan on 10 October 2013 and named after the signing city where the most infamous epidemic of mercury poisoning in history had been identified some 57 years before. The treaty responds to a global consensus that the release of mercury into the environment presents a worldwide threat to human health and natural ecosystems.

The steps in this strategy of securing behavioral institutional change in the health care sector as a model for broader societal change can be summarized into a step-by-step progression:

1. Identify the target: Choose a single clear unsustainable human practice with available alternatives and implications for sustainability as a whole which collective action can modify.

2. Make the invisible visible: Using both individual and population information, describe the health burden of continuing the unsustainable human practice and the proven health advantages of sustainable alternatives.

3. Identify the clinical activities that contribute to the global burden.

4. Describe safer substitution: Make the scientific, technical, and economic case for change without negatively impacting patient care.

5. Legitimization: Secure the support of health care provider organizations — academic, professional, governmental and international — validating the importance of action and the availability of less toxic alternative practices.

6. Generate generalizable experience: Create localized models before scaling up.

7. Take action: Build coalitions within all elements of the health sector pledged to change practice methods themselves and ready to serve as models for other sectors.

8. Focus health sector advocacy on changing the culture of society as a whole through market forces, government regulations, private sector practices, and consumer behavior to secure the universal substitution of sustainable alternatives.

This step-by-step approach utilizes the commitments of the health sector to caring and reliance on scientific facts to ultimately govern behavior as a suitable sustainable mode. Behavioral change, consistent with the sector's highest aspirations and solidified by practical actions that can be taken at the local level by all individuals, is now being used in other venues with other targets such as mitigating climate change. HCWH's experience with this methodology and its success in shifting government and civic society's policies to sustainable practices, driven by the population as a whole, are evidence of the possibilities and effectiveness of this democratic empowerment approach to changing the world, and is within the grasp of each of us.

Introduction



Concern over health can bring communities together, overcoming cultural and political barriers. Health is the most basic and essential resource regardless of age, gender, socio-economic, cultural, or ethnic background. It is a matter of daily concern. Good health empowers us to engage in physical, mental, and emotional activities with energy, vitality, and resilience, allowing us to live fulfilling and productive lives. Poor health, on the other hand, disrupts our lives, leading us to miss school and work. It prevents us from being fully involved in our family and our community and reduces our quality of life. Often when we talk about well-being, health — both physical and mental — is what we have in mind. As a society, we are also coming to understand that human health is deeply intertwined with the health of our planet. Because it is impossible to have healthy people on a sick planet, policies that protect and foster environmental health at both local and planetary scales are inherently good for people too.

It is impossible to talk about good health without recognizing the critical role of health care professionals in promoting it by carrying the message to the public and to policy makers. Health care professionals — such as doctors, nurses, community health workers — are trusted and credible sources of health information. They see the adverse health outcomes in their clinics, hospitals, and communities every day. The COVID-19 pandemic is a prime example of health care voices being heard and amplified in the media, and its reception reflected that health professionals are regarded as key advocates for health protection.



THE ROLE OF HEALTH ACTIVISM IN INFLUENCING POLICIES AND PROTECTING AND SAFEGUARDING PUBLIC HEALTH

Health activism has a long and rich history in effecting social change. From mapping diseases with epidemic potential to socio-political issues like organizing for women’s rights, preventing nuclear war, and advocating for racial equity, health professionals have played a crucial role in examining issues from the lens of public health and epidemiology while generating evidence and lending solidarity to movements. While public health professionals may not always be at the forefront of social struggles, their contributions have often been instrumental in catalyzing change.

In preparing this guide, we analyzed case studies of health activism concerning issues such as epidemics, civil rights, women’s liberation, nuclear weapons, occupational health, air pollution, and toxic chemicals, in the 19th, 20th and 21st centuries. We found that impactful campaigns had certain common elements across history and issues. The most crucial contribution that health professionals have made is the generation of **evidence-based knowledge** which in turn informs and strengthens social change events. It is important to realize here that it is not just the generation of knowledge that ushers in change, but the active sharing and advocacy based on such knowledge. This includes **education of impacted stakeholders, public advocacy, legal action, policy change, cross-social solidarity, and mass mobilization**. This is not to say that health professionals must lead these areas of action, but it is imperative upon them as trusted social actors committed to the Hippocratic oath of “First, do no harm” to find a way for their professional skills to make a powerful contribution to the social movements of their times. Central to that imperative today is to take on the climate crisis, which the UN Secretary General has called an “existential threat” to humanity.



THE CLIMATE CRISIS AND A CASE FOR GLOBAL HEALTH ACTIVISM

The climate crisis is a health crisis. It threatens our air, food, water, shelter, and security — the basics on which human life depends. Human health is deeply interconnected with planetary health and this connection is best vocalized by the World Health Organization’s (WHO) declaration¹ that “*Climate change is the greatest threat to global health in the 21st century.*”


Health care sits at the epicenter of our collective climate trauma. Its facilities take care of people who are injured in extreme weather events, people who are suffering from respiratory disease and asthma from air pollution, as well as children and older adults who are more vulnerable to extreme temperatures.

 USA 2012: Hurricane Sandy left the Jetstar roller coaster in the Atlantic Ocean / Courtesy: iStock

(1) — <https://www.who.int/news/item/06-10-2015-who-calls-for-urgent-action-to-protect-health-from-climate-change-sign-the-call>

Extreme climate events not only threaten people's health but also health care's own infrastructure and capacity to respond. We have seen how extreme weather events are catching our health systems off guard and crippling them at a time when people need them the most. From Hurricane Sandy in USA in 2012 to the floods in Pakistan in 2022, the devastating effects of extreme weather events on health systems — such as compromised patient care, evacuation of patients, damage to medicines, medical equipment, and health facilities — have been well documented.



 *Pakistan Floods, 2022*
Courtesy: iStock

There is also a paradox here. While the health sector plays a central role in responding to the climate crisis, the sector itself contributes to nearly 5% of net global greenhouse gas emissions.² And health care's climate footprint is only growing.

Since 2020, health professionals have been at the forefront of responding to twin crises — COVID-19 and the climate crisis. The devastation we have witnessed from COVID-19, while hugely significant, pales in comparison with the scale of devastation that the climate crisis, if unchecked, will cause to our families, countries, society, and the planet.

(2) — <https://noharm-global.org/documents/health-care-climate-footprint-report>

The damage that is being done through climate change is a serious threat to our planet, our people, and our future. We should also keep in mind that the most marginalized and impoverished are more severely affected — they are usually living in areas that are more vulnerable to the impacts of climate change; they often lack the resources and infrastructure to protect themselves from these impacts; and often have limited access to health care and other services that can help them cope. The climate risk index shows that seven out of the ten countries most impacted by extreme weather events are Low and Middle Income countries.

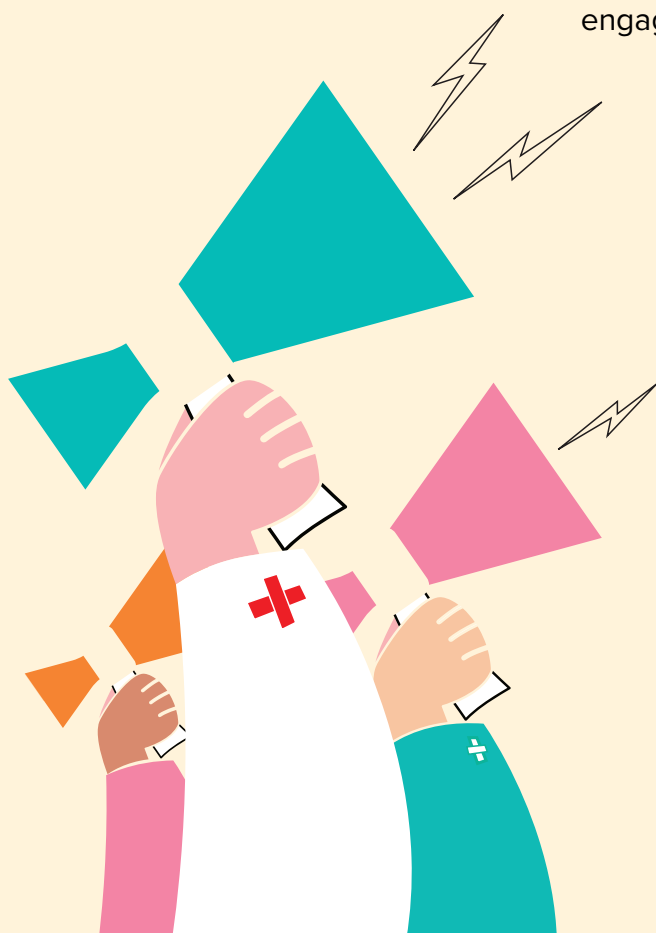
The health sector has a unique opportunity to combat climate change because it is well positioned to understand the health impacts of climate change and take action to protect public health.

Climate change can have a range of negative health impacts, including increases in air pollution, the spread of vector-borne diseases, and the likelihood of natural disasters. By bringing a medical and a trusted perspective to the debate, health care voices can help demystify the discourse and help to make the case for immediate and effective action on climate change. Their engagement can help humanize the issue and provide a compelling reason for action. Health engagement puts a human face on the climate crisis and can help mobilize the public to act much more than talking about 1.5°C, or gigatons. For example, the pictures of lungs with black toxic deposit are always a more powerful way to communicate the negative impacts of air pollution than the levels of Particulate Matter 2.5 in numbers. **Talking about the climate's impacts on health, and the health benefits of climate solutions (and the climate benefits of health solutions) moves the conversation away from a technocratic and numerical discourse to one that can capture the hearts and minds of the public and policy makers alike.** Additionally, by taking action to reduce greenhouse gas emissions and to adapt to the impacts of climate change, the health sector can help to protect public health and prevent the negative



health impacts of climate change from worsening. Furthermore, the health sector can serve as a powerful advocate for policies and actions that combat climate change, raising awareness of the issue and mobilizing support for solutions.

Today the voices of health workers become even more critical in promoting actions that address climate change and its impacts on health. **Health professionals are both trusted communicators and important actors in the mitigation of this climate catastrophe.** With a mandate to protect people’s health and prioritize patient safety, dignity, and comfort, health professionals are duty-bound to speak out about the serious global health risks posed by climate change. The health sector and health care professionals should also lead by example with the reduction of the health sector’s own carbon footprint and to uphold the mandate to “first, do no harm”. Health professionals are once more needed to call out the failure of global leaders to address the crisis and to initiate serious discussion and action to minimize the immediate consequences of climate change on health that are unfolding at an alarming rate. As you will see in the accompanying case studies, health professionals have a long history of being politically engaged and can lead the conversation to address the health impacts of climate change. Health professionals can make a big difference — with their patients, in their practices and in their health care institutions, with policy makers, and most importantly in the communities they serve, to drive home the urgency of strategic climate action.



UNHEALTHY WARS



In 1985, a mere five years after its formation, the International Physicians for the Prevention of Nuclear War (IPPNW) had over 135,000 members in 40 countries, was awarded the Nobel Peace Prize, and had accelerated its agenda to the scope of global concern. By communicating the health impacts of nuclear warfare, IPPNW reframed the issue of nuclear war as a health issue.

Realizing the risks to public health from the threat of a nuclear war, two cardiologists — Bernhard Lown (a US-born developer of the direct current defibrillator for cardiac resuscitation) and Evgeny Chazov (a Russian-born director of the Moscow Cardiological Center and a physician to former

general secretaries of the Communist Party, such as Mikhail Gorbachev) — began an unlikely collaboration to form International Physicians for the Prevention of Nuclear War (IPPNW) in 1980.



Members of IPPNW in various countries engaged in a global education campaign about the medical consequences of nuclear war. They rallied together in the thousands to stage protests, organized appeals, lobbied political and military leaders, and hosted several international conferences.

Through these activities the IPPNW called attention to the dire health implications of nuclear war; they warned the public and the leaders that the medical profession would be unable to provide effective care in the aftermath of a nuclear attack.

The IPPNW often countered misinformation, provided health and medical related facts, and highlighted the incapacity of the health systems to cope with the unprecedented demands of a nuclear blast.



These facts were also echoed by the American Medical Association, the British Medical Association, the World Health Organization, and other leading medical bodies.

NURSING DEMOCRACY

The images of nurses protesting outside the White House demanding protective gear to fight COVID-19 in 2020 takes us back a century to a time when nurses joined protests at the White House as part of the Women's Suffrage Movement.



Nurses were in a powerful position to influence the suffrage movement because they were on the front lines both locally and at war, directly exposed to the social, economic, and political issues unlike many physicians and politicians. Their work was not limited to hospitals — there were many nurses working in the community, in the homes of patients who were unable or unwilling to seek hospital care. They saw firsthand the poor living conditions of the working class and knew that nursing alone was not enough to support public health.

Many nurses also became advocates for other health and social issues like public sanitation and workers' rights.

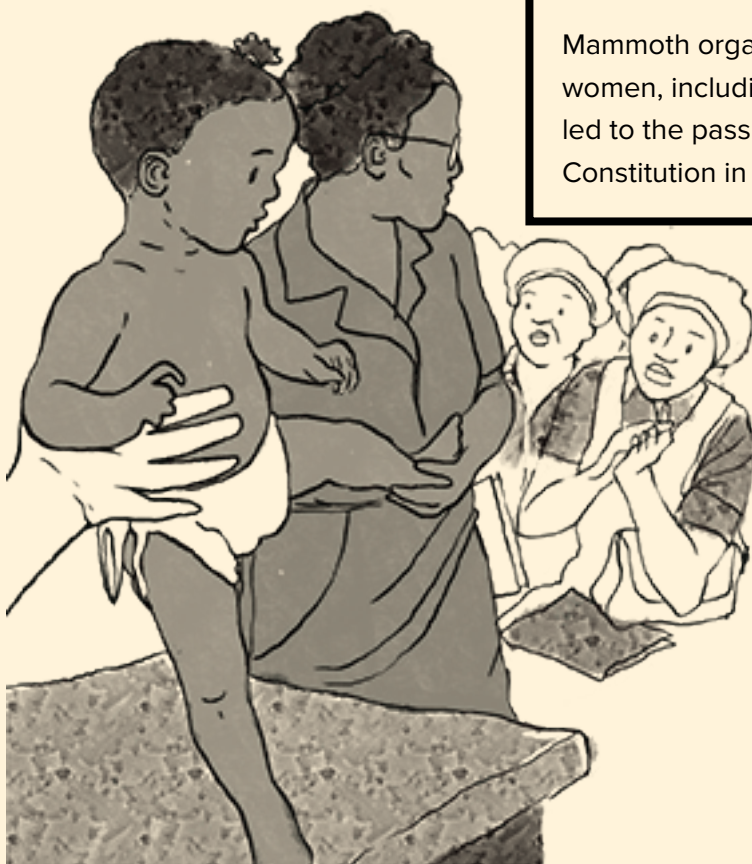
When it came to the suffrage movement, nurses like Lavinia Lloyd Dock, Sarah Tarleton Colvin, Mary Bartlett Dixon, Ellen La Motte and Hattie Frances Kruger were directly involved, organizing demonstrations, marching in parades, canvassing within their communities, signing petitions, and mobilizing support.

They believed that

“
if women won the right to vote,
they could reform public health,
set workplace standards, fund
hospitals and improve the lives
of the working class and poor
people who bore the greatest
burden of sickness.
”



Mammoth organizing and decades-long fighting by the women, including solidarity from other health professionals led to the passing of the historic 19th Amendment to the US Constitution in 1920 guaranteeing women the right to vote.



The link between voting and improved health care quickly became evident. Barely a year after women won the right to vote, Congress passed the Sheppard Towner Maternity and Infancy Protection Act on 23 November 1921, funding a variety of programs to reduce maternal and infant deaths. Although similar bills had been introduced between 1918 and 1920, none received sufficient support to become law.

With the enfranchisement of millions of new women voters, however, most congressmen decided to support the bill in 1921. With funds from this legislation, states established nearly 3,000 prenatal care clinics, provided for 180,000 infant care seminars, and hired thousands of public health nurses, who made 3 million home visits to pregnant women and new mothers.

RIGHTS AND WRONGS



Growing out of the Medical Committee for Civil Rights which organized the medical contingent of the March on Washington in 1963, the Medical Committee for Human Rights (MCHR) was created by a group of doctors led by American physician Robert Smith in 1964.

MCHR members, doctors, nurses, psychologists, and other health professionals — Black and White — lent solidarity to the civil rights movement in the US by providing medical support and aid for civil rights workers at marches and demonstrations, and raising public awareness of issues of discrimination and segregation within health care systems in Mississippi.



MCHR provided a medical presence in Black communities, some of which had never seen a doctor.

They established and staffed health information and pre-natal programs in many Black communities. Appalled at the separate and unequal care provided to Blacks by Mississippi's segregated system, they soon involved themselves in political struggles to open and improve Mississippi's health care system for all.



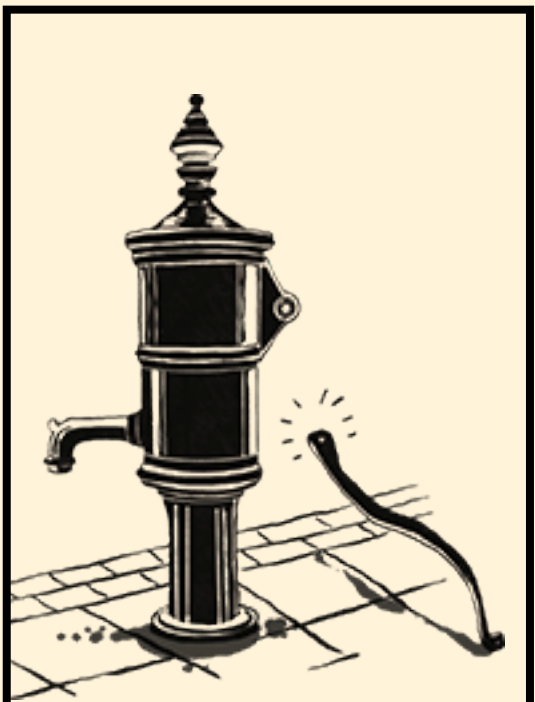
The increased awareness of health care inequality in the state led to substantial improvements in medical access for the Black population. Studies conducted decades later concerning the state of health care in Mississippi in the 1960s and '70s revealed the significance of the MCHR's work. One of the most notable improvements was a dramatic reduction in the infant mortality rate among the Black population, which decreased by 65% between 1965 and 1971.

In 1964, MCHR set up a small desegregated public health clinic in Mileston in Holmes County, Mississippi. The clinic pioneered a community-oriented primary care program that involved local people in the decision-making process. Not only did the clinic provide essential medical care, but it also helped the local Black community organize around health care issues. Local people formed the Holmes County Health Association as a forum to discuss the deficiencies in the county's health care system.

HEALTH IN THE TIME OF CHOLERA



The campaign is credited with mobilizing political action on sanitary reform to rally middle class support for the milestone legislation of the first Public Health Act in 1848. Cholera was one of the deadliest diseases to affect Britain in the 19th century. For a long time it was believed that cholera was transmitted and spread by 'bad air' or 'bad smells' from rotting organic matter. But physician John Snow's evidence-based work and pioneering studies established a link between cholera and contaminated drinking water.



By talking to the residents in the area with help from a local priest and mapping the deaths from cholera, Dr Snow noted that they were mostly people whose nearest water source was the Broad Street pump. He persuaded the local council to disable the well pump by removing its handle. This action contributed significantly to the containment of the disease in the area. It was later discovered that the water for the pump was contaminated by sewage carrying the cholera bacteria from a nearby cesspit.

Even though Dr Snow's findings were met with resistance initially, they eventually influenced changes in public health and the construction of improved sanitation facilities.

The Health of Towns Association in Britain, established in 1844 and composed of health professionals and politicians, is an early example of a public health pressure group. It focused primarily on the campaign to promote sanitary reform in the rapidly growing cities of industrial Britain. It arranged public meetings and lectures; published the *Journal of Public Health*; organized regional groups to further its cause and lobby members of parliament, doctors, and religious leaders.

CAMPAIGNING AND ADVOCACY 101

It is important for health professionals to not only provide high quality care to patients, but also to advocate for their health and well-being. So, how can health professionals effectively campaign and advocate for change not just in their practice and health settings but also in communities, courthouses and the halls of government?

We aim to address this question by providing **information that explains the basics of campaigning and advocacy for health professionals**. This document aims to provide guidance on how to effectively participate in campaigns and advocacy efforts as a health professional. It covers topics such as identifying issues to advocate for, developing a campaign strategy, and engaging with policy makers and the public. This guide will equip health care professionals in a step-by-step manner with the basic tools and strategies that will in turn support them in designing and executing an effective campaign. We hope that this document will inspire and empower health professionals to use their skills and expertise in service of a long tradition of health sector advocacy and, in this regard, to make a positive impact on the health of their community.

WHAT IS ADVOCACY? WHAT IS HEALTH ADVOCACY?

“Advocacy” can be defined as “public support for an idea, plan or way of doing something”.³ However, if we dig deeper, advocacy also means taking action to create change. Advocates often organize to tackle a problem or an issue. Advocates create space, empower and support others to amplify an issue of concern. In the context of health professionals, health advocacy would include ensuring access to care, navigating the system, mobilizing resources, addressing health inequities, influencing health policy, and creating a systems change.

COMPONENTS of a successful campaign



Evidence-based knowledge



Education of impacted stakeholders and public



Legal action



Policy change



Cross-social solidarity

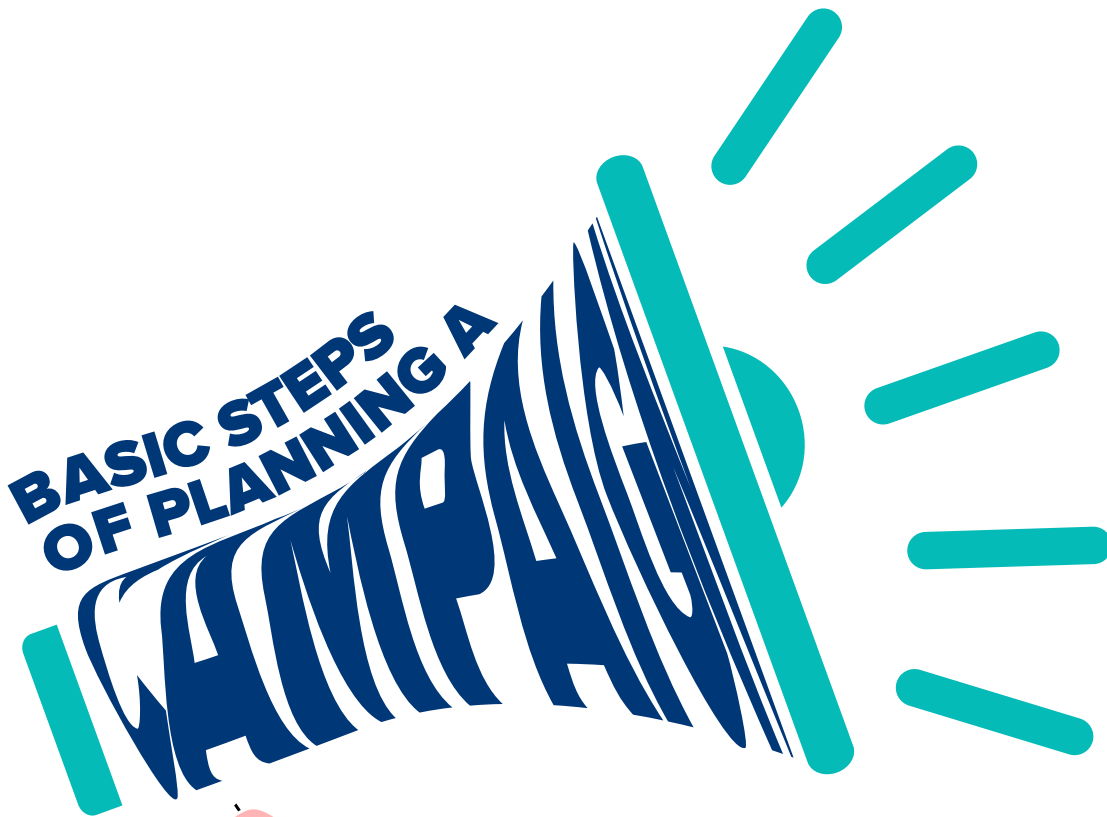


Mass mobilization and support

ETHICAL CONSIDERATIONS AND VALUES for Health Professionals engaged in Campaigns and Advocacy

- 1 Health professionals have a duty to prioritize the well-being of their patients and the public. This means that when considering whether to get involved in a campaign or advocacy effort, health professionals should consider whether the issue at hand aligns with their professional values and will ultimately benefit the health of their patients and the community.
- 2 They should ensure that their involvement in campaigns and advocacy does not compromise their professional objectivity and impartiality. This means avoiding conflicts of interest, such as accepting financial or other forms of compensation from organizations or individuals with a financial stake in the issue.
- 3 They have a responsibility to be transparent about their involvement in campaigns and advocacy. This includes disclosing any potential conflicts of interest and being open and honest about their motivations and goals.
- 4 Health professionals should be mindful of their professional role and limitations. Therefore, it is important to advocate for issues that align with their values and expertise.

(3) – <https://dictionary.cambridge.org/dictionary/english/advocacy>

An illustration of a hand holding a megaphone. The megaphone is blue and white, with the words "BASIC STEPS OF PLANNING A CAMPAIGN" written in bold, blue, sans-serif capital letters across its body. Several teal-colored lines radiate from the right side of the megaphone, suggesting sound or a shout. The hand holding the megaphone is pink and has a red cross on its wrist.

BASIC STEPS OF PLANNING A CAMPAIGN

Setting up and executing an advocacy campaign can be intimidating, especially for beginners. Advocacy is about enacting change, sometimes at a micro level, and sometimes on a grand scale. Advocacy campaigns can be built anywhere and come in all shapes and sizes. Some advocacy campaigns, especially those that require changing laws, take years to complete. Others have shorter timelines with a much closer finish line. Some take place in a neighborhood and last for a few weeks. Others take place across a whole nation, or are global in nature and may go on for years or decades before achieving their goals. Some small campaigns can provide building blocks for larger ones. Whatever the goal, one cannot get to the finish line without a plan.

3 HOW DO YOU INFLUENCE DECISION-MAKERS?

- Create a well-defined message
- Identify and build a core team of supporters and influencers
- Choose the correct campaign tactic(s)
- Establish a clear timeline for implementation

2 WHO DO YOU NEED TO INFLUENCE?

Identify your target

1 WHAT NEEDS TO CHANGE?

- Identify the issue
- Research your subject
- Set a clear goal

4 MANAGING RISKS

- Identify possible risks
- Categorize them as low, medium and high, and discuss strategies to deal with them

5 MONITORING SUCCESS

Regular updates on the positive and negative impacts of the campaign

PROCESS
TO
PLAN AN
ADVOCACY
CAMPAIGN



1. WHAT NEEDS TO CHANGE?

Identifying what needs to change is critical for campaign success. It allows campaigners to assess their approach, make necessary adjustments, and adapt to changing circumstances, ultimately increasing their chances of achieving their objectives.

a. Identify the issue

Advocacy is effective when advocates and communities are passionate about a cause and are clear about desired outcomes. Anything that affects your and your community's survival, livelihood or quality of life or health is a worthy issue.

For example:

- + Are the health problems in your community linked to poor environmental quality in the region?
- + Is there any correlation between the sources and nature of air/water pollution in your region and the health problems reported by patients?
- + Are you seeing increasingly younger patients in your clinic suffering from respiratory disorders due to air pollution?
- + Does your local government not have air quality standards to protect public health?
- + Are you distressed seeing children miss school due to illness caused by pollution?
- + Are you worried about the shrinking green spaces in your community?
- + Are you concerned that your hospital is not prepared for extreme weather events?
- + Is your community in danger from a lack of preparedness for floods in your city?
- + Does your state have a plan to manage the crisis caused by heat waves?
- + Are you distressed that your state/province has not passed the climate action plan?
- + Are you alarmed that policy makers do not see climate change as a health issue?
- + Are you worried by the lack of basic amenities in marginalized communities?
- + Are you frustrated that your health facility has not made a commitment to sustainability and climate action?
- + Are you disappointed that your health professional school or training program does not include content about climate, health, and health care in its curriculum?

The key in identifying a cause is to be specific. Once you narrow down an issue, the next steps will be less ambiguous.

b. Research your subject

To build a successful campaign, you must be clear about your objective and be aware of the nuances around the topic. You must analyze the context around the issues, the causes, and the consequences, any political, economic, cultural, or other factors that are contributing to the problem. You must examine the root causes of the problem and the factors that are likely to help or hinder you in achieving your objectives. In other words, it would be recommended to conduct a situational analysis along with a **PESTLE** assessment. ✨

Try to understand what others such as peers in the health community, civil society, governments, and the private sector, are doing about the situation, and where are the gaps. You should be able to collect data or gather evidence of impact to substantiate the problem. For example, if people in an area are complaining of poor air quality, it would strengthen the campaign to provide air quality data that proves people's complaints, or health data from local clinics that shows deteriorating health impacts because of poor air. Documentation of data helps build evidence that cannot be refuted by decision makers without an investigation. This data can be in multiple forms — it could be statistics, machine readings to confirm your hypothesis, photographic evidence of hardships or impacts, testimonies of impacted community members, etc.

A SITUATIONAL ANALYSIS

is a comprehensive examination of a specific context, situation, or phenomenon in order to understand its key elements and their relationships. It is a valuable tool for gaining an in-depth understanding of complex social issues, and can be conducted in the following steps:

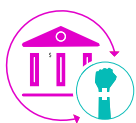
- 1 Define the research question: Clearly define the problem or issue that the situational analysis will address.
- 2 Review existing literature: Conduct a comprehensive review of the existing literature to gain an understanding of the current knowledge and previous research on the issue.
- 3 Identify relevant data sources: Identify and collect data from relevant sources, such as official statistics, government reports, and existing databases, as well as primary data sources, such as surveys, interviews, and focus groups.
- 4 Analyze data: Analyze the collected data using appropriate statistical and qualitative methods to identify patterns, relationships, and key elements of the situation.
- 5 Identify key stakeholders: Identify the key stakeholders involved in the situation, including individuals, organizations, and institutions, and their interests, roles, and relationships.
- 6 Evaluate the strengths, weaknesses, opportunities, and threats (SWOT analysis): Conduct a SWOT analysis to identify the strengths, weaknesses, opportunities, and threats related to the situation.
- 7 Present findings: Present the findings of the situational analysis in a clear and concise manner, using appropriate visual aids, such as graphs and tables, to communicate the key elements and relationships of the situation.



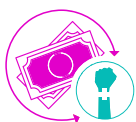
PESTLE FRAMEWORK

PESTLE is an acronym for the **P**olitical, **E**conomic, **S**ocial, **T**echnological, **L**egal, and **E**nvironmental factors that you will have to consider when planning your campaign strategy. It can help you gather information and give you a vantage view about external factors that are likely to impact your plan of action. The PESTLE can be complemented with other tools like SWOT analysis, power mapping etc.

The six angles of the PESTLE will allow you to optimize your strategy/ interventions to ensure most conducive outcomes.



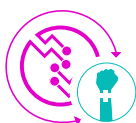
Political: This would help you map out the environmental and health policy landscape within which you will be operating. This would also include the political powers that are likely to influence your campaign in a positive or negative way.



Economic: The economic factors would play a crucial role in determining the course of the campaign. The socio-economic realities of the community that you seek to serve and mobilise will determine the level and nature of participation. Economic empowerment interventions could also serve as an entry point for engaging with communities or using the economic costs of poor environmental health to engage with impacted communities.



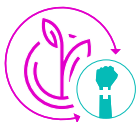
Social: A logical next step after economics would be the social realities and customs in which you would operate. Social change ideas that are not informed by socio-cultural realities are bound to fail or face serious challenges early on.



Technological: The technology in this context would be with reference to communications and data curation and deployment of specific technologies to generate/analyze/curate data and communicate information. The use of social media for communication or the use of low cost pollution monitoring technologies or developing citizens science programs etc., would fall in this category.



Legal: This would entail a general analysis of the relevant environmental laws in your region that influence environmental decision making. Laws within a legal framework is an evolving process and offers a great opportunity of engagement with policymakers. Legal and policy implementation research is a critical campaign element and, in some cases, could be a campaign goal.



Environmental: The triple planetary crisis of climate change, environmental pollution and biodiversity loss can be linked to all the socio-economic and political challenges of our times. Environmental health can be an excellent entry point to address, talk about and resolve the multitude of challenges.

c. Set clear goals

Whatever the issue may be, it is imperative to set clear goals to achieve your objective. A well-defined goal is the foundation of a good advocacy campaign. The better defined your goal is, the easier it is to break down and measure the results and introduce recalibrations if needed.

In the context of the air quality example, some of the clear goals could be:

- + Get the local government to set up air quality standards in accordance with WHO guidelines in the next two years.
- + Guide and increase public spending towards creating health infrastructure catering to air pollution induced health impacts.

Similarly, some examples of clear goals in the context of climate specific outcomes could be:

- + Get your hospital to prepare a plan for emergencies caused by extreme climatic events.
- + Get the city government to set up a flood management plan before monsoons this year.
- + Get the local government or the parliament to pass a climate and health action plan before the end of the year.
- + Get the polluting companies to pay for the supply of clean drinking water to pollution-impacted communities by the end of the year.
- + Encourage your health care facility to set a GHG reduction goal by x date, or encourage your health care facility to sign onto the Race to Zero campaign by x date.
- + Lead a campaign to get your hospital or surgical center to eliminate desflurane⁴ by x date.
- + Encourage your health professional school or training program to integrate climate and health content into the curriculum by x date.
- + Get your health facility off the grid — power and water self-reliance.
- + Start a nutrition and food program — build your own farm.

(4) — https://practicegreenhealth.org/sites/default/files/2019-04/anesthetic_gas_how-to.pdf

CHAMBER OF GAS



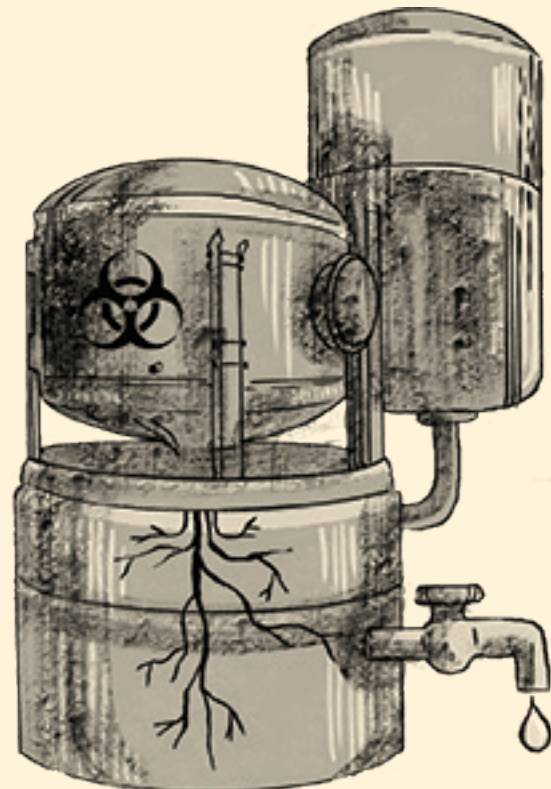
On the night of 2 December 1984, a defective tank at the Union Carbide factory in Bhopal, India, began leaking 27 tonnes of deadly methyl isocyanate gas into the air. None of the six safety systems designed to contain such a leak were operational in the plant, allowing the gas to spread throughout the city of Bhopal.

By morning, half a million people were exposed to the gas. More than 3,000 people died in the immediate aftermath of the disaster and 25,000 have died to date. More than 120,000 people still suffer from ailments caused by the accident and the subsequent pollution at the plant site. These ailments include blindness, extreme difficulty in breathing, gynaecological disorders, cancers and birth deformities.

Many people relate to the gas leak as the only disaster from the Union Carbide plant; however for fifteen years before the gas disaster the company had routinely dumped highly toxic chemical wastes inside and outside its factory site.

After the catastrophic gas leak, the factory was locked up and left to rot, with all the chemicals and wastes still there.

Union Carbide left the factory and its surroundings without cleaning them and, as a result, the remaining chemicals slowly leaked into the earth, further contaminating the soil and groundwater. Those living around the site continued to drink water from wells and pumps, unaware of the deadly poisons they contained.



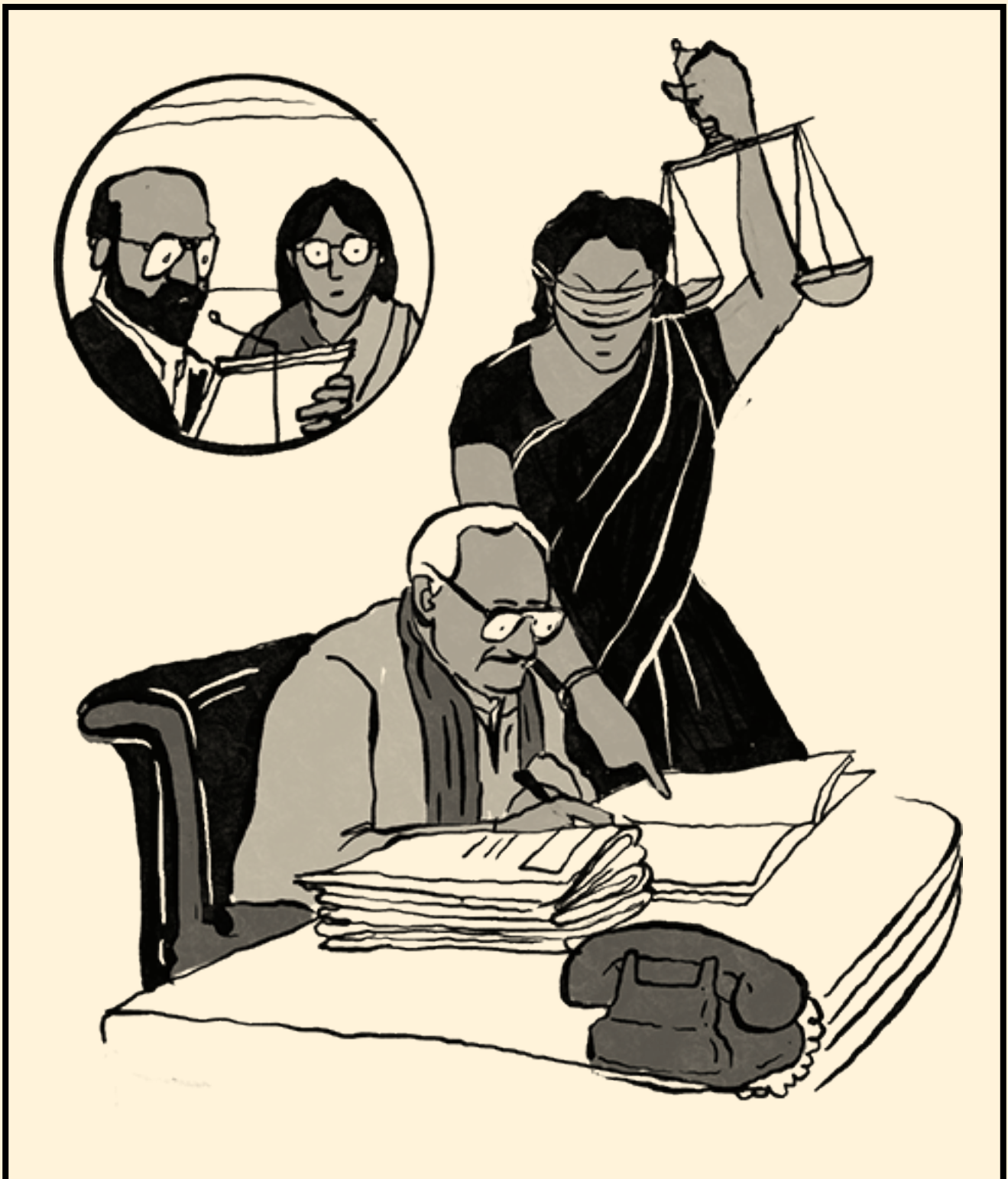
For the longest time the government denied the issue of water contamination; this issue was brought to the attention of the public and the officials by the health activists at Sambhavna Clinic, a health facility dedicated to providing free health care to survivors of the Bhopal gas disaster.

The health researchers at the clinic documented severe health effects like skin problems, reproductive issues, birth deformities and cancers among residents who were not exposed to the gas but were drinking groundwater from around the factory site.



When local groundwater and well-water testing was done in 1999, chemicals known to cause cancer, brain damage and birth defects were found in levels that were thousands of times above the safe limits.

The public health researchers actively disseminated this data among the affected populations, governmental agencies and courts. Subsequently the government was forced to accept the water contamination issue, and the Supreme Court of India gave orders to the state government to supply clean drinking water to the affected populations.



It was the systematic documentation, evidence generation and active dissemination of it by the public health researchers that led to the recognition of the problem, and without it thousands of families would still be drinking Union Carbide's poisons.

DYING FOR A SMOKE



The role of health professionals in curbing tobacco use illustrates the health sector's capacity to mobilize and engage on issues that present a clear threat to public health. Beginning with the first US Surgeon General's report in the early 1960s, health professionals gradually assumed a leading role in reducing tobacco's impact on public health.

Two University of California researchers for the World Bank found that five major policy drivers are central to achieving comprehensive tobacco control: **“science to inform policy, information strategies to educate consumers, advocacy to stimulate interventions, legal actions to develop regulations, and international collaboration.”**

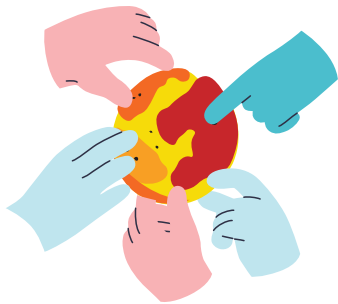


Globally, the health sector organizing to combat the health consequences of smoking engaged WHO to take unprecedented international action, adding a **“new legal dimension around international health cooperation.”**



WHO Framework Convention on Tobacco Control (FCTC) is the first public health treaty negotiated under the auspices of WHO and represents a watershed moment for international public health.

It seeks **“to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke”** by enacting a set of universal standards stating the dangers of tobacco and limiting its use in all forms worldwide.



2.

WHO DO YOU NEED TO INFLUENCE?

Identifying who you need to influence in a campaign is important because it helps you to understand who has the power and influence to bring about the changes you are seeking. By identifying your target audience, you can focus your efforts and resources on reaching the people who are most likely to be able to make a difference.

For example, in the case of Black Lung disease in coal mine workers, the target audiences included government officials, coal mine owners, and the general public, all of whom had the power to take action to protect coal mine workers from this deadly disease.

Who is your target?

Before you set on your plan to effect change, it is important to identify the people who can make that change that you aspire for. In other words, it is important to identify the target of an advocacy campaign or the people or agencies or authorities who are most able to help you bring about the change defined in your campaign goal.

This could be a body of people, like getting the political representatives to pass a bill through the parliament.⁵ It could be an individual, like getting the sustainability manager of a hospital to stop using Styrofoam cups. Whoever is your target, it would also be important to understand the agency or system they belong to and how such systems function and make decisions. For example, if your target is from a government department, then it is important to understand how that department works; or if your target is from a private company then it would be valuable to know how the company is run and what matters to the management.

(5) Lobbying regulations and rules vary greatly between countries, so it is important to familiarize yourself with the specific laws and ethical standards in the country where you plan to lobby.

Once you have identified the person or people, **these questions may help in understanding your target audience better:**



If your advocacy campaign goal is to pass legislation on air pollution or climate change, you might want to know whether your target has supported or opposed such ideas previously. You might also want to know the air quality and health status or the climate vulnerabilities in the target's own constituency/region. This kind of information helps you in making a strategic pitch to your audience.

MINING JUSTICE



Like many occupational diseases, the coal industry's representation of Pneumoconiosis (Black Lung disease) was rooted in mischaracterization, denial and lies.

For over a hundred years, as miners in West Virginia died from exposure to coal dust, the coal industry and doctors on their payroll refused to acknowledge the problem and denied the very existence of the disease.

When it became apparent to the public that miners were suffering from abnormally high numbers of chronic lung conditions, mine operators attempted to extoll the virtues of the symptoms, claiming that the choking and coughing would clear the miners' lungs and keep them healthy. Doctors on their payroll even produced studies which claimed that it helped prevent tuberculosis.

It was Dr Donald Rasmussen at Miners Memorial Hospital and his colleagues Dr IE Buff and Dr Hawey Wells who provided medical evidence and played a crucial role in the recognition of Black Lung disease.

When Dr Rasmussen moved to the Miners Hospital, he observed that many coal miners were suffering from severe breathing problems.



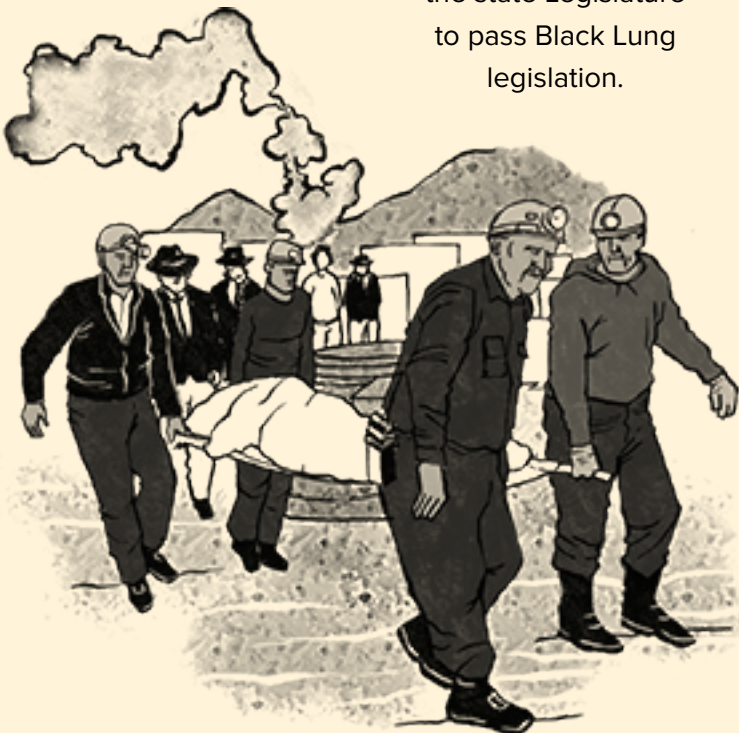
As a result, he began dedicating a good portion of his time to studying Black Lung disease. Dr Rasmussen's evidence-based approach and detailed research helped to prove that coal mine dust causes breathing problems that may not show up on x-ray and may not show up without quality exercise testing.



Dr Rasmussen became a vocal advocate for miners — at a time when their union was doing little about Black Lung.

He was one of the key players in the group called Physicians for the Miners' Health and Safety that provided medical support for miners' experiences with Black Lung disease at a time when most of the medical community refused to even acknowledge it. Dr Rasmussen, Dr Buff and Dr Wells helped spark growing concerns about Black Lung disease throughout the coalfields, when they spoke in union halls, schools, and churches; they testified before the Congress and joined several protest rallies.

The Black Lung issue came to national attention after a methane and coal dust explosion killed 78 miners in West Virginia on 20 November 1968. In the wake of that tragedy, coal miners went on strike on 18 February 1969, protesting the failure of the state Legislature to pass Black Lung legislation.



By 5 March, when the state Senate began debating the bill, more than 40,000 of the state's 43,000 miners were on strike. Drs Rasmussen, Buff and Wells played a central role in backing the strike and pressuring the state Legislature to pass its first Black Lung law. They helped counter many medical professionals who continued to deny that Black Lung was a serious health threat. Their advocacy contributed to the passage of the landmark 1969 Coal Act which set the first federal limits on miners' exposure to coal mine dust and created the federal Black Lung benefits system for miners disabled by the disease.

3.

HOW DO YOU INFLUENCE DECISION-MAKERS?



There is no linear process but rather multiple ways in which you can influence decision makers in a campaign.

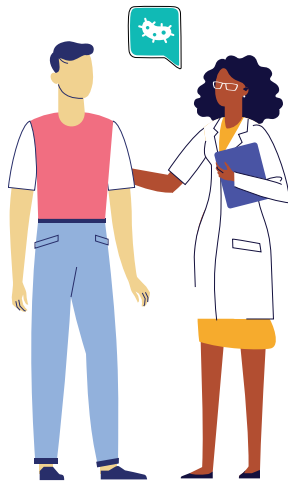
For example, the groups in the South African deadly air case used a combination of litigation, advocacy, media campaigns, public demonstrations, and scientific and health research to influence policy makers. These strategies were aimed at raising awareness about the issue, mobilizing public support, and putting pressure on policy makers to take action to address the air pollution crisis in Mpumalanga province.

a. Create a well-defined message

A well-defined message is fundamental to engaging your supporters and ultimately reaching the campaign target. This is the time to be a storyteller. Go beyond just the facts and work in a dramatic narrative to engage as many people as possible. Often, when reason and emotions collide, emotions win. In fact, that is the power and importance of health arguments based on science — they tell a story and move people. It is important that the facts provided in the message are relatable and evoke an emotional response among your audience. The more your

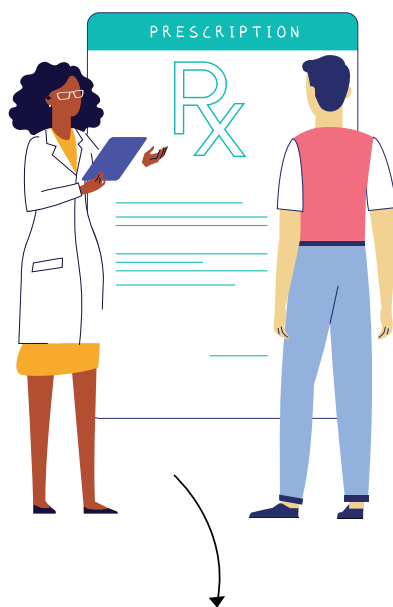
audience can relate to your message or are moved by it, the more likely they are to act. Health professionals have an edge over here and can credibly do both — be able to talk about their patients' lives and the science behind what's impacting them in a relatable way. It is also important to make sure that your message has a community-based framing. This conveys to people that their communities and lives are adversely impacted or improving; for example, new electric buses in your city or neighborhood signifies that the community's well-being is improving because of reduced pollution.

From a technical point of view, a well-articulated campaign message has **three parts** — a defined problem, a proposed solution, and actions to achieve the solution.



1. Define the problem

Start by defining the problem or calling attention to the issue. Put a name to the change you seek — this is basically just your goal written out in narrative form. Describe the problem in detail and, more importantly, illustrate why people should care. Your task is to make it personal.



2. Describe the solution

After you define the problem, describe the proposed solution and what the world would look like if your solution is achieved. Implicit messages are not enough; you need to make the benefits explicit and explain to your audience why the solution is necessary and just how good it will be when it is achieved.



3. Describe the action

After you have described the solution, it is then important to outline the action that will help achieve the solution. Actions are concrete steps towards solving the problem and achieving the solutions. Clear and well-articulated actions can be empowering, build momentum and often increase the motivation to achieve the solutions.

A few examples of how you can make explicit the desired action and the path to your recommended solution

If we get the city administration to implement the city action plan on air pollution, we can reduce air pollution by 20% which would result in 2,000 less childhood asthma cases, and 500 lives saved.

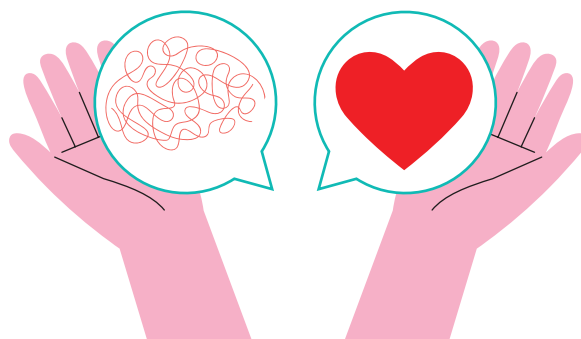
If we get the hospital to stop using Styrofoam cups and use eco-friendly alternatives, it will mean 5% less waste to the landfills and annual savings of INR 100,000 for the hospital.

What makes a **GOOD MESSAGE?**

Source:
Advocacy Toolkit⁶
by Youth Advocacy Group

Appeal to the head: What can change?

With inspiring examples and strong ideas of what's possible



Appeal to the heart: Why should they care?

Communicate the need and what needs to change

Appeal to the hands: What can they do?

What are you asking of your target audience?

b. Identify and build a core team of supporters and influencers

Based on the scale and scope of your campaign, you may need a core team. An advocacy campaign team is composed of the people who will have the most influence on the intended target. The campaign team is also instrumental in mobilizing most supporters for the call to action.

Depending on the goal of the campaign and the time in which the campaign will be active, additional supporters may be needed, such as members of the public,

petition signers, action-takers, callers, volunteer coordinators etc. It might also help to build alliances with groups and individuals who can influence your target. This could include other elected officials, concerned parents, and local scientists and experts on the subject matter of your advocacy campaign.

It is important that the discussions and decisions in the group follow a participatory planning process involving shared responsibilities and power.

(6) <https://plan-international.org/publications/advocacy-toolkit/>

Strengthening leadership and communication within and among organizations

Promoting political education and understanding about power and politics and experiences that develop citizenship

Participatory planning⁷ is crucial to the achievement of the campaign/advocacy goals

Building a shared community, especially when it involves many stakeholders — and particularly the people most affected by the advocacy issue. More people will be informed and motivated, and the campaign will have more legitimacy and clout.

Strengthening planning for negotiation as the process delineates a clear map of interests and levels of power among the key actors

There is no limit to the number of team members for your individual campaigns; however it is important that the team is nimble enough to make decisions quickly and get the message out to your intended audience.

(7) — https://www.powercube.net/wp-content/uploads/2009/11/newweave_chapter5.pdf



MAKING THE INVISIBLE VISIBLE

The power of storytelling in climate campaigns

Storytelling plays a crucial role in climate and health campaigns as it helps to connect people emotionally with the issue and make it relevant to their personal experiences. It can also help to simplify complex scientific information, making it easier for people to understand and internalize the importance of taking action. By creating relatable characters, plotlines and narratives, storytelling can build empathy and generate a sense of urgency to address the challenges posed by climate change to human health. Furthermore, storytelling can help to humanize the issue, making it less abstract and more personal, which can increase motivation for individuals and policymakers to take decisions that promote climate action.

“Respirantes”: Communications as a Campaign Tactic in an Industrial ‘Sacrifice Zone’ in Chile

“I would like the president and company owners to put their hands on their hearts and think of us for a minute. They are poisoning us and killing us little by little. But, above all, they need to understand that we have the right to breathe clean air”, says Annais Medina, who at 11 years of age is a chronic respiratory patient and has been hospitalized more than once for this problem.

“RESPIRANTES: los niños del nuevo viento”

(*Breathers: the children of the new wind*) is a journalistic investigation in the format of a children’s video series that shows how air pollution affects children and adolescents from the so-called “sacrifice zones” of Quintero and Puchuncaví in Chile. The series emphasizes the profound impact that living within an industrial belt of power plants, smelters, fuel storage, and copper and coal ports, among others, has had on local



childhoods. This is an effort to make the invisible visible, and this communication activity is a clear campaign tactic in the broader multi-sectoral campaign to address industrial pollution and the climate crisis.

Respirantes is the result of an innovative collaboration effort. Between May and June of 2020, ClikHub, a Latin American network for climate action knowledge exchange composed of 19 NGOs, including Health Care Without Harm, launched the free virtual course “[Communicating climate change effectively: perspectives from Latin America](#)”, with the aim of sharing tools and advice that contribute to developing creative and impactful climate communication strategies. Such strategies are essential to advancing campaigns around climate and health. Course participants developed their own communication proposals, of which five were selected to access seed funding for implementation. *Respirantes* was among these five proposals. During the course, HCWH Latin America presented on the need to adopt a health framing to increase a story’s impact and advised the makers of *Respirantes* throughout the series’ development process.



Respirantes is structured around interviews with children and adolescents, who were represented through puppets that told the story in the children’s voice. The story is narrated in an entertaining way through Nube and Gaviota (the only fictional characters) and the adventure they undertake to understand what happens in

Quintero and Puchuncaví, where boys and girls are not

able to play outside and do other activities that kids their age do in other parts of the country. The characters explain what sacrifice zones are and address how industries are fueling climate change and affecting their communities’

health. The story finishes on a positive note, with the children of these two areas organizing

themselves to face the situation and

rising as proactive actors in the fight against the climate crisis.

The children’s testimonies are complemented by data from scientific and social research, press archives, old photos, and interviews with experts, locals and NGOs. Their voices were also the protagonists of the [virtual event](#) that took place in March 2021 to launch the videos, in which children and youth from Quintero and Puchuncaví participated, together with representatives from environmental, students’ and children’s rights movements, the health community and legislators. The series is a testament to the power and impact of storytelling when innovative communications methods are embraced, but most of all, when the voices of lived experience — especially those who are usually sidelined — are put front and center.

MI EDUCACIÓN
VALE MÁS QUE
TU EMPRESA



The importance of building participatory advocacy through storytelling

Storytelling can be a highly effective and compelling method of reaching a large number of people — particularly people who are not actively aware of climate change and its impacts on health. Storytelling through art, audio, visual or audiovisual media can more effectively reach communities who may prefer to receive information creatively (rather than as text). However, if these stories are to be authentic, they must be grounded in the experiences of the impacted communities. The use of participatory processes — wherein organizers bring together members of local communities to discuss the problems that they face and share their experiences — to collect and share such stories allows just that. Moreover, bringing them into the process helps in two ways: a) developing advocacy materials that can create a lasting impact on the audience, and b) providing participants in the process with skills and experience that can help them to advocate for themselves in the future.

Additionally, the process of bringing together a group of people for the purpose of discussing and solving a problem can itself be empowering to that group. It allows members to fully grasp the systemic (rather than individual) nature of the problem, helps them to understand what action is needed to address it, and facilitates necessary community organization. Under this participatory approach, the process of creating the media is, therefore, as important as the final product.

An example of this process is a project titled

REFRAMED — North Chennai Through the Lens of

Young Photographers⁸

by Chennai Climate Action Group, Zenith Learning Centre and Coastal Resource Centre. *Reframed* presents the story of North Chennai, a region in the state of Tamil Nadu, India, with a disproportionately high concentration of dirty, toxic industries located amidst historically marginalized and predominantly working class communities. The story is told from the perspective of six young residents — one 22-year-old and five teenagers between 14 and 17 years of age. Guided by Palani Kumar, a photographer with



Noor Nisha K

People's Archive of Rural India, the six young photographers spent four months amidst the dystopic industrial-scape and the rustic beauty of the region to tell their stories of their neighborhoods.

(8) — <https://storyofennore.wordpress.com/gallery/reframed-north-chennai-through-the-lens-of-young-photographers/>

Triggered by conversations with the children about poisoned playgrounds and their daily encounters with pollution, this project was conceived to get children to narrate their own stories about the anxieties and aspirations of growing up in a region that hosts south India's largest concentration of climate-changing, carbon-spewing industries.

Reframed tells stories about work, play, joy and mourning in North Chennai using about 50 photographs from the thousands taken by the young photographers since they first got their cameras in July 2021.



📷 Noor Nisha K

This form of advocacy provides the subjects of advocacy pieces with a significant degree of control over the production process. Participants themselves compose their frames to represent their experiences. Facilitators nonetheless play an important role in helping participants identify compelling stories and shaping narratives so that they may reach specific audiences. Sharing knowledge about appropriate information technology has the added benefit of potentially aiding the documentation and the publicity of environmental violations and climate threats in the future.

c. Choose the correct campaign tactic for the implementation of your strategy

Campaign tactics are methods or activities employed to meet the smaller targets that will lead to your larger, final goal. They can range from influencing people directly to mobilizing your supporters or peers to put pressure on your campaign targets. To reach each member/section of your target audience, your campaign may require a wide range of activities. These activities, however contrasting, should make sense in the context of your campaign goal.



(9) — https://www.powershift.org/sites/default/files/resources/files/Campaign%20Planning%20401_%20Tactics%20and%20Escalation%20%5BOPTIONAL%5D%20%5B2018%5D.pdf

Campaigners should use the right tactic, at the right time, with the right audience. No matter how much you plan, be flexible enough to meet and take advantage of unexpected opportunities. Also note that once a particularly innovative campaign theme or action has succeeded, its impact will not be as great next time around. You will need to constantly create new ways to continue presenting the issue in an impactful manner as you build pressure for change.



Sequencing tactics

The order in which tactics are applied in a campaign contributes greatly to their impact. Tactics should be consistent while also building on each other, getting larger, and applying more and more pressure.

Escalation of tactics means that tactics should demonstrate more power and pressure to your target over time.

To decide on the right tactic for your campaign you may need to ask the following questions:

- ✓ What will have the biggest impact?
- ✓ What might be the easiest things to do?
- ✓ What might be a creative way to approach the subject?
- ✓ What skills and contacts does your group already have?
- ✓ What might be within your group's capacity or budget?
- ✓ What do you know has worked in the past?
- ✓ Will you influence decision-makers by working closely with them as an 'insider' or by mobilizing the public?
- ✓ Will it affect the outcome?
- ✓ Will it increase your credibility with your target and/or your public audience?
- ✓ Will it build the base of people engaged?
- ✓ Will it get you added visibility?

Choosing action — Insider, outsider, or both:

You may come across mentions of campaigns taking an ‘insider’ or an ‘outsider’ approach. This distinguishes between campaigns that work within the confines of the target they want to influence — government or a private or public body — to make change, and those willing to stand in outright opposition, putting pressure on a target through challenge or conflict.

Insider Tactics

are often used as conferences, meetings, ongoing dialogues, and socializing with people in the government. Working closely with decision-makers to influence them can be effective but can sometimes lead to:

- + A conflict of interests where the fear of losing your insider position could prevent you from speaking out on important controversial issues.
- + Losing touch with the community you want to help as you focus on understanding the decision-makers.
- + Being used by decision-makers to give the impression that they are listening to the public — when in fact they’re not.

Outsider Tactics

are usually employed as a reactive pattern to policy actions by the government; they involve bringing about changes through mobilizing the public and/or challenging the approach of the decision-makers. On many occasions, this approach is effective, but it can also lead to:


- + Tension and conflict between decision-making groups and communities, and the different groups within each community.
- + A stronger opposition to the change you’re advocating for. If a group feels threatened, they might react adversely to your campaign.
- + Missed opportunities to work together through dialogue.

While some campaigns are successful with an insider-only or an outsider-only strategy, being able to develop an approach that is able to pursue both inside and outside approaches simultaneously can sometimes be the most powerful. When done well, this can lead to outside pressure allowing trusted allies on the inside to have stronger influence on decision makers on the inside. At the same time, it risks the insiders co-opting the outsiders’ positions and making deals not supported by local communities. In many cases both inside and outside strategies evolve organically, and campaigns must navigate these dynamics.

d. Establish a clear timeline for implementation

Your overall advocacy campaign will also have its own timeline at the end of which you expect it to successfully reach completion. A timeline helps keep the plan on track. While planning the timeline, you need to be realistic and mindful of the time it takes your team to create the required messaging to move people to action. You cannot launch and complete your advocacy campaign in 30 days if it's going to take 90 days to create the video that explains how your campaign works.

Bring together details from all the previous planning steps and discuss with your team the most appropriate timeline. Leave room for changes, edits, discussions, and questions from supporters. It might also help to engage in “backcasting” i.e., back-to-front planning. Planning backwards ensures that the way you build the campaign is effecting an outcome you want, and it ensures that your sequence of tactics is strategic and considers escalation. It is also worth reiterating here that some struggles take decades or generations. So, timelines for specific aspects of the work and tactics are important, as is patience to understand and internalize the big picture and the trajectory in achieving lasting climate and health solutions.



Health professionals can play different roles with the government and communities. As experts they can critically analyze policies using the health lens to ensure that public health concerns are adequately integrated in policy. They can lend their expertise to the courts in deciding matters that impact public health and advise or become members of local administration/governments in climate and health-oriented policy making. They can be spokespersons on behalf of the pollution-impacted or fence-line communities to demystify issues and advance the public health agenda. Health professionals can also play an important role as experts in international processes such as the United Nation's Climate Change Conference and ongoing negotiations like the Plastics Treaty, etc.

THE SOUND OF WATER



The former President of the United States Barack Obama visited Flint, Michigan, to hear first-hand how residents have endured the city's water crisis and to highlight federal assistance to state and local agencies.

Behind this high profile visit and subsequent remedial measures were the tireless efforts of the local community and a doctor who cared.

In 2014, the city of Flint, Michigan, switched its water supply from Lake Huron to the Flint River. The move was meant to save money. The city, which faced a \$30 million budget deficit, had been paying for water supplied through Detroit's municipal system.



After the change in 2014, residents began to raise concerns about the water's color, odor, and taste. Inadequate treatment and testing of the water resulted in a series of major water quality and health issues. Many residents reported that the water was causing skin rashes, hair loss, and itchy skin. Despite all the protests the city maintained that the water was safe to consume.



Flint River water has long been contaminated by industries around it, according to reports. The river has “**served as an unofficial waste disposal site for treated and untreated refuse from the many local industries that have sprouted along its shores, from carriage and car factories to meatpacking plants and lumber and paper mills. The waterway has also received raw sewage from the city’s waste treatment plant, agricultural and urban runoff, and toxics from leaching landfills.**”

Dr Mona Hanna-Attisha’s interest in the matter piqued in the summer of 2015 when her high school friend, a water treatment expert who had worked with the Environmental Protection Agency, pointed out that the city was not providing adequate corrosion controls and that water-damaged pipes could be carrying high levels of lead into homes.

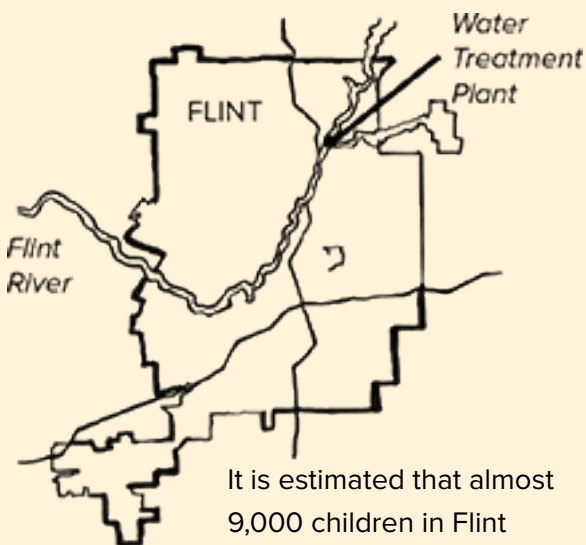
The idea of lead in drinking water and its impact on children especially scared Dr Mona Hanna-Attisha.





Lead is a neurotoxin.
According to WHO,

lead exposure can have serious consequences for the health of children. At high levels of exposure lead attacks the brain and central nervous system, causing coma, convulsions and even death. Children who survive severe lead poisoning may be left with intellectual disability and behavioural disorders.



It is estimated that almost 9,000 children in Flint were supplied lead-contaminated water for 18 months.

Dr Hanna-Attisha realized that to make a meaningful change she would need data and evidence to back her, so she reviewed hospital data on blood lead levels for children younger than age five before and after Flint's water source change. The data was accessible at the hospital level as the hospital routinely screened children.

She was shocked by the findings that showed that the percentage of children in Flint with lead poisoning had doubled.



Her study found that the blood lead levels were higher after the change in water source, and the poor and children from disadvantaged neighborhoods had the greatest increases in blood lead levels.

At a risk to her career, Dr Hanna-Attisha revealed her findings at the 24 September 2015 press conference before her research was peer reviewed, because of the massive public health implications.

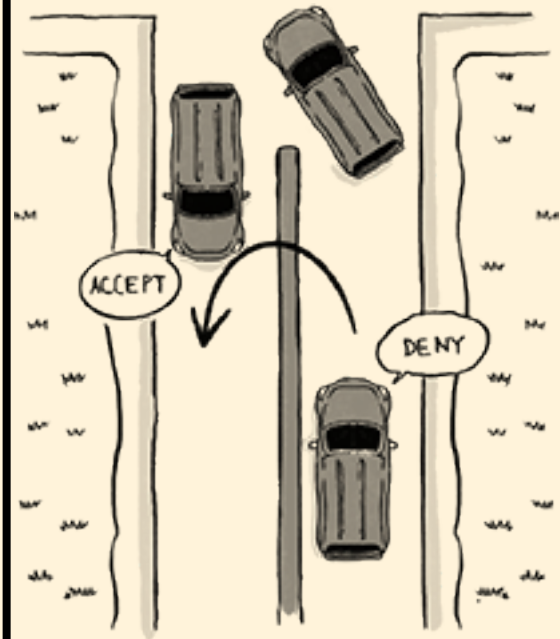
“

I did something most doctors and scientists don't usually do... I literally walked out of my clinic with my white coat on and stood up in one of our hospital conference rooms where we usually have resident lectures. I shared the research that our kids are in harm's way, and I demanded action.

”



Her research was initially ridiculed by the State of Michigan, when a Michigan Department of Environmental Quality spokesperson accused her of being an “unfortunate researcher”, “splicing and dicing numbers”, who was causing “near hysteria”.



However, about ten days later, after The Detroit Free Press published its own findings consistent with Dr Hanna-Attisha's findings, the State of Michigan backed down and concurred. Subsequently, at the press conference in which the State of Michigan acknowledged the lead in the water crisis, the Department of Environmental Quality officials apologized to Dr Mona Hanna-Attisha.

In his 19 January 2016 State of the State address, Governor Snyder publicly thanked Dr Hanna-Attisha for sounding the alarm about the Flint water crisis.

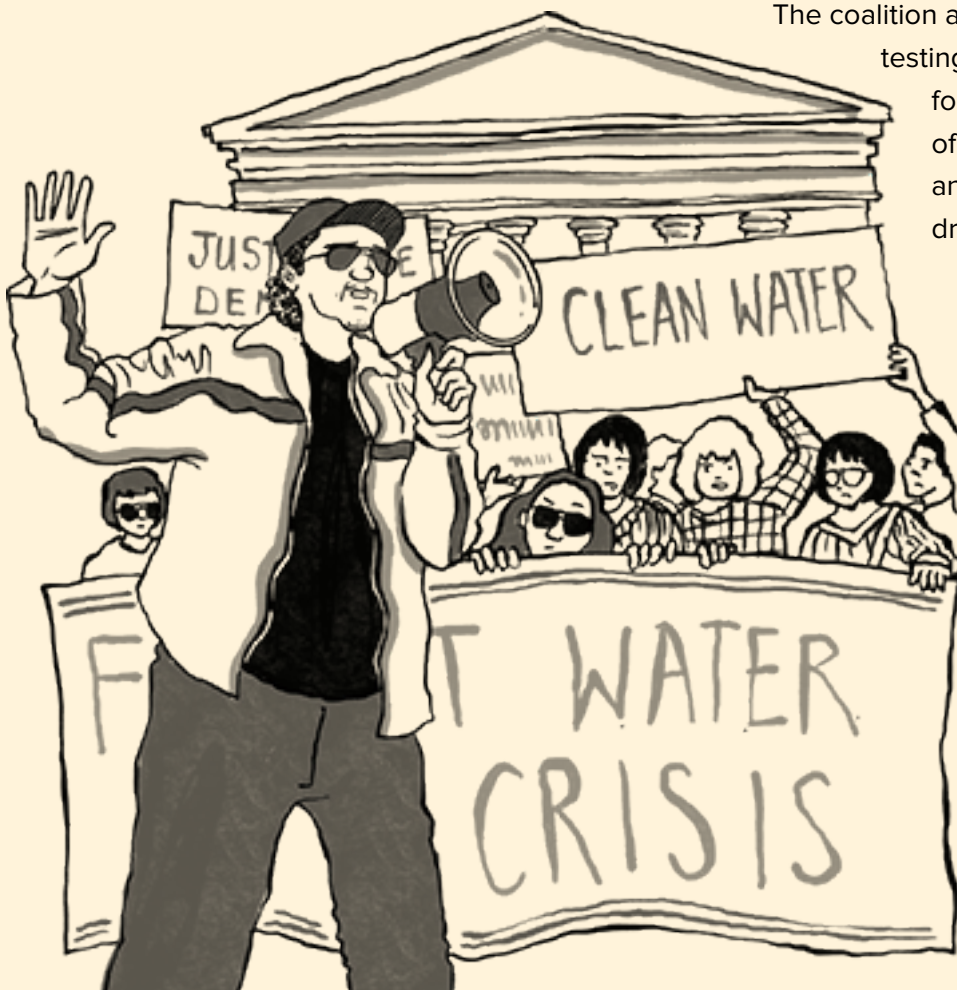
Dr Hanna-Attisha's findings were later published in the American Journal of Public Health. These findings were also confirmed in a Morbidity and Mortality Weekly Report published by the Center for Disease Control and Prevention (CDC) in July 2016 and are recognized as an underestimate of exposure.



On the heels of the release of test results by Dr Mona Hanna-Attisha in 2015, showing elevated lead levels in Flint's water and its children, residents joined with the Natural Resources Defense Council (NRDC), a US-based nonprofit, and other groups to petition the US Environmental Protection Agency (EPA) to launch an immediate emergency federal response to the disaster. However, the EPA failed to respond to the petition.

In early 2016, a coalition of citizens and groups sued the city and state officials to secure safe drinking water for Flint residents.

The coalition also demanded proper testing and treatment of water for lead and the replacement of all of the city's lead pipes and access to clean drinking water.



Meanwhile, the revelation of the lead poisoning among the children forced the Governor to declare a state of emergency, announce health services for the residents and made the city switch back to Detroit for water.

DEADLY AIR



In March 2022, environmental justice groups in South Africa secured a landmark judgment in a case pertaining to air pollution that has far-reaching consequences for human rights and for air pollution management in South Africa.

The High Court of South Africa recognized the poor air quality in South Africa's Mpumalanga Highveld region as a breach of residents' constitutional right to an environment that is not harmful to their health and well-being. The case, referred to as the "Deadly Air" case, was brought against the government by two Environmental Justice (EJ) groups — groundWork and the Vukani Environmental Justice Movement in Action. They are represented by the Center for Environmental Rights.

The case concerned air pollution in Mpumalanga and East Gauteng provinces, also known as the Highveld Priority Area, which by own admission of the South African government is a major coal region and also is one of the worst air pollution hotspots in the world. This region is home to mostly socio-economically marginalized communities.



The problem of air pollution in the region is not new; in 2007, South Africa designated the Highveld a “Priority Area”, requiring urgent government action because ambient air quality standards were being exceeded, and “there is little doubt that people living and working in these areas do not enjoy air quality that is not harmful to their health and well-being”. However, despite this declaration, little was done in improving the situation and protecting public health in the region.

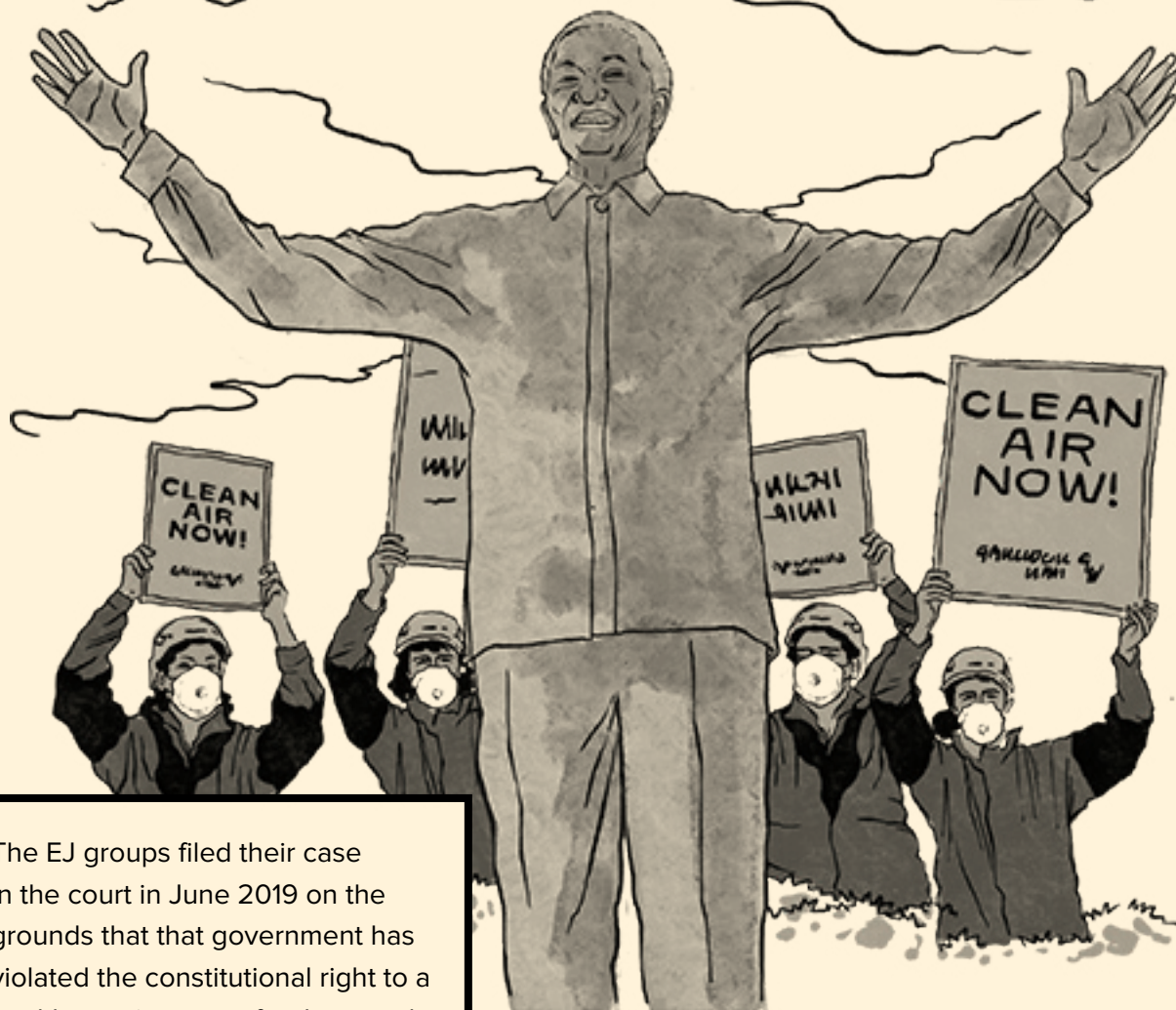


Coal plants and oil refineries are the major sources of pollution in the region. Eskom, a South African electric public utility owns and operates most of the coal plants in the region, and multiple reports and documents incriminate Eskom as one of the key polluters in the region.



A 2019 independent report found Highveld pollution from 12 coal plants, a coal-to-liquid plant, and an oil refinery massively exceeds World Health Organization guidelines.

The 14 facilities are responsible for the lion’s share of air pollution allowed by national air quality limits. In 2016, emissions from the 14 facilities accounted for 92% of the daily ambient SO₂ limit, 85% of the hourly ambient SO₂ limit, 82% of the hourly ambient NO₂ limit, and 68% of the daily ambient PM 2.5 limit... Ambient air quality standards cannot be achieved without reducing pollution from these sources.



The EJ groups filed their case in the court in June 2019 on the grounds that that government has violated the constitutional right to a healthy environment for the people living and working in the Highveld Priority Area, by failing to improve the deadly levels of air pollution in the region. They requested the court to “declare that the poor ambient air quality in the Highveld Priority Area constitutes a violation of the right to an environment not harmful to health or well-being, and to order the government to promulgate regulations to enforce the Highveld Air Quality Management Plan (HPA AQMP)”.

The groups took to the courts as a last resort after years of evidence gathering, campaigning and engaging with the government and policy makers to take note of the situation and bring in mitigative action. Their coalition published various reports and wrote many letters to the various ministers and agencies, who maintained that there were no “compelling reasons” for any additional action in the region.



To support their case, the groups cited a 2017 study, commissioned by groundWork, that estimated 2,239 human deaths per year could be attributable to coal-related air pollution in South Africa, as well as more than 9,500 cases of bronchitis among children aged 6 to 12. The groups also commissioned studies on the health impacts of air pollution especially from coal in the region, from several health experts and medical professionals. These reports provided medical and technical evidence on impacts and lent credibility to their claims.

In another significant move, in November 2020 the United Nations Special Rapporteur on Human Rights and the Environment, Prof David Boyd, was admitted as an amicus curiae (friend of the court) in the case by the High Court. Professor Boyd was represented by public interest law organization Lawyers for Human Rights. His submissions focused on the relationship between a healthy environment and the protection of other basic human rights, as well as the key steps a government should take to address air pollution.



The outcome of the case is important for a number of reasons.

First of all, the judgment highlights the importance of compliance with air quality standards as clean air is confirmed as a constitutional right. Any violation of the standard should result in penalties and legal action as a consequence of this ruling.

The second is that the court's finding that air quality is a constitutional right underscores the urgency with which governmental agencies need to act and protect the public from the ill effects of air pollution.

Finally, this victory highlights the importance of systematic evidence gathering, the education of impacted communities and the general public, and the solidarity from medical and public health professionals in legal struggles.

SOCIAL MEDIA for Activism



Social media is revolutionizing the way people communicate — especially young people. Features such as feeds, profiles, and groups on social platforms provide global access to organizations that can promote and increase visibility by sharing and networking. Social media can powerfully amplify voices, spread information in real time, and increase collaboration across diverse groups of people in varied geographies.

Social media can be used to uplift voices and stories, create awareness, and build and strengthen relationships, create space for organizations, activists, and citizens to demand justice. The Black Lives Matter, #MeToo, Connect4Climate, Liberate Tate, Fossil Free and Global Climate Strikes movements are prime examples of social media being used effectively to spread awareness, create safe spaces for people to share their lived experiences and mobilize action.

Campaigns can powerfully use various social media platforms. From Maryville University’s “A Guide to Activism in the Digital Age”,¹⁰ here are some key aspects where social media can be very effective in campaigns:



Spreading Awareness

Social media can create a platform for sharing stories, narratives, and multimedia content, providing facts and data in a consumable way, which engages an audience by helping them understand the issue better. Awareness helps to build community around an issue.



Sharing Stories

Sharing stories does more than provide information; it also can showcase situations of great need or successes in the movement. Making space for a narrative to be told can let the audience know that there is still work to be done — but also that it is making a difference. In addition to raising awareness, these stories may encourage continued support of the ongoing efforts of the campaign.

Fundraising

A social media fundraising campaign typically works to reach a diverse audience and focus attention on one focused goal. This brings in small donations from a wider pool, and improves awareness, which can lead to more donations. Announcing a call-to-action can augment fundraising efforts. Social media provides a platform for communities to share stories and connect with donors.



Promoting Events

Promoting protests and rallies, fundraisers, educational or informative events through social media can build community engagement around a topic and also provide an opportunity to capture the attention of and invite all followers — as well as the potential to reach out to each follower’s audience.



(10) — <https://online.maryville.edu/blog/a-guide-to-social-media-activism/>

SOME POPULAR SOCIAL MEDIA CAMPAIGNS on Climate and Health



#ClimateChangeChallenge



This campaign encourages individuals to take simple steps to reduce their carbon footprint, such as reducing meat consumption, using public transportation, or using reusable bags and containers.



#ClimateStrike



Started by teenage activist Greta Thunberg, this campaign

used social media to organize global protests and strikes calling for action on climate change.

SKOLSTREJK
FÖR
KLIMATET

#ClimateHealth

This hashtag was popularized by the World Health Organization and other health organizations, and is used to draw attention to the connection between climate change and public health.



#ClimateActionNow

CLIMATE ACTION NOW



This campaign is aimed at promoting individual and collective action to address climate change and encourages people to use their social media platforms to spread awareness and inspire others to take action.

#GreenNewDeal

This hashtag is associated with a proposed package of US federal legislation aimed at addressing the urgent threat of climate change. The social media campaign uses this hashtag to spread awareness and encourage support for the proposed legislation.





COUNTERING MISINFORMATION in the Digital Age

Social media platforms have become an important source of information for many people, but they are also a major source of misinformation. Misinformation can cause significant harm to individuals and communities, particularly in the realm of health. For example, false information about a disease can lead to fear and panic, or prevent individuals from seeking necessary medical treatment. Inaccurate health information can also perpetuate dangerous myths and undermine public trust in evidence-based medicine. Misinformation about climate change can have far-reaching and devastating consequences for public health. Climate change is already causing a wide range of health problems, including increased air pollution, the spread of infectious diseases, and the frequency of natural disasters. When individuals receive false information about the causes and effects of climate change, they may be less likely to take action to reduce their carbon footprint, support policies aimed at mitigating the impact of climate change or prepare for the health impacts of a changing climate. Therefore, it is crucial for health professionals to actively counter misinformation. Health professionals have a responsibility to provide accurate and reliable information to the public and to help individuals make informed decisions about their health. As trusted sources of information, it is important for health professionals to counter misinformation about climate change and educate the public about the real and pressing health threats posed by a changing climate. By using their expertise and platforms to dispel myths and correct inaccuracies, health professionals can help to promote better health outcomes and prevent the spread of dangerous misinformation, help promote a better understanding of climate change and encourage individuals to take meaningful action to protect their own health and the health of future generations.



If grief is the price of love, responsibility is the price of power

Dr Rita Issa

GP and PhD Fellow (UK/Lebanon)

Doctors for Extinction Rebellion*

I first became worried about climate change in the mid-2000s, which ramped up in 2009 on the release of the UCL-Lancet Commission on Climate Change.¹¹ This seminal work outlining that “climate change is the biggest global health threat of the 21st century” led to the realisation that the climate crisis was no longer something that just concerned me as a citizen, but also as a future doctor bound to a duty of care for my patients and population health.

Over the following years I worked in the intersections of climate change and health in a number of ways: campaigning for fossil fuel divestment, working with the WHO climate and health department, as a humanitarian doctor in refugee crises partly driven by environmental change, a researcher, and within grassroots movements such as ‘Climate Camp’. It felt

like I was throwing every theory of change at the wall hoping something would stick.

Extinction Rebellion¹² coming onto the scene in 2018 brought with it a groundswell of people who shared my concerns. It was wonderful to be part of something vibrant, hopeful and empowered. Within a few months, Boris Johnson — the then Prime Minister — denounced the group as ‘uncooperative crusties’, while I knew that wasn’t the case: we were health care workers (HCW), teachers, lawyers, parents and religious leaders who all knew the risks of climate and environmental breakdown. In response, it felt necessary to step into the societal status that — for better or worse — has been bestowed upon us as HCW and from this, Doctors for Extinction Rebellion (DXR)¹³ and Health Declares a Climate Emergency (HDE) were born.

(11) Costello A, Abbas M, Allen A, Ball S, Bell S, Bellamy R, et al. Managing the health effects of climate change: Lancet and University College London Institute for Global Health Commission. *Lancet*. 2009;373: 1693–1733.

(12) Home. In: Extinction Rebellion UK [Internet]. 7 Feb 2019 [cited 26 Jun 2023]. Available: <https://extinctionrebellion.uk/>

(13) Home - health for XR. In: Health for XR - Climate Crisis = Health Crisis [Internet]. Project 1; 26 Jan 2023 [cited 26 Jun 2023]. Available: <https://www.doctorsforxr.com/>

(*) It’s now called Health for Extinction Rebellion

The two groups spanned a variety of complimentary tactics: HDE uses advocacy and soft power to influence change within medical organisations, while Doctors for Extinction Rebellion takes a more activist stance. Recognising the benefit of this dual approach, DXR was able to make bold demands and push the ‘overton window’ of what could reasonably be called for, while HDE could support in enacting change through institutions.



DXR utilises non-violent direct action such as protest, spectacle, and civil disobedience to bring the story of the health impacts of climate change to the media and the public. These tactics draw upon the successes of previous social movements, from the suffragettes to civil rights.

Within such movements, HCW are a useful asset. We are among the most trusted professionals in society, able to translate complex scientific information, and hold positions of responsibility that allow us to bridge between impacted communities and decision makers. A bloc of HCW marching in scrubs alongside wider protests serves to tell the story of the impacts of climate change and shifts the perception of who a climate activist is. The nature of our work

means we are in every community with good geographical reach and the ability to speak to — and amplify the voice of — populations often left out of the climate conversation. We also make brilliant spokespeople.

Some HCW have been arrested for their activism with DXR: this is a very personal decision and a considered choice. For every arrest is a team of others who work with the media, coordinate groups, provide emotional support, and engage in non-arrestable activities. To date, no HCW has been struck off from their disciplinary body (such as the General Medical Council) for non-violent protest for climate change. We have achieved some success: numerous hospital trusts and Royal Colleges have made commitments to act on the climate crisis, and our actions have garnered support in mainstream media and from leading voices in the health space, including the *Lancet*¹⁴ and *BMJ*.¹⁵ The NHS is leading the way in greening our health system.¹⁶ Here, our actions fit within wider and symbiotic ecosystems of change.



(14)– Horton R. *Offline: Extinction or rebellion?* *Lancet*. 2019;394: 1216.

(15)– Moberly T. *Doctors join Extinction Rebellion demonstrations.* *BMJ*. 2019;367: l6037.

(16)– Greener NHS. *Greener NHS.* [cited 26 Jun 2023]. Available: <https://www.england.nhs.uk/greenernhs/>

That said, there have been criticisms of the movement, for example, of being too white and middle class, and not sufficiently considerate of climate justice. While XR has gone some way to address this, these criticisms speak to me of the constant challenges we face when organizing, especially when we emerge from and replicate (whether consciously or not) prevalent power dynamics and worldviews. Treading the line between working through the system as is at

speed, and the slower work of embodying the world we want to see, is a personal source of discordance.

Beyond the climate and health gains of activism, for many — myself included — engaging in such movements has been a way to transform the helplessness that can often emerge when contemplating the enormity of the crisis we face, and finding community has been a balm for the soul in challenging times.



Our role is not to ‘save patients’ from injustice, but instead to join, with humility and solidarity, the struggle against it.

Dr Rhiannon Mihranian Osborne
Junior Doctor and Organizer, UK

that pharmaceutical monopolies create “premature death” (see the work of abolitionist Ruth Wilson Gilmore and her definition of racism) is overwhelming. This evidence is ignored due to the power of these companies and the neo-colonial states that support them. Similarly, when it comes to the climate crisis, governments and corporations know that their practices are destroying life, but they are willing to sacrifice people and ecosystems to profit. The climate crisis is another horrific manifestation of a global economy built to exploit.

Many communities have been resisting the drivers of the climate crisis, such

Health is political. Whose health counts and what counts as health is always shaped by power. Whilst research and evidence are key tools for health justice, I realised while campaigning in the Access to Medicines student movement that this would never be enough. The evidence

as fossil fuel expansion, land grabs and deforestation, for hundreds of years. Focussing on emissions alone risks being blind to the roots of the climate and ecological crisis — colonialism and capitalism, and the systems of oppression they rely upon such as white supremacy and patriarchy. Health justice can only come through building collective power in movements to challenge this system.

In the UK, I joined Health for a Green New Deal, which organizes with communities by highlighting how the causes of the climate crisis are already causing health injustice, such as damp housing and food insecurity. Globally, I am part of a collective called the People's Health Hearing, which works to highlight the violence of extractive industries towards frontline communities and uses health as a lens to envision reparative justice. We must not be afraid to name the enemies, especially the violent companies based in the global North. Our most recent

project was a People's Health Tribunal of Shell & Total with testimonies against them from We The People Nigeria, stop EACOP, Justica Ambiental Mozambique, and the Amadiba Crisis Committee in South Africa.

Health is not always used to fight extractivism. Health systems are often used by states to gaslight communities resisting extractive and polluting industries, such as blaming their health problems on behaviour or genetics. Health systems and health workers must not be held up as heroes who can never do harm (especially given the long history of colonialism and eugenics within medicine) but have a powerful role to play in fighting a system based on creating 'premature death', anchored in the principles of beneficence, non-maleficence, autonomy and justice. Our role is not to 'save patients' from injustice, but instead to join, with humility and solidarity, the struggle against it, which has always been led by those most impacted.

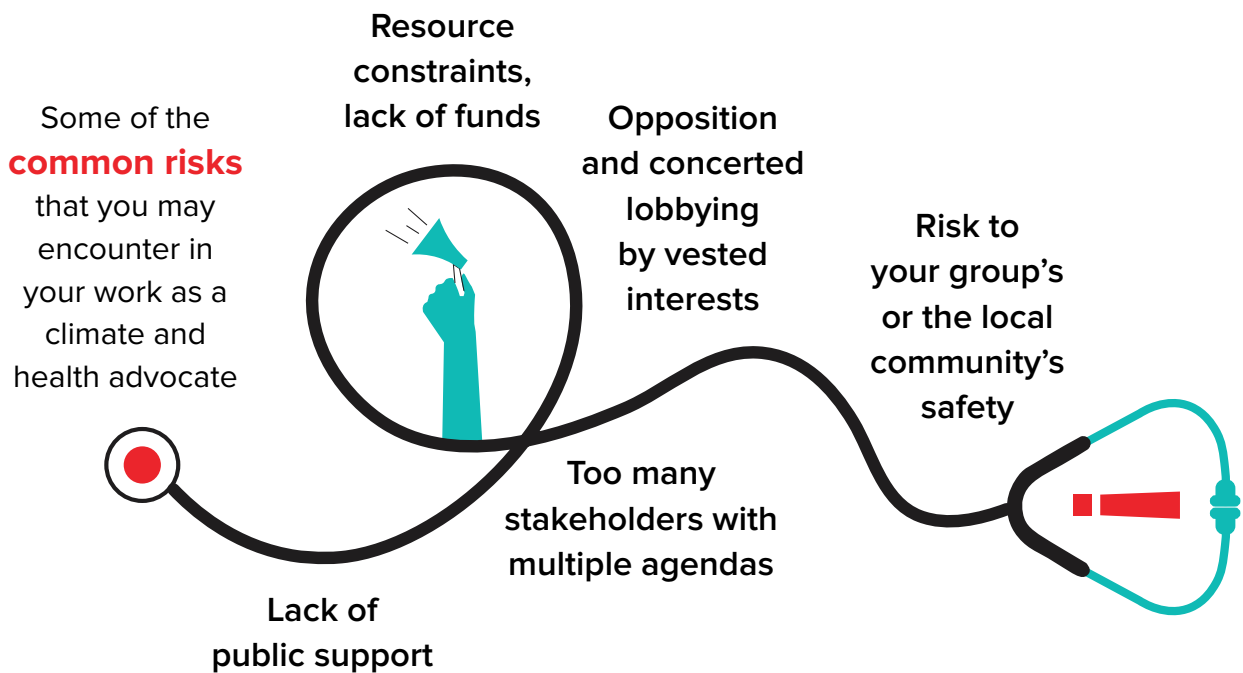




4. HOW DO YOU MANAGE RISKS?

All advocates and campaigners will run into problems, and working on climate and health can be particularly difficult because so many people have a stake in the issue. It is therefore important to identify the possible risks in advance and consider how to avoid them if you can — or deal with them if the risks turn into realities.

<p>In your team, brainstorm possible risks.</p>	<p>Categorize them as low, medium and high, and then discuss strategies to deal with each eventuality.</p>
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PESTS IN THE SYSTEM



The Plantation Corporation of Kerala (PCK) started the aerial spraying of endosulfan over the cashew plantations in the hills around Padre village in Kasaragod district in 1978. This was done three times a year over an area of more than 4,600 hectares.

Within a year the residents started complaining of environmental and health problems. Residents reported the mass deaths of bees, fishes, frogs, birds, foxes, and congenital deformities in domestic animals like cows.

Dr Mohan Kumar was one of the first persons to bring the health impacts in the region to media attention during the mid 1990s. Going over data for more than ten years, Dr Mohan Kumar YS found that disorders of the central nervous system like cerebral palsy, retardation of mental and/or physical growth, epilepsy, and congenital anomalies like stag horn limbs were very common among the children of the area.



Much to the surprise of the health practitioners, almost all the ailments were restricted to people under 25 years of age. Even more perplexing was that there were no industrial sources of pollution in the area, so it was hard to imagine this deterioration of health among certain areas of the district. He published a letter in a journal for doctors by the Indian Medical Association, asking the experts to conduct a study in the area. He actively shared his concerns on the matter by writing to the media and other doctors. Dr Mohan Kumar also began holding public meetings to explain his findings to the villagers.

The evidence shared by him led to the teachers in the Government Higher Secondary School in the region to start articulating their concerns about the health of the children.

In 1998, Leelakumari Amma, from the Agriculture Department's office at the village level witnessed the deterioration of health of her two children and herself — loss of voice and hormonal problems after she came to live in a village inside the spraying area. She then lodged a complaint in the local court along with two other farmers to stop the aerial spraying in the interests of the people's health and the environment.

Several national and international groups conducted health and toxicological studies between 1998 and 2002, and arrived at the conclusion that the abnormal health problems at Kasaragod were due to the spraying of endosulfan.

The Kerala State health department also conducted medical camps in various regions and subsequently they also conducted a study.

The report reaffirmed the relationship between endosulfan and the health problems in Kasaragod.



In 2002 the Kerala High Court banned the sale and use of endosulfan in Kerala, and following this the State Government also issued a ban order in 2003. Local efforts for relief and rehabilitation started at Kasaragod with the help of the local government, local organizations, and the Calicut Medical College in 2003.

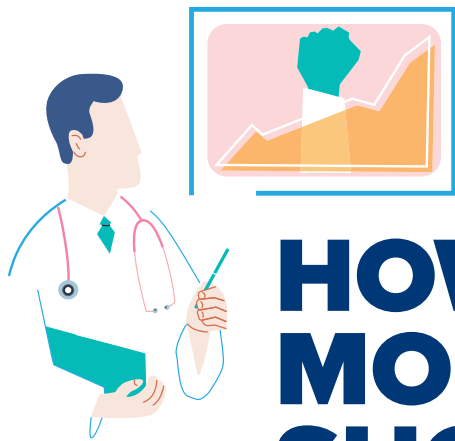
In 2005 the Central Government issued an order that labels on pesticide bottles must carry a message that this pesticide is not for sale in Kerala.



Finally, the Supreme Court of India banned the use, sale, production, and export of endosulfan across the country in May 2011. Currently, relief and rehabilitation measures are being implemented for the victims of endosulfan in Kasaragod.

A Special Purpose Cell for Implementing Relief, Remediation and Rehabilitation was set up by 2007 with the support of the State Government. It is an independent and transparent body which is looking into all aspects of the relief work — health, social, environmental, policy and financial.





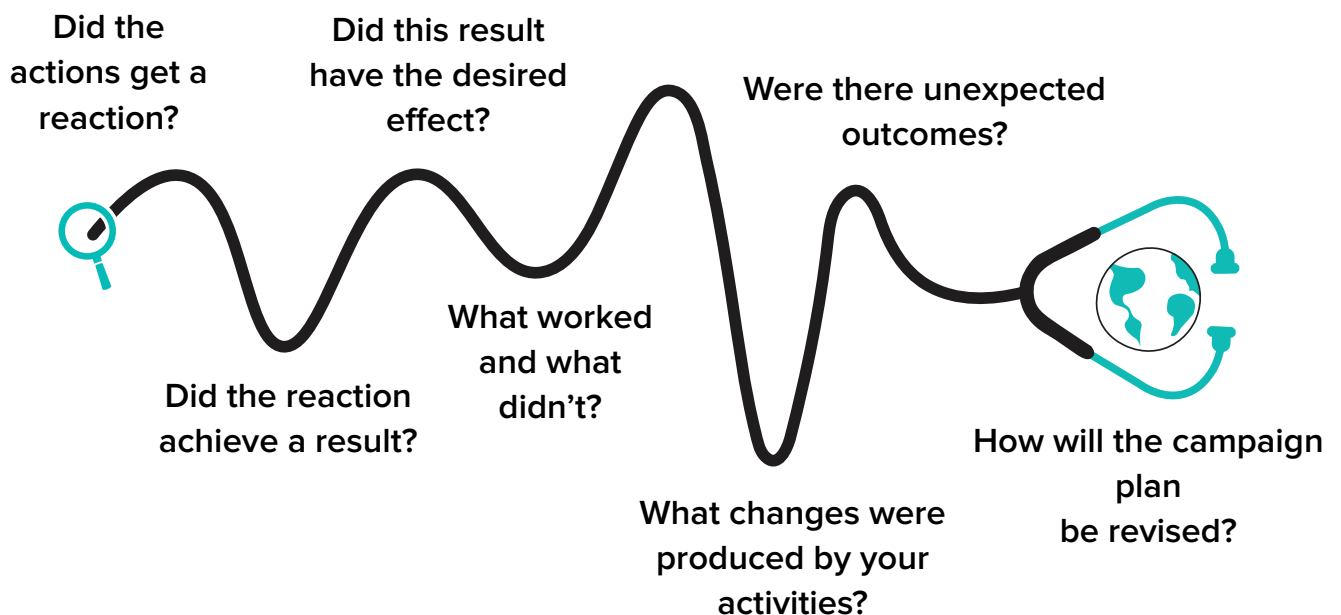
5.

HOW DO YOU MONITOR SUCCESS?

Monitoring is about regularly gathering information on the positive and negative impacts of your advocacy campaign. By regularly monitoring your plan you will be able to gather evidence about whether change that was expected is happening, understand what factors and approaches lead to change, be accountable to your donors, supporters and various stakeholders, and help adjust or improve your strategies for advocacy. Monitoring of

plans ensures a shared understanding of the strategies and success indicators. The plan for monitoring the campaign must be integrated in the planning phase itself and you should identify who will be responsible for gathering information and what the reporting process will be like. While gathering information, make sure that it is from a reliable source, and, where possible, use the same sources of information throughout.

Some **questions** to consider while monitoring the campaign:



RESISTANCE DOWN UNDER



In recent history, Australia has had a reputation as a “climate laggard”. The 2022 election was the most significant shift in Australian climate politics in a decade.

Voters delivered significant electoral swings towards candidates with stronger climate policies.

Australia now has a new government and the largest ever cross-bench, made up largely of pro-climate politicians.

The Climate and Health Alliance (CAHA) is an Australian health coalition which advocates for climate action.

Ahead of the Australian federal election, CAHA delivered a campaign with two clear goals:

1. Better climate-health policy:

The next federal government will implement a national plan for climate change and health.

2. Increased climate visibility:

The next federal government will feel that climate change was a visible election issue and affected the outcome of the election.





Goal 1:
Achieving better climate-health policy.

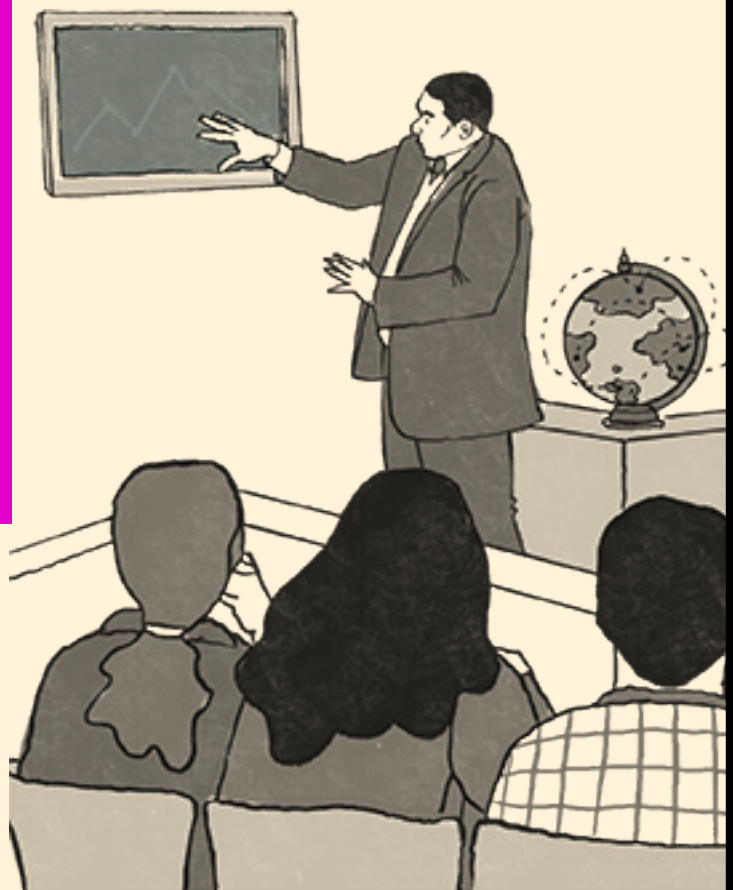
To achieve better climate-health policy, CAHA worked to directly engage political parties. Its core tools were a survey, a comprehensive analysis report and a climate-health scorecard. CAHA released its Federal Election Scorecard.

CAHA sent the scorecard to all Australian politicians, to Australian media, and to its network of supporters. It became a useful tool for direct engagement with politicians. It also informed Australian voters on how the parties' positions rated on climate change and health.

Goal 2
Increasing the visibility of climate change.

To increase climate visibility in the election, CAHA delivered a grassroots campaign in four strategic voting districts. CAHA was one of hundreds of organizations running pro-climate grassroots organizations. A key part of its success was cross-movement collaboration. It worked alongside a dedicated contingent of climate-focused community organizations.

By engaging health voices in political advocacy and collaborating with others, CAHA raised the profile of climate change in its chosen districts. In all of them, a candidate with better climate policies was elected.





BIGGEST LESSONS LEARNT

1.

The health community
can strengthen political
engagement by presenting
evidence-based
communication to
decision-makers.

2.

The health community
should collaborate
with a broad coalition of
allied organizations,
from the climate sector
or elsewhere.



Conclusion

The climate crisis is one of the most pressing challenges facing our planet today, and health professionals have an important role to play in addressing it. As trusted experts on health and well-being, health professionals can use their voice and expertise to advocate for policies and practices that address the root causes of climate change, and promote a healthier and more sustainable future. By taking up campaigns and advocacy on the climate crisis, health professionals can help to mitigate the impacts of climate change on human health, from air pollution to extreme weather events, and contribute to building a more resilient and equitable world. It is vital for health professionals to recognize the urgency of the climate crisis and to take action to create positive change, for the sake of their patients, their communities, and the planet as a whole. With the right strategies and tactics, health professionals can make a meaningful difference in the fight against climate change, and help to create a healthier, more sustainable world for generations to come.



Health Care Without Harm (HCWH) works to transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice.

The Health Care Without Harm Global Network is composed of regional offices in Europe, South-East Asia, and the United States; a Latin America regional team and a global secretariat. Strategic partner organizations represent us in Australia, Brazil, China, India, Nepal and South Africa.

Health Care Without Harm and its partners also lead Global Green and Healthy Hospitals, a worldwide network of hospitals and health systems with more than 1,500 members in 75 countries, representing the interests of over 60,000 hospitals and health centers.

We also work in partnership with international organizations, including the World Health Organization (WHO), United Nations Development Program (UNDP), International Federation of Medical Students Associations (IFMSA), Global Climate and Health Alliance (GCHA), and World Federation of Public Health Associations (WFPHA).

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