OP-ED · AFRICAN YOUTH CONSULTATION ON CLIMATE CHANGE AND HEALTH

# Before the Elephants Fight, the Grass Makes a Path

## A reflection on the African Youth Consultation on Climate Change and Health, held on 26 October 2026


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OP-ED · BY DOREEN NAIGA

Most of us learnt the proverb young.

## When two elephants fight, it is the grass that suffers.

For generations it has been told as a verdict: the powerful fight, and the powerless pay. In the climate crisis it has never been truer, and across Africa the grass has names, places and dates.

In March 2019, Cyclone Idai tore into Beira, in Mozambique. At the Pontagera Health Centre the paediatric ward was completely destroyed, and more than 128,000 people were sheltering in temporary camps with unsafe water and poor sanitation, at high risk of cholera. By 1 April, 1,052 cases had been reported. Four years later, Cyclone Freddy destroyed or flooded more than 300 health facilities across Madagascar, Malawi and Mozambique. In December 2024, Cyclone Chido came ashore in Cabo Delgado and Nampula, and within days UNICEF reported more than 90,000 children affected, with at least ten health facilities damaged or destroyed, in figures it warned were provisional.

Across the border in Malawi, Freddy washed away medicines and patient records. One woman's antiretroviral drugs were swept off, and the Council of Women Living with HIV said more than 250 women in the affected districts had been cut off from treatment. "Patients are failing to go to facilities either because the facilities are affected or roads are impassable," a Ministry of Health spokesperson told Health Policy Watch.

In Uganda, the story is written in the foothills of the Rwenzori Mountains, where the River Nyamwamba has left its banks again and again in Kasese. In May 2014 it flooded Kilembe Mines Hospital, which was still being rehabilitated after the previous year's flood. A hospital with 195 patients had to be emptied, many of them recovering from surgery, and two patients died. Doctors suspected the stress of watching the water rise. In May 2020 the river came back. More than 100,000 people were affected, five bridges collapsed, two schools were destroyed, and Kilembe Hospital was flooded and closed once more. "We lost everything at the hospital," its medical superintendent, Dr. Edward Wafula, told the Daily Monitor, as 80 critically ill patients were moved to Kagando Hospital and Kasese Health Centre III.

Three countries and a handful of dates, and the list goes on. This is what we have lived, and the people who lived it are young. They are the backbone of this continent: in the shelters, in the queues at clinics that never reopened, in the schools turned into camps, in the households where a girl is pulled out of class when the harvest fails. So here is the question I could not stop asking after Monday. How many of their voices have actually been heard in the rooms where the plans and the money are decided?

That question filled a Zoom room on the afternoon of 26 October. More than eighty young people had joined from Burundi, Lesotho, Uganda, Mozambique, Kenya and beyond for *Uniting Africa's Voices on Climate Change and Health: Youth as Key Drivers*, convened by Amref Health Africa, Africa CDC, WHO AFRO and Regenerate Africa, with Y-ACT. Before any expert spoke, the organisers asked what the most urgent climate and health priorities were for young people across Africa, and the answers poured in. Financing for community initiatives. Mental health. Food and water security. Access to green energy. Then one participant wrote, "Cyclones and floods destroy clinics and cut young people off from HIV, SRHR and malaria care," and another, "Climate shocks push girls into school dropout, early marriage and pregnancy." It was Kasese and Beira, written in the first person. Bitania Lulu of Amref and Y-ACT, who moderated, said the answers had already "covered the objective of the webinar", and reminded us that young people are "the leaders of today, not the leaders of tomorrow."

Dr. Githinji Gitahi, Group CEO of Amref Health Africa, took the keynote from there, and he began with headlines. "If flooding happens in an area where there's actually no life, you don't see headlines of it," he said. The news arrives when people are in danger, yet the climate conversation has long been led by environment, agriculture and energy rather than by people's lives. His conclusion has stayed with me: the face of climate change is health. The numbers agree. Climate change is projected to cause about 250,000 additional deaths a year between 2030 and 2050 from undernutrition, malaria, diarrhoea and heat stress alone, according to the WHO. The WHO African Region carries 95% of the world's malaria cases and deaths, and about three in four of those who die are children under five. African countries lose an estimated 2 to 5% of GDP to climate extremes, and some divert up to 9% of their budgets to respond, according to the WMO.

Then he did the sums on emissions, out loud, for a room full of young people. China and the United States produce roughly 40 to 45% of global emissions, he said, while Africa contributes less than 3%, and half of that comes from South Africa and Egypt. A dignified life needs about two metric tons of carbon per person each year. The average American emits about 14. A person in the Democratic Republic of Congo emits about 0.7, below what is needed to live decently. Yet many African national climate plans, our Nationally Determined Contributions or NDCs, are crowded with pledges to cut emissions that are already low. "This is what I like to call distributed guilt," he said: African countries have taken on an agenda handed to them. The wearer of the shoe knows where it pinches, and his challenge was to build the climate agenda from our own experience. In a country already below survival-level emissions, he argued, the priority is a just transition to renewable energy, so that rural clinics and communities finally have power, and an end to the smoke from firewood and charcoal that gives children pneumonia. Friday Phiri of Amref later added that more than 600 million Africans still cook with polluting fuels.

Those who pushed the planet past 1.5°C must pay for adaptation, Dr. Gitahi said: for primary health care that can withstand cholera and Ebola outbreaks, for vaccination before the floods arrive, for clinics that do not wash away, and for early warning systems so that medicines reach a facility before the roads disappear. The route to all of it, he said, runs through parliaments and policymakers, so that the NDC protects people and does not merely reduce carbon emissions. And then he turned to the young people watching, and it was the line that lit up the room.



**Leadership is an attitude. It is not a role you are assigned. By being here, you are a leader in this agenda.**

**DR. GITHINJI GITAHI** Group CEO, Amref Health Africa

Each of us is a leader, he said, whether or not we head a youth organisation. What that means in practice was spelled out by the speakers who followed. Dr. Charles Akataobi of Africa CDC began with the question of how a changing climate reaches a patient's bed. Every infectious disease needs a host, an agent and an environment, he explained, and climate change acts on all three. It can make an agent more infectious, wear down the host's immunity through heat stress, and reshape the environment, which is why malaria now appears in parts of the Kenyan highlands once too cool for it. Seven of the ten countries most vulnerable to climate change are in Africa. But the point that hit home was the second pathway: climate change does not only cause disease, it blocks the response. After a cyclone in Malawi, communities were cut off from food, medicine and outreach, and health facilities were among the first things washed away. Kilembe was that pathway, and so was Pontagera. Sometimes the link hides in plain sight. During a prolonged drought in Zambia, UNFPA-reported evidence showed hungry schoolgirls exchanging sex for fish in fishing communities, feeding a rise in HIV. Nobody would file that under climate. It belongs there. And the forecast is not kind: Africa CDC's outlook puts the chance of an El Niño developing in the coming months at about 80%, of moderate to strong intensity and possibly worse than 2015 to 2016, with floods expected in East Africa, drought in southern Africa and the Horn, and heat that threatens

mothers and newborns. That is what a forecast is for. Before the elephants fight, the grass reads the forecast. It counts the clinics that flood, the wells that dry, the girls who walk too far for water, and it writes the numbers down. Young Africans have been doing that counting for years.

But reading the forecast is only the beginning. Before the elephants fight, the grass learns the language of the room: the clauses, the commas, the agenda items. Friday Phiri gave us the rungs of that ladder. Learn what your country has put in its NDC and its National Adaptation Plan, because the UN climate process is driven by countries, and if your priority is not in the national plan it will not reach the negotiating room. Turn each problem into a specific ask with a named decision maker. Attend national delegation briefings and connect with YOUNGO, the youth constituency. Pick one agenda item and follow it. And remember that decisions are taken by consensus, so one objecting country sends everyone back to the start, and a single comma can change a whole decision. Abel Das Neves, who leads Visão Juvenil Moçambique and has followed the talks as a junior negotiator, told us honestly what that room is like. Young people are told what they may say, their statements are edited, and funding goes to government staff rather than to youth in civil society. His proposal was refreshingly practical: if every African country placed just one or two young people on its official delegation, the continent would have more than 100 specialised young voices at the table. It sends two of its own through the door and keeps the door open behind them.

A door is only useful if what comes through it is true to the community. Before the elephants fight, the grass sits with the people it serves, the mother, the nurse, the herder, the student. Melvine A. Otieno began in 2019 as one of the first Planetary Health Campus Ambassadors, founded the Planetary Health Eastern Africa Hub a year later, and now sits with communities in Kisumu and Baringo counties, Kenya, who describe the risks that never reach a health plan: mental distress, hunger, long walks for water, and care that stops once the emergency is over. Recognising a climate emergency is not enough, Melvine said. Community knowledge has to shape priorities and budgets. Chiagozie Udeh, who started as a young climate activist and now works on the other side of the decision-making table at UNFPA, brought the evidence. In Madagascar, after a cyclone, transport costs rose eight-fold, so a mother had to choose between food and a clinic visit. In South Sudan, drought was the strongest predictor of domestic and sexual violence. Less than 0.5% of multilateral climate finance goes to health. He asked for gender-transformative adaptation, which tackles the roots of inequality and not only its symptoms. Three leaders and three levels, from the village to the policy table, and none of them waited for a title. They turn what they know into a plan that a minister cannot misread.

The young people on the call said what that plan should contain, and they did it in plain words. Before the elephants fight, the grass says what it needs. “Young people should be recognised as decision makers and not just beneficiaries,” wrote one. “Adaptation finance is needed in the form of grants, but not loan,” wrote another. A third asked for “financing and co-creation of solutions with the youth”, and a fourth for “practical action to whatever is happening rather than meetings.” One, thinking of those who could not join the call, asked: “What of those in the communities really affected by it?” Asked who should take responsibility, they answered government, young people, all of us, and the one that has stayed with me, me and you. Asked how fast, they answered immediately, start today, time to act is now, and those who named a year mostly said between six months and five years, with many pointing to 2030. The 41 young people who answered on priorities came from Kenya, Uganda, Eswatini, Botswana, South Africa, Zambia, Mozambique, Burundi, Ethiopia and Lesotho. Grants, not loans. Clinics that stand through the flood. A seat at the table, and a pen.

This is why I believe we hold the levers. Young people are the majority on this continent, and we are not waiting to be rescued. We have the power to lead, in our schools, clinics, villages and delegations. We have the power to engage, by reading the NDC, knocking on the ministry door and asking who was in the room when it was written.

We have the power to amplify, by carrying the stories of Kasese, Beira and Nsanje to places where they are rarely told. And we have the power to bring innovation and to co-create solutions with the communities, health workers and governments who will carry them out.

The path has a destination, and it is close. COP31 is almost here, and COP32 will be held on African soil, in Addis Ababa, Ethiopia. Africa CDC, WHO AFRO and Amref are taking five asks into the negotiations: resilient primary health care, with facilities that are stocked, powered and supplied with safe water through shocks; finance that reaches communities as grants and not debt, which Phiri framed this way: "We are not asking for charity. We are asking them to honor their obligation"; early warning linked to early action; frontline workers trained to recognise climate-driven illness; and a sustained place for health on the UN climate agenda. They add up to one shared ask: climate decisions and finance that protect health where young people live. The law is moving in our direction too. In July 2025 the International Court of Justice confirmed unanimously that states have binding obligations to prevent climate harm and to cooperate, including on finance and support for the most vulnerable. What the young people said will not be left in a chat window. Every response, from the chat to the Mentimeter, will be coded, translated and carried into the zero draft of the African Youth Position Paper on Climate Change and Health, which builds on priorities set at the African Climate Summit 2023 and the Africa Public Health Students Summit 2024. After COP31 there will be a conversation to ask whether what young people said was heard. Further consultations through CPHIA, AHAIC and other youth and climate spaces will let more young people challenge, shape and own the paper, so that a finalised African youth position can reach Addis Ababa ahead of COP32. It will turn four questions into a demand that decision makers cannot ignore: what are the priorities, what action is needed, who should act, and by when. And when the elephants come, they will find a path already made, walked by many, planned by all, leading to water, to the clinic, and to the page where the promise is written.

If you are reading this and wishing you had been there, the room is still open. Watch for the next registration link and bring a friend and a story from your community. Answer the feedback survey that goes to everyone who registered. Find your country's NDC and National Adaptation Plan and ask what in them protects people's health, and who was in the room when they were written. Lead where you stand, because you do not need a title. At the end of the call, Dr. Gitahi said that he and his peers would "sit on the sidelines, and we'll support you, clap for you, and cheer for you." I took that as an invitation and a responsibility. Let us give them something worth cheering for.

There is an old saying that if you want to go fast, go alone, but if you want to go far, go together. The climate crisis will not be solved quickly, and it will not be solved by one voice. It will be solved the way a path is made across the grass: by many feet, all heading the same way. So before the elephants fight, let us make the path.



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#ClimateAndHealth #COP31