



# **Climate Change, Health, Energy and Just Transition- Public Service International Affiliate Unions Research Factsheet in Nigeria**



Photo Credit: United National SDG7



**Climate Change, Health,  
Energy and Just Transition-  
Public Service International  
Affiliate Unions Research  
Factsheet in Nigeria**

**Public Service International**

## Acknowledgements

This toolkit was made possible through the generous support of FNV Mondiaal Finland and the dedication of the leadership of two PSI affiliates in Nigeria: The Medical and Health Workers Union of Nigeria (MHWUN) and the Nigeria Union of Electricity Employees (NUEE).

We would also like to thank the researcher, Tunde Salman, core team members of this project from MHWUN and NUEE, Sister Sandra Van Niekerk, PSI Project Officer, and Brother Luis Monje, PSI Projects Officer - Union Development, for their valuable contributions. Their collaboration and commitment were instrumental in the creation of this toolkit.

**Dr. Moradeke Abiodun-Badru (PhD)**

PSI Project Coordinator, English-speaking Africa

September 2025.

# CLIMATE CHANGE, HEALTH, ENERGY AND JUST TRANSITION - PUBLIC SERVICE INTERNATIONAL AFFILIATE UNIONS RESEARCH FACTSHEET IN NIGERIA

## CONTEXT AND BACKGROUND

Climate change, energy and health intersections are apparent to many members of the Public Services International (PSI) affiliates unions in Nigeria. On one hand, Nigeria's Climate Change and Health Vulnerability and Adaptation Assessment Report (2024) recognises the nexus between climate change and health. According to the report, *“The effects of climate change have intensified the impacts of extreme weather events, changed the environmental suitability for infectious disease transmission, altered population movements, and undermined people's livelihoods, well-being, as well as physical and mental health. Besides exacerbating current health problems in Nigeria, climate change is expected to undermine health services, water and food supplies, infrastructure, and social protection systems. The resulting strain on health and social systems will disproportionately affect the vulnerable and the most disadvantaged, such as women and children, the elderly, people with disabilities, and the extremely poor; with climate change amplifying inequities.”*<sup>1</sup> Thus, the report provides baseline steps toward delivering on the commitment Government of Nigeria made at the the 26<sup>th</sup> United Nations Climate Conference of Parties in 2021 at Glasgow, United Kingdom to build a climate resilient and sustainable (low carbon) health system.

On the other hand, Nigeria depends on fossil fuel sources to power her economy. Nigeria's energy sector accounts for about 65% of the country's total greenhouse gas (GHG) emissions. The combined contribution of flaring and venting to the environment is about 80% of emissions in the sector. The power sector, as a pillar, contributes 27% to total emissions. Both the grid-based and captive electricity supplies are largely generated from thermal power, covering gas-fired plants and fossil-based diesel and gasoline generators. Increasing carbon emissions in Nigeria and the rest of the world are connected to the rising dependency on fossil fuel-powered energy products and services. The carbon dioxide emitted through the burning of fossil fuels plays a huge role in global warming implicated in the climate change crisis. The carbon-emitting fossil fuels are the major contributors to global warming which necessitates the calls defossilisation of the economies through net zero carbon energy transition by mid century.

The foregoing poses many questions. How can Nigeria advance a climate agenda that protects health and ensures no one is left behind? What are the health impacts of climate change while building a low-carbon, climate-resilient health system? How can Nigeria build climate-smart healthcare systems that address the impacts of climate change, as climate shocks continue to threaten health outcomes and stall progress toward universal health coverage? Therefore, problematising the issue requires answering the following questions: How has the energy and health sector(s) contributed to the climate change crisis? How has climate change affected and or impacted these two sectors in Nigeria? What are the implication(s) of energy transition for the electricity and health sectors in Nigeria? What challenges or risks do these two sectors face in light of the climate crisis and energy transition from the trade union perspectives? What are the implications of energy transition in the power sector for electricity workers in Nigeria? How has the unreliable electricity impacted the health sector, its workforce and health outcomes in the country? To what extent has the deployment of solar PVs addressed healthcare facility electrification needs and helped in building a climate-resilient and sustainable (low-carbon) health system in Nigeria?

By doing so, this research examines climate change, energy and health intersection. It seeks to contribute to the PSI new project, which focused on just and equitable transition in the health and energy sectors in Nigeria, and aimed at building the capacities of affiliate unions to develop an advocacy plan for taking up climate related issues at the sectors specific level with federal, state and/or local government. An underlying assumption of the project underscores the need to have trade unions, professional bodies, including climate activists, play catalytic

<sup>1</sup> See, Nigeria's Climate Change and Health Vulnerability and Adaptation Assessment Report, Federal Ministry of Health, Abuja.

roles in ensuring governments implement climate change interventions that are socially just and not only reduce GHG emissions but also strengthen public services as a necessary part of their adaptation measures.

The study employs desk research and focus group discussion as a qualitative research method to explore how the impacts of climate change are experienced in both energy and health sectors, and how deployment of renewable energy solutions in particular contribute to the quality of health services in public health facilities and conditions of workers in the sector. Additionally, the consultant collected nuanced information through note taking at third party events and meetings attended in which government officials, climate experts, and users of energy and health services provided insightful narratives useful for the research study. As such, the method of data collection used cover both desk and field-based participatory research methodology.

### **Just Energy Transition: Climate Change and Health Intersections**

- Fossil fuel pollution and climate change exacerbate public health issues such as respiratory diseases, malnutrition, and heat-related illnesses.
- Trade Unions are supportive of climate actions that are based on just and equitable transition and adaptation that protect workers' right and help nurture resilience
- Green jobs should not lead to further commercialization of public services in the health sector
- Public sector workers and their unions should not treat climate change in reactive approach but proactively

### **Electricity and Just Energy Transition**

- About 55–60% of Nigerians lack reliable access to electricity, with rural areas particularly either unserved or underserved.
- Ageing grids and dependency on fossil fuels make electricity supply unreliable, costly, and environmentally unsustainable.
- Decentralised renewable energy systems (e.g., solar mini-grids) offer scalable, clean, and just solutions for powering communities and public services.
- Just transition emphasises phasing out fossil fuels in a way that protects jobs, livelihoods, and critical services like electricity supply for all.
- Investment in clean energy infrastructure must include training, localisation, and affordability to ensure a truly just transition.

### **Intersections of Health and Electricity on Just Energy Transition**

- Nigeria's health sector is significantly impacted by unreliable energy, affecting healthcare delivery, especially in rural and underserved areas.
- Power outages hinder safe storage of vaccines, operation of medical equipment, and working conditions for healthcare workers.
- A just transition considers the disproportionate burden of energy poverty and climate change on poor, remote, and health-vulnerable populations.
- A just energy transition must prioritise health infrastructure, ensuring that health facilities are energy-secure and climate-resilient.
- Clinics rely on consistent electricity for refrigeration of vaccines, diagnostics, lighting for safe delivery, and emergency response.
- Power failure during extreme heat or floods heightens risks for patients with chronic or heat-sensitive conditions.

- Areas without grid electricity often have the poorest health outcomes, underscoring the need for targeted energy reforms.
- Women, often frontline caregivers, bear the brunt of poor energy-health systems, facing challenges in maternal care, home nursing, and food safety.
- Electrifying health facilities with clean energy simultaneously strengthens climate action and public health outcomes.

**Summary of key findings from both desk research and focus group discussion sessions:**

1. PSI affiliates unions are supportive of climate actions that are based on just and equitable transition, and adaptation processes that carry the workers along, respect their rights and help facilitate resilience and social protection. This resonates with the larger trade unions movement in Nigeria framing that “just transition represents a transformation from carbon-based economic activities to low or zero economy in a manner that limits or prevents the negative impacts of climate change, the negative impacts of transition on workers, their families and communities.”
2. Limited understanding of climate change and energy intersection issues across lower rank unions members. That is, despite the enthusiastic support for just energy transition, there is a low awareness and or limited understanding of intersection of how climate change affects the electricity sector which permeates many rank and file of the PSI affiliate unions, particularly those from the electricity union. There was scanty evidence from the FGD sessions held with NUEE to indicate sufficient or adequate knowledge of the climate crisis and energy sector nexus. Yet Nigeria depends on fossil fuel sources to power her economy. Nigeria's energy sector accounts for about 65% of the country's total GHG emissions. The power sector as a pillar contributes 27% to total emissions (see, figure 1).
3. With PSI support, the affiliate unions leadership and their members are now being sensitised and empowered through capacity building, awareness creation, advocacy and sensitisation programme to mainstream just transition into their social dialogue agenda. They are also shaping advocacy engagements to ensure worker's voices are integrated into all the climate action mitigation and adaptation processes, and ensuring their rights are respected.
4. Notwithstanding the lack of data on the total numbers of solar PVs or the amount of installed capacity, the insights from the FGD sessions suggest growing popularity of solar power solutions in the electrification of healthcare facilities across the country. Aside from the public interventions through REA and sub-national governments, many partners delivering healthcare interventions at state levels now factor in the provision of solar energy solutions to power the facilities they are supporting.
5. The solar power solutions being installed at the level of PHCs are designed as a stand-alone solar-home-solution (SHS) ranging from 5kVA to 50-kilowatt containerised solar hybrid systems. Initially, the installed solar-powered solutions were dedicated to critical energy needs such as vaccine cold chain. However, increasingly, the installation are now being scale up to cover all critical HF electrification requirements.
6. From both desk and field research conducted, there is no evidence that the patients paid any cost, open or hidden for all the installed solar power for HF electrification. Governments, development partners, as well as private entities through their CSR bore the existing funding models used to roll out the solar powers at the public PHC facilities.
7. However, the maintenance remains a key unresolved challenge in ensuring the long- term sustainability of solar power systems in the healthcare sector. According to participants in the series of FGD sessions, the model now being strongly advocated includes promoting community ownership through training and incorporating both dedicated in-house hospital staff and trainable community volunteers to support routine system maintenance.
8. Rising heat wave associated with increased high temperatures due to climate change has altered the weather patterns over the years. The FGD participants noted that “prolonged exposure to high temperatures – both day and night – can exacerbate heat stress, increase mortality rates and reduce productivity. Experts warn that “extreme heat during the day, followed by unusually warm nights, may interrupt the normal physiology of

sleep and thus poses severe risks to human health” according to a study published by Lancet. Thus, the impacts of climate change on the health sector and the safety of workers have been highlighted to include low productivity, increased demand for healthcare services, poor service delivery, heat stroke, dehydration, burnout, stress, mental health challenges, skin cancer, and more. “Access to drinking water, adjusting work schedules, increasing hospital capacity during heat waves and tree planting, including advocacy for heat action plans (HAPs) suggested. “Heat waves can negatively impact mental health, causing increased irritability, anxiety and potentially exacerbating existing mental health conditions. They can also disrupt sleep, leading to further stress and cognitive difficulties.”

9. Limited or inadequate knowledge of policy responses and measures to combat climate change, as well as those aimed at ensuring a just transition, remains low among the rank and file of the two unions. This is despite growing concerns that these categories of workers are among the most vulnerable to the impacts of climate change and face potentially higher risks of job loss in the event of an uncoordinated or haphazard transition. Put simply, the knowledge of concept of a “just transition” is yet to percolate down the general membership of health and medical union as well as electricity workers as many of them appear not well familiar with the term.
10. The contours of transition in the medical and health sector remain obscure; because the linkages appear not clearer or the fears of potential job losses from energy transition are likely not directly visible for the sector. Yet, energy is one of the most critical infrastructures that public healthcare institution or any health facility needs, without which hospitals or healthcare facilities cannot function optimally. Unreliable electricity continues to undermine the delivery of critical healthcare services that require uninterrupted, 24-hour power supply. This challenge is compounded by the fact that many public healthcare institutions lack consistent access to electricity, as evidenced by the six-month blackout at UCH, Ibadan.
11. Lack of reliable or twenty four hour electricity supply to the health facilities in particular, has a very strong negative impact on the quality of healthcare services. Governments must subsidise electricity cost of public healthcare institutions, integrate and scale up deployment of RE technologies in the electrification to achieve rapid solarisation of all public health facilities in the country.
12. Renewable energy have a role to play in the electrification of public healthcare institutions in the country. Hence, there is a need to develop capacity to engage in social dialogue and policy influencing skills to demand for increase public investments in RE solutions to power healthcare facilities, including advocacy for a just transition rooted in job security, social protection, and decent jobs by the trade unions and their partners in civil society, academia and the media.
13. Re-skilling and up-skilling of workers highlighted to ensure just transition in PSI affiliate unions. Workers from utilities and care sectors have a role to play in advancing a climate agenda that protects health and ensures no one is left behind. The need to build PSI affiliate unions capacity, connect with other civic groups advocating for climate-smart healthcare systems that address the impacts of climate change, as climate shocks continue to threaten health outcome and stall progress toward universal health coverage, is imperative.

## **Specific Call to Actions**

### **Energy Resilience in Healthcare:**

- Advocate for reliable, clean energy to ensure uninterrupted power for critical medical equipment, vaccines, and laboratory services.
- Emphasise renewable energy as a solution to reduce frequent power outages in hospitals and clinics.
- Advocate for energy-efficient healthcare facilities powered by renewable energy at the national, state and local government levels.
- Push for government policies that prioritise renewable energy investments in healthcare delivery, especially in rural areas. These should endear state and local governments to invest in RE for PHCs.
- Highlight the link between energy access and improved health outcomes across platforms.

### **Health Impacts of Fossil Fuels**

- Highlight the adverse health effects of pollution from fossil fuels, such as respiratory diseases, cancer, and cardiovascular illnesses.
- Advocate for a shift away from fossil fuels to reduce disease burdens linked to pollution.

### **Rural and Underserved Communities**

- Push for equitable energy distribution, ensuring rural health centres have access to clean and affordable energy.

### **Energy Efficiency in Hospitals**

- Promote energy-efficient infrastructure in healthcare facilities, including LED lighting, solar water heaters, and energy-saving medical equipment.

### **Electricity as an essential service and a right**

- Promote access to electricity as a fundamental human right issue that must be guaranteed by the government
- Unionise RE solution provider employees

### **Potential Areas for Advocacy**

1. **Just Transition Policies:** Advocate for the development of comprehensive just transition policies that prioritise job security, skills development, and support for workers affected by the shift to renewable energy.
2. **Increased Investment in Renewable Energy:** Lobby for government investment in renewable energy projects that create jobs and improve service delivery in health facilities.
3. **Social Protection Measures:** Push for social protection policies that safeguard workers during transitions, including unemployment benefits, retraining programs, and health insurance coverage.
4. **Access to Clean Energy for Health Facilities:** Advocate for policies that ensure healthcare facilities have access to reliable renewable energy sources, improving service delivery and patient outcomes.
5. **Community Engagement Initiatives:** Promote community awareness campaigns about the benefits of renewable energy and climate resilience, engaging local populations in advocacy efforts.
6. **Collaboration with Environmental Organisations:** Form alliances with environmental NGOs to strengthen advocacy efforts around climate justice and the rights of workers impacted by climate change.
7. **Monitoring and Accountability Mechanisms:** Establish mechanisms to monitor the implementation of climate policies affecting workers in both the energy and health sectors, ensuring accountability from government bodies.

### **Core Messages for Advocacy**

1. **Energy for Health: Renewable Energy Saves Lives:** Emphasise that access to reliable energy in healthcare facilities is a matter of life and death.
2. **Healthy People, Healthy Planet:** Draw the connection between transitioning to clean energy and reducing pollution-related diseases.
3. **Empowering Healthcare with Renewable Energy:** Advocate that renewable energy ensures uninterrupted healthcare services, especially in emergencies.
4. **A Clean Energy Transition is a Public Health Imperative:** Stress that fossil fuel pollution is a major health crisis, and transitioning to clean energy can save lives.
5. **Electricity is an essential service** sector in which government cannot abdicate its responsibility completely to the vagaries of market economy.

## Capacity Building and Advocacy Areas for Trade Unions in the Context of the Climate Crisis

### Capacity Building Areas

1. Educate members on how energy efficiency can reduce operational costs, enhance service delivery, improve their work conditions, and safe health delivery.
2. **Climate Change Education and Awareness:** Develop training programs focused on climate change impacts, renewable energy technologies, and sustainable practices to empower union members with knowledge.
3. **Skills Development and Retraining:** Implement skills audits to identify gaps in workforce capabilities and provide retraining opportunities for workers transitioning from high-carbon jobs to green jobs.
4. **Policy Formulation and Advocacy Skills:** Train union leaders on how to effectively engage in policy advocacy related to climate change and energy transitions, ensuring they can influence relevant legislation.
5. **Resource Mobilisation:** Equip unions with strategies for mobilising resources and funding for sustained engagement and capacity building around climate issues, including partnerships with NGOs and international organisations.
6. **Information Exchange Networks:** Establish platforms for sharing best practices, experiences, and resources among trade unions both nationally and regionally to enhance collaborative efforts.
7. **Building Institutional Mechanisms:** Strengthen internal structures within unions to address climate change issues, including dedicated committees or task forces focused on sustainability.
8. **Health Sector Focus:** Provide specific training on the intersection of climate change and health, emphasising the importance of reliable energy sources for healthcare delivery.

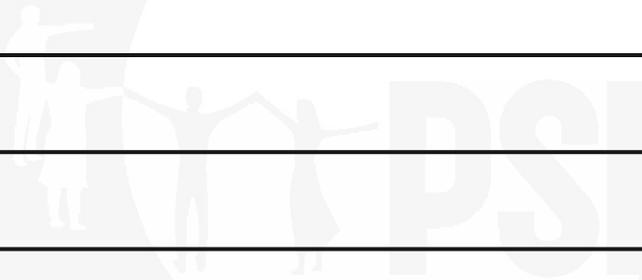
### Further Call to Actions

These targeted call-to-action strategies provide comprehensive pathways for health sector groups to champion a just energy transition, ensuring that it aligns with the needs of their members while addressing broader systemic challenges.

1. Advocate for government policies mandating the integration of renewable energy into public health facilities.
2. Call for a national fund dedicated to powering rural health centres with renewable energy or integrate into the BHCPF.
  - Advocate for the inclusion of renewable energy financing in the **Basic Health Care Provision Fund (BHCPF)** framework to ensure consistent funding for clean energy solutions in primary healthcare centres, especially in rural areas.
  - Call for a dedicated percentage of the BHCPF to be allocated toward renewable energy infrastructure to power health facilities, reduce operational costs, and enhance service delivery.
  - Engage with the National Primary Health Care Development Agency (NPHCDA) and other stakeholders to prioritise renewable energy adoption as a critical element of improving primary healthcare access under the BHCPF.
  - Partner with donors contributing to the BHCPF to champion renewable energy as an essential investment for achieving universal health coverage.
  - Advocate for transparency and accountability in how BHCPF funds are utilised to ensure allocated resources are effectively deployed to renewable energy projects for healthcare centres.
3. Advocate for the inclusion of renewable energy goals in Nigeria's National Health Strategic Development Plan (NHSDP) and other frameworks at the national and state levels.
4. Call for subsidies, tax breaks, or grants to support public Healthcare facilities transitioning to clean energy from the Federal and State governments.

5. Collaborate with lawmakers to propose or strengthen laws supporting renewable energy adoption in the health sector.
6. Frame clean energy adoption as not just an environmental imperative but a direct investment in public health and service equity.
7. Advocate for tools and technical support to assess energy needs and implement cost - effective renewable energy solutions from the REA.
8. Collaborate with renewable energy providers and associations like Renewable Energy Association of Nigeria (REAN) to train health workers and facility managers on the maintenance and management of energy systems.
9. Conduct grassroots campaigns to educate the public on the link between clean energy, better healthcare, and improved health outcomes.
10. Highlight case studies and testimonials from health centres that have adopted renewable energy, showcasing improvements in service delivery.
11. Establish regional hubs to spread knowledge about renewable energy's role in advancing healthcare outcomes.
12. Collaborate with renewable energy companies, NGOs, and donors to roll out pilot projects for renewable-powered healthcare facilities.
13. Approach international development organisations like WHO, EU, FCDO, GIZ, JICA, and the embassies to fund renewable energy adoption for health facilities.
14. Encourage private companies and legislators to fund clean energy solutions for underserved health facilities as part of their CSR programs and constituency projects.
15. Push for investments in studies that explore cost -effective renewable energy solutions for Public healthcare facilities.
16. Collaborate with stakeholders to map energy challenges in Public healthcare facilities and prioritise solutions.
17. Advocate for decentralised renewable energy systems (e.g., solar mini -grids) to serve remote and rural health centres.
18. Develop programs to ensure women-led health centres are prioritised in renewable energy projects, promoting gender equity in healthcare delivery.
19. Advocate for a Just Transition Framework that includes retraining fossil fuel workers and engaging communities impacted by the transition.
20. Advocate for transparency in the allocation of renewable energy investments in the health sector.
21. Develop benchmarks to track renewable energy adoption in healthcare facilities and ensure measurable impact.
22. Encourage citizen-led monitoring of energy projects to ensure inclusivity and avoid resource mismanagement.
23. Promote cooperative models where healthcare facilities pool resources to fund and maintain renewable energy systems.
24. Encourage worker-led partnerships to establish or support renewable energy businesses that cater to the public healthcare sector.
25. Position the healthcare sector as a key stakeholder in achieving Nigeria's climate commitments under the Paris Agreement.
26. Participate in global health and climate forums to showcase Nigeria's efforts and attract international support.

# NOTE





**PUBLIC SERVICES INTERNATIONAL**