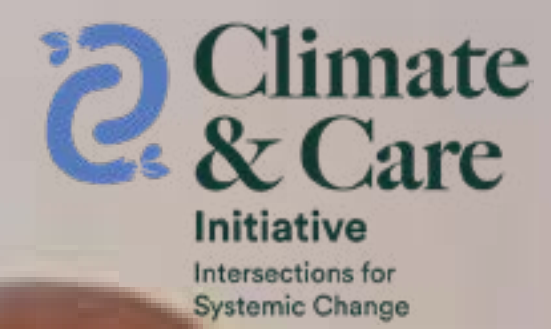




PUBLIC SERVICES
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Organising Health Workers' Voices for Climate-Resilient Care in Ghana

Why heat, floods and unsafe facilities must be treated as health-sector, labour and patient-safety issues



Purpose of this brief

This brief draws from Ghana's climate, adaptation and occupational safety frameworks, and from worker evidence gathered through a joint Climate and Care project by the Health Services Workers' Union Ghana (HSWU) and Ghana Registered Nurses and Midwives Association (GRNMA), with technical and financial support from PSI and AVINA . It argues that Ghana's health-sector climate response must move from general recognition of climate-related disease burden to enforceable workplace protection, resilient facilities and worker voice in planning and budgeting.





Summary

What is it?

Ghana has made steady progress in recognising climate change as a public health concern. National frameworks acknowledge the risks to communities, disease patterns, and health systems. Yet, these policies stop short of addressing how climate change is already affecting the people delivering care. Across health facilities, workers are dealing with heat, flooding, poor ventilation, rising patient loads, and failing infrastructure as part of their daily work. These realities remain largely invisible in policy. As a result, climate change is still treated as an external environmental issue, rather than a workplace and labour concern shaping safety, performance, and service delivery.

Why is it important?

When working conditions decline, the quality of care declines with them. Heat stress reduces concentration. Flooded facilities interrupt services. Poor ventilation increases infection risks. Rising workloads drive exhaustion and burnout. These pressures are not isolated incidents; they are spreading across the system and weakening it from within. If climate impacts continue to be addressed without considering the health workforce, adaptation efforts will fall short. Health workers are central to any effective response. Their ability to work safely and consistently is what sustains care during climate shocks.

What should be done and by whom?

The Ministry of Health and Ghana Health Service must embed climate risks into occupational health systems, workforce planning, and facility standards. MESTI must align climate policy with conditions inside health facilities. Parliament must strengthen legal protections for climate-related occupational risks, while the Ministry of Finance must fund climate-resilient infrastructure and worker safety. Local authorities must address environmental risks around facilities. Trade unions must continue to organise, document, and press for climate-responsive protections in workplaces.

Organising health workers' voices for climate-resilient care in Ghana

Why heat, floods and unsafe facilities must be treated as health-sector, labour and patient-safety issues.

Ghana's climate policies recognise the health effects of climate change, and the health-sector OHS policy recognises the right to safe and healthy work. But the two are not yet joined strongly enough. Health workers are carrying climate risks in unsafe buildings, overheated wards, flooded facilities and overstretched services without clear enforceable standards, budgets, facility-level climate risk assessments, worker-led OSH committees, or collective bargaining protections that speak directly to climate change.

Ghana already recognises that climate change is a health issue. The National Climate Change Policy identifies direct and indirect impacts on health, including injuries, hunger and malnutrition linked to droughts and other extreme weather events. It also notes weak health infrastructure, weak emergency response systems, poor sanitation, limited reliable health data on climate-sensitive diseases, and the fact that climate concerns are not yet fully mainstreamed into health issues. [1]

Ghana's National Adaptation Plan Framework also names health as one of the key sectors for adaptation planning, alongside agriculture, forestry, water, energy and gender. It calls for sectoral and district-level planning, vulnerability

assessments and stronger coordination among ministries, agencies and sub-national structures. [2]

Yet the experiences gathered from health workers show a clear gap between policy recognition and daily working reality. 20 Action Based Learning (ABL) sessions and four Joint Health and Safety Committee meeting with about 600 workers were held across 13 public health facilities. Workers linked extreme heat, floods, rainfall, poor ventilation, unsafe transport, poor drainage, water stress, disease outbreaks, equipment disruption and psychosocial strain to their ability to provide quality care.



The nexus of climate and health care

Climate change affects health care in two connected ways. First, it increases the number and complexity of cases that health workers must respond to. Second, it makes the workplace itself unsafe, reducing workers' capacity to provide care. These two pressures meet at the bedside, in the laundry, in the ambulance bay, in the pharmacy, in vaccine storage rooms, and in community outreach.

Heat stress and unsafe indoor temperatures

Workers reported dehydration, fatigue, dizziness, reduced concentration and difficulty using PPE in overcrowded and poorly ventilated facilities. At Korle-Bu, workers linked extreme heat and poor air quality to reduced productivity, respiratory issues, anxiety and burnout. At Kaneshie, workers said heat waves reduced comfort and affected medical equipment.

Flooding and weak infrastructure

Flooding damages facilities, records and equipment, makes floors slippery, delays care, and forces staff to clean up emergencies instead of focusing on patients. Kaneshie workers recalled a 2021 flood that destroyed the canteen, snack shop, offices, folders, machines and drugs. Ogbojo workers reported flooding that brought sand, rubbish, odour and slippery floors into the facility.

Climate-sensitive disease burden

Workers linked changing weather to more malaria, cholera, pneumonia, heatstroke, meningitis, respiratory conditions and malnutrition. At Ketu South, workers linked floods to more vector breeding, malaria and cholera cases, and a nutritionist linked poor farm yields caused by heat and erratic rainfall to rising malnutrition.

Care continuity and supply systems

Heavy rains disrupted procurement and community outreach. Battor workers said heavy rainfall made it difficult to purchase essentials for patient care. Ketu South workers said erratic rainfall disrupted home visits,

delayed or cancelled essential services, and complicated vaccine cold-chain management.

Mental health and workforce retention

Workers described burnout, anxiety, emotional stress, higher transport costs, financial stress, longer shifts when colleagues cannot report because of floods, and low morale where management fails to respond. These pressures threaten retention and the quality of care.

Worker evidence from Ghana

Nima Polyclinic: Workers reported arriving drenched after braving torrential rains, with staff movement nearly impossible and ambulance response affected by flooded streets. They said these conditions damage productivity and service quality.

Dansoman Polyclinic: Workers reported that floods made colleagues late or unable to reach the facility, increasing pressure on those present. Some staff linked pressure and long waiting times to mistakes, patient aggression and slips on wet floors.

Ketu South Municipal Hospital: Laundry workers linked cloudy and rainy weather to delayed drying of linen and heavier workloads, while community health workers linked erratic rainfall to delayed or canceled home visits.

Policy Provisions and Gaps

| Framework / provision | What it covers | Gap for health workers and quality care |
|--|---|---|
| National Climate Change Policy, 2013 | Recognises direct and indirect health impacts; calls for climate-sensitive disease data, health-sector knowledge, stronger surveillance, local and national health policy mainstreaming, and stronger capacity to manage climate-related epidemics. [1] | <u>Strong on population health and disease systems, but weak on health workers as workers. It does not set facility standards for heat, ventilation, flood-proofing, hydration, safe transport, staffing, PPE or mental health support.</u> |
| National Adaptation Plan Framework, 2018 | <u>Names health as a priority sector and calls for sectoral adaptation plans, vulnerability assessments, district planning and coordination across government. [2]</u> | <u>Provides a planning route, but does not translate health-sector adaptation into enforceable workplace actions or worker participation requirements at facility level.</u> |
| Ghana Adaptation Communication to UNFCCC, 2021 | <u>Places NCCAS, NCCP, NDC and the Climate Change Master Plan within a consolidated NAP process for multi-level and multi-sector adaptation. [3]</u> | <u>Confirms policy coherence at national level, but still leaves unclear how frontline health facilities will be funded, retrofitted, monitored and held accountable for climate resilience.</u> |
| MOH/GHS Occupational Health and Safety Policy and Guidelines for the Health Sector | <u>Commits the health sector to safe work environments, safe practices, OHS education, financing of occupational health services, and management responsibility for health and safety. [4]</u> | <u>Strong legal-administrative basis for safe work, but it predates the present climate-care debate and does not clearly name climate hazards such as extreme heat, flooding, poor air quality, climate-related mental stress, cold-chain disruption, and unsafe climate-related commuting.</u> |
| Ghana OSH Profile, 2025 | <u>Identifies fragmented OSH governance, weak enforcement capacity, weak data systems, limited inspectors, limited occupational health coverage, and need for national OSH policy and legislation. [5]</u> | Creates a timely reform opening, but climate-related OSH risks in public health facilities must be explicitly included in the next reforms, not treated as a general workplace issue. |

Findings

A. What workers found

1. Climate impacts are now a daily service-delivery problem, not a future threat. Workers in all eight facilities reported that heat, floods and erratic rainfall disrupt services, endanger staff and increase workloads.
2. Extreme heat and poor ventilation are urgent worker-safety and patient-safety risks. Workers reported dehydration, fatigue, reduced concentration and difficulty using PPE in hot, overcrowded spaces.
3. Flooding exposes weak infrastructure. Leaking roofs, collapsed ceilings, weak drainage, wet floors, damaged records and disrupted transport create preventable risks for workers and patients.
4. Climate change is increasing the care burden. More climate-sensitive diseases, supply disruptions and longer shifts are stretching already limited staff.
5. Workers are ready to act. They proposed ventilation upgrades, heat extractors, hydration stations, drainage improvements, staff buses, rain gear, PPE, tree planting, OSH committees and climate clauses in collective agreements.

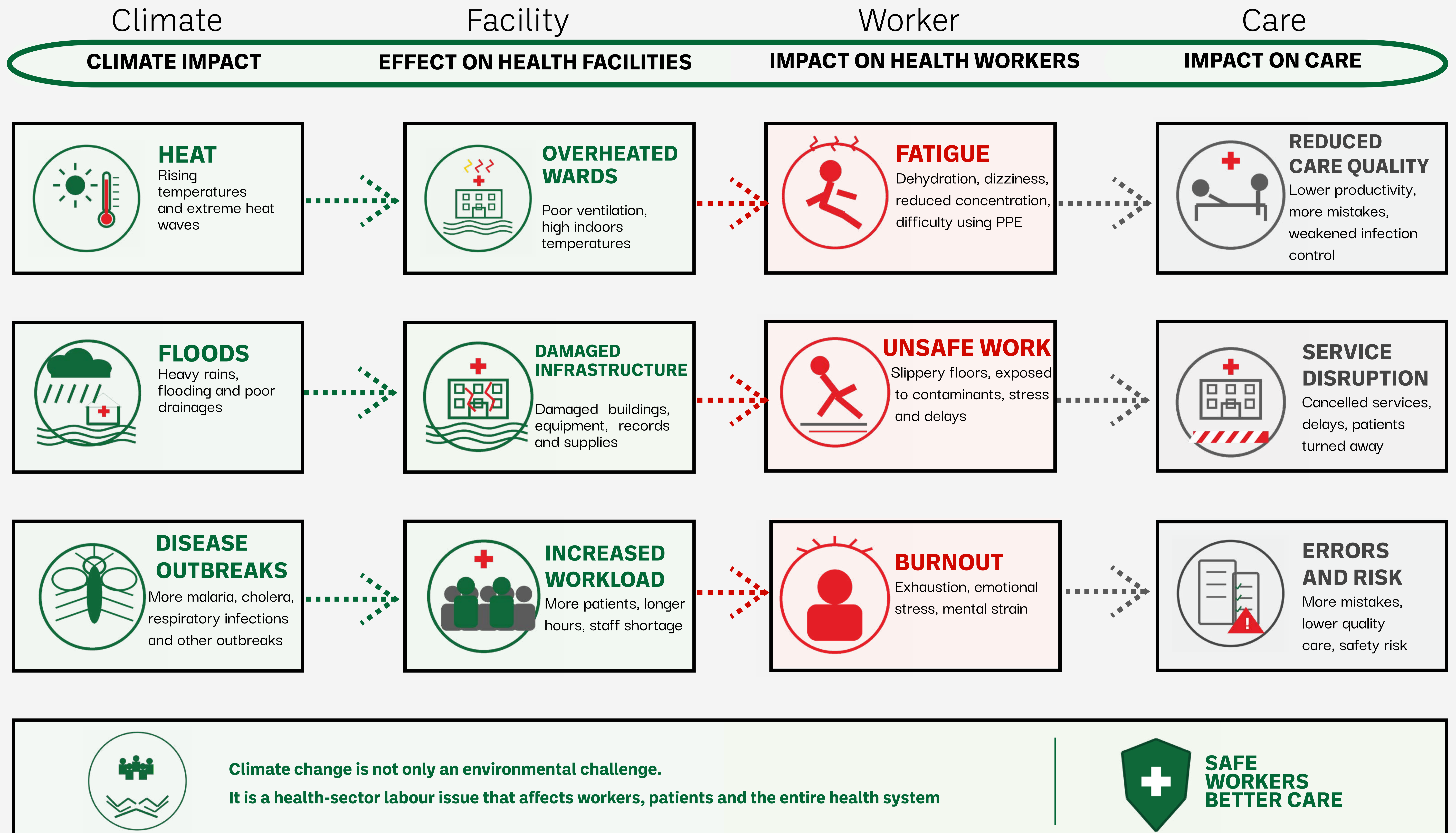
B. What the policy scan shows

1. Ghana's climate policy recognises health impacts, but it does not sufficiently recognise the occupational risks borne by health workers. [1]
2. The NAP Framework creates room for sectoral and district-level adaptation, but facility-level worker voice and enforceable health-facility standards are not clear enough. [2]
3. The health-sector OHS policy provides a strong base for action, but it needs climate-specific updating and enforcement. [4]
4. National OSH reform is now possible, given the 2025 OSH Profile and the national discussion on policy and legislation. [5]

C. What the stakeholder dialogue revealed

1. Climate change is still treated as an environmental and public health concern, not as something that shapes how people work. Policies speak about disease outbreaks, floods and heat, but they do not name what these mean for the people delivering care. [7] This gap means there are no clear standards on heat, ventilation, safety during floods, workload or rest.
2. Health workers are not part of the spaces where climate and health policies are discussed or decided. Their experience is rarely captured in national planning or district-level decision-making.[8] As a result, policies are shaped without the knowledge of those who face the impact every day. Practical issues such as how floods affect shift systems are not reflected. This weakens both the design and the implementation of policies.
3. Coordination across ministries is limited. Climate change, health, labour and infrastructure fall under different ministries and agencies. In practice, they are handled separately. Health authorities may focus on disease response. Environment agencies focus on climate policy. Labour institutions focus on workplace standards. These areas are not brought together in a way that addresses the full problem. Because of this, issues that cut across these sectors, such as worker safety during climate events, fall through the gaps.[9]
4. Worker protection is missing from climate financing. Resources are being mobilised for climate action, but they are not reaching the level where workers are affected. Funding often focuses on broad programmes such as adaptation planning, surveillance or infrastructure at a high level. It does not translate into concrete improvements in working conditions.

How Climate Change Becomes A Workplace Issue



Source: Health workers' evidence from facility visits and stakeholders' dialogue, PSI, GRNMA / HSWU Climate and Care Project, 2025-2026.



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Since I was posted to this facility, I have never received any training or orientation on how to handle climate change related problems. We just face the situations as they come. [6]

In Building Climate-Resilient Health Facilities and Workplaces

A facility that floods, overheats, infested with snakes and lacks water is not safe for workers or patients.

Climate adaptation in the health sector cannot stop at disease surveillance and public education. It must include the buildings, equipment, transport systems and staffing arrangements that allow workers to deliver care safely. A health facility that floods, overheats, lacks safe water, loses power during heatwaves, or cannot protect medicines and vaccines is not climate-resilient. It is a risk to workers and patients.

Facility adaptation should include proper ventilation, heat extractors, shade, tree cover, drainage, flood barriers, raised storage, safe electrical systems, backup power and water, reliable cold-chain storage, changing rooms, hydration stations, safe staff transport during extreme weather, PPE, mental health support, and active joint OSH committees. These are not welfare extras. They are the conditions for quality care.

Recommendations

Administrative Actions: Facility management, Ghana Health Service, Ministry of Health and District Health Authorities

1. Carry out climate-and-OSH risk assessments in all health facilities, starting with flood-prone, overcrowded and poorly ventilated facilities.
2. Establish and resource joint worker-management OSH committees in every facility, with clear authority to document climate risks, raise urgent hazards and follow up repairs.
3. Introduce heat-stress controls: ventilation, heat extractors, fans or air conditioning where needed, shaded rest areas, hydration stations, workload rotation and safe PPE protocols during extreme heat.
4. Improve flood readiness: drainage, raised shelves, sandbags or flood barriers, protected records, covered walkways, safe electrical systems, emergency clean-up protocols and rapid maintenance budgets.
5. Provide safe transport arrangements during heavy rains and floods, especially for ambulance staff, community health workers and staff on night duty.
6. Protect cold-chain and essential supplies with backup power, temperature monitoring, appropriate storage equipment and emergency procurement protocols.
7. Train health workers on climate-related OSH, emergency response, disaster preparedness, mental health first aid and climate-sensitive disease surveillance.
8. Integrate climate protection clauses into collective bargaining agreements, including ventilation, potable water, PPE, mental health support, staff transport and climate-resilient infrastructure.

Legal and Policy Reforms: Parliament, Ministry of Labour, Ministry of Health, MESTI, EPA and NDPC

1. Update the MOH/GHS Occupational Health and Safety Policy and Guidelines for the Health Sector to explicitly cover climate-related hazards, including heat stress, floods, poor air quality, vector exposure, power failures, climate-related mental stress and unsafe commuting during extreme weather.
2. Use the NAP process to require a health-sector adaptation plan with worker participation, facility standards, budget lines, monitoring indicators and district-level implementation responsibilities.
3. Amend or strengthen OSH legislation so that climate-related workplace hazards are recognised, reported, inspected and remedied across public and private health facilities.
4. Create a dedicated budget line for climate-resilient health infrastructure in national and district health budgets, prioritising old, overcrowded, rented, or structures in flood-prone being used as health facilities.
5. Require climate-resilient design standards for all new health facilities and climate-retrofit plans for existing facilities.
6. Build climate-related occupational health indicators into national health information and labour inspection systems, including heat stress, flood injuries, facility disruption, climate-related absenteeism, mental health strain and service interruption.
7. Guarantee representation of health workers and their unions in national and district climate-health planning bodies, including NAP, disaster risk reduction and health-sector budgeting processes.



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I used to think climate change was about polar bears and melting ice. Now I know it's about me, my workplace, and my patients.[6]



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