Poster Presentations Session

ORIGINAL RESEARCH

33. Opportunities for Climate-Sensitive Work in the Health Sector - Kenya and Germany in Focus

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https://www.youtube.com/watch?v=4rJ3DHWeKRs&list=PLhqNq3xJCIbafO0Y5bvBcgMmXpgzJxd44&index=6&t=13403s

Background: Healthcare systems around the world are facing unprecedented challenges as concerns about climate change and its widespread effects intensify. The healthcare sector has two big problems: it is very vulnerable to the health effects of climate change and yet it contributes significantly to greenhouse gas emissions. Therefore, transitioning to climate-sensitive healthcare is a top concern for the whole world. However, implementation differs significantly across various economic and geographical contexts. This study aimed to identify and compare opportunities for climate-sensitive work in the health sectors of Kenya and Germany.

Methods: The study employed a qualitative approach, using a combination of field observations and expert interviews between July and September 2025. Data was collected over four-week periods at Kenyatta National Hospital (KNH) in Nairobi, Kenya, and Charité – Universitätsmedizin in Berlin, Germany. Methods included structured field observations across six key categories (energy, mobility, nutrition, supply chains, waste management, and digitalization) and in-depth, semi-structured expert interviews with medical students and hospital staff. Interview transcripts and observational notes were analyzed using thematic analysis.

Results: KNH demonstrated inherent low-carbon practices like passive cooling, local food sourcing with minimal packaging, and high reuse of materials including food waste. It however, faced systemic barriers including heavy reliance on fossil fuels, budget constraints, and inadequate waste recycling. Charité utilized energy-efficient infrastructure and efficient public transport but struggled with high food waste from individual packaging and perceived inefficiencies in waste sorting. Both institutions were making efforts towards digitalization especially in patient records. A significant knowledge-attitude-practice gap was identified; healthcare professionals and students in both countries expressed strong interest but reported a lack of formal education on climate-health interlinkages.

Conclusion: High-income healthcare systems can learn resource-efficient practices from low-income settings. Health care sectors in low and middle-income countries can adopt technological advancements from the former. Overcoming shared barriers such as educational gaps is crucial. These findings underscore the critical need for tailored interventions, cross-context learning, and integrating planetary health education into the core of medical training and hospital management.

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