



Health for All Now!

People's Health Movement

SOUTHERN & EASTERN AFRICA

LILONGWE CALL TO ACTION 2026

FROM CLIMATE CRISIS TO CLIMATE JUSTICE:
AN URGENT CALL TO PROTECT PEOPLE'S HEALTH,
LIVELIHOODS AND OUR PLANET

ADOPTED AT THE PEOPLE'S CLIMATE AND HEALTH ASSEMBLY
28 AUGUST 2026

NEW DAWN EVENTS CENTER, LILONGWE, MALAWI

BY ACTIVISTS, RESEARCHERS, HEALTH WORKERS
AND PEOPLE DIRECTLY AFFECTED BY CLIMATE CHANGE INDUCED
HEALTH CHALLENGES IN SOUTHERN AND EASTERN AFRICA

OUR HEALTH
OUR CLIMATE
OUR FUTURE

PROTECT OUR
COMMUNITIES
PROTECT OUR
LIVELIHOODS

STRONG HEALTH
SYSTEMS
NOT DISASTER

YOUTH
FOR CLIMATE
JUSTICE

FOOD SECURITY
FOR HEALTH
AND DIGNITY

NOTHING
ABOUT US
WITHOUT US

WE ARE ON THE FRONTLINES
WE DEMAND ACTION NOW!

JUSTICE. HEALTH. DIGNITY.
RESILIENCE. EQUITY FOR ALL.

NO CLIMATE
JUSTICE
WITHOUT
SOCIAL JUSTICE



CLIMATE CHANGE
IS A HEALTH
EMERGENCY



PROTECT OUR
PEOPLE AND
LIVELIHOODS



OUR VOICES
OUR ACTIONS
OUR FUTURE



EQUITY, DIGNITY,
JUSTICE & HUMAN
RIGHTS FOR ALL



TOGETHER FOR
RESILIENT, HEALTHY
COMMUNITIES



CLEAN WATER,
SANITATION
FOR ALL



PROTECT OUR
PLANET FOR
FUTURE GENERATIONS

FROM LILONGWE TO ACTION – TOGETHER WE CAN!

PEOPLE-CENTERED. HEALTH-FOCUSED. JUSTICE-DRIVEN.
ADVANCING HEALTH FOR ALL IN A JUST AND SUSTAINABLE AFRICA.





PEOPLE'S HEALTH MOVEMENT

SOUTHERN & EASTERN AFRICA

PEOPLE'S CLIMATE AND HEALTH ASSEMBLY

LILONGWE CALL TO ACTION 2026

From Climate Crisis to Climate Justice: An Urgent Call to Protect People's Health, Livelihoods and Our Planet

Adopted at the People's Climate and Health Assembly
28 August 2026 | New Dawn Events Center, Lilongwe, Malawi

PREAMBLE: AFRICA CANNOT WAIT

"We, activists, community representatives, health professionals, researchers, civil society organisations, farmers, fisherfolk, women, people with physical disabilities, indigenous peoples, youth, traditional and community leaders, and people directly affected by climate-change-induced health and livelihood challenges from Southern and Eastern Africa and beyond, gathered in Lilongwe, Malawi, on **28 August 2026** for the People's Climate and Health Assembly convened by the **People's Health Movement (PHM) Southern & Eastern Africa**."

We met at a moment when the climate crisis is rapidly becoming one of the greatest threats to **health, human rights, livelihoods, food systems, ecosystems and social justice** in Africa.

The evidence before us is alarming.

The African Region already carries the **heaviest burden of public-health emergencies globally**, while many of its health systems remain inadequately equipped to absorb repeated and increasingly severe shocks.

Analysis of public-health emergencies in the WHO African Region over more than two decades demonstrates the extraordinary scale of the challenge. Between **2001 and 2022, 2,234 public-health events were recorded, of which 1,886—84.4%—were substantiated**, representing an average of approximately **102 public-health events every year**. Infectious diseases constituted approximately **92% of substantiated events**.

Other WHO analyses have found that **more than half of public-health events in Africa have been climate-related**, illustrating that climate change is not a future threat. It is already shaping the continent's disease and emergency landscape.

The crisis is accelerating.

Climate-related health emergencies have increased, while extreme weather events—including floods, droughts, cyclones, wildfires and severe storms—are placing additional pressure on already fragile health systems.

Floods have become particularly destructive. They destroy homes, roads, water systems, health facilities and livelihoods while simultaneously creating conditions for outbreaks of waterborne diseases.

Water-borne diseases have accounted for a substantial proportion of climate-related health emergencies in Africa, while vector-borne diseases—including malaria and yellow fever—and zoonotic diseases are also strongly influenced by changing environmental and climatic conditions.

This means that **climate change is simultaneously increasing the demand for health services while undermining the capacity of health systems to provide them.**

That is the dangerous paradox confronting Africa.

1. THE CLIMATE CRISIS IS ALREADY A HEALTH CRISIS

For too long, climate change has been discussed primarily as an environmental or economic issue.

The Lilongwe Assembly rejects this narrow framing.

Climate change is a **health crisis**.

It is a crisis of:

- disease;
- malnutrition;
- maternal and child health;
- mental health;
- occupational health;
- food security;
- water and sanitation;

- health infrastructure;
- health financing;
- livelihoods;
- displacement;
- poverty; and
- human dignity.

Increasing temperatures contribute to heat stress, illness and premature deaths.

Changing rainfall patterns alter the distribution and transmission of infectious diseases.

Floods contaminate water supplies and create conditions for cholera and other diarrhoeal diseases.

Droughts reduce agricultural production, increase hunger and malnutrition and undermine household incomes.

Changing ecosystems influence the distribution of mosquitoes, ticks and other disease vectors.

Extreme weather destroys health facilities and interrupts access to essential services.

Climate shocks can force people to migrate, creating additional pressures on housing, sanitation, food, employment and health services.

The climate crisis is therefore not happening somewhere else. It is happening in our bodies, our homes, our farms, our communities and our health facilities.

2. THE HEALTH CONSEQUENCES ARE ALREADY DEVASTATING

Evidence considered by the Assembly indicates that changing climatic conditions are:

Increasing heat-related illness and deaths

Communities are increasingly exposed to extreme heat, particularly people working outdoors, older people, children, pregnant women, people with disabilities and people living with chronic health conditions.

Changing infectious-disease patterns

Climate and environmental changes are altering the geographical and seasonal conditions under which infectious diseases can emerge and spread.

Malaria remains a major threat across Africa, while climate change has the potential to alter the geographical range and intensity of malaria transmission.

Increasing waterborne disease risks

Flooding, damaged water infrastructure, inadequate sanitation and contaminated water create ideal conditions for cholera and other diarrhoeal diseases.

Diarrhoeal diseases remain among the leading causes of illness and death among children under five in Africa, despite many deaths being preventable through safe water, sanitation and hygiene.

Increasing vector-borne disease risks

Changes in temperature and rainfall affect mosquitoes, ticks and other vectors.

The Assembly recognises that diseases such as malaria and yellow fever are particularly sensitive to environmental and climatic changes.

Increasing zoonotic threats

Changes in ecosystems and human-animal interactions can increase opportunities for pathogens to cross between animals and humans.

The Congo-Crimean haemorrhagic fever virus, for example, is transmitted through ticks and livestock and can have extremely high outbreak fatality rates.

Worsening food insecurity and malnutrition

Droughts, floods and changing seasons undermine agricultural production.

The result is less food, higher food prices, reduced household income and increasing nutritional vulnerability.

Threatening maternal and child health

Climate-related food insecurity, disease outbreaks, displacement and disruption of health services disproportionately affect pregnant women, mothers and children.

Increasing mental-health impacts

Disasters, displacement, loss of homes, destruction of livelihoods and uncertainty about the future can contribute to anxiety, depression, trauma and other mental-health consequences.

3. THE POOR ARE PAYING THE HIGHEST PRICE

Climate change is profoundly unjust.

Those who have contributed least to historical greenhouse-gas emissions are often the people experiencing the greatest consequences.

Across Africa, vulnerability is particularly high among:

- people living in poverty;
- women and girls;
- children;
- older people;
- people with disabilities;
- farmers;
- fisherfolk;
- informal workers;
- people living in rural and remote communities;
- people living in disaster-prone areas;
- people with pre-existing health conditions; and
- communities with limited access to health services.

Climate change therefore threatens to deepen existing inequalities.

It can create a vicious cycle:

Climate shock → illness → loss of income → poverty → reduced ability to adapt → greater vulnerability → greater health impacts.

This is why climate action must be understood as **poverty reduction, health protection and social justice.**

4. CLIMATE CHANGE IS A POVERTY CRISIS

The climate crisis threatens to reverse development gains across Africa.

Evidence cited to the Assembly indicates that climate change could push **tens of millions of additional people into extreme poverty by 2030**, with health impacts being a significant pathway.

This matters enormously for Africa, where many households already live close to the poverty line.

A climate-related illness can mean:

- medical expenses;
- lost wages;
- children missing school;
- reduced agricultural production;
- loss of livestock;
- food insecurity;
- debt;
- displacement; and sometimes
- permanent impoverishment.

The climate crisis therefore threatens not only **life expectancy**, but also the possibility of achieving **Health for All** and the Sustainable Development Goals.

5. AFRICA'S HEALTH SYSTEMS ARE UNDER EXTREME PRESSURE

Africa entered the climate crisis with major health-system weaknesses.

Many communities already face:

- shortages of health workers;
- inadequate health infrastructure;
- limited financing;
- inadequate medicines and supplies;
- weak disease surveillance;
- inadequate water and sanitation;
- unreliable electricity;

- poor roads and transport;
- limited emergency-response capacity; and
- significant geographical inequalities in access to health services.

Climate change adds another layer of pressure.

A flood can simultaneously:

1. increase disease transmission;
2. destroy a health facility;
3. damage roads;
4. displace health workers;
5. contaminate water;
6. destroy medicines;
7. disrupt electricity; and
8. increase the number of patients needing care.

This creates a terrifying cycle:

The same climate emergency that creates more illness can also destroy the health system needed to treat that illness.

We therefore call for urgent investment in **climate-resilient health systems**, rather than waiting for repeated disasters to demonstrate their weakness.

6. NATURAL DISASTERS ARE BECOMING A HEALTH-SYSTEM EMERGENCY

The Assembly notes evidence indicating a dramatic increase in climate-related natural disasters in Africa.

Floods have been among the most frequent disasters, with devastating consequences for:

- health facilities;
- water systems;
- sanitation;
- roads;
- electricity;
- schools;
- agriculture;
- livelihoods; and
- disease control.

Recent experience across Southern and Eastern Africa—from cyclones and floods to prolonged droughts—demonstrates that disaster preparedness cannot remain an emergency response after the disaster has already occurred.

We need:

Early warning + early action.

Not:

Disaster + delayed response.

7. CLIMATE CHANGE IS ALSO AN ECOLOGICAL AND CIVILISATIONAL CRISIS

Human health cannot be separated from the health of ecosystems.

When forests disappear, wetlands are destroyed, rivers are polluted, soils are degraded and biodiversity is lost, human vulnerability increases.

We therefore reject the idea that climate policy can focus exclusively on carbon emissions while ignoring:

- forests;
- wetlands;
- biodiversity;
- soil;
- water;
- fisheries;
- agriculture;
- wildlife; and
- community livelihoods.

Healthy ecosystems are part of our public-health infrastructure.

Protecting forests, wetlands, rivers, soils and biodiversity is therefore a health intervention.

8. CLIMATE CHANGE CAN ACCELERATE DISEASE EMERGENCE

The Assembly is particularly concerned about the interaction between:

climate change + environmental degradation + human movement + urbanisation + biodiversity loss + poverty + weak health systems.

These interacting pressures can create conditions in which infectious diseases emerge and spread more easily.

The experience of Ebola, COVID-19 and other outbreaks demonstrates the catastrophic consequences that infectious diseases can have when surveillance, preparedness and health systems are overwhelmed.

Climate change can act as an **amplifier of existing vulnerabilities.**

We must therefore invest in prevention rather than waiting for the next pandemic.

9. THIS IS WHY WE CANNOT WAIT

The evidence presented to the Assembly paints a precarious picture.

Africa is facing:

More climate shocks

while

health systems remain under-resourced.

There is:

Greater disease risk

while

surveillance and preparedness remain uneven.

There is:

More food insecurity

while

millions remain vulnerable to poverty and malnutrition.

There is:

More extreme weather

while

communities remain inadequately protected.

There is:

Growing climate finance

but

many frontline communities still struggle to access meaningful resources.

There are:

International commitments

but

implementation remains far behind what the crisis demands.

This is the gap that must be closed.

10. WE DEMAND URGENT ACTION

We therefore call upon governments, international institutions, regional bodies, development partners, civil society, researchers, corporations and communities to move:

FROM COMMITMENTS TO IMPLEMENTATION

FROM REACTION TO PREVENTION

FROM TOP-DOWN PLANNING TO COMMUNITY-LED ACTION

FROM CLIMATE FINANCE PROMISES TO ACCESSIBLE FINANCING

FROM FRAGMENTED PROGRAMMES TO INTEGRATED CLIMATE-HEALTH SYSTEMS

FROM TOKEN CONSULTATION TO MEANINGFUL PARTICIPATION

11. OUR DEMANDS TO GLOBAL ACTORS

UNFCCC and COP processes

We demand that health be placed at the centre of global climate negotiations.

We call for:

- stronger emissions reduction;
- accelerated transition away from fossil fuels;
- climate justice;
- adequate adaptation finance;
- effective Loss and Damage financing;
- technology transfer;
- support for vulnerable countries; and
- meaningful participation of affected communities.

WHO

We call upon WHO to strengthen support for African countries to:

- assess climate-health vulnerabilities;
- develop climate-resilient health systems;
- strengthen surveillance;
- improve early-warning systems;
- train health workers;
- strengthen emergency preparedness; and
- integrate climate into national health planning.

Global climate-finance institutions

We call upon the **Green Climate Fund and other climate-finance mechanisms** to make funding more accessible to African countries, civil society and local communities.

Climate finance must reach the **frontlines**, not merely the institutions with the strongest proposal-writing capacity.

International financial institutions

We call upon the World Bank, IMF and other institutions to stop financing approaches that deepen vulnerability and debt.

Africa needs **resilience finance—not another cycle of debt and dependency.**

12. OUR DEMANDS TO AFRICA'S REGIONAL INSTITUTIONS

We call upon the:

African Union

to make climate and health a central continental priority.

Africa CDC

to strengthen climate-sensitive disease surveillance, pandemic preparedness and continental early-warning systems.

SADC

to strengthen regional cooperation on climate, health, disasters, food, water and cross-border disease threats.

COMESA and EAC

to integrate climate-health preparedness into regional development and public-health programmes.

Regional climate institutions

to ensure that forecasts and early warnings reach communities in understandable and actionable forms.

13. OUR DEMANDS TO GOVERNMENTS IN SOUTHERN AND EASTERN AFRICA

Governments must:

1. integrate climate change into national health plans;
2. adequately finance climate-health adaptation;
3. strengthen public health surveillance;
4. build climate-resilient health facilities;
5. strengthen community health systems;
6. improve water and sanitation;
7. strengthen food and nutrition security;
8. protect health workers;
9. strengthen disaster preparedness;
10. protect vulnerable populations;
11. enforce environmental and occupational health standards;
12. strengthen climate information services;
13. protect ecosystems;
14. improve public accountability; and
15. ensure communities participate in decisions affecting their health and environment.

14. OUR DEMANDS TO THE GOVERNMENT OF MALAWI

We call upon the Government of Malawi to place climate and health at the heart of national development.

We specifically call upon:

- the Ministry of Health;
- the Ministry responsible for climate change and environment;
- Department of Climate Change and Meteorological Services;
- Department of Disaster Management Affairs;
- Ministry of Agriculture;
- Ministry of Finance;
- Ministry of Local Government;
- Ministry responsible for Gender and Social Welfare;
- Parliament;
- District Councils; and
- other relevant institutions

to strengthen coordinated implementation of climate-health policies and programmes.

Malawi must move from **disaster response to disaster prevention and preparedness**.

15. CLIMATE INFORMATION MUST REACH THE LAST MILE

We call for stronger partnerships between:

Meteorological Services + Health Authorities + Media + PHM + Communities.

Climate forecasts should be transformed into practical messages:

What is likely to happen?

Where will it happen?

When might it happen?

What health risks will arise?

What can families do?

What should health facilities prepare for?

Community radio stations, schools, health facilities, traditional leaders, youth organisations and civil-society networks must become part of the **last-mile climate information system**.

16. BUILD COMMUNITY CAPACITY

We call upon PHM and its partners to develop regular:

- climate-health community dialogues;
- climate-health bulletins;
- training for community health workers;
- youth campaigns;
- women's climate-health programmes;
- disability-inclusive preparedness programmes;
- community radio programmes;
- school climate-health education; and

- community environmental activities.

People need information that enables them to **act**, not simply information that tells them they are at risk.

17. GENERATE EVIDENCE AND DOCUMENT THE COST

We call upon universities, researchers, health institutions and civil society to establish stronger systems for documenting:

- climate-related disease;
- deaths;
- injuries;
- malnutrition;
- maternal and child health impacts;
- mental-health effects;
- health-facility damage;
- health-system disruption;
- livelihood losses;
- economic costs; and
- community experiences.

What is not measured is easily ignored.

The health and economic costs of climate change must become impossible for policymakers to overlook.

18. HOLD GOVERNMENTS AND CORPORATIONS ACCOUNTABLE

We call upon PHM country circles and civil-society organisations to review:

- climate policies;
- national adaptation plans;
- health-sector plans;
- national budgets;
- climate finance;
- disaster preparedness;

- environmental regulations; and
- implementation reports.

We also call for scrutiny of corporate activities that contribute to environmental destruction, pollution and climate vulnerability.

Climate commitments must be accompanied by:

budgets + implementation + indicators + public reporting + accountability.

19. PROTECT WORKERS AND COMMUNITIES

The Assembly calls for stronger protection of workers and communities exposed to environmental and occupational hazards, including those involved in mining and other hazardous activities.

We demand:

- occupational health standards;
- protective equipment;
- health and safety education;
- environmental monitoring;
- protection of water sources;
- community participation;
- enforcement of laws; and
- access to health services.

20. YOUTH MUST BE AT THE CENTRE OF THE RESPONSE

Young people must not be treated simply as future leaders.

They are leaders today.

We call for youth participation in:

- climate advocacy;
- research;

- digital activism;
- environmental restoration;
- community education;
- social entrepreneurship;
- innovation; and
- policy development.

21. STRENGTHEN THE PEOPLE'S HEALTH MOVEMENT

The Assembly calls upon PHM Southern and Eastern Africa to strengthen its grassroots climate-health network.

We propose:

A PHM SEA Climate and Health Action Network

connecting:

communities → national PHM structures → regional PHM → global PHM.

This network should support:

- community mobilisation;
- research;
- advocacy;
- monitoring;
- communications;
- youth participation;
- solidarity;
- resource mobilisation; and
- policy engagement.

22. MOBILISE RESOURCES FOR ACTION

Good intentions will not protect communities without resources.

We therefore call upon governments, philanthropic organisations, international development partners and climate-finance institutions to support:

- community education;
- research;

- health-system resilience;
- climate information;
- early warning;
- advocacy;
- youth action;
- grassroots organisations;
- environmental protection; and
- locally led adaptation.

Resources must reach communities **before disaster strikes**, not only after lives and livelihoods have already been destroyed.

23. OUR IMMEDIATE 2026–2027 ACTION AGENDA

The Lilongwe Assembly calls for the development of a **PHM Southern & Eastern Africa Climate and Health Action Plan 2026–2027**, centred around:

1. **Climate-health education**
2. **Community climate-health bulletins**
3. **Climate information partnerships**
4. **Community radio engagement**
5. **Climate-sensitive disease surveillance advocacy**
6. **Climate-health research**
7. **Documentation of lived experiences**
8. **Government accountability**
9. **Climate-resilient health-system advocacy**
10. **Youth mobilisation**
11. **Women and disability-inclusive climate action**
12. **Occupational and environmental health**
13. **Community environmental action**
14. **Regional climate-health solidarity**
15. **Resource mobilisation**

24. OUR MESSAGE TO THE WORLD

We say to those who have the greatest power:

The time for another declaration without implementation is over.

The communities of Africa cannot survive on promises.

We cannot vaccinate our way out of climate change.

We cannot treat our way out of destroyed ecosystems.

We cannot build resilient communities without resources.

We cannot protect health while destroying the environmental systems that sustain life.

And we cannot achieve **Health for All** while climate injustice continues.

25. OUR MESSAGE TO THE PEOPLE

To the farmers, fisherfolk, health workers, women, young people, people with disabilities, workers, traditional leaders, community activists and people living on the frontlines:

Your experience is evidence.

Your knowledge is valuable.

Your voice is political.

Your participation is a right.

Your health matters.

Your future matters.

Organise.

Document.

Educate.

Mobilise.

Advocate.

Monitor.

Hold leaders accountable.

Protect your communities.

Protect your environment.

Build solidarity.

26. OUR COMMITMENT

We, the participants of the People's Climate and Health Assembly, commit ourselves to turning this Call to Action into practical work.

We commit to:

ORGANISE

Build grassroots climate-health movements.

EDUCATE

Make climate-health knowledge accessible.

DOCUMENT

Record people's lived experiences and generate evidence.

ADVOCATE

Demand policies that protect health and ecosystems.

MONITOR

Hold governments and institutions accountable.

MOBILISE

Bring communities and movements together.

COMMUNICATE

Use media and digital platforms to keep climate and health visible.

SOLIDARISE

Connect struggles across Southern and Eastern Africa and the world.

MOBILISE RESOURCES

Build sustainable support for community-led action.

ACT

Turn knowledge into measurable change.

27. FINAL CALL

The evidence is clear.

The crisis is accelerating.

The health consequences are growing.

The most vulnerable are paying the highest price.

Our health systems are already under enormous pressure.

Our food systems are vulnerable.

Our water systems are vulnerable.

Our communities are vulnerable.

Our ecosystems are under stress.

But vulnerability is not destiny.

We still have the power to act.

The choice before governments and institutions is increasingly clear:

ACT NOW—or pay a far greater human, economic and ecological price later.

The People's Health Movement chooses **action**.

We choose:

prevention over reaction;

resilience over vulnerability;

public health over corporate profit;

people over politics;

solidarity over abandonment;
justice over inequality;
science and community knowledge over denial;
and climate justice over climate injustice.

FROM CRISIS TO ACTION.

FROM VULNERABILITY TO RESILIENCE.

FROM PROMISES TO IMPLEMENTATION.

FROM EXCLUSION TO PARTICIPATION.

FROM CLIMATE INJUSTICE TO CLIMATE JUSTICE.

CLIMATE JUSTICE IS HEALTH JUSTICE.

HEALTH JUSTICE IS SOCIAL JUSTICE.

HEALTH FOR ALL REQUIRES CLIMATE JUSTICE.

Adopted by the People's Climate and Health Assembly

**New Dawn Events Center
Lilongwe, Malawi
28 August 2026**

People's Health Movement – Southern & Eastern Africa (PHM SEA)

**On behalf of the Assembly:
Wilson Damien Asibu
PHM SEA Regional Coordinator**

Acknowledgement and Appreciation

The successful convening of the **International People's Health University (IPHU)** and the **People's Climate and Health Assembly 2026 in Lilongwe, Malawi**, as well as the development of the **Lilongwe Call to Action 2026**, were made possible through generous financial, solidarity, leadership and coordination support from:

- **People's Health Movement (PHM) Global**
- **Viva Salud**
- **People's Health Movement (PHM) Australia**
- **David Legge Memorial Fund**
- **Friends of David Legge**
- **Jill Sanguinetti**, widow of the late David Legge
- **Fran Baum**
- **Bill Genat**

We extend our sincere gratitude to all these partners, friends and supporters for their generosity, solidarity and commitment to advancing **Health for All, climate justice and people-centred health action**.

Special Appreciation to PHM Global Leadership and Secretariat

A special appreciation goes to **Deepika Josh** and **David Verstock** of the **PHM Global Secretariat** for their invaluable support, guidance, coordination and commitment to the successful implementation of the IPHU and People's Climate and Health Assembly in Lilongwe.

We also express our special appreciation to **Wim De Ceukelaire** and **Aziz Rhali**, **PHM Global Coordinator**, for their leadership, solidarity, coordination and continued support to the work of the People's Health Movement, particularly in strengthening collaboration between the global movement and the Southern and Eastern Africa region.

Their collective contribution helped create the space for activists, researchers, health workers, community representatives and people directly affected by climate change from Southern and Eastern Africa and beyond to come together, learn, share experiences and develop a collective response to the growing **climate and health crisis**.

We are deeply grateful to everyone who contributed financially, organisationally, intellectually and through solidarity to making this important gathering possible.

The Assembly has now produced the Lilongwe Call to Action 2026. Our next challenge is to take it from the conference room to communities, Government authorities and the wider public—and transform its recommendations into concrete action.

**FROM THE LILONGWE CALL TO ACTION 2026 — FROM WORDS TO ACTION! FROM LILONGWE TO ACTION! THE CLIMATE CRISIS IS A HEALTH CRISIS.
CLIMATE JUSTICE IS HEALTH JUSTICE.
HEALTH JUSTICE IS SOCIAL JUSTICE.**