SECURE WEBINAR 28

RESILIENT BORDER AREAS: CLIMATE AND HEALTH LESSONS FROM LAOS AND CAMBODIA

26 March 2026 (2:00–3:30 PM Manila Time)

Greater Mekong Subregion Border Areas Health Project (GMS-BAHP) in Cambodia

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1. Overview

Improve access to quality health services for populations residing in and migrating through selected border areas.

- **Output 1:** Health service delivery in selected border areas strengthened
- **Output 2:** Health financial protection for migrant populations improved
- **Output 3:** Systems for integrated and gender-responsive delivery of health services within and across borders enhanced

2. Climate Change and Health

- Projected warming of 3.7c° by 2080–2099 (average daily temperature) against the baseline conditions over 1986–2005 under the highest emissions pathway.
- Rises in annual maximum and minimum temperatures are expected to be more rapid than the rise in average temperature, likely amplifying pressure on human health, livelihoods, and ecosystems.
- Projected trends show a likely increase in the frequency and intensity of heavy rainfall events as well as an increase in the amount of rainfall.
- Construction of new buildings: Extremes of temperature and prolonged intense rainfall could impact on the integrity of the buildings.
- Provision of medical equipment: An increase in summer extreme temperature in an inadequately cooled or ventilated healthcare facility could impact on equipment users (including staff and patients)

3. Efforts on Community & Migrant Health

- **Output1:**
  - Use of natural cooling for ventilation as part of the design of new facilities; green areas; and pond areas to improve infiltration of rainwater and runoff control.
  - The detailed design stage ensures adequate building elevation to avoid flood risks.
  - Mitigation options include use of low energy systems and solar power generation capability as part of the design
- **Output 2 &3:** These interventions indirectly but substantially contribute to enhancing the resilience of targeted vulnerable migrant populations by (i) facilitating their enrolment in social health insurance programs, and (ii) strengthening the detection of, and response to, climate-related infectious disease threats.

4. Challenges and Enabling Factors

- Green building standards have a higher cost but contribute to longer term operational environmental and financial benefits.
- Initial investment costs for “greening” of healthcare facilities are typically 2%–10% higher than for standard healthcare facilities.
- The climate mitigation finance estimate applied a conservative assumption of 5%.

5. Regional Collaboration Opportunities

- Cross-border activities on infectious disease control, primary health care,
- Health service access,
- Detection and response to climate related diseases (e.g. influenza, dengue, tuberculosis)

6. Policy and Investment Priorities

- **Collaboration & Partnerships:** Stronger governance, coordination, and partnerships are needed to adapt to climate change and reduce disaster risks in the health sector.
- **Institutional Capacity**: Building skills and capacity among medical personnel and stakeholders ensures effective planning and implementation of adaptation and risk reduction measures.
- **Research & Surveillance:** Enhanced research, surveillance, and vulnerability assessments guide evidence-based decisions for climate and disaster preparedness.
- **Knowledge Sharing:** Awareness programs and web-based information systems improve access to knowledge on health vulnerabilities linked to climate change and disasters.
- **Service Delivery Resilience:** Strengthening the resilience of health service delivery systems enables them to cope with climate impacts and disaster risks.
- **Financing & Monitoring:** Effective financing mechanisms and monitoring frameworks are essential for sustainable climate adaptation and disaster risk reduction in healthcare.