



RCPCH Podcasts | Impact of climate change: Uganda
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Eva Agnes Laker Odongpiny

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Bernadette O'Hare

Good afternoon and welcome to the Royal College of Paediatrics and Child Health Climate Change Podcast series. Here we are exploring the impacts of climate change on child health worldwide.

My name is Bernadette O'Hare. I'm chair of the International workstream of the Royal College Climate Change Working Group. I'm also a senior lecturer in global health and formerly a paediatrician who worked in Africa for quite a few years.

In the summer of 2023, we sent out a survey to members of the Royal College who had experience or who were working overseas and invited them to also share this with their own networks. And the purpose of this survey was to find out more about the impact of climate change, where they were working.

As we went through the responses, we decided it was important to bring these important experiences to a wider audience, to raise awareness about the different and often unequal impact that climate change is having on children and their families throughout the world.

So today I'm joined by Eva Agnes Laker Odongpiny, who is working in the Infectious Diseases Institute in Kampala in Uganda. Eva is a pharmacy team leader and in this position she oversees the provision of antiretroviral drugs and other drugs for the management of over 8,000 people living with HIV.

So, good afternoon, Eva.

Eva

Good afternoon, Bernie. It's a pleasure to be here.

Bernie

And thank you for filling in the survey and agreeing to the podcast. This is this is a huge help. Thank you.

So first and foremost, Eva, would you tell us a little bit about yourself, where you work and what's your day-to-day working life like?

Eva

All right, so I'm a pharmacist and an epidemiologist by training. I work like you mentioned at the infectious Disease Institute - this is a specialist HIV clinic in Kampala, that's the capital city of Uganda. And as the pharmacy team lead, I oversee provision of pharmacy services to the patients here. And this usually includes ensuring that we have the necessary inventory of drugs that are needed, including antiretroviral drugs.

And these are usually donated to us with support from PEPFAR Global Fund, so they come in as donations. I also ensure that we have the drugs that are needed for opportunistic infections. But my role has grown over time, not just only to overseeing the pharmacy services within the clinic. The Infectious Disease Institute where I work also has outreach services where we work in different parts of Uganda in the other central districts Wakiso and Masaka, as well as in the northwestern region of Uganda.

So I have a support role there where I go into the community I support with ensuring that drugs are being used safely. And in this role mainly I work with the clinics to ensure that patients are screened, to understand how their ARVs are treating them. And all these reports of new side effects are sent to the National Drug Authority in the country.

Maybe just also to mention that I also have a clinical role in the clinic in Kampala. So that means that I will usually sit in when patient cases are being discussed and sometimes we discuss cases of patients whose therapy is failing, they are not responding well to their antiretroviral therapy or if we need to make general decisions about patient care. Yeah. So in a wrap that's some of the work I do apart from...

Bernie

Thank you.

Eva

In addition to that, I must mention I have PhD scholar looking at drug safety here.

Bernie

Oh, fantastic. Thank you so much, Eva. Thank you. Now, I was wondering, would you outline for us how you've experienced climate change in your work and how this has impacted your patients, please?

Eva

Yes, yes. So I've been in the HIV field for the last 14 years. And as I mentioned, I sit in the clinic where we discussed patients and the challenges they are having. So over the years common trend I've noticed is that when our patients don't have food, when they're having challenges with access to food, facing food insecurity, then, usually the adherence goes down, and sometimes they end up failing on their antiretroviral therapy.

With antiretroviral therapy, you have to adhere daily. It's like it's a chronic medication. So it's only when you take that medication that your virus, the virus is suppressed and you have good health outcomes.

So some of the guidelines for these medications include taking the medications with food. And this is messaging that we give our patients when they're studying these drugs for the first time. So if they ever face a situation where they are not able to take get food, they're having a challenge, then they stop the medication.

And also because the medication when you take it on an empty stomach sometimes has side effects, either it causes GI, gastrointestinal upset or diarrhoea, so some of them also because of the side effects that they get when they take food and an empty stomach, they'll stop the medication.

For the last three years, we've really had a lot of challenges with changes in weather patterns, in addition to the post COVID effects of the economic recession and all that. So some patients really depend on agriculture as a source of livelihood, so if they're not able to get all the produce, it means that they do not have the food they need to take their medication.

So Uganda is known as the food baskets of East Africa. So other countries come in and get food from Uganda, buy food, agricultural produce. So if other countries are coming into buy our produce, then we do not have enough and the food prices go up.

So sometimes in situations where food prices are going up, we also find that our patients are having challenges with accessing food because they cannot afford this. HIV and poverty tend to go in tandem, so many of our patients are from lower socioeconomic status, so they feel a lot of these pressures of changes in prices of food or food insecurity.

Yeah, so those are some of the things I've experienced. Also, I must say that with my work going into the field and supporting different clinics across the country, especially when new drugs are introduced. We sometimes find that these drugs come with new side effects. And one of the drugs that we've been supporting the Ministry of Health with the roll out of in the country a new antiretroviral associated with a lot of increased appetite. And I thought that this was supposed to be a good thing. But while out in the field we find some parents are actually having a challenge with this. For some it's a good thing their kids are eating more. The appetite is better, the kids are healthier. But you'll find that for some of the children, probably who are being taken care of by the grandparents or the parents are not able to afford, it's a strain because the children are always asking for food in relation to the side effects of the drugs so.

Something that really intrigued me and it kept. Yeah, you know, it made me wonder. Yeah. Even when we think a drug may have a positive effect, if the outcome really depends on who you're talking to. Yes. So that's just a little of it.

Bernie

It's very hard to think about a child hungry because of the drug and the family not having the resources to be able to give them more food, isn't it? Yeah.

Eva

Yeah, it is. It is.

Bernie

And any other changes? So the shortage of food is that mostly due to.. why would that be

Eva? Do you think that it's the climate change has impacted the food supply in Uganda so much?

Eva

There are several reasons. First of all, because of that changing weather patterns, food production is not yielding so much the food, agriculture, agriculture and you find many of our population is doing peasant farming. So that's what they survive on. So because of the changing weather patterns, many families now cannot produce enough food or agricultural products to sustain themselves. That's one.

Then two, because there's increasing demand from outside the country to buy what we have produced food prices go up, and so you find some food prices have doubled and some parents now survive on one meal a day just to, you know, to keep up with the costs or the food that has happened here.

Bernie

And is it the change in climate? Is it drought or is it flooding? Or what sort of, how does it happen? Or does it vary in the different parts of the country do you think?

Eva

Yes. It does vary, but mostly what we've noticed is there's a lot of drought and sometimes the weather patterns are not happening as predicted. So sometimes you'll find that in a given quarter of the year when farmers go out to plant expecting that, you know, based on prediction, it should be raining, the weather has changed and there's a lot of sunshine and resulting droughts, yeah.

So a lot of it is because of droughts and in some places also there's a bit of flooding and that brings to my mind another problem that some families face with flooding. Because when there is flooding, in addition to the food shortages, sometimes families are forced to migrate. Especially if the flooding has, you know, destroyed homes, and in this process of having their normal life routines interrupted or having to stay in communal settings, adherence is also affected.

HIV is still a highly stigmatising disease in our setting. Most people who are living with HIV to fear to disclose their status, so when their normal life is interrupted, maybe because of flooding or any other catastrophe, then even have being able to adhere, being able to access their clinics can also be a challenge.

Bernie

And if you go from one area to another, would be able to get... I understand the role that stigma is playing. But would you be able to access the drugs at the local clinic in the new area for example? Or would that also be a barrier to continuing on the regular medication?

Eva

Yeah. So COVID had its downs. But it also brought in some changes that strengthen the health system. So before COVID it was very hard, for example, for a patient to move to another facility and get medication. Usually, they would go through a lot of stress. The clinic they've gone to seek for health may want documentation to prove that they're on ARVs.

But with COVID, because many families were stranded in, probably in areas where they do not get their ARVs from, they couldn't move. And this is also driven by stigma. Sometimes patients will register in a health facility many kilometres away from where they normally reside because of stigma issues. But with COVID, the Ministry of Health had to pass a notification to all health centres requesting them to provide care for whichever patient came into their facility, regardless of whether they were registered or not.

So these days post COVID it's possible to go to a health centre and be easily helped.

Bernie

And I'm also thinking of main, particularly for families. If there's a flooding and an emergency, they might not have their documentation with them to be able to access care in the new environment.

Eva

Yes, that's true. That's true.

Bernie

And I can only imagine the impact that it would have on education, because if they have to leave their where they normally live, that'll have a negative impact on education, I'm sure.

Eva

Yes, that's true, Bernie.

Bernie

And you also mentioned water scarcity. Do you see that as a problem in Uganda?

Eva

Yes, partly also because of the droughts. So traditionally we have in the northeastern region - there's a lot of water scarcity in that region. So, with the increasing temperatures, with the increasing changing weather patterns, so drought has been a reality. Water scarcity has become a reality, and we've seen that, I think the last year or two there was a lot of reports in the media of children and even adults dying because of lack of access to food and lack of access to water in this region especially.

Bernie

So Eva, you mentioned the problems particularly with water and sanitation. Has this any sort of impacts on children and their families' health, which that have been that you've noticed?

Eva

Yes, we've had a number of outbreaks, waterborne diseases like cholera. And in my setting, it's usually the places where there is a poor drainage system and this may be the like, the slum areas where, you know already the families have economic challenges. But now with the poor drainage systems, they are very vulnerable. You notice now and again as the weather keeps on changing and there's more rainfall then there will be cases of cholera outbreaks being reported.

And of course, children are very vulnerable to this and they're affected a lot. And it's also the marginalised, those who are living in poverty, who really face the repercussions here.

Bernie

And I can only imagine what that would do to somebody's HIV control if they also contract cholera as well.

Eva

Yeah, it will be very complex.

Bernie

And their ability to take their antiretrovirals. So yeah, it makes it a difficult situation even worse. And Eva, what about outdoor air pollution? Is that a problem just in Kampala? Or is it in the other parts that you visit as well?

Eva

When you drive outside, outside your home in Kampala, you will definitely notice that there is a lot of the air is quite, you know, polluted. Mainly also because there's a lot of vehicles within this, the Kampala area, a number of industries.

When I travel outside Kampala, I don't think I see this effect. You actually sometimes you can notice that the air is clearer for sure.

Yeah, but I can't really save the impact of pollution has also affected areas outside Kampala also mainly because industrialisation and the number of vehicles is really centred around Kampala and the neighbouring Waikiko districts.

Bernie

And indoor air pollution, does that play a big part in children's health, would you say?

Eva

Oh yes. That is a very, very big issue and driven because of the fact that we use a lot of our biofuel, we use charcoal that is gotten from trees that are felled. And so most homes - we do not use actually we do not use gas, we are using more of charcoal as a source of fuel in homes for cooking. And this is especially so you know because families that would be using this would also tend to have maybe smaller homes that do not have proper air ventilation.

So now it's emerging and I know my colleagues at Lung Institute next door to the Infectious Disease Institute have done a bit of work in this they've characterised. And found that women especially are very vulnerable to some of the chronic lung diseases because of exposure to this use of charcoal as a source of fuel, because they are the ones who do most of the domestic chores of cooking. And yeah, they are, they are very exposed. I'd imagine also the children, if the cooking is being done when the children at home in this small in this small accommodation that they have, yeah, without lack of proper. With poor ventilation, yeah. It should be a problem.

Bernie

Would you say, looking back over the last sort of, you know, 10 years, when do you see the impact of climate change, would you say? Is it five years, 10 years or even longer or is it hard to say?

Eva

So we, we've we had a debate with some of our colleagues, is climate change real? And

yeah, we were looking back and realised yes over the last five years it's almost been hard to predict weather patterns like I said because we all knew that probably the first quarter of the year just after Christmas was usually a time when it was very hot and there was less rain and also diseases like malaria would be more rare because you know it's a dry season. But over the last five years, five years I would say, we've noticed the change.

As you know, it's very visible for us that there is something happening. And even most of this year where it's still raining up to February - usually by the second week of January, it's usually very hot and there's hardly any rain, but it's raining up to this time. Yeah. So it's very evident now. I must say over the last five years.

Bernie

And Eva, have you any examples, both either work or even at home that people are doing things to try and sort of adapt to the change in climate that you've noticed that even maybe in your, in at work or even in the community that seem to be having a positive effect.

Eva

Over the last one year, there's more talk about climate change in the media and more organisations coming out to talk about climate change. I don't know if that target audience is only for us who are able to access social media. I don't know if that message is moving down to the grassroots.

But also you hear of a number of projects that are encouraging less use of biofuels like charcoal and or use of gas. I've also seen cases where they've been massive campaigns to plant trees.

But I don't think the messaging has really gone down to the grassroots and you know and impacted change and efforts to not contribute. I don't really feel that impacts in the grassroots. For example, when I go home to my village, up country, in the northern region of the country, I can't say when I see anything in my community that's being done currently to make sure these effects are mitigated.

But on social media? On Twitter, yes, we'll see a lot of people talking about climate change.

And maybe at my Institute now there is there's some small efforts to encourage us to print less paper. We also have some efforts around plastic recycling at the institute where we recycle the plastic containers for antiretroviral drugs. We ask patients to bring them back in and recycle these. So small efforts, but the impact I don't think is really widespread yet.

Bernie

Thank you, Eva. And I'm, I'm sure you'll agree with me, and it's as we wrote in the position paper on the impact of climate change on child health globally, is a lot of these problems are amplified in those settings where children already don't have their, you know, their basic rights such as water and sanitation. And it really makes it very difficult for those families.

Is there anything else you would like to add at Eva or that I haven't asked you about? Or any message you think that we should take from you and from your experiences.

Eva

I've talked a lot about HIV and because that's the area I work in, I don't know how it is for other chronic conditions that children may be exposed to and what are the effects of the whole climate change, food insecurity on patients who already have challenges they're going through in terms of the mental health and the stresses that they, they have to go through the compounding effect of all this. Having multiple comorbidities and then having a lot of stressors from having to fend for your family.

I think there needs to be more work done in our setting to really understand the impact this is having and for families where the men cannot provide for their families because they can't, their produce, their yield from their agriculture has not done much. What effect does that have on the family, on the mental health and just the quality of life?

I think we need more work and we need to, you know, understand more from the grassroots about what's how climate change is impacting lives of families.

Bernie

And do you think are you seeing people being anxious about climate change? Is it adding to mental health problems, would you say, for example, among adolescents or young people?

Eva

Indirectly. It will come through the stresses that you have to go through. If you do not, yeah. If you do not have a yield from your source of your agriculture, yeah, then definitely that's going to have because of the role that, for example, men have in the society, they have to provide or if it's a, it's a family where the woman is the breadwinner or she's the financial provider. The stressors will definitely be there.

Just like from the clinic where I work, when you sit and listen to the challenges that patients have had with being able to fend for themselves. Yes, not being able to provide for their own needs, whether it's food or other needs, it's compounded. It's definitely being compounded. And not only just for those of the lower socioeconomic class, even from for those who you say would have a probably, maybe have a better job security or higher paying job. People who are in business, probably dealing in agriculture you know. They also feel the pinch of this, in addition to the ongoing economic recession.

When I'm talking to my colleagues, people generally are saying that they're stressed on every side. The economy is not doing well, food prices are going up. There, there are a lot of challenges.

And that indirectly also with food prices going up, the prices of schools also go up. About two months ago, we were taking children back to school and parents were just complaining: the prices of fees has gone up. And when you ask the schools why it's because the prices of food has gone up. So there's an indirect, it has multiple, you know, effects on different at different levels.

Bernie

Thank you, Eva. Very much. Thank you and thank you for joining us today. We, we've learned a lot about how the situation for children is in Uganda. So thanks so much for that. Is there anything you would like to say before we wind it up?

Eva

No, just to say thank you for inviting me for the podcast, and very well done. I'm proud of the work you're doing. Please keep it up. And yeah, I look forward to being engaged in any way possible.

Bernie

Thank you, Eva. So really just to summarise what we've heard today. We've heard from Eva telling us about the situation in Uganda for children with regards to climate change. We've heard one of the main challenges is really the change in climate and the impact that that's having on food security and how that, for example, impacts children with her who are HIV positive, where they're encouraged to take a new drug which increases appetite, which is wonderful. But unfortunately, some people can't provide the food for that family or for that child when they want to eat more.

And climate change contributes and amplifies this problem. And it amplifies all the other problems that particularly people who are less well off, people who don't have access to safe water, sanitation and education. And we've heard, also heard the sort of the ripple effect of the food insecurity has on prices throughout the community.

So thank you for tuning in today and I hope this has left you inspired to explore actions that you can take as child health professional to advocate for structural changes to reduce climate change, and to advocate for increased support for those countries which are most impacted and where children are the most impacted demographic so that those countries can adapt to the changes to reduce this effect on child health.

In the description we've added some links on how to get to get you thinking about how to get involved in climate change, including our recently launched resources page. Our *Preserving the world for the future generations* report has some excellent recommendations from young people and the Royal College of Paediatrics and climate change eBulletin. Thank you.

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