

## **Focus on heat-resilience despite the monsoon**

**By Nitya Mohan Khemka, Indu K. Murthy | May 27th, 2025**

At a national conference on climate and health titled 'India 2047: Building a Climate-Resilient Future', recently, a trade union leader shared the lived reality of garment workers in sweltering factories, while a climate modeller spoke about wet-bulb temperatures — two equally important perspectives that are reflective of science and the lived reality. The conference showed the power of unlikely collaborations: paediatricians with architects, maternal health experts with city engineers, and academicians with policymakers.

The monsoon may have set in early, but the fact that cannot be ignored is that India did face (and will face) yet another season of intense heat; the toll on public health is impossible to ignore. From dehydration and heatstroke to exacerbated chronic illnesses, extreme heat is pushing the health system to its limits. Yet, our response remains siloed and heavily skewed toward crisis care (hospital beds, intravenous (IV) fluids, and emergency admissions) when it should be grounded in prevention.

For India's health system to address the challenges of a warming world, it must evolve from reactive care to proactive and preventive action, and must also be interdisciplinary.

India's primary health-care system is the first line of defence, but it is not climate ready. Professionals at health and wellness centres, primary health centres and frontline Accredited Social Health Activist (ASHA) workers are well-placed to act as heat-safety champions. With proper training and protocols, they can alert communities, check on vulnerable patients, and spread simple yet life-saving tips such as staying hydrated, avoiding midday exertion, and spotting early signs of heat stress.

Linking early warning systems from meteorological departments to local health networks can trigger rapid community action. Imagine a heat alert triggering messages from ASHAs to village WhatsApp groups, door-to-door visits to elderly residents, and the distribution of hydration kits in advance. These actions have saved lives in cities such as Ahmedabad and have the potential to be scaled across rural India.

Additionally, integrating prevention into routine chronic care is critical as people with heart disease, diabetes, kidney conditions, and mental health issues are especially vulnerable. During summer, clinicians must adjust medications, counsel patients on heat safety precautions, and closely monitor high-risk individuals.

Despite rising cases of heat-related illness, many health-care providers still do not screen for heat exposure in routine health checkups. Heat stroke is often misdiagnosed, or worse, missed entirely especially in busy emergency settings.

We need clear, standardised clinical protocols for diagnosing and managing heat illnesses, along with regular summer drills in hospitals to ensure readiness. Dedicated 'heat corners' in emergency departments, pre-stocking of cooling kits at health centres, and post-discharge follow-ups for patients with heat illnesses are all simple but powerful steps towards a truly preventive approach.

The heat-health crisis cannot be tackled by the health sector alone. Preventing illness is not just about treating symptoms. It means reducing exposure in the first place. This requires coordinated action across different sectors and disciplines. Urban planners must rethink

housing design and public spaces. Water departments must ensure access to reliable supply during peak summer months. Labour departments need to enforce protections such as regulated outdoor working hours. Further, climate scientists must collaborate and work closely with health officials to guide timely, data-driven, targeted interventions.

India should move beyond the model of ‘centres of excellence’ and build networks of excellence forming teams that bring together public health, climate science, urban development, labour rights, and grassroots voices. These networks can co-design solutions rooted in lived reality — from misting shelters in slums to cool roofing in Anganwadi centres.

Extreme heat is not just a weather event but is also a social injustice multiplier. When temperatures soar, it is the informal vendors on sizzling pavements, the children in cramped classrooms, and the elderly in poorly ventilated tenements who bear the brunt. When the heat index crosses danger thresholds, the most affected are people with no choice — waste pickers with no shelter or daily wagers working under tin roofs. ‘Stay indoors’ is not guidance to the vulnerable. It is a stark reminder of how deeply skewed our systems are.

To prevent the worst health impacts of heat extremes, we must shift from reactive emergency care to preventive, equity-rooted public health. This begins with mapping vulnerability, not just meteorologically, but socially — who lives where, how he works and what he lacks. Early morning health checks during red alerts, mobile hydration stations in low-income zones, subsidised cool shelters for the homeless, and protective policies for outdoor workers are life-saving necessities. The science is clear. So is the moral imperative: climate resilience means nothing unless it protects those most at risk.

The window for action is narrowing, but the path ahead is clear. As climate extremes intensify, India must seize this moment to lead with vision and urgency. By embedding heat resilience into our public health systems, anchored in equity, science, and local leadership, we can safeguard lives and livelihoods. The time to act is not tomorrow or next year. It is now. Let India be the country that chose to prepare, protect, and pioneer.

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