



ADAPTATION FUND

## ADAPTATION FUND BOARD SECRETARIAT TECHNICAL REVIEW OF PROJECT/PROGRAMME PROPOSAL

PROJECT/PROGRAMME CATEGORY: Pre-Concept for a Regional Project

<b>Countries/Region:</b>	Benin, Burkina Faso, Uganda and Zimbabwe	
<b>Project Title:</b>	Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa	
<b>Thematic focal area:</b>	Disaster risk reduction and early warning systems	
<b>Implementing Entity:</b>	World Health Organization (WHO)	
<b>Executing Entities:</b>	Africa Enterprise Challenge Fund (AECF)	
<b>AF Project ID:</b>	AF00000414	
<b>IE Project ID:</b>		<b>Requested Financing from Adaptation Fund (US Dollars):</b> 14,000,000
<b>Reviewer and contact person:</b>	Hugo Remaury	<b>Co-reviewer(s):</b> Saliha Dobardzic
<b>IE Contact Person(s):</b>	Dr. Jeremiah MUSHOSHO	

<b>Technical Summary</b>	<p>The project “Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa” aims to enhance countries’ health system resilience by fostering private sector investment, deploying innovative financing in pilot projects, and strengthening government capacities to co-design and attract investments in climate-resilient technologies. This will be done through the three components below:</p> <p><u>Component 1:</u> Private Sector Engagement in climate-resilient health systems (USD 500,000)</p> <p><u>Component 2:</u> Innovative Adaptation Financing mechanisms deployment to support climate resilient technologies and infrastructure (USD 10,000,000)</p> <p><u>Component 3:</u> Capacity building and Institutional strengthening (USD 980,000)</p> <p><u>Requested financing overview:</u>  Project/Programme Execution Cost: USD 1,330,000  Total Project/Programme Cost: USD 11,480,000  Implementing Fee: USD 1,190,000  Financing Requested: USD 14,000,000</p> <p>The proposal includes a request for a project formulation grant of USD 20,000.</p>
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	The initial technical review raises some questions re to submit a request for project formulation grant, and to revise the proposed Executing Entity cost, as is discussed in the number of Clarification Requests (CRs) and Corrective Action Request (CAR) raised in the review.
Date	26 November 2024

Review Criteria	Questions	Comments 1 <sup>st</sup> review [November 26, 2024]
Country Eligibility	1. Are all of the participating countries party to the Kyoto Protocol and/or the Paris Agreement?	<b>Yes.</b>
	2. Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?	<b>Yes.</b> Benin, Burkina Faso, Uganda, and Zimbabwe face shared climate change induced challenges and impacts, including rising temperatures, changes in precipitations patterns, and increased natural disasters, which affect participating countries' health systems.
Project Eligibility	1. Have the designated government authorities for the Adaptation Fund from each of the participating countries endorsed the project/programme?	<b>Yes.</b> As per the Endorsement letters dated 18 July 2024 (Benin), 12 July 2024 (Burkina Faso), 12 November 2024 (Uganda) and 3 April 2024 (Zimbabwe).
	2. Has the pre-concept provided necessary information on the problem the proposed project/programme is aiming to solve, including both the regional and the country perspective?	<b>Yes.</b>
	3. Have the project/programme objectives, components and financing been clearly explained?	<b>Not cleared.</b>  <b>CR 1:</b> Please describe the potential target/grantees of the Performance-Based Climate Resilient Grants planned under Component 2.

The Performance-Based Climate Resilient Grants (PBCRGs) under Component 2 are designed to support private sector entities that are advancing climate resilience efforts within health systems. The target grantees are expected to be private sector organizations with the capacity to implement sustainable, climate-resilient solutions that enhance healthcare systems' ability to adapt to climate change. These grants will focus on companies involved in climate-resilient infrastructure, technology, and services, including renewable energy, engineering solutions, early warning systems, climate-resilient WASH (Water, Sanitation, and Hygiene) services, and insurance solutions aimed at enhancing healthcare access and resilience.

Potential grantees may include:

- **Engineering and Construction Firms:** Organizations responsible for designing, installing, and maintaining climate-resilient infrastructure for healthcare facilities.
- **Health-Tech Companies:** Firms developing innovative technologies that integrate clean energy solutions, ICT, and AI into healthcare systems and improve service delivery.
- **Early Warning System Companies:** Organizations focused on providing climate early warning systems to help healthcare institutions prepare for and respond to climate-related health risks.
- **Climate-Resilient WASH Service Providers:** Companies delivering water, sanitation, and hygiene solutions designed to withstand climate impacts and improve health outcomes.
- **Insurance Firms:** Companies offering insurance products tailored to climate risks, helping healthcare facilities manage the financial impact of climate-related disruptions.

- **Energy Service Companies (ESCOs):** Firms with expertise in clean energy, climate-adaptive technologies, and healthcare energy infrastructure.

**CR 2:** Please provide examples of pilot projects expected to be supported through the Performance-Based Climate Resilient Grants, outlining their expected visible and tangible results on the ground.

The following projects are typical examples of the kinds of investments that will be sought through the competition process. They will demonstrate visible and tangible impacts on healthcare systems' climate resilience, with the goal of creating sustainable, adaptable solutions to address climate challenges:

**1. Telemedicine and Health-Tech Solutions:  
Implementing telemedicine platforms and remote monitoring technologies.**

Expected Results:

- **Health System Resilience:** Telemedicine will strengthen the ability to respond to emergencies, including climate-related disruptions.

Potential Impact:

- **Climate Resilience:** Remote technologies will help maintain healthcare services during climate-related disruptions, ensuring continuity of care.
- **Improved Disease Surveillance:** Real-time monitoring will enhance early detection of health trends, supporting timely public health interventions.

**2. Combo Energy-Water Purification Kiosks:**

Expected Results:

		<ul style="list-style-type: none"><li>• Reduce drought-induced water stress at healthcare facilities by the installation of deep boreholes pumped by solar and infra-red water treatment</li><li>• Provision of clean and safe drinking water, particularly in areas vulnerable to waterborne diseases exacerbated by climate change.</li></ul> <p>Potential Impact</p> <ul style="list-style-type: none"><li>• Improved access to clean water for healthcare facilities and local populations, reducing the incidence of waterborne diseases and strengthening healthcare capacity in water-stressed areas.</li></ul> <p><b>3. Push GSM Messaging for Extreme Weather Events (Working with Mobile and Tech Companies for Early Warning Systems):</b></p> <p>Expected Results:</p> <ul style="list-style-type: none"><li>• Development of push GSM messaging platforms in collaboration with mobile network providers to issue early warnings about extreme weather events (e.g., floods, heatwaves).</li><li>• Integration of these messages into the healthcare system to ensure preparedness and response strategies for adverse climate events.</li></ul> <p>Potential Impact</p> <ul style="list-style-type: none"><li>• Increased community awareness and preparedness for climate-related health risks, with healthcare facilities better equipped to respond to disasters and safeguard vulnerable populations.</li></ul> <p><b>4. Introduction of Water Funds for Resilience of WASH Systems and Multiple-Use Water Schemes:</b></p> <p>Expected Results:</p> <ul style="list-style-type: none"><li>• Establishment of water funds to finance the maintenance and enhancement of climate-resilient WASH systems, including the construction of water storage and distribution infrastructure.</li><li>• Strengthening of multiple-use water schemes that serve both domestic and agricultural needs,</li></ul>
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increasing water security and reducing vulnerability to climate-induced water shortages.

Potential Impact:

- Enhanced resilience of water infrastructure in healthcare settings, ensuring a steady supply of water even in times of drought or erratic rainfall patterns.

**5. Healthcare Facility Retrofitting for Heat Adaptation (Working with Engineering Firms):**

Expected Results:

- Retrofitting of healthcare facilities, including insulation, cooling systems, and improved ventilation, to reduce heat stress and enhance energy efficiency.
- Partnerships with engineering firms to design and implement cost-effective climate-resilient retrofits.

Potential Impact:

- Improved living and working conditions for healthcare providers and patients during extreme heat events, with better energy efficiency and reduced reliance on external energy sources.

**6. Energy as a Service at Healthcare Facilities to Enhance Resilience (Including Cold Chain and Vaccines):**

Expected Results:

- Installation of solar energy systems in remote healthcare facilities to ensure continuous power supply to respond to increased heat waves, cold chain storage and vaccine preservation.
- Reduction in healthcare facility dependency on unreliable energy grids, improving the resilience of health services during power outages or energy crises.
- The introduction of Renewable Energy Credits (RECs) to ensure long-term financial sustainability of energy solutions.

Potential Impact:

- Improved response to heat and heat waves, vaccine storage, reduced loss of temperature-sensitive medical supplies, and increased energy independence at health centers in off-grid areas.

**Examples of Innovative adaptation pilots implemented by AECF**

**1. WATER FOREVER/MAJI MILELE LTD.**

Maji Milele Ltd is a water services company that provides a range of water management services to water utilities to boost revenue collection and efficiency in water management. The company installs prepaid water meters and online monitoring software that makes it easy to keep track of water distribution, consumption and payments. With AECF support of \$374k investment through grants and repayable grants, the company has provided a sustainable solution to addressing access to water in arid and semi-arid regions of Kenya. Through its innovations, the company has assisted rural communities to adapt better to climate change by providing them with access to potable water. Access to clean water is essential for hygiene and sanitation in health centers, helping to reduce the spread of waterborne diseases.

**2. Health Facilities financed by AECF**

a) Gateway Diagnosis and Health Services  
Gateway Diagnosis and Healthcare Ltd is a medical clinic that offers a wide range of inpatient and outpatient services including maternity, dental, radiology and ultrasound, pharmacy, and laboratory. Through funding from the Kakuma Kalobeyei Challenge Fund, the clinic was able to provide additional services in Kakuma Kalobeyei area such

as ambulances and dental laboratory, a service that was previously only accessible in Eldoret or Nairobi.

b) K-De Igratium International Limited Produces health – hygiene products

With a \$450k investment from AECF through a repayable grant under KKCF funding, the company is scaling up its operations in Kakuma-Kalobeyei by establishing production and distribution centers for reusable sanitary protection for women and girls. The company tackles waste management issues related to disposable pads, aiming to ensure girls and women maintain hygiene during menstruation. These affordable, safe, and easy-to-use products significantly improve the public health of girls and women in the region.

c) Sanivation

With a \$450k investment from AECF through a repayable grant under KKCF funding, Sanivation designs and operates fecal sludge treatment plants using a waste-to-energy model. These plants effectively treat sludge, generate revenue, and address environmental and health issues. By ensuring safe waste disposal, Sanivation helps prevent waterborne diseases, improving hygiene in both communities and healthcare facilities.

### **3. LEGACY CROP IMPROVEMENT CENTRE (LCIC)**

LCIC is scaling the commercialization of high-yielding, drought tolerant, hybrid maize, provitamin A maize and soybean in Ghana to combat food and nutrition insecurity and increase the incomes of smallholder farmers. These crops can help combat malnutrition and vitamin deficiencies, particularly in rural areas, enhancing the overall health of communities and reducing the burden on healthcare facilities.



		<p>The project can support private sector to link HNAPs with other sectoral NAPs to deliver health co-benefits • Health adaptation to be mainstreamed at the community level (e.g., agriculture and food security projects)</p> <p><b>4. INVESTING IN WOMEN IN SOUTH SUDAN</b></p> <p>This climate adaptation programme in South Sudan is supporting women in agriculture through investment in businesses that link them to formal value chains. An important part of this programme is the deployment of an early warning system for weather and conflict related risks that will allow communities – including healthcare facilities – to prepare for emerging threats and extreme weather events.</p> <p>This program complements a range of investments in private sector companies that use early warning systems to help farmers and communities prepare for weather and climate impacts. Through using modern technology to send push messages and in cooperation with Meteorological services and research institutes, data can be provided to a wide range of stakeholders to enable them to prepare. In cases of high vulnerability to extreme weather events, these services are complemented by insurance schemes to minimize impacts.</p>
	<p>4. Has the project/programme been justified in terms of how:</p> <ul style="list-style-type: none"> <li>- it supports concrete adaptation actions?</li> <li>- it builds added value through the regional approach?</li> <li>- it promotes new and innovative solutions to climate change adaptation?</li> <li>- it is cost-effective?</li> <li>- it is consistent with applicable strategies and plans?</li> </ul>	<p><b>Cleared.</b></p>

	<ul style="list-style-type: none"> <li>- it incorporates learning and knowledge management?</li> <li>- it will be developed through a consultative process with particular reference to vulnerable groups, including gender considerations, in compliance with the Environmental and Social Policy of the Adaptation Fund?</li> <li>- it will take into account sustainability?</li> </ul>	
	<p>5. Does the pre-concept briefly explain which organizations would be involved in the proposed regional project/programme at the regional and national/sub-national level, and how coordination would be arranged? Does it explain how national institutions, and when possible, national implementing entities (NIEs) would be involved as partners in the project?</p>	<p><b>Not cleared.</b></p> <p><b>CR 3:</b> The pre-concept note should clarify whether and how it envisages to involve any AF National Implementing Entities as part of its implementation arrangements, notably the Benin's National Fund for Environment and Climate (FNEC), Uganda's Ministry of Water and Environment, Uganda (MWE), or/and the Environmental Management Agency of Zimbabwe.</p> <p>The World Health Organization (WHO) will serve as the Implementing Entity, overseeing the project's financial, monitoring, and reporting aspects with transparency and adherence to international procurement standards. The African Enterprise Challenge Fund (AECF) will act as the Executing Entity, responsible for implementing the project at both national and subnational levels. The Ministries of Health (MoH) in participating countries will supervise local implementation under WHO's oversight, ensuring that fiduciary standards are met. A Project Management Unit (PMU) will be established with skilled staff embedded within the MoHs to ensure effective project execution. Relevant institutions, such as the Ministries of Energy and Ministries of Environment, will also play a key role in ensuring a cross-sectoral approach to project implementation.</p> <p>A Project Steering Committee, co-chaired by WHO and the MoH, will include representatives from key ministries, all</p>

		<p>NDA and organizations to provide strategic oversight and guidance throughout the project lifecycle.</p> <p>To incorporate the National Designated Authorities (NDAs), the project will ensure that the National Implementing Entities (NIEs) in each country, such as Benin's National Fund for Environment and Climate (FNEC), Uganda's Ministry of Water and Environment (MWE), and Zimbabwe's Environmental Management Agency (EMA), are fully engaged in the implementation process. These entities will be involved in coordinating national climate adaptation efforts and ensuring that the project aligns with national climate strategies and priorities. Their role will include providing guidance on national policies, ensuring compliance with national regulations, avoiding duplication of efforts and assisting with the identification of key stakeholders, including local communities and the private sector, to ensure that interventions are appropriately tailored to each country's context and adaptation priorities. This will enhance the project's alignment with national climate change frameworks and ensure that local governments are actively involved in decision-making processes. Their involvement will also ensure effective monitoring and reporting, as well as compliance with the Adaptation Fund's operational and fiduciary requirements.</p>
Resource Availability	6. Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?	<b>Yes.</b>
	7. Are the administrative costs (Implementing Entity Management Fee and Project/ Programme Execution Costs) at or below 10 per cent of the project/programme for implementing entity (IE) fees and at or below 10 per cent of the project/programme cost for the execution costs?	<p><b>No.</b></p> <p><b>CAR 4:</b> Please revise the proposed Executing Entity cost to ensure it remains within 10% of the total project/programme cost, using <a href="#">the IE cost and EE fee calculator</a>, if needed.</p>

		<b>CAR 5:</b> Please include a <a href="#">request for project formulation grant</a> duly filled in and signed.
Eligibility of IE	8. Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?	<b>Yes.</b> WHO's accreditation expiration date is 24 November 2028.



## PRE-CONCEPT FOR A REGIONAL PROJECT/PROGRAMME

### PART I: PROJECT/PROGRAMME INFORMATION

**Title of Project/Programme:** Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa.

**Countries:** Benin, Burkina Faso, Uganda and Zimbabwe

**Thematic Focal Area<sup>1</sup>:** Innovation in adaptation finance

Deleted: Food security

**Type of Implementing Entity:** Multilateral Implementing Entity

**Implementing Entity:** World Health Organization (WHO)

**Executing Entities:** Africa Enterprise Challenge Fund (AECF)

**Amount of Financing Requested:** 13 924 000 (in U.S Dollars Equivalent)

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**Project Formulation Grant Request:** Yes  No

**Amount of Requested financing for PFG:** 20,000 (in U.S Dollars Equivalent)

**Letters of Endorsement (LOE) signed for all countries:** Yes  No

*NOTE: LOEs should be signed by the Designated Authority (DA). The signatory DA must be on file with the Adaptation Fund. To find the DA currently on file check this page: <https://www.adaptation-fund.org/apply-funding/designated-authorities>*

**Stage of Submission:**

This pre-concept has been submitted before

This is the first submission ever of the pre-concept

**Please note that pre-concept should not exceed 5 pages (in addition to this first cover page)**

<sup>1</sup> Thematic areas are: Food security; Disaster risk reduction and early warning systems; Transboundary water management; Innovation in adaptation finance.

## Project / Programme Background and Context:

Climate change intensifies global weather extremes, disproportionately impacting vulnerable populations in Africa, which contribute minimally to global emissions (IPCC, 2022). Rising temperatures, changing precipitation, and natural disasters like floods and droughts increase disease risks, food insecurity, and water access issues. These factors weaken Africa's health systems due to disrupted services and impaired infrastructure. In 2022, Africa experienced 79 disasters, with 110.4 million people affected—59.6% of the global total—highlighting inadequate planning for climate resilience. Droughts affected 88.9 million people across six African nations, while floods in Nigeria led to 603 deaths and US\$ 4.2 billion in losses. Climate change will likely increase the frequency of extreme weather events, with health impacts costing an estimated USD 2-4 billion annually by 2030 (WHO, 2019).

Benin, Burkina Faso, Uganda, and Zimbabwe face shared challenges in addressing climate-related health risks. Benin, despite its 2018 climate legislation, remains vulnerable to floods, droughts, and malnutrition. Ranked 156th in climate vulnerability (ND-GAIN), its health sector urgently needs climate-resilient infrastructure. Burkina Faso's warming trend and water vulnerability worsen vector-borne diseases and food insecurity. The 2015 National Adaptation Plan (NAP) seeks to address these issues, but financial limitations hinder progress. Uganda is expected to see a rise in heatwave days and heat-related deaths by 2100, straining its underfunded health systems. Zimbabwe's 2022 UNFCCC communication highlights critical infrastructure gaps, such as 83% of facilities lacking sanitation and 52% facing unreliable electricity. Despite initiatives like Solar for Health, financial and institutional barriers limit resilience efforts.<sup>2</sup>

These countries face limited fiscal space, inadequate institutional capacity, and a lack of climate-resilient infrastructure. Innovative financing mechanisms are needed to support climate-resilient health systems. This project aims to foster private sector investment, deploy innovative financing in pilot projects, and strengthen government capacities to co-design and attract investments in climate-resilient technologies. By addressing these areas, the project will enhance health system resilience across these vulnerable countries.

## Project/Programme Objectives:

1. Foster active engagement and investment from private sector entities in the development and implementation of climate-resilient health systems.
2. Implement innovative financing mechanisms in pilot projects to strengthen the resilience of health systems to climate change.
3. Strengthen the capacity of governments to design investment cases, and invest in or attract investments for climate-resilient health technologies and infrastructure.

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<sup>2 2</sup> IPCC, Chapter 9: Africa | Climate Change 2022: Impacts, Adaptation and Vulnerability (ipcc.ch)

<sup>2</sup> [https://files.who.int/afahobckpcontainer/production/files/iAHO\\_Climate\\_change\\_in\\_health\\_Fact\\_Sheet-April\\_2024.pdf](https://files.who.int/afahobckpcontainer/production/files/iAHO_Climate_change_in_health_Fact_Sheet-April_2024.pdf)

<sup>2</sup> <https://www.ipcc.ch/report/ar6/wg2/chapter/chapter-9/#Callaghan-2021>

<sup>2</sup> [https://cred.be/sites/default/files/2022\\_EMDAT\\_report.pdf](https://cred.be/sites/default/files/2022_EMDAT_report.pdf)

<sup>2</sup> IPCC. (2021). Climate Change 2021: The Physical Science Basis. Cambridge University Press.

<sup>2</sup> World Health Organization, Over 40 million health professionals demand bold health and climate action at COP28 (who.int), 2024

<sup>2</sup> <https://data.worldbank.org/indicator/SP.POP.TOTL?locations=bj>

<sup>2</sup> <https://data.worldbank.org/indicator/NY.GNP.PCAP.CD?locations=BJ>

<sup>2</sup> <https://aho.afro.who.int/country-profiles/af>

<sup>2</sup> WHO health and climate change survey report: tracking global progress. Geneva: World Health Organization; 2019 (WHO/CED/PHE/EPE/19.11).

<sup>2</sup> Country-level analysis, completed in 2015, was based on health models outlined in the Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. Geneva: World Health Organization, 2014. The mean of impact estimates for three global climate models are presented. Models assume continued socio-economic trends (SSP2 or comparable).

<sup>2</sup> <https://www.who.int/teams/environment-climate-change-and-health/climate-change-and-health/evidence-monitoring/global-survey>

Project / Programme Components and Financing:

Project/Programme Components	Expected Outcomes	Expected Outputs	Countries	Amount (US\$)
Private Sector Engagement in climate-resilient health systems	<b>Outcome 1:</b> Public-private partnerships and investment frameworks established to facilitate and enhance private sector engagement in building climate-resilient health systems.	<b>Output 1.1:</b> Incentives introduced to attract private sector investment in the health sector through Performance-Based Climate Resilient Grants (PBCRGs) and other de-risking instruments.  <b>Output 1.2:</b> Capacity building and technical assistance implemented to enhance the capabilities of the private sector in developing a pipeline of bankable investments in the health sector through organized training programs, workshops, and mentorship initiatives.  <b>Output 1.3:</b> An enabling policy environment for private sector investment in climate-resilient health systems is created.	Zimbabwe, Burkina Faso, Benin, Uganda	200,000
Innovative Adaptation Financing mechanisms deployment to support climate resilient technologies and infrastructure	<b>Outcome 2:</b> Health systems' resilience enhanced through innovative adaptation financing and the deployment of climate-resilient technologies and infrastructure.	<b>Output 2.1</b> Performance-Based Climate Resilient Grants (PBCRGs) deployed in pilot projects focused on climate-resilient health technologies and infrastructure.  <b>Output 2.2:</b> A variety of appropriate climate-resilient technologies, addressing specific climate impacts, selected, financed, and installed.  <b>Output 2.3:</b> Selected healthcare infrastructure climate-proofed to respond to specific climate impacts.	Zimbabwe, Benin, Burkina Faso, Uganda,	10,000,000
Capacity building and Institutional strengthening	<b>Outcome 3:</b> Strengthened government capacity to design investment cases and attract or allocate investments for climate-resilient health technologies and infrastructure, driving sustainable development and enhanced health system resilience.	<b>Output 3.1:</b> Enhanced technical capacity to develop an enabling policy environment that fosters public and private investment in climate-resilient health technologies and infrastructure.  <b>Output 3.2:</b> Strengthened capacity to design investment cases and attract or allocate investments for climate-resilient health technologies and infrastructure, promoting sustainable development and enhancing health system resilience.	Zimbabwe, Benin, Burkina Faso, Uganda	1,000,000
Total Project/Programme Activity Cost				11,800,000
Project/Programme Execution cost (EE) (cap 9.5%)				1,121,000
Project/Programme Cycle Management Fee charged by the Implementing Entity (IE) (cap 8.5%)				1,003,000
<b>Total Amount of Financing Requested</b>				<b>13,924,000</b>

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**Project Duration:** 3 years (36 months)

The proposed project is structured into three main components aimed at enhancing the resilience of health systems to climate change through innovative approaches. These components are designed to foster sustainable, climate-resilient solutions, engaging both the private sector and relevant institutions to drive impactful change on the ground.

**1. Private Sector Engagement in Climate-Resilient Health Systems:** This component focuses on mobilizing the private sector to drive innovation in climate-resilient healthcare solutions. The Performance-Based Climate Resilient Grants (PBCRGs) will support private sector organizations that have the capacity to implement

sustainable solutions for climate adaptation in health systems. These grants will target a diverse range of companies, including those in renewable energy, engineering, water, sanitation, health-tech, and insurance sectors. The grants will incentivize investments in climate-resilient infrastructure, technologies, and services such as early warning systems, climate resilient WASH solutions, and energy-efficient health facilities. By engaging private companies, the project aims to accelerate the development and deployment of climate-resilient solutions that strengthen healthcare systems' ability to adapt to climate challenges.

**2. Innovative Adaptation Financing Mechanisms Deployment to Support Climate-Resilient Technologies and Infrastructure:** This component seeks to implement innovative financing mechanisms that will provide financial support for the deployment of climate-resilient technologies and infrastructure in health systems. Through the PBCRGs, the project will support businesses offering green technologies that enhance climate resilience in healthcare. These include clean energy solutions, water purification technologies, and climate-resilient WASH (Water, Sanitation, and Hygiene) services. Financing mechanisms such as grants, subsidies, and de-risking investments will be used to incentivize the private sector to invest in critical infrastructure and technologies. The objective is to encourage private sector innovation while ensuring that these investments are financially sustainable and have tangible impacts on health systems.

Examples of Pilot Projects Expected to Be Supported:

- a. **Telemedicine and Health-Tech Solutions:** Expected Results: Strengthening health system resilience through telemedicine platforms and remote monitoring technologies to enhance emergency response, particularly in areas affected by climate-related disruptions. The potential impact will be to increased access to healthcare services during climate-induced crises, improved disease surveillance, and timely public health interventions.
- b. **Combo Energy-Water Purification Kiosks:** Expected Results: Installation of solar-powered deep boreholes and infrared water treatment to provide clean water, addressing drought-induced water stress at healthcare facilities. The potential impact will be to enhanced access to clean water, reducing waterborne diseases and strengthening healthcare capacity in water-stressed areas.
- c. **Push GSM Messaging for Extreme Weather Events:** Expected Results: Development of early warning systems using mobile network providers to issue warnings about extreme weather events like floods or heatwaves, integrated into healthcare systems for preparedness. The potential impact: will be to increased community awareness and preparedness for climate-related health risks, improving healthcare response during disasters.
- d. **Introduction of Water Funds for Resilience of WASH Systems:** Expected Results: Establishment of water funds to support climate-resilient WASH systems, improving water storage and distribution infrastructure, and enhancing water security for healthcare facilities. Potential Impact: Strengthened water security, ensuring a reliable water supply to healthcare institutions during droughts or irregular rainfall.  
**Healthcare Facility Retrofitting for Heat Adaptation:** Expected Results: Retrofitting healthcare facilities with climate-resilient infrastructure, such as cooling systems and improved ventilation, to reduce heat stress and enhance energy efficiency. Potential Impact: Improved living and working conditions for healthcare staff and patients during extreme heat events, ensuring continued service delivery in challenging conditions.
- e. **Energy as a Service at Healthcare Facilities to Enhance Resilience:** Expected Results: Installation of solar energy systems to ensure continuous power for critical health services, including vaccine storage, in remote healthcare facilities. Potential Impact: Increased energy independence, improved healthcare service delivery during power outages, and enhanced resilience to heatwaves and other climate-related disruptions.

**3. Capacity Building and Institutional Strengthening:** This component focuses on building the capacity of national and local institutions to implement and manage climate-resilient health systems. Capacity building efforts will include training and development of healthcare staff, government officials, and other stakeholders in climate adaptation strategies. The establishment of a Project Management Unit (PMU) within the Ministries of Health will provide oversight, ensuring that the project's objectives are achieved at the national and subnational levels. In addition, institutional strengthening will involve enhancing the governance and management frameworks of health systems to integrate climate resilience into existing health policies and

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practices. Collaborating with relevant ministries, such as Energy and Environment, will ensure a cross-sectoral approach, fostering a holistic response to climate challenges.

## PART II: PROJECT/PROGRAMME JUSTIFICATION

The project addresses the urgent need for innovative adaptation financing to establish climate-resilient health systems in Africa. This urgency was highlighted during the inaugural dedicated health day sessions at COP28, where representatives from more than thirty (30) African countries committed to taking immediate climate change and health actions by endorsing the UAE Climate and health declaration. The accreditation of WHO as a Multilateral Implementing Entity by the Adaptation Fund marked a turning point in addressing the vulnerability of health systems to climate change and underscored the urgent need to tackle these challenges, especially in Africa. This accreditation enabled WHO to mobilize critical climate finance to strengthen health systems globally, with a focus on adaptation measures. Additionally, the recent approval of the World Health Organization's Framework for Building Climate-Resilient and Sustainable Health Systems in the African Region (2024- 2033) signals the right direction in addressing the growing impacts of climate change on health systems across the continent. These developments provide a solid foundation for building robust, climate-resilient health systems capable of managing the escalating risks posed by climate change in Africa. By adopting a regional approach targeting Zimbabwe, Burkina Faso, Benin, and Uganda, the project seeks to address shared challenges, foster collective action, and enhance climate resilience in health systems.

This project is informed by each of the four country's national priorities and vulnerabilities as outlined in their respective National Adaptation Plans (NAPs), National Adaptation Plan Communications (NAPCs), and Health National Adaptation Plans (H-NAPs). Zimbabwe's 2022 Initial Adaptation Communication, Burkina Faso's 2015 NAP, Benin's 2022 NAP, and Uganda's 2025-2030 H-NAP each detail the critical climate-related health challenges these countries face, including extreme weather events, vector-borne diseases, and limited access to clean water and sanitation. These documents emphasize the need for climate-resilient health infrastructure, early warning systems, and adaptation financing, all of which are central to this project. The project is guided by the World Health Organization's Framework for Building Climate-Resilient and Sustainable Health Systems in the African Region (2024- 2033). The Framework aims to strengthen national capacities, conduct vulnerability assessments, and develop Health National Adaptation Plans aligned with broader National Adaptation Plans. It also seeks to accelerate leadership, governance, and financing for climate-related health interventions. One of the targets of the framework is that at least 90% of Member States mobilize resources and implement essential public health measures to build resilient and sustainable health systems. This framework underscores the importance of enhancing institutional capacity and access to finance for building climate resilient and sustainable health systems in the African region.

### Project Components and Concrete Adaptation Activities

1. **Private Sector Engagement:** Promotes public-private partnerships to invest in climate-resilient health infrastructure by involving healthcare providers, technology firms, and financial institutions.
2. **Innovative Financing for Climate-Resilient Technologies:** Concrete adaptation pilot projects will be implemented to showcase the effectiveness of financing mechanisms like performance-based climate-resilient grants to deploy resilient technologies in healthcare facilities, ensuring continued operation during extreme weather events.
3. **Institutional Capacity Strengthening:** Builds the capacity of national governments to design investment cases and attract investments for climate-resilient health systems, creating an enabling policy environment for both public and private investment.

**Regional Approach and Added Value:** This project leverages cross-country collaboration to address common challenges like extreme weather, waterborne diseases, and vector-borne diseases, making the intervention more cost-effective and impactful. By pooling resources and sharing best practices, Zimbabwe, Burkina Faso, Benin, and Uganda will collaborate through platforms like ATACH and Clim-health Africa to drive cross-learning and regional innovation. These countries will become leaders in adaptation financing, showcasing models for climate-resilient health systems and scaling up solutions across Africa, enhancing health system resilience and climate adaptation.

**Promotion of Innovative Solutions:** The project introduces performance-based climate-resilient grants, de-risking measures, and climate-resilient technologies and infrastructure within health systems to tackle climate-related health risks. These mechanisms will ensure critical infrastructure like energy and water supply remains functional during climate shocks and explore new designs for future-proofing healthcare facilities.

**Scaling Up and Replication of Successful Practices:** The project will develop replicable models through its pilot initiatives, with knowledge-sharing platforms and regional conferences promoting the scaling of successful interventions. Focused on financing solutions and climate-resilient infrastructure, it introduces scalable solutions for health system vulnerabilities to climate change.

**Cost-Effectiveness of the Regional Approach:** The regional approach enhances cost-effectiveness by reducing duplication and optimizing resources across countries. Centralized procurement of similar technologies will further reduce costs, while engaging local and international private sector players fosters competition for the best prices. This competitive process enables the possibility of the same provider serving multiple countries, reducing costs and ensuring consistency in service delivery.

**Consistency with National Priorities:** The project aligns with the National Adaptation Plans (NAPs), National Health Adaptation Plans (H-NAPs), and climate strategies of Zimbabwe, Burkina Faso, Benin, and Uganda. These plans emphasize the need for climate-resilient health infrastructure and adaptation financing, which this project directly addresses.

**Learning and Knowledge Management:** A strong knowledge management component will ensure lessons learned are shared through regional platforms like ATACH and Clim-health Africa, allowing for cross-learning and best practice sharing. The project's pilots will generate valuable data, informing future climate-resilient health programs.

**Consultative Process and Inclusivity:** The project follows an inclusive, 360-degree stakeholder approach, ensuring vulnerable groups, including women, youth, and persons with disabilities, are actively involved. Gender equality and environmental safeguards are central, ensuring equitable benefits and compliance with the Adaptation Fund's Environmental and Social Policy.

**Sustainability of Project Outcomes:** Capacity building for national institutions and fostering enabling policy environments will ensure long-term investment in climate-resilient health infrastructure. Private sector involvement will ensure the sustainability and expansion of innovations post-project.

**Economic, Social, and Environmental Benefits:** The project will create jobs, improve healthcare access, and enhance health systems' resilience to climate shocks. Environmentally, it will reduce the carbon footprint of healthcare facilities by promoting low-carbon technologies.

**Compliance with National Technical Standards:** The project will meet all national technical standards for environmental assessments, building codes, and healthcare regulations, ensuring the safety and sustainability of climate-resilient infrastructure.

**Avoiding Duplication of Efforts:** The project will coordinate with existing initiatives to avoid duplication and maximize impact by leveraging platforms like ATACH and Clim-health Africa.

**Justification for Funding:** The funding will cover the full cost of adaptation measures to build climate-resilient health systems in the four countries. Seventy-one percent of the investment will go toward on-the-ground adaptation, including climate-resilient technologies and infrastructure, directly addressing climate vulnerabilities and ensuring long-term resilience.

**Environmental and Social Impacts and Risks:** The project will adhere to the Environmental and Social Policy of the Adaptation Fund, with impact assessments and mitigation measures ensuring that vulnerable groups benefit equitably and that no negative environmental impacts arise.

### PART III: IMPLEMENTATION ARRANGEMENTS

The World Health Organization (WHO) will serve as the Implementing Entity, overseeing the project's financial, monitoring, and reporting aspects with transparency and adherence to international procurement standards. The African Enterprise Challenge Fund (AECF) will act as the Executing Entity, responsible for implementing the project at both national and subnational levels. The Ministries of Health (MoH) in participating countries will supervise local implementation under WHO's oversight, ensuring that fiduciary standards are met. A Project Management Unit (PMU) will be established with skilled staff embedded within the MoHs to ensure effective project execution. Relevant institutions, such as the Ministries of Energy and Ministries of Environment, will also play a key role in ensuring a cross-sectoral approach to project implementation. A Project Steering

Committee, co-chaired by WHO and the MoH, will include representatives from key ministries, all NDAs and organizations to provide strategic oversight and guidance throughout the project lifecycle. To incorporate the National Designated Authorities (NDAs), the project will ensure that the National Implementing Entities (NIEs) in each country, such as Benin's National Fund for Environment and Climate (FNEC), Uganda's Ministry of Water and Environment (MWE), and Zimbabwe's Environmental Management Agency (EMA), are fully engaged in the implementation process. These entities will be involved in coordinating national climate adaptation efforts and ensuring that the project aligns with national climate strategies and priorities. Their role will include providing guidance on national policies, ensuring compliance with national regulations, avoiding duplication of efforts and assisting with the identification of key stakeholders, including local communities and the private sector, to ensure that interventions are appropriately tailored to each country's context and adaptation priorities. This will enhance the project's alignment with national climate change frameworks and ensure that local governments are actively involved in decision-making processes. Their involvement will also ensure effective monitoring and reporting, as well as compliance with the Adaptation Fund's operational and fiduciary requirements.

**Deleted:** The World Health Organization (WHO) will serve as the **Implementing Entity**, overseeing the project's financial, monitoring, and reporting aspects with transparency and adherence to international procurement standards. The African Enterprise Challenge Fund (AECF) will act as the **Executing Entity**, implementing the project at national and subnational levels. The Ministries of Health (MoH) in participating countries will supervise local implementation under WHO's oversight, ensuring fiduciary standards are met. A Project Management Unit (PMU) will be established with skilled staff embedded in MoHs to oversee execution. Relevant institutions, such as Ministries of Energy and Environment, will contribute to ensure a cross-sectoral approach. A Project Steering Committee, co-chaired by WHO and the MoH, will include representatives from key ministries and organizations for strategic oversight. AECF will call for EOIs from companies offering green initiatives for health systems and provide financial incentives like grants, subsidies, or de-risking investments to encourage private sector involvement and technology adoption.¶

**PART IV: ENDORSEMENT BY GOVERNMENTS AND CERTIFICATION BY THE IMPLEMENTING ENTITY**

**A. Record of endorsement on behalf of the government<sup>3</sup>**

Mr. Inoussa Ouiminga Directeur General de la Cooperation Ministère de l'Economie, des Finances et du Développement 03 BP 7067 Ouagadougou 03 <b>Burkina Faso</b>	Date: 12/07/2024
Prof. Martin Pépin AINA Directeur Général de l'Environnement et du Climat Ministère du Cadre de vie et du Développement Durable <b>Benin</b>	Date: 18/07/2024
Mr. Ramathan Ggoobi Permanent Secretary /Secretary to the Treasury Minister of Finance, Planning and Economic Development P.O Box 8147, Sir Kagwa Road <b>Uganda</b>	Date: 05/04/2024
Mr. Washington Zhakata Director: Climate Change Management Department Ministry of Environment, Water, & Climate 11th Floor, Kaguvi Building, 11th Floor, Kaguvi Building, Harare, <b>Zimbabwe</b>	Date: 03/04/2024

**B. Implementing Entity certification:**

I certify that this proposal has been prepared in accordance with guidelines provided by the Adaptation Fund Board, and prevailing National Development and Adaptation Plans of Benin, Burkina Faso, Uganda, and Zimbabwe and subject to the approval by the Adaptation Fund Board, commit to implementing the project/programme in compliance with the Environmental and Social Policy of the Adaptation Fund and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.

*Dr Jeremiah MUSHOSHO, Team Lead – Climate Change, Health and Environment (WHO AFRO)*

Implementing Entity Coordinator 

<sup>3</sup> Each Party shall designate and communicate to the secretariat the authority that will endorse on behalf of the national government the projects and programmes proposed by the implementing entities.

Date: <i>(September, 09, 2024)</i>	Tel. and email: <a href="mailto:mushoshoj@who.int">mushoshoj@who.int</a> , Tel +242 06 419 3924 or +263 772 326 001
Project Contact Person: Dr. Jeremiah MUSHOSHO, Team Lead – Climate Change, Health and Environment (WHO AFRO)	
Tel. And Email: <a href="mailto:mushoshoj@who.int">mushoshoj@who.int</a> , Tel +242 06 419 3924 or +263 772 326 001	





*Direction générale de l'Environnement et du Climat*

N° 3148/DGEC/MCVT/DGCC/SD

Cotonou, le 18/07/24

### Letter of Endorsement by Government

To: The Adaptation Fund Board  
c/o Adaptation Fund Board Secretariat  
Email: Secretariat@Adaptation-Fund.org  
Fax: 202 522 3240/5


Subject: Endorsement for Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa.

In my capacity as designated authority for the Adaptation Fund in Benin, I confirm that the above regional project/programme proposal is in accordance with the government's national priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in the country.

Accordingly, I am pleased to endorse the above project/programme proposal with support from the Adaptation Fund. If approved, the project/programme will be implemented by World Health Organization (WHO) and executed by Africa Enterprise Challenge Fund (AECF).

Sincerely,

  
**Le Directeur Général**  
**Prof. Martin Pépin AïNA**  
Director general  
Designated Authority for the Adaptation Fund



# BURKINA FASO

*Unité-Progrès-Justice*

**Ministère de l'Economie, des Finances et de la Prospective**

**Direction Générale de la Coopération**



ADAPTATION FUND



Ouagadougou, le 12 Juillet 2024

A: Adaptation Fund Board  
C/o Adaptation Fund Board Secretariat  
Email: [Secretariat@Adaptation-Fund.org](mailto:Secretariat@Adaptation-Fund.org)  
Fax: 202 522 3240/5

**Objet:** Lettre d'Approbation du projet régional « Financements innovants pour les systèmes de santé résilients face aux changements climatiques en Afrique / Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa »

**Monsieur le Secrétaire du Conseil,**

A ma qualité d'Autorité National Désignée du Fonds d'adaptation du Burkina Faso, je confirme que la proposition de projet régional ci-dessus cité, est conforme aux priorités du gouvernement du Burkina Faso, dans le cadre de la mise en œuvre des activités d'adaptation, visant à réduire les impacts néfastes du changement climatique au Burkina Faso.

Par la présente, j'ai l'honneur de vous informer, **que j'approuve le projet régional « Financements innovants pour les systèmes de santé résilients face aux changements climatiques en Afrique / Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa »**. Ce projet sera porté par l'Organisation mondiale de la santé (OMS) et exécuté par le Ministère de la Santé et de l'Hygiène publique du Burkina Faso.

Tout en vous réitérant mes remerciements pour les efforts déployés afin de soutenir les actions du Gouvernement en matière d'adaptation au changement climatique, je vous prie d'agréer, **Monsieur le Secrétaire du Conseil**, l'expression de ma considération distinguée.

**Inoussa OUIMINGA**

Adaptation Fund National Designated Authority  
Directeur Général de la Coopération  
03 BP 7067 Ouagadougou 03  
Tel : +226 25 31 25 50/+226 70 92 83 64  
Email: [ouiminga@yahoo.fr](mailto:ouiminga@yahoo.fr)

Telephone: 256 41 4341305/230487  
Fax : 256 41 4233524  
Email : [finance@finance.go.ug](mailto:finance@finance.go.ug)  
Website : [www.finance.go.ug](http://www.finance.go.ug)  
Plot No. 2-8 Apollo Kagga Road  
In any correspondence on  
This subject please quote No. ALD 79/251/02



Ministry of Finance, Planning &  
Economic Development,  
P.O Box 8147  
Kampala, Uganda

12<sup>th</sup> November 2024

The Adaptation Fund Board,  
C/O Adaptation Fund Board Secretariat,  
Email: [Secretariat@Adaptation-Fund.org](mailto:Secretariat@Adaptation-Fund.org),  
Fax: 202 522 3240/5.

**ENDORSEMENT LETTER FOR THE PROJECT TITLED  
“PIONEERING INNOVATIVE FINANCING FOR CLIMATE  
RESILIENT HEALTH SYSTEMS IN AFRICA”**

On behalf of the Government of Uganda, I confirm that the above regional project/programme is in line with Uganda’s priorities in implementing adaptation actions to reduce the effects of climate change on our people and economy.

Accordingly, I am pleased to endorse the above regional project/programme proposal to be supported by the Adaptation Fund.

If approved, the project /programme will be implemented by World Health Organization (WHO) and executed by the African Enterprise Challenge Fund (AECF).

Ramathan Ggeobi

**PERMANENT SECRETARY/ SECRETARY TO THE TREASURY**

- Copy to:
- Hon. Minister of Finance, Planning and Economic Development
  - The Permanent Secretary, Ministry of Health
  - The Permanent Secretary, Ministry of Water and Environment

*Mission*

*“To formulate sound economic policies, maximize revenue mobilization, ensure efficient allocation and accountability for public resources so as to achieve the most rapid and sustainable economic growth and development”*



*All communications should be addressed, "The Secretary for Environment, Climate and Wildlife."*

P Bag 7753 Causeway,  
Zimbabwe  
Telephone: 701681/3  
Fax: 252673

Your Ref:  
Our Ref:



ZIMBABWE

MINISTRY OF ENVIRONMENT,  
CLIMATE AND WILDLIFE

11<sup>th</sup> Floor, Kaguvu Building  
Cnr 4th Street/Central Avenue  
Harare  
ZIMBABWE

3 April 2024

To: The Adaptation Fund Board  
c/o Adaptation Fund Board Secretariat  
Email: Secretariat@Adaptation-Fund.org  
Fax: 202 522 3240/5

Subject: Endorsement for Pioneering Innovative Adaptation Financing for Climate Resilient Health Systems in Africa

In my capacity as designated authority for the Adaptation Fund in Zimbabwe, I confirm that the above regional project/programme proposal is in accordance with the government's national priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in Zimbabwe.

Accordingly, I am pleased to endorse the above project/programme proposal with support from the Adaptation Fund. If approved, the project/programme will be implemented by WHO and executed by Africa Enterprise Challenge Fund.

Sincerely,



Mr Washington Zhakata  
Director Climate Change Management Department  
Nationally Designated Authority  
Ministry of Environment, Climate and Wildlife



**Revised PFG Submission Form<sup>1</sup> (additions in red)**

**Project Formulation Grant (PFG)**

**Submission Date:** 18 December 2014

**Adaptation Fund Project ID:** AF00000414

**Country/ies:** Benin, Burkina Faso, Uganda and Zimbabwe

**Title of Project/Programme:** Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa

**Type of IE (NIE/RIE/MIE):** Multilateral Implementing Entity

**Implementing Entity:** World Health Organization (WHO)

**Executing Entity/ies:** Africa Enterprise Challenge Fund (AECF)

**A. Project Preparation Timeframe**

<b>Start date of PFG</b>	01 March 2025
<b>Completion date of PFG</b>	30 May 2025

**B. Proposed Project Preparation Activities (\$)**

<b>List of Proposed Project Preparation Activities</b>	<b>Output of the PFG Activities</b>	<b>US\$ Amount</b>	<b>Budget note<sup>2</sup></b>
Three (4) Country Missions to conduct stakeholder consultation meetings and Concept note drafting.	Agreed project outputs and outcomes and project development milestones.	US\$20,000	Cost for 4 missions to the 4 countries by WHO and AECF Teams. These include flights, accommodation and meeting expenses.
<b>Total Project Formulation Grant</b>		US\$20,000	

Please describe below each of the PFG activities and provide justifications for their need and for the amount of funding required:

<sup>1</sup> As presented in AFB/PPRC.33/40 Annex 1.

<sup>2</sup> The proposal should include a detailed budget with budget notes indicating the break- down of costs at the activity level. It should also include a budget on the Implementing Entity management fee use.


**For LLA Projects only:**

If requesting additional funding for LLA projects to enable devolving decision making to the local level, please specify the activities that would directly serve to enable devolving decision making to the lowest appropriate level and enable local actors to make informed decisions on how adaptation actions are defined, prioritized, designed, and implemented:

Please provide justifications for their need and for the amount of additional funding required:

**C. Implementing Entity**

This request has been prepared in accordance with the Adaptation Fund Board's procedures and meets the Adaptation Fund's criteria for project identification and formulation

Implementing Entity Coordinator, IE Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
Jeremiah Mushosho, WHO.	P.P 	18 December 2024	Dr. Jeremiah Mushosho	+263772326001	<a href="mailto:mushoshoj@who.int">mushoshoj@who.int</a>