



ADAPTATION FUND

AFB/PPRC.35/28
17 March 2025

Adaptation Fund Board
Project and Programme Review Committee
Thirty fifth Meeting
Bonn, Germany, 8-9 April 2025

Agenda Item 6d)

PROPOSAL FOR BENIN, BURKINA FASO, UGANDA AND ZIMBABWE

Background

1. The strategic priorities, policies and guidelines of the Adaptation Fund (the Fund), as well as its operational policies and guidelines include provisions for funding projects and programmes at the regional, i.e. transnational level. However, the Fund has thus far not funded such projects and programmes.

2. The Adaptation Fund Board (the Board), as well as its Project and Programme Review Committee (PPRC) and Ethics and Finance Committee (EFC) considered issues related to regional projects and programmes on a number of occasions between the Board's fourteenth and twenty-first meetings but the Board did not make decisions for the purpose of inviting proposals for such projects. Indeed, in its fourteenth meeting, the Board decided to:

- (c) Request the secretariat to send a letter to any accredited regional implementing entities informing them that they could present a country project/programme but not a regional project/programme until a decision had been taken by the Board, and that they would be provided with further information pursuant to that decision*

(Decision B.14/25 (c))

3. At its eighth meeting in March 2012, the PPRC came up with recommendations on certain definitions related to regional projects and programmes. However, as the subsequent seventeenth Board meeting took a different strategic approach to the overall question of regional projects and programmes, these PPRC recommendations were not included in a Board decision.

4. At its twenty-fourth meeting, the Board heard a presentation from the coordinator of the working group set up by decision B.17/20 and tasked with following up on the issue of regional projects and programmes. She circulated a recommendation prepared by the working group, for the consideration by the Board, and the Board decided:

- (a) To initiate steps to launch a pilot programme on regional projects and programmes, not to exceed US\$ 30 million;*
- (b) That the pilot programme on regional projects and programmes will be outside of the consideration of the 50 per cent cap on multilateral implementing entities (MIEs) and the country cap;*
- (c) That regional implementing entities (RIEs) and MIEs that partner with national implementing entities (NIEs) or other national institutions would be eligible for this pilot programme, and*

- (d) *To request the secretariat to prepare for the consideration of the Board, before the twenty-fifth meeting of the Board or intersessionally, under the guidance of the working group set up under decision B.17/20, a proposal for such a pilot programme based on consultations with contributors, MIEs, RIEs, the Adaptation Committee, the Climate Technology Centre and Network (CTCN), the Least Developed Countries Expert Group (LEG), and other relevant bodies, as appropriate, and in that proposal make a recommendation on possible options on approaches, procedures and priority areas for the implementation of the pilot programme.*

(Decision B.24/30)

5. The proposal requested under (d) of the decision above was prepared by the secretariat and submitted to the Board in its twenty-fifth meeting, and the Board decided to:

- (a) *Approve the pilot programme on regional projects and programmes, as contained in document AFB/B.25/6/Rev.2;*
- (b) *Set a cap of US\$ 30 million for the programme;*
- (c) *Request the secretariat to issue a call for regional project and programme proposals for consideration by the Board in its twenty-sixth meeting; and*
- (d) *Request the secretariat to continue discussions with the Climate Technology Center and Network (CTCN) towards operationalizing, during the implementation of the pilot programme on regional projects and programmes, the Synergy Option 2 on knowledge management proposed by CTCN and included in Annex III of the document AFB/B.25/6/Rev.2.*

(Decision B.25/28)

6. Based on the Board Decision B.25/28, the first call for regional project and programme proposals was issued and an invitation letter to eligible Parties to submit project and programme proposals to the Fund was sent out on 5 May 2015.

7. At its twenty-sixth meeting the Board decided *to request the secretariat to inform the Multilateral Implementing Entities and Regional Implementing Entities that the call for proposals under the Pilot Programme for Regional Projects and Programmes is still open and to encourage them to submit proposals to the Board at its 27th meeting, bearing in mind the cap established by Decision B.25/26.*

(Decision B.26/3)

8. At its twenty-seventh meeting the Board decided to:
- (a) *Continue consideration of regional project and programme proposals under the pilot programme, while reminding the implementing entities that the amount set aside for the pilot programme is US\$ 30 million;*
 - (b) *Request the secretariat to prepare for consideration by the Project and Programme Review Committee at its nineteenth meeting, a proposal for prioritization among regional project/programme proposals, including for awarding project formulation grants, and for establishment of a pipeline; and*
 - (c) *Consider the matter of the pilot programme for regional projects and programmes at its twenty-eighth meeting.*

(Decision B.27/5)

9. The proposal requested in (b) above was presented to the nineteenth meeting of the PPRC as document AFB/PPRC.19/5. The Board subsequently decided:

- a) *With regard to the pilot programme approved by decision B.25/28:*
 - (i) *To prioritize the four projects and 10 project formulation grants as follows:*
 - 1. *If the proposals recommended to be funded in a given meeting of the PPRC do not exceed the available slots under the pilot programme, all those proposals would be submitted to the Board for funding;*
 - 2. *If the proposals recommended to be funded in a given meeting of the PPRC do exceed the available slots under the pilot programme, the proposals to be funded under the pilot programme would be prioritized so that the total number of projects and project formulation grants (PFGs) under the programme maximizes the total diversity of projects/PFGs. This would be done using a three-tier prioritization system: so that the proposals in relatively less funded sectors would be prioritized as the first level of prioritization. If there are more than one proposal in the same sector: the proposals in relatively less funded regions are prioritized as the second level of prioritization. If there are more than one proposal in the same region, the proposals submitted by relatively less represented implementing entity would be prioritized as the third level of prioritization;*
 - (ii) *To request the secretariat to report on the progress and experiences of the pilot programme to the PPRC at its twenty-third meeting; and*
- b) *With regard to financing regional proposals beyond the pilot programme referred to above:*

(i) *To continue considering regional proposals for funding, within the two categories originally described in document AFB/B.25/6/Rev.2: ones requesting up to US\$ 14 million, and others requesting up to US\$ 5 million, subject to review of the regional programme;*

(ii) *To establish two pipelines for technically cleared regional proposals: one for proposals up to US\$ 14 million and the other for proposals up to US\$ 5 million, and place any technically cleared regional proposals, in those pipelines, in the order described in decision B.17/19 (their date of recommendation by the PPRC, their submission date, their lower “net” cost); and*

(iii) *To fund projects from the two pipelines, using funds available for the respective types of implementing entities, so that the maximum number of or maximum total funding for projects and project formulation grants to be approved each fiscal year will be outlined at the time of approving the annual work plan of the Board.*

(Decision B.28/1)

10. At its thirty-first meeting, having considered the comments and recommendation of the Project and Programme Review Committee, the Adaptation Fund Board (the Board) decided:

(a) *To merge the two pipelines for technically cleared regional proposals established in decision B.28/1(b)(ii), so that starting in fiscal year 2019 the provisional amount of funding for regional proposals would be allocated without distinction between the two categories originally described in document AFB/B.25/6/Rev.2, and that the funding of regional proposals would be established on a ‘first come, first served’ basis; and*

(b) *To include in its work programme for fiscal year 2019 provision of an amount of US\$ 60 million for the funding of regional project and programme proposals, as follows:*

(i) *Up to US\$ 59 million to be used for funding regional project and programme proposals in the two categories of regional projects and programmes: ones requesting up to US \$14 million, and others requesting up to US\$ 5 million; and*

(ii) *Up to US\$ 1 million for funding project formulation grant requests for preparing regional project and programme concepts or fully-developed project and programme documents.*

(Decision B.31/3)

11. The following project pre-concept document titled “Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa” was submitted for Benin, Burkina Faso, Uganda and

Zimbabwe by the World Health Organization (WHO), which is a Multilateral Implementing Entity of the Adaptation Fund.

12. This is the second submission of the pre-concept note, using the three-step submission process.

13. It was first submitted as a project pre-concept ahead of the forty-fourth meeting.

14. The current submission was received by the secretariat in time to be considered in the forty-fourth Board meeting. The secretariat carried out a technical review of the project proposal, with the diary number AF00000414, and completed a review sheet.

15. In accordance with a request to the secretariat made by the Board in its 10th meeting, the secretariat shared this review sheet with WHO and offered it the opportunity of providing responses before the review sheet was sent to the PPRC.

16. The secretariat is submitting to the PPRC the summary and, pursuant to decision B.17/15, the final technical review of the project, both prepared by the secretariat, along with the final submission of the proposal in the following section. In accordance with decision B.25.15, the proposal is submitted with changes between the initial submission and the revised version highlighted.



ADAPTATION FUND

ADAPTATION FUND BOARD SECRETARIAT TECHNICAL REVIEW OF PROJECT/PROGRAMME PROPOSAL

PROJECT/PROGRAMME CATEGORY:

Countries/Region:	Benin, Burkina Faso, Uganda and Zimbabwe	
Project Title:	Pioneering Innovative Financing for Climate-Resilient Health Systems in Africa	
Thematic focal area:	Disaster risk reduction and early warning systems	
Implementing Entity:	World Health Organization (WHO)	
Executing Entities:	Africa Enterprise Challenge Fund (AECF)	
AF Project ID:	AF00000414	
IE Project ID:		Requested Financing from Adaptation Fund (US Dollars): 13,924,000
Reviewer and contact person:	Hugo Remaury	Co-reviewer(s): Saliha Dobardzic
IE Contact Person(s):	Dr. Jeremiah MUSHOSHO	

Technical Summary

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:

Component 1: Private Sector Engagement in climate-resilient health systems (USD 800,000)

Component 2: Innovative Adaptation Financing mechanisms deployment to support climate resilient technologies and infrastructure (USD 10,000,000)

Component 3: Capacity building and Institutional strengthening (USD 1,000,000)

Requested financing overview:

Project/Programme Execution Cost: USD 1,121,000

Total Project/Programme Cost: USD 12,921,000

Implementing Fee: USD 1,003,000

Financing Requested: USD 13,924,000

The proposal includes a request for a project formulation grant of USD 20,000.

	<p>The first technical review raised some issues, such as the need to submit a request for a 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.</p> <p>The second technical review finds that the proposal has addressed all the CR and CAR requests.</p>
Date	7 January 2025

Review Criteria	Questions	Comments 1 st review [November 26, 2024]	Comments 2 nd review [January 7, 2025]
Country Eligibility	1. Are all of the participating countries party to the Kyoto Protocol and/or the Paris Agreement?	Yes.	-
	2. Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?	Yes. 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?	Yes. 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	Yes.	-

	project/programme is aiming to solve, including both the regional and the country perspective?		
	3. Have the project/programme objectives, components and financing been clearly explained?	<p>Not cleared.</p> <p>CR 1: Please describe the potential target/grantees of the Performance-Based Climate Resilient Grants planned under Component 2.</p> <p>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.</p>	<p>CR 1: Cleared, as per the additional information provided on p.3-4.</p> <p>CR 2: Cleared, as per the additional information provided on p.4, and examples of adaptation pilots implemented by AECF provided by WHO in its response sheet.</p>
	4. Has the project/programme been justified in terms of how: <ul style="list-style-type: none"> - it supports concrete adaptation actions? - it builds added value through the regional approach? - it promotes new and innovative solutions to climate change adaptation? - it is cost-effective? - it is consistent with applicable strategies and plans? - it incorporates learning and knowledge management? - it will be developed through 	Cleared.	-

	<p>a consultative process with particular reference to vulnerable groups, including gender considerations, in compliance with the Environmental and Social Policy of the Adaptation Fund?</p> <p>- it will take into account sustainability?</p>		
	<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>Not cleared.</p> <p>CR 3: 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>CR 3: Cleared, as per the additional information provided on p.7.</p>
	<p>6. Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?</p>	<p>Yes.</p>	<p>-</p>
<p>Resource Availability</p>	<p>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</p>	<p>No.</p> <p>CAR 4: Please revise the proposed Executing Entity cost to ensure it remains within 10% of the total project/programme cost, using the IE cost and EE fee calculator, if needed.</p>	<p>CAR 4: Cleared, as per the revised Executing Entity cost proposed on p.3.</p>

	implementing entity (IE) fees and at or below 10 per cent of the project/programme cost for the execution costs?	CAR 5: Please include a request for project formulation grant duly filled in and signed.	CAR 5: Cleared , as per the request for a project formulation grant now provided as an annex to the pre-concept note.
Eligibility of IE	8. Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?	Yes. 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 Area¹: 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)

Deleted: 14 000 000

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)

¹ 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.²

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.

^{2 2} IPCC, Chapter 9: Africa | Climate Change 2022: Impacts, Adaptation and Vulnerability (ipcc.ch)

² https://files.who.int/afahobckpcontainer/production/files/iAHO_Climate_change_in_health_Fact_Sheet-April_2024.pdf

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

² https://cred.be/sites/default/files/2022_EMDAT_report.pdf

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

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

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

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

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

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

² 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).

² <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	Outcome 1: Public-private partnerships and investment frameworks established to facilitate and enhance private sector engagement in building climate-resilient health systems.	Output 1.1: Incentives introduced to attract private sector investment in the health sector through Performance-Based Climate Resilient Grants (PBCRGs) and other de-risking instruments. Output 1.2: 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. Output 1.3: 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	Outcome 2: Health systems' resilience enhanced through innovative adaptation financing and the deployment of climate-resilient technologies and infrastructure.	Output 2.1 Performance-Based Climate Resilient Grants (PBCRGs) deployed in pilot projects focused on climate-resilient health technologies and infrastructure. Output 2.2: A variety of appropriate climate-resilient technologies, addressing specific climate impacts, selected, financed, and installed. Output 2.3: Selected healthcare infrastructure climate-proofed to respond to specific climate impacts.	Zimbabwe, Benin, Burkina Faso, Uganda,	10,000,000
Capacity building and Institutional strengthening	Outcome 3: 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.	Output 3.1: Enhanced technical capacity to develop an enabling policy environment that fosters public and private investment in climate-resilient health technologies and infrastructure. Output 3.2: 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
Total Amount of Financing Requested				13,924,000

Deleted: 500

Deleted: 980

Deleted: ,

Deleted: Project/Programme Execution cost (9.5% ... [1]

Deleted: (82%)

Deleted: 48

Deleted: 190

Deleted: 000

Deleted: 14

Deleted: 000

Deleted: 000

Deleted: ¶

Formatted: Font: Bold

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

Formatted: Font colour: Dark Red

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 EOs 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 government³

Mr. Inoussa Ouiminga Directeur General de la Cooperation Ministère de l'Economie, des Finances et du Développement 03 BP 7067 Ouagadougou 03 Burkina Faso	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 Benin	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 Uganda	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, Zimbabwe	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 

³ 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: mushoshoj@who.int , 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: mushoshoj@who.int , Tel +242 06 419 3924 or +263 772 326 001	





MINISTÈRE DU CADRE DE VIE ET
DES TRANSPORTS
EN CHARGE DU DÉVELOPPEMENT DURABLE
REPUBLICQUE DU BENIN

01 BP 3502 - 01 BP 3621 Cotonou
Tél. : + 229 21 31 80 45 - 21 31 47 12
mcvt.info@gouv.bj
www.cadredevie.gouv.bj

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
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

Telephone: 256 41 4341305/230487
Fax : 256 41 4233524
Email : finance@finance.go.ug
Website : 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

12th November 2024

The Adaptation Fund Board,
C/O Adaptation Fund Board Secretariat,
Email: 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

11th 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 Form¹ (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

Start date of PFG	01 March 2025
Completion date of PFG	30 May 2025

B. Proposed Project Preparation Activities (\$)

List of Proposed Project Preparation Activities	Output of the PFG Activities	US\$ Amount	Budget note²
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.
Total Project Formulation Grant		US\$20,000	

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

¹ As presented in AFB/PPRC.33/40 Annex 1.

² 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	mushoshoj@who.int