From Risk to Resilience

Unlocking Climate and Health Finance for Local Health Adaptation

Collective MindS
CLIMATE X HEALTH COUNCIL

From Risk to Resilience: Unlocking Climate and Health Finance for Local Health Adaptation

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Introduction to the *Collective MindS Climate x Health Council*

The Collective MindS Climate x Health Council is a group of world-leading experts from industry, academia, civil society, philanthropy and government who are committed to improving global health through collective action.

Members of the Collective MindS Climate x Health Council include:

Dr Elhadj As Sy (Kofi Annan Foundation, Chair of the Board); HE **Professor Awa Marie** Coll-Seck (Galien Forum Africa, President); **Professor Alan Dangour** (Wellcome Trust, Head of Climate and Health); **Nathalie Delapalme** (Mo Ibrahim Foundation, CEO); **Ms Yacine Diop Djibo** (Speak Up Africa, Executive Director); **Pascal Lamy** (Forum de Paris sur la Paix, Vice President; Former World Trade Organization Director General); **Jack Leslie** (Duke Global Health Institute, Senior Visiting Fellow; Former Chairman of the Board of Directors of the US African Development Foundation; Chair for the Elizabeth Glaser Pediatrics AIDS Foundation; Water.org, Board Member); **Dr Omnia El Omrani** (Imperial College London, Policy Fellow; COP28, Health Envoy; COP27, Youth Envoy); **Dr Marina Romanello** (The Lancet Countdown, Executive Director); **Dr Anil Soni** (WHO Foundation, CEO); **Dr Agnès Soucat** (Agence Française de Développement, Director of Health & Social Protection); **Dr Tamer Rabie** (World Bank, Global Program Lead for Climate and Health); **Dr Monique Vledder** (World Bank, Practice Manager for the Global Health, Nutrition and Population Unit); **Mr Paul Walton** (Africa-Europe Foundation, Executive Director)

The Collective MindS Climate x Health Council published the "Time to Adapt Action Report" on the side-lines of the 78th United Nations General Assembly (UNGA 78) which focused on the urgent need to support and finance community led health adaptation solutions in climate vulnerable countries.

In 2024, The Collective MindS Climate x Health Council focused specifically on the implementation of the COP 28 Guiding Principles for Financing Climate and Health Solutions and worked to identify mechanisms to ensure finance reaches climate vulnerable communities to strengthen local health resilience.

The health impacts of climate change are hitting the most vulnerable communities the hardest. Extreme heat, the spread of infectious diseases, and food and water insecurity pose serious health risks. Over 3.3 billion people already live in highly vulnerable areas, where the death rate from extreme weather events in the last decade was fifteen times higher than in less vulnerable areas.[I,1,2] Without intervention, millions of lives could be at risk. One high estimate suggests that climate change could lead to at least 21 million additional deaths by 2050 from just five health risks.[II,3,4] Urgent action is needed to adapt to these health impacts and strengthen the resilience of healthcare systems.

Local actors are uniquely positioned to drive adaptation to these health impacts.[5, 6] They are at the frontlines of the climate crisis and have a deep understanding of local factors influencing climate-related health risks and how to overcome them.[7]

Actors across the globe are increasingly recognising the importance of locally led adaptation to climate-related health impacts. By prioritising local leadership, locally led strategies can result in adaptation measures that are more closely aligned with community needs and priorities, increasing their effectiveness.[8,9] Over 120 governments, global institutions and non-governmental organisations (NGOs) have endorsed the common principles for locally led adaptation. [10]

However, finance for locally led health adaptation is nowhere near what is needed. According to UNEP, annual funding for climate adaptation is US$ 21 billion. This is ~15X lower than the need of ~US$ 387 billion,[III] leaving a staggering US$ 366 billion[IV] finance gap.[11] Health adaptation is particularly neglected, only 0.5% of multilateral climate funding is allocated to projects that explicitly address human health, and just 5% of climate adaptation funding is committed to health projects.[12] In addition, only 10%[V] of global climate finance (both mitigation and adaptation) reaches the local level, suggesting a large shortfall for locally led health adaptation.[13]

> ***"Now the needs are in trillions when the billions haven't been given."***
>
> *Saber Hossain Chowdhury,*
> *Minister of Environment, Forest and Climate Change, Bangladesh - Geneva 2024* [14]

Four barriers prevent finance from reaching local actors[I] (funding for locally led health adaptation is not sufficient or fit for purpose[III]) the evidence base is incomplete and local knowledge is undervalued[II] (power imbalances exclude communities from funding decisions[IV]) complex funding structures and competing priorities constrain local actors' capacity to develop successful funding proposals.

Moving from commitment to action, this report presents three priorities to overcome these barriers and fast-track flexible finance for locally led health adaptation (see Figure 1):

[I] Regions with high vulnerability to the health impacts of climate change include West, Central, and East Africa, South Asia, Central and South America, small island developing states, and the Arctic.

[II] Estimates of health impacts due to climate change can vary widely. This variability is due to differences in methods and the uncertainty in predicting how human and environmental factors will evolve over time.

[III] The estimated adaptation finance needed to implement domestic adaptation priorities.

[IV] Estimated range US$ 194-366 billion per year.

[V] Estimate from 2016. The analysis was based on only the 7% of climate finance that is transparent enough to be tracked. However, 93% of climate finance is not sufficiently transparent to be tracked to its end use.

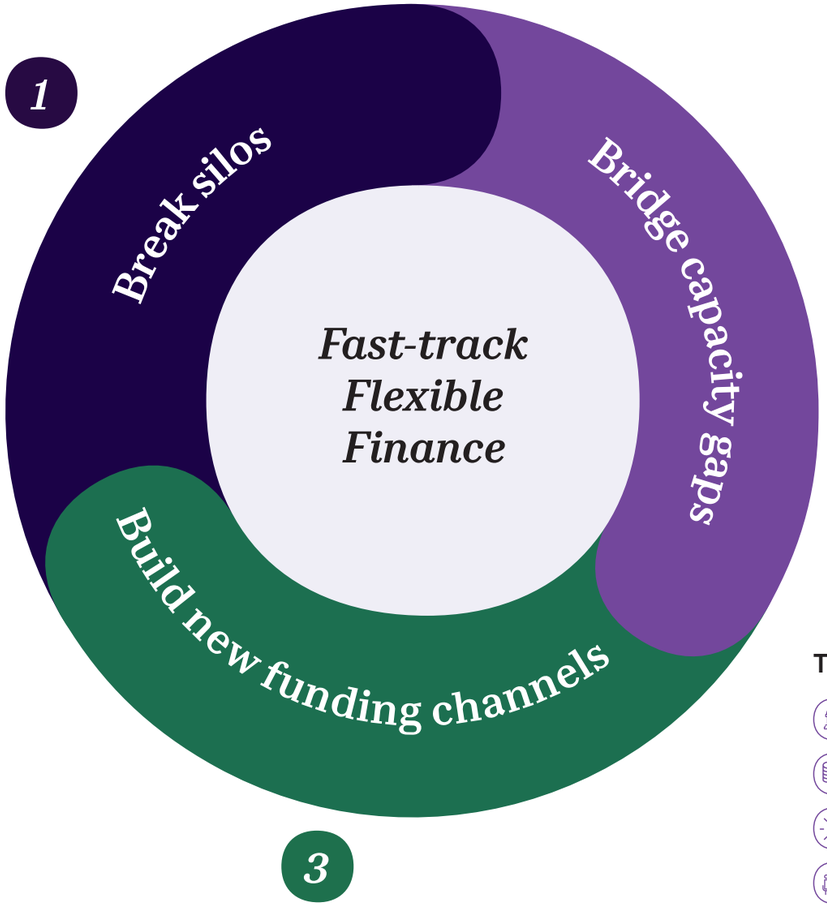
1 *Break the silos:* **Ensure joint decision-making with local actors** at all stages from national strategy design (e.g. National Adaptation Plans (NAPs)) to project preparation. This includes 1.1) establishing permanent integrated climate and health units at the national level to break sectoral silos and coordinate decision making; 1.2) creating dedicated channels both at the national level and at international forums to ensure local actors can influence climate and health priorities and control funding; and 1.3) creating and supporting multi-country locally led adaptation programmes to achieve large scale change.

2 *Bridge capacity gaps:* **Adapt funder requirements and strengthen local capacity** to increase access to climate and health finance. This involves 2.1) adapting funding processes to better suit the capacities of local actors; 2.2) strengthening the capacity of governments and local project developers to design projects, prepare proposals and engage with funders; and 2.3) supporting project evaluations and research initiatives to strengthen the evidence base alongside project implementation.

3 *Build new funding channels:* **Develop and scale dedicated funding mechanisms for locally led adaptation.** This could involve 3.1) regranting funds and platforms that match funders and grantees; and 3.2) innovative finance mechanisms to help fill the funding gap for locally led projects that are too small for existing funding channels. It can also include 3.3) scaling catastrophe risk insurance and emergency response funds to provide dedicated channels for urgent climate and health-related emergency response needs.

Figure 1 - Actions for locally led health adaptation.

Three priorities to unlock locally led health adaptation



TYPE OF ACTOR

- Governments
- Funders
- Project Developers
- Project Implementers

1. Ensure joint decision-making with local actors:

- *1.1* Establish **Climate and Health decision-making units** at the national level
- *1.2* Create **channels for local actors to co-create** climate and health **funding priorities**
- *1.3* Support **large-scale, locally led adaptation programmes**

2. Adapt funder requirements and strengthen local capacity:

- *2.1* **Adapt funding processes** to suite the capacity of local actors
- *2.2* **Strengthen the capacity of local actors** to design solutions and develop proposals
- *2.3* Support **implementation science and evidence** building

3. Develop and scale dedicated funding mechanisms for locally led adaptation:

- *3.1* Create **mechanisms to channel large-scale finance** to locally led projetcs
- *3.2* Scale **innovative finance mechanisms** for locally led health adaptation
- *3.3* Scale climate and health **emergency response funds and catastrophic insurance**

Call to Action

To unlock progress across these 3 priorities and 9 actions to fast-track flexible finance for Locally Led Health Adaptation, the Collective MindS Climate x Health Council calls on the global community to:

Accelerate the **breaking of silos: 100% of developing countries**[1] work towards the UNFCCC goal[22]**of having their NAPs in place by 2025,** with all **new NAPs including specific health targets reflecting national and sub-national priorities.**

Strengthen efforts to **bridge capacity gaps: 100% of global funding mechanisms** have **simplified/dedicated access channels** and **supprot programs** for local project developers, and report increased funding for locally led health adatptaton.

Intitiate the **building of new funding channels:** At least **5X more philanthropic funding** is directed to **locally led health adataptaion** within a broader effort to scale funding for **climate-resilient health systems to 10%** (*from less than 2%*).[3,4]

[1] Refers only to developing country parties to UNFCCC,
[2] UNFCCC (2024) "The 45th meeting of the Least Developed Countries Expert Group. Report by the secretariat"

[3] Climate works (2023) "2023 Funding Trends Reports".
[4] Climate giving as a whole accounts for less than 2% philantropic funding

CHAPTER 01

Context

Finance for locally led health adaptation in vulnerable communities needs to increase.

01.1

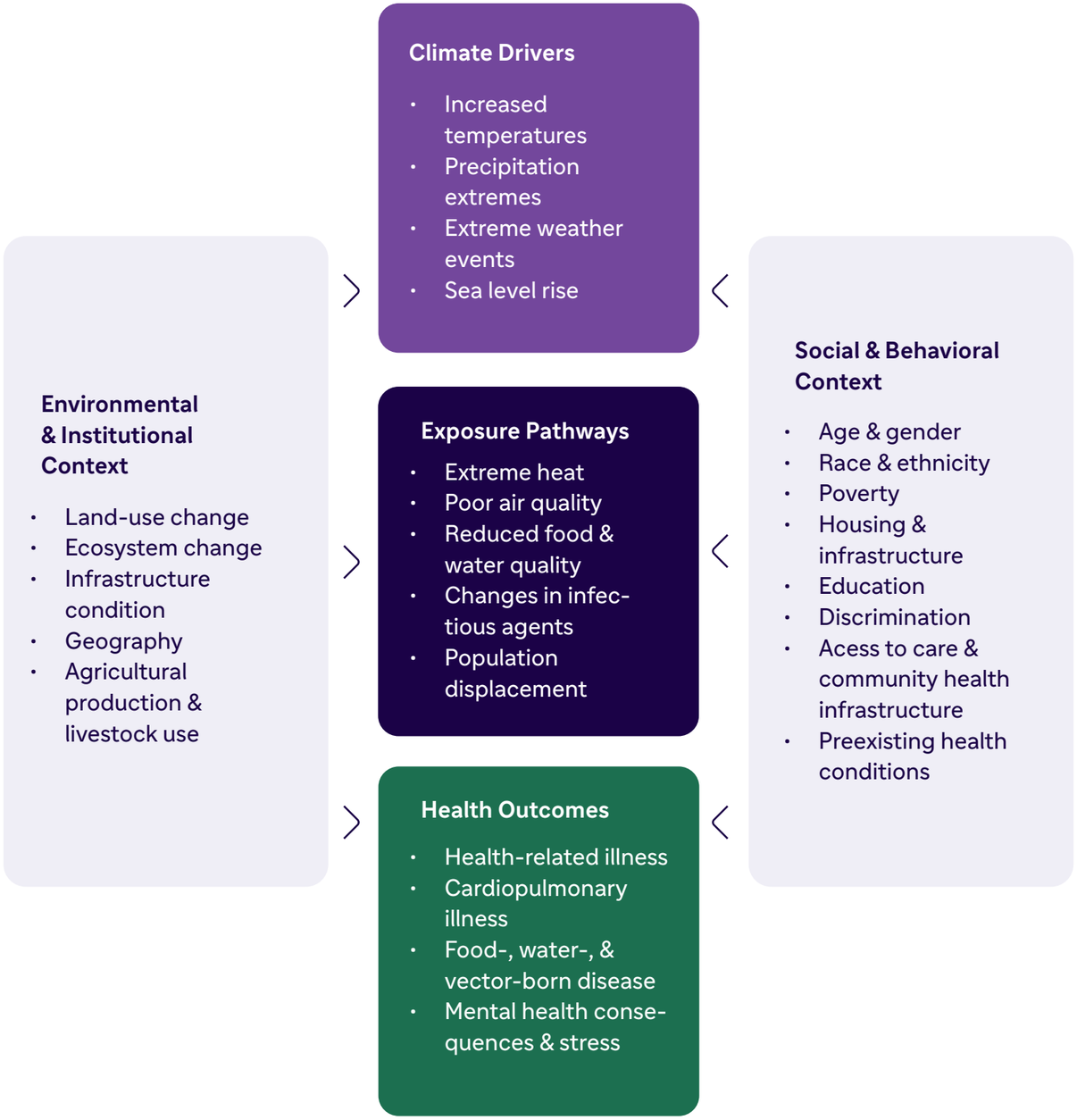
Climate change has *wide-ranging and irreversible impacts* on human health

Climate change poses a severe threat to human health.

Rising global temperatures, extreme weather events and shifting climate patterns lead to heat stress, infectious disease outbreaks, and mental health challenges (see Figure 2).[15] Currently, over 3.3 billion people live in areas that are highly vulnerable to climate change, facing significant health risks. In these regions, the death rate from extreme weather events in the last decade was fifteen times higher than in less vulnerable areas.[VI,16,17] Climate change has also compromised essential health services, damaged infrastructure, and disrupted supply chains, placing further strain on already-stressed systems.[18] For example, Cyclone Freddy caused widespread flooding in Malawi in 2023, displacing thousands of people. The cyclone severely damaged health infrastructure in many areas and limited access to medical care and clean water, creating ideal conditions for the spread of waterborne diseases like cholera and typhoid.[19]

> ***"The climate crisis disproportionately affects low- and middle-income countries with high disease burdens, weak health systems, and fragile political or conflict contexts, putting communities – who have contributed the least to global carbon emissions – at the most risk."***
>
> *Peter Sands,*
> *Executive Director, The Global Fund.*

Figure 2 - Health impacts from climate change[20]



This overview highlights the exposure pathways through which climate change affects human health. Exposure pathways exist within the context of other factors that positively or negatively influence health outcomes (grey side boxes).

Box 1
Definition of climate and health

- **Climate and health** refers to the interconnected relationship between climate change and its impacts on human health and healthcare systems. This includes the multiple dimensions of how climate change impacts health (see Figure 1) and how health sector emissions contribute to climate change.[21] It also considers how the wider social determinants of human health are impacted by and contribute to climate change (e.g., food, education, and housing sectors).

Marginalised groups such as women and girls, young or elderly people, people with disabilities, displaced people, Indigenous Peoples, and racial and ethnic minority groups face disproportionate climate-related health risks.

Women and girls are often more vulnerable to climate change due to gendered social roles and inequalities that limit their access to resources, decision-making processes, and economic opportunities.[22,23] For instance, women and girls are more likely to depend on natural resources for their livelihoods, are less likely to have access to emergency response systems, and are more likely to be the last to leave during climate-related disasters. These factors worsen their mortality outcomes.[24,25] Vulnerable age groups such as children under five years old and elderly over 65 are also particularly vulnerable to climate-related health issues, such as respiratory diseases, malnutrition, and vector-borne diseases.[26] The psychological impacts of climate change, including eco-anxiety and feelings of hopelessness about the future, are evident among children and adolescents.[27]

[VI] Regions with high vulnerability to the health impacts of climate change include West, Central, and East Africa, South Asia, Central and South America, small island developing states, and the Arctic.

Without urgent action, millions of lives could be at risk.

Under the current emissions trajectory, climate change is expected to pose even greater threats to human health due to more frequent and intense extreme weather events, and the spread of infectious diseases into new regions.[28] While uncertainty remains regarding the expected number of deaths due to climate change, all estimates indicate a severe threat to human life. For instance, WHO estimates that between 2030 and 2050, climate change could cause ~250,000 additional deaths per year, from undernutrition, malaria, diarrhoea and heat stress alone,[29] while WEF estimates that six weather events could cause an additional 14.5 million deaths by 2050.[30] Finally, World Bank data estimates a warmer climate could lead to at least 21 million addition deaths by 2050 from just five health risks.[VII,31]

Addressing the health impacts of climate change is increasingly seen as a global priority

Countries and advocates have elevated the agenda and set high ambition for action on climate and health, resulting in greater integration at global fora.

The UN Climate Conference in the UAE (COP28) included the first ever Health Day. This brought together more than 40 Ministers of Health for a climate-health Ministerial, resulting in the COP28 UAE Declaration on Climate and Health which was endorsed by 150 countries.[32] This event set a historic precedent for global climate meetings to include health as a central priority. It also built on the COP26 launch of the Alliance for Action on Climate Change and Health (ATACH), and the WHO Climate Health Pavilion at COP26 in the UK and COP27 in Egypt.[33,34] At the 2024 World Health Assembly (WHA), 194 countries built on this momentum and adopted a resolution on "Climate Change and Health", which clearly states the global consensus that climate change is a major threat to public health. The Resolution also outlines countries' commitments to building climate-resilient and sustainable health systems, emphasising the importance of multi-sectoral cooperation, investing in adaptation, and promoting awareness of the interdependence between climate change and health.[35,36] The WHO also announced its fourteenth General Programme of Work for 2025-2028 at WHA, which includes responding to the escalating threat to health posed by climate change as one of its six strategic objectives.[37]

[VII] Malnutrition, malaria, dengue, diarrhoea, and heat stress

Health is increasingly recognised as a climate investment opportunity and vice versa, resulting in growing financial commitments and funding.

Over US$ 1 billion in commitments were made for climate and health at COP28.[38,39] Global climate funding mechanisms like the Green Climate Fund (GCF) and the Adaptation Fund are increasing their allocation of financing for health.[40] For instance, GCF dedicated US$ 205 million for projects with potential health benefits in 2022 and is looking to scale this further.[41] At the same time, global health funders are increasingly considering climate-related investments. The Global Fund is seeking to expand on its existing spending, which includes over US$ 1.5 billion a year to strengthen health systems to be more climate-resilient and better prepared for pandemic threats.[42] For fiscal year 2024,[VIII] the World Bank also ramped up its support for climate and health, approving over US$ 2 billion[IX] for climate action in health projects. This increased the total finance the World Bank has provided to climate and health to ~$4.9 billion since 2016.[43] Philanthropies are also raising their commitments. For example, The Rockefeller Foundation has committed US$ 100 million to test and scale climate and health solutions globally. Funding commitments from the Wellcome Trust have also increased, including ~US$ 30 million[X,44] for global research to highlight the health impacts of climate change and influence policy development to protect human health.[45]

[VIII] Corresponds to July 1, 2023 to June 30, 2024.
[IX] Note this is a preliminary figure .
[X] Converted from GBP 23 million to USD using World Bank exchange rates.

01.2

Enabling locally led adaptation is key to addressing these impacts

(see Box 1)

Effective adaptation strategies are urgently needed to reduce climate and health risks.

The world is on track to pass the critical 1.5°C threshold by 2030, which will have devastating implications for human health.[46,47,48] It is therefore critical to pair ambitious mitigation with a rapid scaling up of adaptation efforts. Taking steps that support community and country led efforts to adapt to ongoing environmental changes is vital to protect human health now and in the future.[49]

Local actors at the frontlines of the climate crisis are best positioned to inform and shape adaptation strategies.

Health impacts from climate change vary significantly by geography, are continuously changing and are experienced differently depending on the unique characteristics of different local communities.[50,51] Even within communities, experiences differ depending on gender, age, ethnicity, religion and disability. Local actors therefore have the best knowledge and direct appreciation of what is changing, and the specific climate-related health risks that impact them.[52]

Locally led adaptation strategies offer effective, long-lasting, and community-owned solutions (see Box 1 for further details).[53,54]

Locally led adaptation strategies focus on local actors leading adaptation decision making (see Box 1 for further details).[55] By prioritising local leadership, these strategies can result in adaptation measures that are more likely to be aligned with the specific needs and priorities of communities. Locally led solutions are therefore crucial for fast, effective stakeholder response to immediate threats and hold significant potential for international impact.[56] For example, by enabling faster responses to disease outbreaks which could otherwise quickly spread to other regions.[57] Locally led adaptation devolves authority to the most appropriate, and least centralised level.[58] This acknowledges that while in many cases authority should be devolved to community based organisations, there are contexts where this may not be suitable. For example, procurement in climate emergencies may need to be led at a higher administrative level to support coordination. Further, there is rarely one "community voice," and groups within a community will have different needs. Recognising this diversity and creating platforms to elevate marginalised groups in decision making is a crucial aspect of locally led adaptation.[59]

“Understanding the impacts of climate change on health is critical for effective climate adaptation measures. We have to work together to find effective local solutions.”

Vanessa Nakaté,
Founder of the Rise up Climate Movement and Youth for Future Africa

Box 2
Definitions of local actors and locally led adaptation

- **Local actors** are actors below the sub-national level, including local government authorities, local enterprise (small and medium sized enterprises), community-based and grassroots organisations, households, and individuals.[60]

- **Locally led adaptation** is characterised by local actors having agency over the design, prioritisation, allocation and/or delivery of adaptation.[61] Drawing on the Principles for Locally Led Adaptation (see Annex 1), essential elements of this include:

  - Devolving authority and control over resources to local actors as well as strengthening these local institutions so they are inclusive, agile, and responsive given the uncertainties of climate change.

  - Local actors – especially women, youth, children, people with disabilities, displaced people, Indigenous Peoples, and castes or racial and ethnic minority groups that have been marginalised– having agency over the design, prioritisation, and/or delivery of adaptation.

- **Health adaptation** focuses on preparing populations to cope with or respond to how climate change could increase the incidence, seasonality, or geographic range of climate-sensitive health outcomes and identify factors that make their control more difficult.[62,63] This can include, but is not limited to:

  - Building climate-informed surveillance and early warning systems, increasing health workforce capacity in climate and health, and climate-proofing healthcare infrastructure.[64]

  - Accounting for key activities beyond the health sector, such as agriculture, infrastructure, energy access, and water, sanitation, and hygiene that can influence health outcomes.[65]

  - Preventative and responsive actions, e.g., by reducing risks in the system and improving resilience to hazards exacerbated by climate change or by ensuring rapid support is available to communities experiencing negative health impacts, such as those caused by an extreme weather events.[66]

Box 3
Definition and examples
of locally led health adaptation

Locally led health adaptation refers to locally led approaches specifically focused on health adaptation. Examples of locally led health adaptation include:

- ***Shibuye Community Health Workers, Kenya.*** Shibuye Community Health Workers (SCHW) is a women-led, community-based organisation with a mission to improve women's health and their access to health services, with a major focus on food security. To address food security and enhance livelihood security, SCHW has supported women with the growing of drought-resistant vegetables, collective gardening practices, and linking women's groups with microcredit institutions to support small businesses.[67,68]

- ***Climate Bridge Fund, Bangladesh.*** Climate Bridge Fund provides local NGOs with direct access to finance to support adaptation activities focused on water, sanitation and hygiene, health, and food security, particularly in the context of climate-induced migration. The fund shares decision-making with communities and local government from the beginning of the project development stage. This ensures proposals address actual needs and provide effective, context-specific solutions. Target groups include climate migrants and other excluded groups such as women, displaced people, and youth.[69,70]

Actors across the globe are starting to recognise the importance of supporting locally led adaptation and are working to enable this approach.

Over 120 governments, global institutions and non-governmental organisations (NGOs) have endorsed common principles for locally led adaptation (see Annex 1 for further details).[71] The COP28 Guiding Principles for Financing Climate and Health Solutions, endorsed at COP28, emphasise the importance of focusing resources to the most vulnerable and impacted communities and investing directly in civil society and community-led solutions.[72] Funders have recognised, through commitments such as the Donor Statement on Supporting Locally Led Development, the need to embed recipient voices and expertise in decision-making without making processes unnecessarily technocratic.[73,74] For instance, to reduce the burden associated with the application process, GCF is working to simplify its approval processes to reduce the time and resources required to access funding.[76] The Global Fund is also assessing how it can expand and improve the way it engages local actors in their processes, by learning from what others in the space are doing.[76]

Yet, despite growing recognition of the importance of centring locally led health adaptation, a significant funding gap remains and communities continue to be excluded from funding and decision-making processes

Countries most vulnerable to climate change need US$ 387 billion[xi] of annual investment to adapt to climate change. ambition for action on climate and health, resulting in greater integration at global fora.

At least US$ 11 billion per year is required to finance adaptation specifically to reduce climate-related disease risks and heat-related mortality.[77] Additional investments are needed to reduce extreme weather impacts, improve agricultural resilience, and protect mental health. [78]

[xi] This is the estimated finance required to implement domestic adaptation priorities as a whole, not just health adaptation.

However, climate adaptation finance was only US$ 21 billion in 2021, ~15x lower than the need, resulting in a finance gap of ~US$ 366 billion.[79]

Health adaptation is particularly neglected - only 0.5% of multilateral climate funding is allocated to projects that explicitly address human health, and just 5% of climate adaptation funding is committed to health projects.[80,81] At the same time, only 3% of international donor funding for health in 2018 went to climate change projects.[XII,82,83] Finally, less than 2% of philanthropic funding is currently dedicated to climate action as a whole, with likely even less directed specifically to health adaptation.[84]

Compounding this challenge is the fact that local community stakeholders who face the most significant impacts of climate change are often the most excluded from funding and decision-making processes.[85]

In particular, groups that are often marginalised, such as women, Indigenous Peoples, youth, older persons, people with a disability, and migrants are often excluded from defining priority areas for investment.[86,87] Current global funding mechanisms channel finance through central governments or large organisations and limit the decision-making power of local communities. For instance, only 10%[XIII] of global climate finance reaches communities directly and only 0.8%[XIV] of overall climate funding goes to youth-led organisations.[88,89] When it is available, funding tends to be sporadic and unpredictable, which can hinder sustained local action and ownership of adaptation programmes.[90] Local actors also have a limited role in monitoring and evaluation activities meaning funding strategies can be slow to adapt to local knowledge and real-time feedback.

Momentum is growing and the Collective MindS Climate x Health Council has come together to elevate existing and innovative solutions that channel finance towards locally led health adaptation.

Momentum to accelerate and increase the delivery of finance for climate and health solutions continues to grow.

For example, ATACH is bringing together countries, international agencies, and non-state actors such as NGOs, the private sector, and civil society to mobilise the funding and technical assistance countries need to build climate-resilient health systems.[91] The Development Bank Working Group for Climate-Health Finance is complementing this by bringing key global funders together to align around a joint roadmap, released in June 2024, to rapidly scale up effective finance for climate and health solutions.[92] Further to this, the G7 Task Force on Energy, Climate and Sustainable Development has called for greater finance for climate and health solutions. Similarly, the G20 Health Working Group is strengthening global collaboration and cooperation among ministries, with climate and health as one of its four priorities. [93,94]

In 2023, The Collective MindS Climate x Health Council highlighted the urgent need to support and finance community-led health adaptation solutions in climate vulnerable countries.[95]

The Council emphasised four areas for action[I]) putting local communities at the centre of decision-making and solutions[II]) building and applying evidence of effective local solutions[III]) channelling flexible finance directly to local communities[IV]) fostering an enabling environment for sustained progress on local adaptation.

Building on these efforts, this report aims to provide an actionable path forward to ensure that health adaptation funding reaches the most vulnerable countries and communities.

[XII] Estimate from 2018.
[XIII] Estimate from 2016. The analysis was based on only the 7% of climate finance that is transparent enough to be tracked. However, 93% of climate finance is not sufficiently transparent to be tracked to its end use.
[XIV] Estimate covering 2019-2021.

CHAPTER 02

Barriers

Barriers: The current state of finance for climate and health does not effectively enable locally led health adaptation.

The current flow of finance for climate and health is not locally led. Funding passes through many intermediaries, with the role of communities often limited to recipients rather than drivers of solutions *(see Figure 3)*

Across this flow, four types of barriers prevent finance for climate and health from reaching local communities and restricts community ownership of funding decisions (see Figure 3):

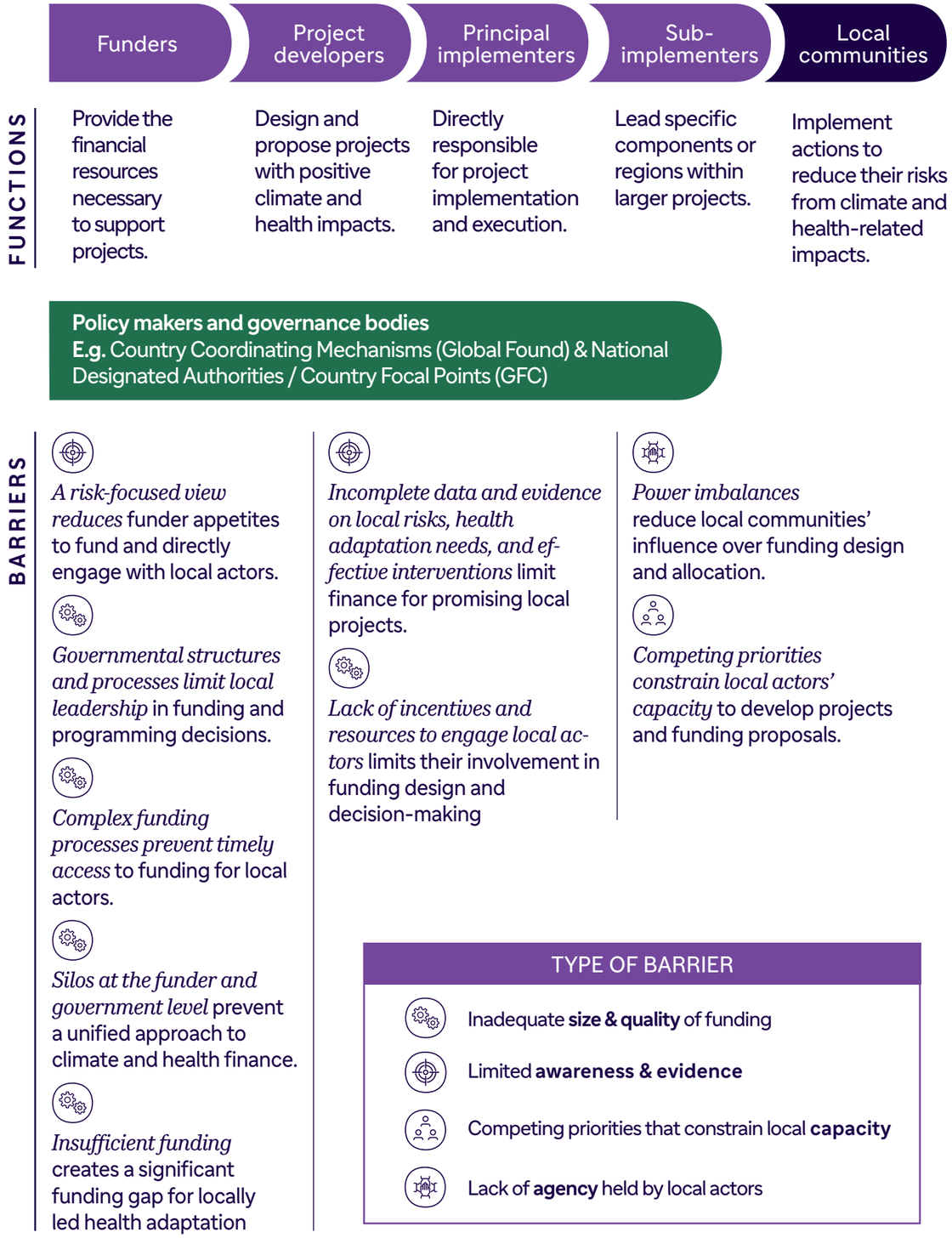
1. *Inadequate Size and Quality of Funding:* The size and quality of funding for locally led health adaptation is not fit for purpose,

2. *Limited Awareness & Evidence:* The scientific evidence base is incomplete and funders undervalue local knowledge,

3. *Lack of Agency Held by Local Actors:* The level of agency held by local actors in the funding process is limited, and

4. *Competing Priorities that Constrain Local Capacity:* Complex funding structures and competing priorities constrain local actors' capacity to develop projects and proposals.

Figure 3 -
Climate and health financing value chain and key barriers



The climate and health finance value chain examines the flow of funding across organisations at different stages, from funders to local level communities and organisations

02.1

Inadequate Size and Quality of Funding: The size and quality of funding for locally led health adaptation is not fit for purpose

Insufficient funding creates a significant funding gap for locally led health adaptation.

Both climate and health-related financial support to the most vulnerable countries is many times lower than what is needed. There is a lack of sufficient finance for climate adaptation overall, with a gap of ~ US$ 370 billion.[96] Further. only a small proportion of climate funding as a whole reaches the local level - 10% of global climate finance (both mitigation and adaptation) reaches communities directly (see Chapter 1).[97,98] This suggest a large shortfall in finance specifically for locally led health adaptation. This lack of funding is partly driven by a lack of accountability for unfulfilled pledges and a lack of transparency and monitoring of the distribution of funding.[99] At the same time, available funding is incompatible with locally led health adaptation projects. Most funders support local communities via rigid grant or loan structures, which lack the long-term, patient, flexible, and quickly accessible characteristics that can enable locally led health adaptation.[100,101] For instance, funding earmarked for HIV cannot be used to assist with emergency health needs after an extreme weather event if this use was not part of the original funding agreement. [102]

"Without enough financial support, and this support reaching communities, we will be speaking a lot but will not achieve what we want to achieve."

HE Professor Awa Marie Coll-Seck
President, Galien Forum Africa
- Geneva 2024[103]

Silos at the funder and government level prevent a unified approach to climate and health financing.

Despite increasing calls for action to engage at the intersection of climate and health, organisations continue to treat health and climate change as distinct issues. Legacy funder mandates focusing solely on either climate or health make it difficult to determine which funding should target health adaptation.[104] This reduces the potential allocation of climate finance to health adaptation projects and vice versa.[105] For example, out of US$ 1 billion of multilateral funding assigned by GCF to adaptation projects in 2022, only US$ 205 million went to projects with potential health benefits.[106,107,108]

Further, ministerial silos mean that governments miss an opportunity to take a collaborative approach to addressing local level issues that sit at the intersection of climate and heath. Ministries of Health and Ministries of Environment often treat their portfolios as entirely separate and engage with separate stakeholder groups.[109,110] These silos limit cross-entity collaboration and financial and political support for climate and health initiatives, reducing the overall resources available specifically for locally led health adaptation.[111]

Governmental structures and processes limit local leadership in funding and programming decisions.

For instance, the development of nationally determined contributions (NDCs) and national adaptation plans (NAPs) is often done at the national level, with limited consultation with local communities.[112] As a result, national climate and health priorities often fail to respond to local contexts. Similarly, planning and implementation of governmental adaptation projects often lack community level input and participatory decision-making. This can result in adaptation activities that fail to respond to local needs. For example, in Bangladesh's Baguna district, a community cyclone shelter was constructed on the other side of a river which was uncrossable during bad weather, in part due to a lack of community consultation.[113]

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Complex funding processes prevent timely access to funding for local actors.

The complexity of application, approval, and reporting processes for available funding, can mean country and community leaders cannot commit the human and financial resources required to develop proposals and access finance.[114,115] Furthermore, local actors may be unable to meet international funders' co-financing requirements due to constrained budgets.[116] This is exacerbated by the fact that each funder has distinct approval and reporting processes. As a result, country and community leaders spend significant time and bandwidth on fulfilling these requirements, detracting their focus from delivery (see Barrier 4) capacity for more detail).

Lack of incentives and resources to engage local actors limits their involvement in funding design and decision-making.

Many project developers and implementers lack the resources and bandwidth to engage local communities beyond service delivery.[117] This is compounded by the limited oversight and enforcement from funders on embedding locally led health adaptation. As a result, larger scale project developers and implementers lack both incentives and capabilities to engage with and involve local communities in project design and delivery.[XV,118] This dynamic also prevents project developers from proactively offering direct support to local communities to enable their involvement in funding design and decision-making. This reinforces norms that limit local actors' engagement.[119]

02.2

Limited Awareness & Evidence: The scientific evidence base is incomplete and funders undervalue local knowledge

A risk-focused view reduces funder appetites to fund and directly engage with local actors.

Funder mandates emphasise national level buy-in, large-scale results, scaling potential, and replicability elsewhere.[120,121] As a result, many funders focus on established 'best practice' and financial risk management, seeing local communities and organisations through a risk-focused lens. This perspective overlooks the benefits of locally led health adaptation, such as community accountability, contextual knowledge, and the value of peer-to-peer learning.[122,123] It also means that recipient community voices and expertise are not sufficiently included in decision-making for funding allocation.[124]

Incomplete data and evidence on local risks, health adaptation needs, and effective interventions limit finance for promising local projects.

Key gaps exist in local data on: i) vulnerability and exposure to health risks from climate change, ii) current adaptation capacities and required improvements, and iii) health adaptation interventions which communities can implement cost-effectively.[125] There is also a lack of scientific evidence on the health effects of adaptation efforts, including at the local level.[126] These gaps result in a lack of understanding of intersecting climate and health risks, as well as proven solutions to clearly defined problems. This means project developers and implementers struggle to design and effectively advocate for investments in locally led adaptation. For example, a national level health adaptation project might use aggregated country or county level data to describe expected climate and health risks. Similar proposals advocating for locally led projects can suffer if they lack specific projections on future climate risks at the local level or be hampered by the absence of context specific evidence on proposed interventions.[127,128] At the same time, funders may delay financial support in the absence of robust scientific evidence on effective interventions. This external and science-based lens overlooks contextual knowledge and lived experience held by local communities.[129,130] As a result, funders are not leveraging the potential benefits of supporting locally led learning-by-doing to drive action, while simultaneously building the evidence base.[131]

[XV] Larger scale project developers and implementers include project developers who cover multiple communities, counties, or even countries.
[XVI] Marginalisation in this context is particularly experienced by women and girls, young or elderly people, people with disabilities, displaced people, Indigenous Peoples, and racial and ethnic minority groups.

02.3

Lack of Agency Held by Local Actors: The level of agency held by local actors in the funding process is limited

Power imbalances reduce local communities' influence over funding design and allocation.

Structural inequities in terms of socio-economic status and cultural background marginalise local communities from having strong representation and influence in funding processes.[XVI,132,133,134] Community voices and representatives are thus absent – or excluded – from discussion and decision-making. This limits their ability to inform funding allocation for locally led health adaptation. Inequities within communities can also prevent marginalised groups from influencing and leading community decisions.[135] For example, marginalised groups may have limited access to local land rights, which can prevent them from influencing decisions related to the use of that land for adaptation purposes. It can also prevent them from accessing funding for adaptation activities using their traditional or ancestral land, such as agricultural interventions to improve food security.[136,137] In addition, funding processes are primarily conducted in different languages than those of local actors further restricting engagement from community stakeholders.[138]

02.4

Competing Priorities that Constrain Local Capacity: Complex funding structures and competing priorities constrain local actors' capacity to develop projects and proposals

Competing priorities constrain local actors' capacity to develop projects and funding proposals.

The complex application processes required by global funding mechanisms demand significant time and resource investments. Local organisations, already juggling many competing priorities, often struggle to allocate the necessary time to develop funding proposals. These proposals also often necessitate a wide range of activities such as vulnerability assessments, or monitoring and evaluation exercises. Many local governmental and non-governmental entities may lack the specially trained personnel needed to complete these tasks. To bridge this gap, local organisations either spend significant bandwidth preparing grant applications or hire external consulting support at a significant cost, both of which detract from their capacity to deliver projects effectively.[139]

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CHAPTER 03

Actions

Working across three priorities can unlock progress on locally led health adaptation.

Governments,[xvii] funders,[xviii] project developers and project implementers working at the intersection of climate and health can unlock locally led health adaptation if they i) increase flexible finance for local actors and ii) place local actors at the centre of funding decisions.

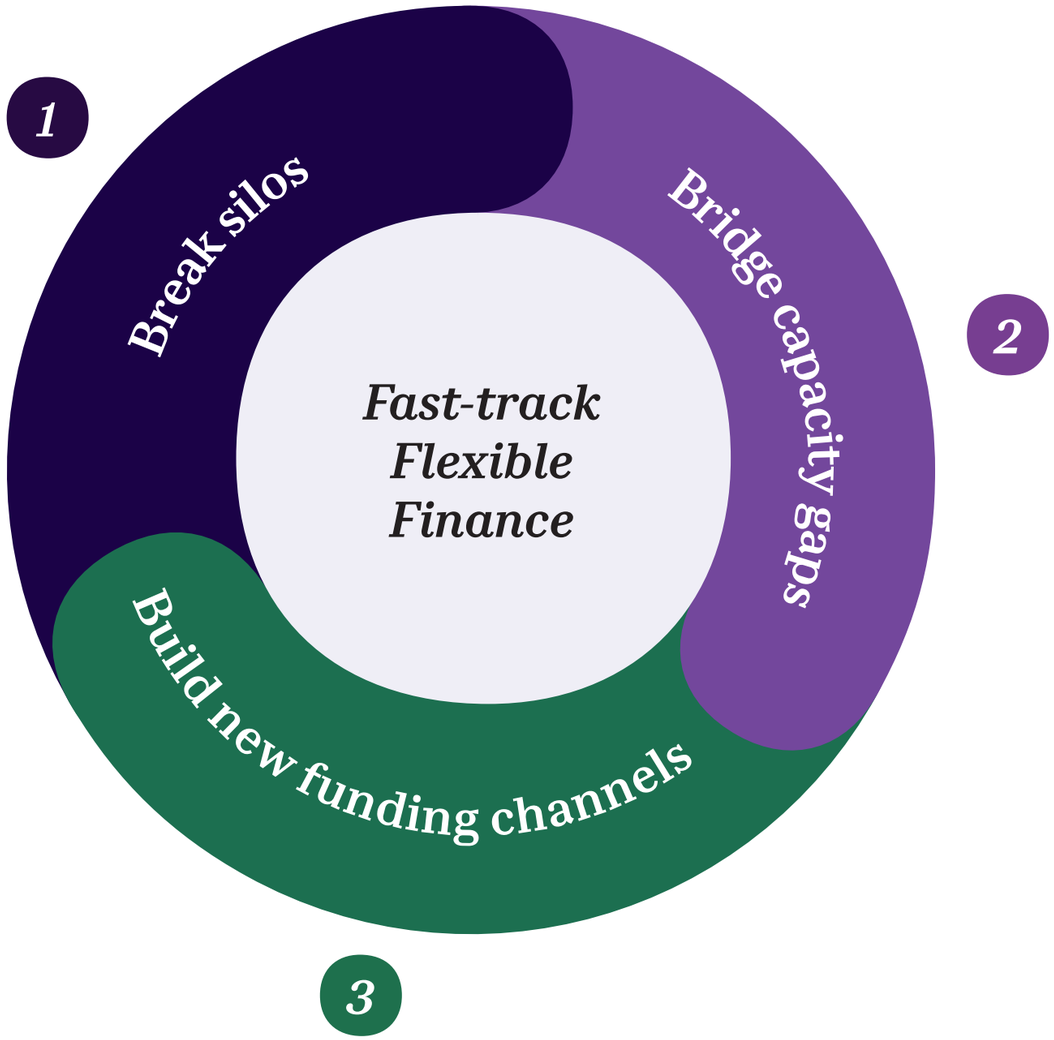
To achieve these goals, stakeholders should work on three priorities and nine actions *(see Figure 4)*

These actions provide a portfolio approach that can collectively enable locally led action at the intersection of climate and health.

1. ***BREAK SILOS: Ensure joint decision-making with local actors*** at all stages, from national strategy design to project preparation.
2. ***BRIDGE CAPACITY GAPS: Adapt funder requirements and strengthen local capacity*** to increase access to climate and health finance.
3. ***BUILD NEW FUNDING CHANNELS: Develop dedicated funding mechanisms for locally led adaptation***

Figure 4 - Three priorities to unlock locally led health adaptation

Three priorities to unlock locally led health adaptation



1. Ensure joint decision-making with local actors:

- *1.1* Establish **Climate and Health decision-making units** at the national level
- *1.2* Create **channels for local actors to co-create** climate and health **funding priorities**
- *1.3* Support **large-scale, locally led adaptation programmes**

2. Adapt funder requirements and strengthen local capacity:

- *2.1* **Adapt funding processes** to suit local actor capacities
- *2.2* **Strengthen local actor capacities** to design solutions and develop proposals
- *2.3* Support **implementation science and evidence** building

3. Develop and scale dedicated funding mechanisms for locally led adaptation:

- *3.1* Create **mechanisms to channel large-scale finance** to locally led projetcs
- *3.2* Scale **innovative finance mechanisms** for locally led health adaptation
- *3.3* Scale climate and health **emergency response funds and catastrophe insurance**

TYPE OF ACTOR

Governments | Funders | Project Developers | Project Implementers

[xvii] Governments in this context refers only to national governments including governmental departments agencies and public bodies.
[xvi] "Funders" refers to public and private sources of finance.
- Public sources of finance include: bilateral funders (e.g., USAID, FCDO), multilateral development banks (MDBs) (e.g., World Bank) and development finance institutions (DFIs) (e.g. IFC), and global funding mechanisms (e.g., GCF, The Global Fund, Adaptation Fund, Global Environment Facility).
- Private sources of finance include: private investors (e.g., Allianz Global Investors) and philanthropies (e.g., The Rockefeller Foundation).

03.1

BREAK SILOS: Ensure joint decision-making with local actors at all stages, from national strategy design to project preparation

1 - Governments and Funders: Establish climate and health decision-making units at the national level.

Climate and health units can enable governments to integrate the climate- and/or health-related work of different governmental agencies. These units can include actors from Ministries of Health and Ministries of Climate and Environment (or equivalent), as well as representatives from regional and sub-national governments. Units could manage or advise on the allocation of a dedicated national budget for health adaptation. They could also conduct activities such as developing national health adaptation plans, incorporating health considerations into NDCs, commissioning trainings on combining climate and public health action, and coordinating with governmental actors working on the wider social determinants of health (e.g., food, education, and housing sectors).[140] This model could draw on lessons learned from Sierra Leone's specialised Climate-Health Unit and the Thai Coordinating Unit for One Health (see Spotlight). Governments could also consider assigning a single, senior-level focal point for climate and health at the Presidential / Prime Ministerial level and within the civil service (or equivalent). This focal point could coordinate efforts across agencies, with responsibility and accountability for driving forward the climate and health agenda. They would also be responsible for involving local actors and communities in decision-making processes.[141]

Funders, project developers, and implementers working in the health or climate sectors can experiment with similar coordination roles and structures. These structures can coordinate climate and health action within and between organisations and be responsible for reporting on these actions, contributing to increased transparency. These structures could draw on lessons from the World Bank's new dedicated Climate and Health Program. This Program is working with partners across water, energy, social protection, agriculture, and the private sector to build integrated climate and health solutions, tailored to country risks and needs.[142] A similar example is the UN High Level Champions team, a global group of experts focused on connecting multiple stakeholders across governments, NGOs and funders to support collaborative climate action.[143]

These structures can enhance sectoral collaboration, increasing overall support for climate and health which can be directed to the local level. However, improved collaboration alone will not guarantee locally led adaptation. Efforts to break sectoral silos must be complemented with actions that break silos between international, national and sub-national levels, and provide opportunities for local leadership in funding decisions (see action 1.2).

"More frequent and intense climate disasters are endangering health and pushing vulnerable communities to the brink. Communities on the frontline need the right tools, information, and funding to prepare and respond to the climate crisis."

Naveen Rao,
MD, Senior Vice President Health,
The Rockefeller Foundation

Barriers addressed:

Silos at the funder and government level prevent a unified approach to climate and health finance

- **Spotlight – National Climate-Health Unit in Sierra Leone[144]**

In 2024, the Sierra Leone Ministry of Health launched its National Climate-Health Unit, which will be dedicated to supporting the health sector to withstand and respond to climate-related health risks. This includes supporting national level health adaptation planning and conducting key health-informed activities such as national vulnerability assessments.

- **Spotlight – The Thai Coordinating Unit for One Health[144]**

Several countries have created dedicated One Health Units to foster a holistic and integrated governmental approach to tackling health challenges that arise from environmental changes. For example, the Thai Coordinating Unit for One Health (CUOH) was established in 2014 to serve as a focal point for One Health collaboration both domestically and internationally. The Unit's main functions are to share data, information and resources, and to support One Health activities within the country.[146] [6]

Break silos:
Ensure joint decision-making with local actors at all stages, from national strategy design to project preparation

2 - Governments, Funders (especially global funding mechanisms), & Project Developers: Create channels for local actors to co-create climate and health funding priorities.

Dedicated mechanisms, such as permanent committees, that elevate local voices to sub-national and national level policymaking (e.g., NAPs) can bring local communities into domestic decision-making forums. These committees could have the authority to request amendments to overall climate and health targets, implementation policies, and guidelines. This model could build from existing approaches for integrating local inputs into strategy planning such as the Global Fund's Country Coordination Mechanisms (CCMs) (see Spotlight on CCMs). It could also draw on the country-led model of The Global Financing Facility for Women, Children and Adolescents (GFF). GFF works closely with local women's organisations, youth groups and other actors in the development of the country investment cases that specify what GFF will fund.[147] Creating similar mechanisms specifically for locally led health adaptation, or enhancing existing mechanisms to include community-based organisations, can support community leadership in national strategy design and funding decisions. These mechanisms should be as simple as possible and carefully designed to engage a wide range of community voices. Specific attention should be placed on creating structures that do not reinforce existing inequities or marginalisation within communities.[148] For instance, separate contribution channels could be created for women to address their frequent exclusion from community decision-making. By doing so, these initiatives can ensure that funding decisions reflect the needs and priorities of all community members, especially those who have been historically excluded. This approach can be extended to provide space for local actors to co-create solutions at global forums, such as those that take place alongside the World Health Assembly and COPs.

Barriers addressed:

- Governmental structures and processes limit local leadership in funding and programming decisions
- Lack of incentives and resources to engage local actors limits their involvement in funding design and decision-making
- Power imbalances reduce local communities' influence over funding design and allocation

- **Spotlight – The Global Fund's Country Coordination Mechanism (CCM)[149]**
  The CCMs are national committees, present in each country the Global Fund operates in, that develop and submit funding requests on behalf of their respective country. These committees involve key constituency groups such as NGOs and affected populations, with elected representatives acting on their behalf. Through an extensive consultation process, the CCMs aim to deliver a funding proposal that is well-vetted, country-approved, aligned with Ministry of Health priorities and that responds to country needs. These application processes are designed specifically to prioritise locally led approaches, but the realities of operational rules and constraints can still limit the extent to which communities can contribute to final funding proposals.

3 - Funders (especially global funding mechanisms), Project Developers & Project Implementers: Support large-scale, locally led adaptation programmes.

This can be done at two levels: i) locally led project design and execution and ii) ecosystem-wide capacity-building. At the project level, global funders can trigger rapid action at scale when they receive and approve multi-country locally led programme proposals. Proposals that group locally led projects across different countries under a single programme could unlock hundreds of millions, or billions, for local led efforts. They could also reduce duplication of administrative tasks and share data. Few programs of this sort already exist, but some are leading the way. A new programme developed by the World Health Organisation (WHO), GCF, and the United Nations Development Programme (UNDP) aims to support 15 countries to continue building resilient and sustainable health systems and deliver on their climate and health commitments. The programme will engage stakeholders across various levels, including local communities.[150,151] The ultimate goal is to create a multi-partner Climate and Health Co-Investment Facility (CHCIF) that leverages public and private capital for climate-resilient health systems (see Spotlight on CHCIF).

At the ecosystem level, cross-country platforms that enable data, evidence and best-practice sharing can also serve to mainstream locally led adaptation. For example, the Indigenous Peoples of Africa Co-ordinating Committee (IPACC) is a network of 135 Indigenous Peoples' Organisations that brings together science and Indigenous knowledge in adaptation decision-making.[152]

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Barriers addressed:

- Insufficient funding creates a significant funding gap for locally led health adaptation
- Lack of incentives and resources to engage local actors limits their involvement in funding design and decision-making

- **Spotlight – GCF, UNDP, and WHO Climate and Health Co-Investment Facility (CHCIF)[153]**

In 2023, GCF, UNDP and WHO announced a new global climate and health investment programme to leverage public and private capital to promote climate resilient, sustainable, and low-carbon health systems. The programme will assist countries to implement their health commitments, and combine the benefits of locally led adaptation with the scale of a large cross-country initiative.[154]

Initially, the CHCIF aims to deploy US$ 122 million, with the potential to exceed US$1 billion across 15 countries in the longer term. This programme seeks to demonstrate the scalability of locally led adaptation through the world's largest funding mechanisms, such as the Green Climate Fund. The Facility will also show that locally led adaptation programmes can be developed quickly and efficiently, with the possibility of attracting complementary funding from the private sector, development banks, foundations, bilateral partners and host governments.

Currently at the design stage, the CHCIF already highlights the influential role local actors can have in shaping and contributing to strategic and programmatic decisions for health adaptation. For example, all seven investment countries have set up local engagement platforms that include an array of local partners such as local governments, and community based CSOs.

At the implementation stage, the planned interventions will demonstrate that locally led adaptation approaches can be scaled up, such as SMART Health Systems, sustainable procurement for health, and Solar for Health interventions supported by UNDP, Global Fund and other agencies. In Thailand, CHCIF's activities are expected to mobilise 800,000 local health volunteers to provide climate and health services, including education and distribution of essential commodities. These efforts will be expanded to other target countries through a South-to-South platform.

The program aims to further demonstrate the potential of locally led adaptation in its second phase by deploying new tools. This may include establishing sub-national re-granting mechanisms for more agile fund deployment. This CHCIF could therefore set a new standard for empowering local actors, such as local governments, primary health care facilities, and CSOs, in strategic and funding decisions for climate and health adaptation projects.

03.2

Bridge capacity gaps: Adapt funder requirements and strengthen local capacity to increase access to climate and health finance

1 - Funders (especially global funding mechanisms): Adapt funding processes to suit local actor capacities.

This needs to be done in consultation with local actors and representatives from community-based organisations to ensure process changes respond to their specific constraints and pain points. It also needs to be done in combination with efforts to embed locally led adaptation principles in funder organisations to ensure these adapted processes translate into more funds reaching the local level.

Streamlining processes to have common elements across funding mechanisms can reduce duplication for local actors who create custom applications for each fund. This can involve creating shared application forms, common evaluation criteria, and standardised reporting requirements. Early progress is happening in this area. The Development Banks' Joint Roadmap for Climate-Health Finance and Action aims to build a shared understanding of investment needs and ensure a coordinated, transparent response.[155] Further to this GCF, WHO, and partners are putting together a multilateral health and climate investment framework.[156] Additionally, GCF, the Global Environment Facility, Adaptation Fund, and Climate Investment Funds are also developing a joint framework to improve access to climate finance.[157] Reciprocal authorisation agreements can also facilitate accreditation across multiple funders. Pioneering this approach are the Adaptation Fund and GCF, who have a reciprocal fast-track process where accreditation with one fund simplifies the process with the other.[158] Scaling this to cover multiple global funding mechanisms could make it less time- and resource- intensive for organisations to access several funding sources, and alleviate the bandwidth constraints that currently limit local actors' capacity to develop funding proposals. This can increase applications from local project developers. However, it will not guarantee increased funding for local action, as streamlined funding could continue to be directed to international or national project developers. Therefore, to successfully diversify the pool of protect developers, streamlined processes need to be paired with earmarked funding or guidelines to ensure funders prioritise local projects in approval decisions.

Tailoring proposal processes specifically for locally led, community-focused projects can improve funding accessibility. Community-focused health adaptation projects can be led by NGOs, community-based organisations, Indigenous groups, cooperatives, enterprises and healthcare providers. These organisations often prioritise implementation and delivery, leaving limited time and resources to write grant applications. To improve funding accessibility, global funding mechanisms can develop channels specifically for community-focused project developers, with differentiated funding and application requirements. This could build on past experience developing specific channels, such as GCF's Enhancing Direct Access (EDA) process and Project-specific Assessment Approach (PSAA).[158]9EDA offers a pathway to decentralise decision-making to national or sub-national levels, enabling national-level organisations (approved by GCF) to make smaller-scale funding decisions and oversee project implementation in a way that better addresses local needs.[160] PSAA allows potential funding recipients to apply for project-specific accreditation, speeding up their access to GCF resources and reducing transaction costs. This can also help organisations build a track record to receive Accredited Entity status and access more flexible GCF funding in the future.[161] Similarly, the Adaptation Fund provides dedicated funding windows to foster locally led adaptation (the first multilateral climate fund to do so). This includes an LLA global aggregator program to channel direct grants to non-accredited entities, such as CSOs, Indigenous People's Organisations, and local governments, among others.[162] By creating similar dedicated processes and funding pools for local project developers, global funding mechanisms can encourage a broader range of local actors to apply for and successfully receive funding for locally led health adaptation.

Barriers addressed:

- Complex funding processes prevent timely access to funding for local actors

2 - Funders and Project Developers: Strengthen local actor capacities to design solutions and develop proposals.

This can include two actions, i) providing funding and technical support for local project developers at the project preparation stage (e.g., to develop GCF Funding Proposals) and ii) funding long-term capacity-strengthening of national and sub-national institutions to design solutions and engage with climate and health funders. This can include both funding local organisations directly, and funding international or national organisations that already work on empowering local actors to drive change. Providing grants that strengthen the proposal development capabilities of community-focused project developers can enable a broader range of local actors to receive project funding. These grants can be used to hire, train, or equip additional staff to support fundraising activities. This can help alleviate local actor bandwidth constraints that currently hinder the development of funding proposals. For example, the French Government provides funding to support countries in the design, implementation, and monitoring and evaluation of Global Fund grants.[163] Further, global funding mechanisms can provide more information to local actors about funding options for locally led health adaptation to help increase local actor awareness of funding opportunities.

In addition, funders and international and sub-national project developers can dedicate professional resources to help increase local bandwidth, share technical skills and support long term training of local project developers. For example, setting up peer-to-peer learning programmes for local project developers to work together on technical aspects of solution design, such as vulnerability assessments.[164] This can equip local actors with the technical skills required to design successful locally led adaptation solutions.[165] Donors can also continue to help countries strengthen their long-term capacities for climate and health planning, finance mobilisation, and locally led approaches. This can build on existing initiatives, such as GCF's readiness program that provides resources to strengthen countries' institutional capacities, governance mechanisms, and planning processes for long-term climate action.[166]

Barriers addressed:

- Competing priorities constrain local actors' capacity to develop projects and funding proposals

3 - Governments and Funders: Support implementation science and evidence building.

is a growing understanding of 'what works' for local health adaptation, the evidence base remains thin and does not focus on the most vulnerable countries.[167] Long-term philanthropic funding can support project evaluations and dedicated research initiatives to generate evidence for locally led health adaptation. This approach can also support local research excellence, by supporting partnerships between research institutions, academia, and knowledge generators in vulnerable countries. The Rockefeller Foundation, IDRC, Wellcome Trust, Grand Challenges and Foundation S are among the funders already supporting climate and health knowledge building through sustained, long-term funding for locally led adaptation projects with a focus on health outcomes.[168,169,170] Through enhanced project implementation support, funders, and governments can build the evidence base and increase the understanding of effective interventions without compromising on urgent action needed on the ground. In the long run this can help drive increased effectiveness and scale of funding for locally led health adaptation.

Barriers addressed:

- Incomplete data and evidence on local risks, health adaptation needs, and effective interventions limit finance for promising local projects

03.3

Build new funding channels: Develop dedicated funding mechanisms for locally led adaptation

1 - Funders (especially philanthropies): Create mechanisms to channel large-scale finance to locally led projects.

These mechanisms can target projects that are too small or not eligible for global or domestic funding sources and could pave the way for new locally led approaches. They can also complement the larger scale multi country mechanisms described in 1.3.

Earmarked regranting funds can enable large donors to support multiple, smaller-scale local health adaptation projects and organisations. Regranting funds pool funding from larger donors with minimum grant or investment envelopes, and disburse them to smaller scale projects or organisations, often at a more localised level. The Clean Air Fund pools funding from global philanthropies (e.g., Children's Investment Fund Foundation and Bloomberg Philanthropies) and provides grants directly to NGOs, charities, research organisations and campaigners working on air pollution initiatives across different countries.[171] Regranting funds can also have governance structures that are more closely linked to their end grantees, ensuring that funding decisions are sensitive to local actor needs. For example, Prospera, is an international network of women's funds that provide direct payments to grassroots feminist movements. Many of the funds are led by activists from the movements they are funding, meaning they have a direct understanding of the context and can make tailored funding decisions (see Spotlight on Prospera).[172]

Microgrant facilities, dedicated funds for locally led adaptation, or a marketplace platform to match grantees with funders can also channel funding to smaller-scale initiatives at the local level. Microgrant facilities provide small flexible funding amounts quickly and directly to local NGOs or community-based organisations. These grants can support innovative local projects to display proof of concept. This can crowd in more funding, including from the private sector, to scale up the most effective innovative local solutions. One example of this is the Africa-Europe Foundation Awards Scheme, which provides grants of EUR 5,000 – 10,000 to local youth organisations working on climate action.[173] Another example is the Climate x Health Small grants program which provides small grants primarily to civil society, non-governmental, and not-for-profit organisations at the local level.[174] For instance, one grantee is Socios en Salud Sucursal who will work with Peruvian and Navajo leaders to develop 5 climate action plans in 5 communities rooted in indigenous knowledge and practices.

Dedicated funds that provide finance specifically for locally led adaptation projects can encourage project developers to build projects that adhere to locally led adaptation principles. This ensures that, from the outset, solutions are designed in a community-driven way and will be implemented flexibly to meet local needs. One example of this is the Foundation S Climate & Health Resilience grants program which funds community led programs that seek to address the impacts of climate change on community health.[175] Similarly, the Global Fund's Gender Equality Fund exclusively supports organisations focused on getting resources to those at the forefront of the fight for gender equality and human rights in their communities.[176]

Finally, a marketplace to match grantees with prospective funders can offer a searchable directory through which both groups can identify funding opportunities. Such a platform could also draw on AI-enabled tools to synthesise the extensive information available from prospective grantees, reducing the need for both funders and applicants to prepare exhaustive funding applications for new funding.[177]

Barriers addressed:

- Insufficient funding creates a significant funding gap for locally led health adaptation
- Complex funding processes prevent timely access to funding for local actors
- Lack of incentives and resources to engage local actors limits their involvement in funding design and decision-making
- Power imbalances reduce local communities' influence over funding design and allocation

- **Spotlight – Prospera International Network of Women's Funds** [178]
  Prospera is an international network of women's funds that receive funding and regrant directly to feminist collectives, organisations and movements. For example, one of Prospera's member funds is Fondo Centroamericano de Mujeres (FCAM) which supports grassroots women's rights organisations in Central America by providing flexible funding and capacity-building. Prospera's member funds are embedded in the feminist movements they fund and are often led by activists from these same movements. This enables them to easily analyse the context and mobilise resources where they are needed the most. These funds provide a dedicated channel for needs that would not be reached by traditional funding sources. In many cases, funding provided by Prospera's member funds is the only funding accessible in the country or region.

2 - Funders (especially investors): Scale innovative finance mechanisms for locally led health adaptation.

Innovative finance mechanisms seek to raise new finance or optimise the use of traditional funding sources.[179] They also aim to improve the effectiveness and efficiency of financial flows by making them more results-oriented.[180,181] Different types of mechanisms could provide finance for locally led health adaptation, including blended finance, resilience bonds, green bonds, debt swaps, and results-based finance.[182,183] The National Adaptation Plan Global Network have developed an inventory of innovative financial instruments that have been used, or potentially could be used, to finance the implementation of climate adaptation (see link).[184]

One potential mechanism is debt swaps. These are financial arrangements through which a country's debt repayments are converted into investments in development projects. Debt-for-adaptation swaps, specifically, involve redirecting debt payments towards climate adaptation initiatives. The 2021 Seychelles debt-for-nature swap saw the country restructure US$ 21.6 million of its debt in exchange for enhancing marine conservation and climate resilience (see Spotlight on Seychelles Debt-for-Nature Swap).[185] Debt swaps are gaining attention in climate and health discussions and have recently been explored through multilateral mechanisms like the G20.[186,187] Debt swaps alone are unlikely to solve the climate crisis and there is mixed evidence on their impact in addressing the debt crisis across debtor countries.[188,189] However, they do offer a pathway to free up significant resources for climate and health action. Debt swaps could be adapted to support locally led adaptation by earmarking a proportion of the redirected debt specifically for locally led efforts. Funders and investors could also ensure local actors are part of co-designing the structure of the debt swap mechanism. Supporting new pilot debt swaps specifically for locally led health adaptation can help collect more evidence to determine how to guarantee their success at scale.

Other innovative finance examples include the US$ 1.1 billion SDG Loan Fund, managed by Allianz Global Investors and with commitments from FMO (the Dutch entrepreneurial development bank) and the MacArthur Foundation (see Spotlight on SDG Loan Fund).[190] The fund provides loans in frontier and emerging markets across three broad sectors: renewable energy, agribusiness, and financial services. Commitments from FMO and the MacArthur Foundation pay for any costs of loan defaults (up to a cap), reducing overall lending risks for private investors. Another recent example is GAIA, a blended finance platform managed by Climate Fund Managers that offers private debt for climate adaptation and mitigation in emerging markets. Announced at COP28, GAIA aims to mobilise US$ 1.5 billion to be invested over a 15-year period. [1901]Finally, Fiji issued a sovereign green bond in 2017, raising US$ 50 million for climate resilience. The majority of the proceeds were allocated to resilience building projects in highly vulnerable areas (coastal and riverine) and sectors, including health infrastructure, rural housing, and community driven development.[192] Other countries could pursue similar mechanisms to raise and direct finance to community led adaptation projects. Local governments could also issue green bonds themselves to directly finance their own adaptation efforts.[193]

When developing innovative financial mechanisms for locally led adaptation, there may be a trade-off between sophisticated financial arrangements and opportunities for local leadership, especially in large-scale, multi-country projects. However, funders are already testing some innovative instruments, such as results-based finance (RBF) mechanisms, specifically for locally led action. An example is Living Goods' RBF mechanism for community health in Uganda.[194] Funders and investors can also manage this risk by systematically assessing these instruments' potential for locally led action. When considering the use of any innovative mechanism, funders and investors should also incorporate a climate justice lens to programming decisions to avoid worsening countries' debt burden.

Barriers addressed:

- Insufficient funding creates a significant funding gap for locally led health adaptation
- A risk-focused view reduces funder appetites to fund and directly engage with local actors

- **Spotlight – The Seychelles debt-for-nature swap[195]**

  In 2015, the Seychelles engaged in a "debt-for-nature swap" to address its national debt while promoting climate resilience. In 2015, the country agreed to an arrangement with international creditors, including The Nature Conservancy, to convert US$ 21.6 million of its debt into funds for marine protection. The agreement facilitated the creation of marine protected areas covering 30% of Seychelles' territorial waters. This innovative financial arrangement has helped preserve biodiversity and increase the country's resilience to climate change. The scheme also aimed to support locally led action by dedicating funds to local projects focused on protecting the offshore environment. However, local project developers often did not apply for or receive these funds due to various accessibility barriers.
  For example, the application form was based on a standard EU format unfamiliar to local Seychelles stakeholders. This underscores the importance of designing funding schemes in partnership with local stakeholders to meet their needs effectively. To improve accessibility, the scheme has already taken steps such as translating the application form into Creole, the local language, and providing technical support for local stakeholders focused on proposal development, project management, and monitoring and evaluation.

Barriers addressed:

- Insufficient funding creates a significant funding gap for locally led health adaptation
- Complex funding processes prevent timely access to funding for local actors

3 - Funders (especially investors): Scale climate and health emergency response funds and catastrophe insurance.

Catastrophe insurance pays out immediately if a specific measure of climate and health risk is exceeded (e.g., rainfall, windspeed, heat, disease outbreak).[196] This has been used with success in other spaces, especially disaster risk reduction. For example, African Risk Capacity provides fast finance to African countries to support response and recovery following an extreme weather event or disease epidemic (see Spotlight on African Risk Capacity).[197] By pooling risk across geographies and over time, the scheme ensures that countries can receive insurance coverage to provide rapid finance when a disaster occurs. Insurance has also been successfully used in the health space. For instance, the India Extreme Heat Income Insurance Initiative is a microinsurance scheme that provides direct payments to women when daily temperatures reach dangerous levels.[198] These payments compensate women for wages lost due to heatwaves and ensure they do not have to choose between their health and their livelihoods (see Spotlight on India Extreme Heat Income Insurance).

Another similar mechanism is a dedicated emergency response fund that provides direct, flexible grants for local level response to climate and health emergencies. For example, the Global Resilience Fund is a partnership between social justice funders that provides direct funding to girls and young feminists on the frontlines of crisis response. Since its inception, it has provided more than US$ 2 million to crisis response efforts led by girls and young feminists. The fund employs a participatory decision-making process that centres on a peer-led panel made up of young women, girls, and nonbinary activists.[200]

Both of these mechanisms remove the need for countries and communities to rely on traditional aid or large-scale finance. This often arrives too late and the lengthy application processes detract from emergency response efforts.[201] Scaling or applying similar mechanisms can ensure more rapid finance is deployed in response to climate-related health emergencies. The mechanism could also place locally led adaptation principles as its core, drawing on learnings from initiatives such as the European Union's approach to promoting equitable partnerships with local responders in humanitarian settings.[202]

- **Spotlight – African Risk Capacity Group[203,204]**

  African Risk Capacity (ARC) is a specialist insurance company focused on disaster risk. It uses advanced satellite weather surveillance and software to estimate the level of damage from a disaster, and trigger readily available funds to African countries to enable response. Governments can then use these funds flexibly, including to provide direct cash transfers to affected communities. The company recently developed an epidemic focused insurance product, designed to release a payout on detection of an outbreak of a pre-determined magnitude. The product is the first of its kind, initially covering Ebola virus disease, Marburg virus disease and Meningitis. It provides African governments with access to financing for containment efforts and medical interventions during the initial response phase of a disease outbreak. This aim is to help prevent outbreaks from becoming epidemics or even pandemics.

- **Spotlight – India Extreme Heat Income Insurance Initiative[205,206]**

  The India Extreme Heat Income Insurance initiative is an insurance scheme designed to protect the incomes of women in India's informal sector during extreme heatwaves. The microinsurance scheme is run by the Self-Employed Women's Association (SEWA) and offers financial support when heat conditions are met that are expected to result in negative health outcomes. At this point, the scheme makes a direct payment to SEWA members' bank accounts to compensate them for projected lost income due to unsafe working conditions. The scheme was first triggered during the May 2024 heatwaves when temperatures breached 43.6 degrees, and more than 46,000 women were paid US$ 340,000 to stay home. While currently in the pilot phase, the scheme eventually aims to expand to cover all of SEWA's 2.9 million members.

ABOUT

The *partners*

Foundation S, the philanthropic organization of Sanofi, aims to address urgent, global health challenges by empowering local communities and expanding access to care. With a focus on creating healthier futures for generations to come, Foundation S is committed to four key areas: childhood cancer, climate change and its impact on health, humanitarian aid & medicine donations (including medicines for rare diseases), and neglected tropical diseases (with a specific focus on sleeping sickness).

Foundation S operates as a “think and do tank.” Through its 2024 “think tank,” entitled the Collective MindS Climate x Health Council, Foundation S convened a distinguished group of global and local experts to identify solutions to accelerate finance for communities impacted by the devastating effects of climate change. Members of the Council serve as advisors and co-advocates in the movement to raise awareness about the impacts of climate change on health and work together to mobilize critical resources to strengthen local health systems and community resilience in climate risk countries.

The Africa-Europe Foundation (AEF) is an independent platform (“Network of Networks”) for multistakeholder dialogue, frank debate and strategic analysis bringing together experts and leaders from diverse organisation settings (civil society, policymaking, private sector, academia), to strengthen the partnership between Africa and Europe. AEF multistakeholder Strategy and Working Groups offer a safe space for exchange on critical, sometimes contentious issues between Africa and Europe and form the backbone of AEF’s work to catalyse innovative partnerships and unlock untapped areas of cross-continental cooperation, from the future of health and the reform of financial systems to energy, agri-food and blue economy. AEF’s AU-EU Tracker aims to complement existing efforts to monitor and facilitate the implementation of political and financial commitments of the cross-continental partnership; and through its strategic research and outreach programme AEF is reaffirming Africa-Europe relationship at the multilateral level. As a co-founder of The Collective MindS Climate x Health Council, AEF is dedicated to ensuring health is at a central pillar of a strengthened Africa-Europe partnership and mainstreamed as part of the global action on climate change.

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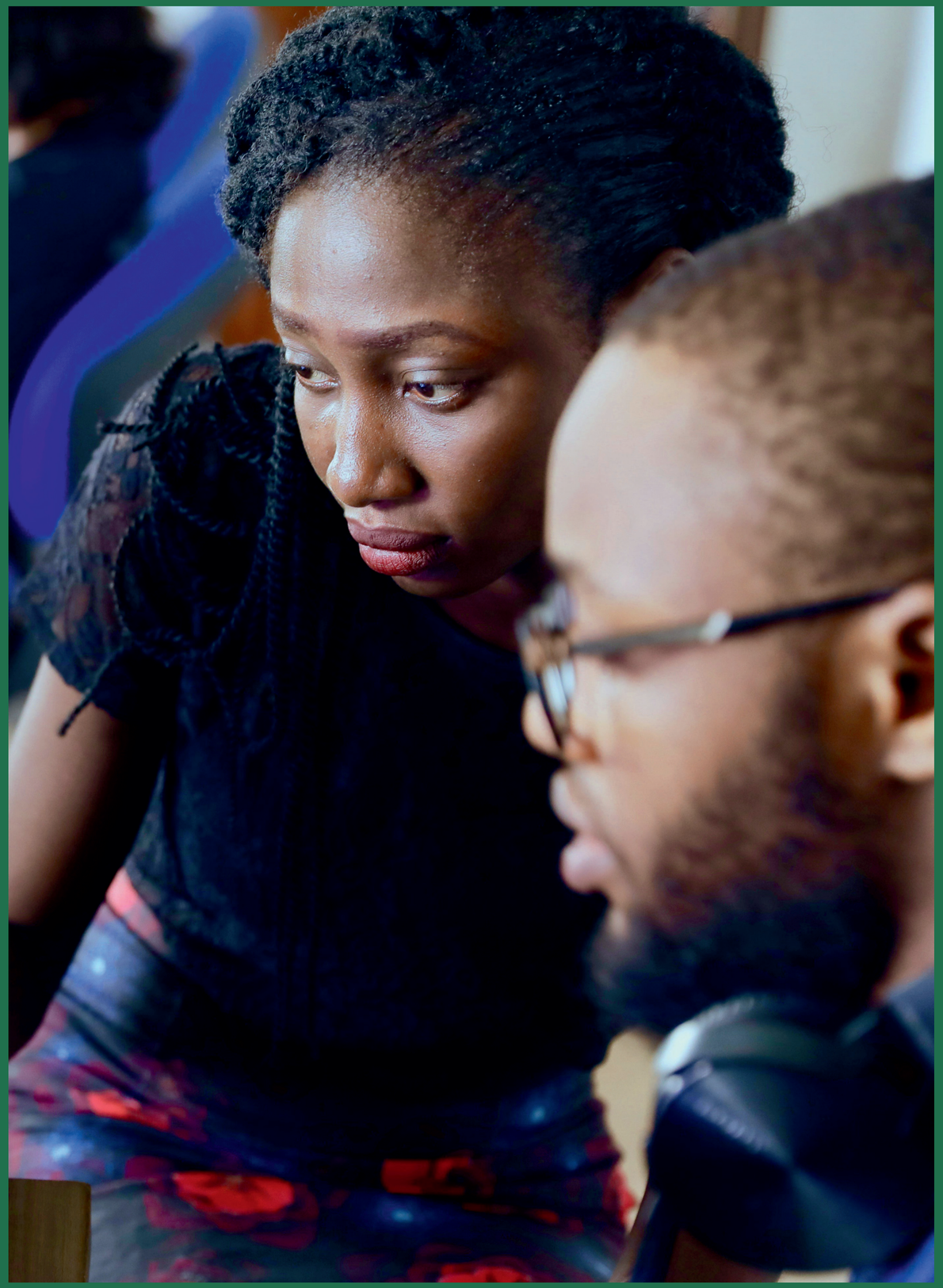

GLOSSARY OF

Key *terms*

Term	*Definition*
Accredited entities	Organisations which are eligible to receive funding from global funding mechanisms (e.g. GCF, Adaptation Fund) due to having sufficient policies and procedures, track record, and demonstrated capacity to receive, manage, and use funding.[207]
Adaptation	Adjustments in ecological, social or economic systems in response to actual or expected climate change and its effects. It refers to changes in processes, practices, and structures to moderate potential damages or to benefit from opportunities associated with climate change.[208]
Blended finance	The use of catalytic capital from public or philanthropic sources to increase private sector investment in sustainable development.[209]
Catastrophe insurance	An umbrella term used to refer to insurance coverage against a wide range of high-severity events, such as weather and climate-related disasters which are expected to have worsened impacts due to climate change.[210]
Climate and health risks	Potential adverse effects on human health caused by climate change.[211]
Climate-resilient health systems	Health systems that are able to anticipate, respond to, cope with, recover from, and adapt to climate-related shocks and stresses, so as to bring about sustained improvements in population health, despite an unstable climate.[212]
Community-based organisation	Organisations that are driven by community residents and are engaged in addressing social, economic, and environmental issues in their communities. These organisations are typically non-profit and play a critical role in advocacy and capacity-building at the grassroots level.
Debt swaps	Financial arrangements that convert sovereign debt into funding for development-focused projects. These mechanisms allow debt payments owed by a country to be redirected towards initiatives focused on education, healthcare, environmental conservation, and other areas contributing to sustainable development. [213]
Development finance institutions	Specialised institutions that invest in developing countries. They are usually government led and invest in private-sector companies and projects to generate development impact while delivering a financial return.[214]
Flexible financing	Money given to an organisation without restrictions on how it can be used, also known as “general operating support”. This includes covering unexpected needs, basic operational costs like rent and salaries, and responding to crises or opportunities.[215] • Unlike restricted funding, which is allocated for specific projects or activities, flexible funding can be used for any purpose that supports the organisation’s mission.. • Flexible funding is based on trust, allowing organisations the power to make real-time decisions to best meet their goals and community needs.
Funder	Public and private sources of finance. Public sources of finance include: • Bilateral funders (e.g., USAID, FCDO) • Multilateral development banks (e.g., World Bank) and development finance institutions (e.g., IFC) • Global funding mechanisms (e.g., GCF, The Global Fund, Adaptation Fund, Global Environment Facility) Private sources of financing include: • Private investors (e.g., Allianz Global Investors) • Philanthropies (e.g., The Rockefeller Foundation)

GLOSSARY OF KEY TERMS

Term	*Definition*
Funding mechanism	Organisations or processes dedicated to delivering financial support.
Global aid spending	Financial support - either grants or "concessional" loans - that promote and specifically target the economic development and welfare of developing countries.[216]
Global funding mechanism	Finance-focused organisations which leverage a variety of public and private resources in support of international initiatives, enabling the international community to provide a direct and coordinated response to global priorities.[217] This report focuses specifically on global climate and global health funding mechanisms (also known as vertical funds)[218], including: • Green Climate Fund • Adaptation Fund • Global Environment Facility • Climate Investment Funds • The Global Fund • Gavi • Unitaid
Governments	National and sub-national level government entities, such as ministries of health and local district government offices.
Green bonds	Bonds where the issuer commits to investing the money raised for projects with environmental benefits, known as green projects. [219] Note: A bond is a loan where the issuer borrows money from the buyer of the bond. The issuer pays back the loan with interest on a set schedule.[220]
Health adaptation	Preparing populations for how climate change could increase the incidence, seasonality, or geographic range of climate-sensitive health outcomes and identify factors that make their control more difficult. [221,222]
Innovative finance	Initiatives that aim to raise new funds for development or optimise the use of traditional funding sources. [223]
Local actors	Local governmental authorities, local enterprises (small and medium sized enterprises), community-based and grassroots organisations, households, and individuals.[224]
Locally led adaptation	Local actors having agency over the design, prioritisation, and/or delivery of adaptation.[225]
Locally led health adaptation	Locally led approaches driven by community based organisations or local actors that specifically focus on health adaptation.
Mitigation	Actions to decrease the amount of emissions released into the atmosphere and reduce the current concentration of carbon dioxide (CO_2) by enhancing sinks (e.g., increasing the area of forests).[226]
Multilateral development banks (MDBs)	Institutions that provide financial support and professional advice for economic and social development activities in developing countries.[227]
National Adaptation Plans (NAPs)	Action plans for managing climate change impacts that are developed by national governments to analyse current and future climate change and assess vulnerability to its impacts. NAPs provide a basis for identifying and prioritising adaptation options, implementing these options, and tracking progress and results.[228]
Nationally Determined Contributions (NDCs)	Country commitments and actions to reduce national emissions and adapt to the impacts of climate change. NDCs are at the heart of the Paris Agreement (2015) and the achievement of its long-term goals.[229]
National Health Policies, Strategies, and Plans (NHPSPs)	A Country Framework for dealing with the complex range of issues needed to improve health outcomes, including those related to the Sustainable Development Goals and to other national priority health problems, such as noncommunicable diseases.[230]
Resilience bonds	Bonds that seek to raise capital specifically for climate resilient investment.[231]

GLOSSARY OF KEY TERMS

Term	*Definition*
Results-based finance	A range of mechanisms where financing is linked to and provided after the delivery of pre-agreed and verified results.[232]
Project developers	Organisations that design and propose projects to funders. These organisations may be public, private, or non-governmental and may operate at sub-national, national, regional, or international levels. Project developers may also act as project implementers.
Project implementers	Organisations that implement funded projects. These organisations may be public, private, or non-governmental and may operate at sub-national, national, regional, or international levels.
Vulnerable communities	Groups of local people who are particularly susceptible to, or unable to cope with, adverse effects of climate change, including climate variability and extremes.[233]

Annex 1:
Principles for Locally Led Adaptation[234]

1. **Devolving decision-making to the lowest appropriate level:** Giving local institutions and communities more direct access to finance and decision-making power over how adaptation actions are defined, prioritised, designed, implemented; how progress is monitored and how success is evaluated.

2. **Addressing structural inequalities faced by women, youth, children, people with disabilities, people who are displaced, Indigenous Peoples and marginalised ethnic groups:** Integrating gender-based, economic and political inequalities that are root causes of vulnerability into the core of adaptation action and encouraging vulnerable and marginalised individuals to meaningfully participate in and lead adaptation decisions.

3. **Providing patient and predictable funding that can be accessed more easily:** Supporting long-term development of local governance processes, capacity and institutions through simpler access modalities, as well as longer term and more predictable funding horizons to ensure that communities can effectively implement adaptation actions.

4. **Investing in local capabilities to leave an institutional legacy:** Improving the capabilities of local institutions to ensure they can understand climate risks and uncertainties, generate solutions and facilitate and manage adaptation initiatives over the long term without being dependent on project-based donor funding.

5. **Building a robust understanding of climate risk and uncertainty:** Informing adaptation decisions through a combination of local, traditional, Indigenous, generational and scientific knowledge that can enable resilience under a range of future climate scenarios.

6. **Flexible programming and learning:** Enabling adaptive management to address the inherent uncertainty in adaptation, especially through robust monitoring and learning systems and flexible finance and programming.

7. **Ensuring transparency and accountability:** Making processes of financing, designing and delivering programs more transparent and accountable downward to local stakeholders.

8. **Collaborative action and investment:** Collaboration across sectors, initiatives and levels to ensure that different initiatives and different sources of funding (humanitarian assistance, development, disaster risk reduction, green recovery funds, etc.) support each other, and their activities avoid duplication to enhance efficiencies and good practice.

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