

HEALTH-FOCUSED CLIMATE FINANCE FOR LOCAL ADAPTATION

Adaptation that will reduce the health impacts of climate change needs financial support. The health sector currently does not receive much in terms of adaptation funding. Health systems need to be strengthened to address climate risks and adaptation in other sectors must also prioritise health benefits.



Villagers in India's Himachal Pradesh state discuss local application of the Gram Panchayat Development Plan, developed by Partners for Resilience, and intended to enhance rural development and address vulnerabilities. (Photo: Indian Red Cross via Climate Centre)

Key messages

- Adaptation finance allocations remain low in contrast to the need identified by the World Health Organisation (WHO) and the United Nations Framework Convention on Climate Change (UNFCCC)
- Investments in sectors with health benefits (livelihoods, agriculture, water and sanitation) are not sufficiently evaluated with respect to their health benefits
- Adaptation finance targeted to health services is urgently needed to ensure climate-resilient health systems
- Top barriers for lack of climate finance for health include minimal information on funding opportunities, limited contact between health actors and climate change processes, lack of cross-departmental coordination on climate adaptation, and limited capacity to develop proposals
- Climate finance institutions need to increase funding of health systems, through developing guidance and supporting health sector engagement
- Adaptation funding is needed to support countries to implement adaptation measures identified in Health National Adaptation Plans (HNAPs)

What is climate finance?

Climate finance comprises domestically or internationally mobilised funding that is directed for climate mitigation and adaptation. While mitigation involves actions taken to reduce greenhouse gas emissions or enhance carbon sinks, adaptation refers to actions taken in response to, or anticipation of, changes in climate or their consequences. International climate finance is a particularly important source for low income or lower-middle income countries in which domestic resource mobilisation is limited.

At the UN Climate Change Conference (COP 15) in 2009, wealthy countries committed to mobilise USD 100 billion annually for less wealthy countries, with equal consideration given to mitigation and adaptation by 2020. This date was

postponed to 2023 amidst the COVID-19 pandemic. There remains a significant shortfall in adaptation finance, but encouragingly, adaptation finance has been a topic of focus for the UN Climate Change Conferences in 2022 (COP26) and 2023 (COP27). Most countries identify health as a priority focus area of adaptation, but insufficient financing or budget remains a key barrier in implementing health adaptation efforts.

In its "COP26 Special Report on Climate Change and Health," the WHO describes the health impacts of climate change, advocates for more climate action, and provides specific recommendations on health adaptation (WHO, 2021).

The health burden of climate change - projections



About USD 26-29 billion will be required annually by 2030 for health adaptation alone – UNFCCC estimates, compiled by WHO



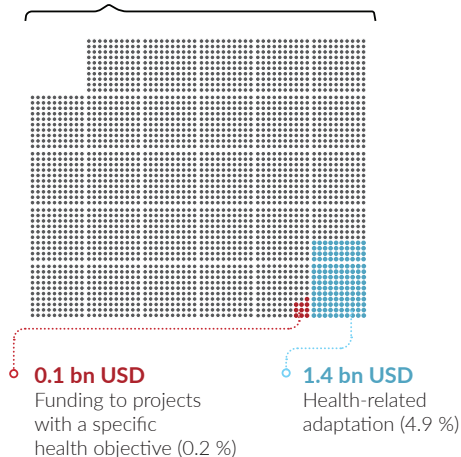
Between 2030 and 2050, 250,000 excess deaths annually are predicted from malnutrition, malaria, diarrheal diseases, and heat stress alone (WHO, 2021)



Climate change will contribute to an additional USD 2-4 billion in direct health expenditures worldwide by 2030 - if intentional health adaptation is not pursued (WHO, 2021)

Total climate adaptation funding 2009-2019

Ca. 29 bn USD



Between 2009 and 2019, USD 29 billion was committed to climate adaptation projects by bilateral and multilateral funders according to the OECD Development Assistance Committee (DAC) and the Climate Funds Update Databases. Of the total adaptation funding, 4.9% (USD 1.4 billion) was spent on health-related projects, this includes projects in health adjacent sectors (livelihoods, food security, agriculture, water and sanitation. 0.2% (USD 0.1 billion) of funding went to projects with a specific health objective (health information systems, health national adaptation plans, workforce training, early warning systems). This funding amount falls well below the funding need for health adaptation.

Results

- Between 2009 and 2019, only USD 1.4 billion (4.9%) of multilateral and bilateral adaptation finance was committed to projects tagged as 'health' by the Climate Funds Update and OECD-DAC Rio-marked ODA databases.
- Bilateral donors funded 457 projects, worth USD 910 million. Multilateral donors funded 52 health projects, worth USD 521 million.
- However, these figures are likely overestimates of the true amount of funding targeting the health sector. When the content of the multilateral projects was reviewed, the amount of adaptation finance targeting the health sector was closer to 0.2% of total adaptation financing. Most projects tagged as 'health' were in fact for health-related sectors (livelihoods, agriculture etc).
- Most adaptation projects tagged as 'health' were in sub-Saharan Africa, with average project funding comparable to 'health' tagged projects in East Asia and the Pacific and the Middle East and North Africa region.
- Fragile and conflict affected countries received 26% of total health adaptation financing.

Recommendations

- Adaptation finance which fulfills and goes beyond obligations under UNFCCC must be mobilised as quickly as possible.
- Multisectoral adaptation funding and action which supports health systems strengthening, at all levels, and improves social and environmental determinants of health, is needed in order to optimise health adaptation.
- Advocacy, research, and actions must focus on how best to finance climate resilient and sustainable health systems and prioritise countries with high health vulnerability, as highlighted in the WHO COP26 Special Report on Climate Change and Health.
- Funding should be channelled to support the implementation of health national adaptation plans (HNAPs), and engagement with adaptation leads within Ministry of Health.
- Countries should make a stronger effort to incorporate national health actors in their climate adaptation planning and health ministers need to be vocal to prioritise the health voice in climate adaptation.
- Health proposals should include both national infrastructure and local-level interventions and include monitoring and evaluation of health indicators.



Barriers to accessing climate finance

A climate and health conference organised by the Climate Health Africa Network for Collaboration and Engagement (CHANCE 2022) identified five major barriers to multilateral financing:

- Lack of information on opportunities communicated to the health sector.
- Limited contact between health actors and climate change processes.
- Limited capacity to develop proposals.
- Lack of incorporation of health departments into national climate planning.
- Lack of prioritisation of climate change by health leadership.

References

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