RESOURCING CLIMATE AND HEALTH PRIORITIES

MAPPING OF INTERNATIONAL FINANCE FLOWS, 2018-2022

METHODOLOGY NOTE

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REACHING the LAST MILE

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CONTENTS

Abbreviations

ADB	Asian Development Bank
AF	Adaptation Fund
AfDB	African Development Bank
CFU	Climate Funds Update
CIF	Climate Investment Funds
COP	Conference of the Parties
DAC	Development Assistance Committee
EIB	European Investment Bank
EU	European Union
EUR	Euro
GBP	British pounds sterling
GCF	Green Climate Fund
GEF	Global Environment Facility
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GHG	Greenhouse gas
GNI	Gross national income
IDA	International Development Association
IDB	Inter-American Development Bank
IPCC AR	Intergovernmental Panel on Climate Change Assessment Report
LAC	Latin America and the Caribbean
LDCF	Least Developed Countries Fund
LMICs	Lower-middle-income countries
LICs	Lower-income countries
LT LEDS	Long-term Low Emission Development Strategies
NAPA	National Adaptation Programme of Action
NDC	Nationally Determined Contribution
NGO	Non-governmental organization
MDB	Multilateral development bank
ML	Multilateral

ND-GAIN	Notre Dame-Global Adaptation Initiative
ODA	Official development assistance
OECD	Organisation for Economic Co-operation and Development
OECD CRS	OECD Creditor Reporting System
RMNCH	Reproductive, maternal, newborn, and child health
SSA	Sub-Saharan Africa
TA	Technical Assistance
UAE	United Arab Emirates
UMICs	Upper-middle-income countries
UN	United Nations
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UK	United Kingdom
US	United States of America
US$	US dollar
VAA	Vulnerability and adaptation assessment
WASH	Water, sanitation, and hygiene
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

1 INTRODUCTION

This background document provides an overview of the methodology used for the analysis presented in the report *Resourcing Climate and Health Priorities: Mapping of International Finance Flows 2018-2022*.[1] Co-funded by Foundation S – the Sanofi Collective, The Rockefeller Foundation and Reaching the Last Mile, the report presents a comprehensive overview of trends in self-reported financing for climate and health. The report includes an analysis of financing commitments from five donor groups, including OECD Development Assistance Committee (DAC) donors, multilateral development banks (MDBs), multilateral climate funds, multilateral health funds, and philanthropic foundations.

Given funder data on climate and health commitments are self-reported using different definitions of climate and health, it is difficult to determine the extent to which commitments constitute new financing or rather a reclassification of existing commitments and projects as climate relevant. The lack of standardized data on finance flows across disparate funders and sectors also limits comparison across finance categories. Recognizing these limitations, this report presents the data to provide an initial overview of the funding landscape for climate and health.

This document outlines the framework and methodology used to track funding flows analyzed in the report, including:

- Climate and health investments in the health sector, 2018-2022, including investments to (1) address the direct health impacts of climate change, (2) strengthen climate-resilient health systems, and (3) advance climate mitigation in the health sector
- Climate and health investments in health determining sectors, 2018-2022, from DAC donors and multilateral climate funds, including a deep dive analysis of the transportation sector, to explore the extent to which climate investments made outside of the health sector have the potential to improve health
- A directional outlook for funding from different donor groups in the next 2-3 years, to develop a view of anticipated funding availability and potentially underfunded/ neglected areas

This note has been created with the intention that the methodology can be further refined and iterated as data availability improves and definitions evolve, ensuring its relevance for future monitoring and analysis of funding trends.

2 SCOPE OF THE ANALYSIS

2.1 FRAMEWORK

For the purpose of this report, an inclusive analytical framework for mapping climate and health interventions across various funder types was developed. To establish a shared basis for mapping climate and health interventions across funder types, this report developed an analytical framework based on the conceptual definitions and perspectives from the following: World Health Organization (WHO's) *Operational Framework for Building Climate Resilient and Low Carbon Health Systems*, *COP28 Guiding Principles on Financing Climate and Health Solutions*, *IPCC Assessment Report 5 and Assessment Report 6*, *Development Banks' Joint Roadmap for Climate-Health Finance and Action*, the Green Climate Fund's *Health and Wellbeing Sectoral Guide*, and strategy documents from key funders such as Germany, the Netherlands, the United Kingdom, and the United States. The framework was further validated through consultations with over 50 organizations including funders, country stakeholders, academics, and civil society organizations.

Reflecting the diverse pathways by which climate change impacts human health and health systems, and the diverse solutions that can prevent, protect against, and respond to these impacts, the framework classified climate and health finance as investments in and outside of the health sector that addressed the direct health impacts of climate change, supported the health sector to adapt to and mitigated climate change, and generated health co-benefits from climate action (Table 1). The framework included two layers, the first focused on direct health sector investments and the second focused on investments in health-determining sectors. Each layer considered both adaptation and mitigation actions.

Table 1 Analytical Framework – Mapping Finance for Climate and Health

	Adaptation Investments	**Mitigation Investments**
Layer 1: Health sector	• Address climate change's impact on direct health outcomes and diseases • Increase resilience of health systems	• Reduce the impact on climate change from health systems and facilities
	Examples: • Addressing rising incidence of malaria due to changes in weather patterns • Improving health system resilience by investing in health facility infrastructure and supporting expanded service delivery capacity	Example: • Increasing renewable energy generation for hospitals
Layer 2: Health determining sectors	• Reduce exposure to climate-related risks and enhance resilience to climate change in non-health sectors	• Reduce greenhouse gas emissions from non-health sectors that generate health benefits
	Example: • Improving food crops as a pathway to address climate associated malnutrition	Example: • Low carbon transportation to reduce air pollution

Layer 1: Climate and Health Investments in the Health Sector

The first layer addressed solutions within the health sector related to both the direct health impacts of climate change and the impact of climate change on health systems. This layer included three primary categories of funding (Table 2). First, investments that specifically targeted the direct health impacts of climate change. This could include, for example, investments to address increases in climate-sensitive diseases such as malaria and other vector-borne illnesses, illnesses caused by extreme heat or the increases in mental illness, injuries, trauma and deaths caused by extreme weather events. Where project descriptions included sufficient detail, projects were further categorized into seven health outcome sub-categories to provide more granular detail on the health areas being funded. The second priority area included investments that built the adaptation and resilience of health systems to climate change. This could include, for example, improving the resilience of health infrastructure or increasing awareness and capacity of the health workforce in addressing climate impacts on health. Thirdly, this layer included investments for climate mitigation within the health sector that aimed to reduce the climate footprint of health systems and facilities. Examples of these investments could include investments to decarbonize a hospital energy supply through installation of on-site renewables, reducing carbon intensity of the health commodity supply chain or even promoting tele-health for basic health care needs.

Table 2 Definitions for priority areas within layer 1 of the analytical framework

Priority Area	Definition
1. Address the direct health impacts of climate change **Adaptation**	Investments to address or prevent the direct impact of climate change in seven key areas: (1) infectious diseases linked to climate change (including vector-borne diseases and zoonosis); (2) heat illness from rising temperature; (3) malnutrition linked to resource scarcity, including micronutrient deficiency; (4) respiratory illness from air pollution, including asthma and cardiovascular problems; (5) reproductive, maternal, newborn and child health in climate vulnerable communities; (6) mental trauma from extreme weather and displacement; and (7) injury and death due to extreme weather. For example, interventions to respond to the changing prevalence and spread of climate-sensitive vector borne diseases like malaria and dengue
2. Strengthen climate-resilient health systems **Adaptation**	Investments to ensure the resilience of the health sector and health response measures to current and future impacts of climate change on human health and health systems. For example, investments to support health facilities in adapting to the impacts of climate change such as flooding events, heatwaves, or storms.
3. Advance climate change mitigation in the health sector. **Mitigation**	Investments to reduce the climate impact of health systems – including by reducing greenhouse gas emissions within the health system and health systems value chains (scopes 1 and 3), and reductions in non-renewable resource intensity of health interventions (scope 2).[i] For example, investments to decarbonize hospital energy supplies or reduce emissions associated with procurement, use, and disposal of health products.

Layer 2: Climate and Health Investments in the Health Determining Sectors

Layer 2 included climate investments in health-determining sectors which could result in health co-benefits, or the positive health outcomes that arise from interventions or policies implemented in these

[i] Scope 1 emissions are direct greenhouse gas (GHG) emissions from sources owned or controlled by the health system, such as fuel combustion in hospital boilers or emergency vehicles. Scope 2 emissions are indirect GHG emissions from the consumption of purchased electricity, steam, heat, or cooling used by healthcare facilities. Scope 3 emissions include all other indirect emissions that occur in the health system's value chain, both upstream (e.g., production of medical supplies) and downstream (e.g., patient travel).

other sectors, such as energy, transportation, agriculture, and urban planning.[15] These benefits occur when interventions to adapt to or mitigate climate change impacts also reduce the burden of disease and health risk factors, improve physical and mental wellbeing, strengthen the determinants of health, and/or enhance resilience to health risks.

Layer 2 investments that had a high potential to generate health benefits were disaggregated into two categories: (1) adaptation investments related to interventions that reduce climate risk and build climate resilience; and (2) mitigation investments related to actions that reduce carbon and other greenhouse gas emissions. The first category included interventions to promote climate adaptation measures with clear pathways to improve health, such as investments in agriculture that reduce food insecurity and malnutrition. The second category included mitigation interventions in sectors such as energy and transport with clear pathways to improving health, such as those that significantly reduced air pollution and its negative health impacts. The sectors and interventions included in the analysis of health determining sectors were developed based on *The Lancet Pathfinder Commission's Pathways to a Healthy Net-Zero Future*.[2]

Investment types

In addition to classifying funding according to the climate and health categories described in the framework, further categorization was done to assign projects to specific investment types (Table 3) including: capital, capacity building and technical assistance, policy and institutions, or unspecified.

Table 3 Definitions for investment types within layer 1 of the analytical framework

Investment Type	Category	Definition
Capital	Infrastructure, technology, and supply chain	Investments in infrastructure, goods and services, and related supply chains- at the nexus between climate and health. Examples include the construction of climate proof hospitals or protective infrastructure, the installation of solar panels in health facilities, and the procurement of medical supplies, medicines and others.
Capacity Building & Technical Assistance	Education and Capacity building	Investments to develop and/or strengthen the skills, abilities, processes and resources of individuals and organizations. They include training, awareness and communication on climate and health issues, the setting of processes and organizational structures to mainstream climate into health organizations, and the procurement of climate expertise.
	Technical assistance	Investments in the transfer, adaptation, mobilization, and use of services, skills, knowledge, technology, and engineering. Examples include evaluation and assessment of climate risk, the procurement of methods and tools to evaluate climate risk on health, or the design of climate and health programs, strategies and targeted measures.
Policy and Institutions	Monitoring, early warning, preparedness	Investments in institutions, processes, systems and technologies aimed at collecting, tracking, managing, assessing, forecasting and delivering information and data relating to climate risks and disease surveillance, as well as at ensuring that populations have the capacity to anticipate and/or respond to climate and health hazards in an adequate manner.

Investment Type	Category	Definition
	Research	Investments to support the creation of new knowledge and solutions as well as the adaptation of existing ones in specific contexts and innovative ways. Examples include resources for the development of new vaccines and treatments linked to climate risks or for the enhancement of national knowledge of impacts of climate on health outcomes.
	Climate-transformative leadership, governance, and workforce	Investments in policy and policy reform and the creation and strengthening of institutions, for example the formulation and adoption of a new climate and health policy, the establishment of a system of financial incentives for climate and health interventions and others.
Unspecified	Other	No or not enough information is available to enable the categorization of the investment.

2.2 SOURCES OF FUNDING

The analysis in the report focused on funding flows from international funders directed toward the climate and health nexus. The funder types included in this analysis are:

- Development Assistance Committee (DAC) donors[3];
- Multilateral development banks (MDBs);
- Multilateral climate funds;
- Multilateral health funds; and
- Philanthropic organizations (Philanthropies).

Specifically, the report captured funding provided to low and middle income countries, excluding contributions from local domestic sources and private sector actors. This exclusion was due to data availability and scope limitations and does not diminish the importance of domestic and private funding sources in supporting climate and health action.

Specifically, international concessional finance included:

- Official development assistance (ODA) and other official flows from DAC donors;
- Flows from other public development funders that are not OECD DAC members (e.g., MDBs, multilaterals); and
- Flows from key philanthropic funders.

2.3 FINANCIAL INSTRUMENTS

The analysis in the report captured funding made through the following financial instruments:

- **Grants**: Transfers made in cash, goods or services for which no repayment is required; and
- **Loans**: Transfers for which some repayment is required, including both market rate and below market rate or concessional loans.

It should be acknowledged that other financial instruments such as equity and guarantees are important in attracting and catalyzing further investments. However, these instruments do not represent significant financial flows from the funders and data sources reviewed, in terms of financing for climate and health as it stands today.

3 LAYER 1: CLIMATE AND HEALTH INVESTMENTS IN THE HEALTH SECTOR

3.1 METHODOLOGICAL STEPS

Our approach to assessing baseline funding for climate and health in the health sector (layer 1) included the following steps

- **Step 0:** Scope funders and collect data
- **Step 1:** Identify projects with a climate focus
- **Step 2:** Identify projects with a health focus
- **Step 3:** Allocate identified projects to framework priority areas and investment types

3.1.1 Step 0: Scope funders and collect data

Data on funding for the analysis period was collected from relevant data sources for each funder type. Publicly accessible, aggregated data sources were prioritized where possible to ensure as many funders as possible were captured. Ultimately, this was only possible for DAC donors, where they all report to the OECD. Data for other funder types was sourced from multiple donor specific data sources, each with differing structures and varying levels of granularity (Table 4).

Table 4 Overview of funders, data sources and information available

Funder type	Organizations or Funds included in the Analysis	Data source and period	Data points used
DAC donors	All 30 DAC donors[ii]	OECD CRS Dataset, 2018-2022	Project level data: title, short description, amount, year, sector, purpose code, recipient country
MDBs	World Bank, ADB, IDB, AfDB	MDBs Climate Finance Reports, 2019-2023 (and 2024 for World Bank)	Project level data: title, amount, share of adaptation and mitigation funding, year, sector

[ii] In 2022, the DAC consisted of 30 members: Australia, Austria, Belgium, Canada, Czechia, Denmark, European Union, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, and the United States. Since 2022, Estonia and Lithuania have joined the DAC. This analysis is based on 2022 OECD CRS data (the latest available at the time of writing), and therefore only includes analysis of the 30 DAC members listed above.

Funder type	Organizations or Funds included in the Analysis	Data source and period	Data points used
Multilateral climate funds	GCF, AF, LDCF, GEF	CFU dataset, 2018-2022; supplement with 2023 and 2024 information directly from key funds	Project level data: title, short description, amount, year, recipient country
Multilateral health funds	GFATM and Gavi	No dataset: self-reported figures, 2022 and 2023	Headline figures only
Philanthropies	All philanthropies reporting to Candid and Wellcome	Candid philanthropic data, 2018-2023 Wellcome public grants data, 2018-2023	Project level data: title, short description, amount, year, sector, recipient country, country of benefit

For MDBs, multilateral climate funds, multilateral health funds and philanthropies, the analysis included only a subset of funders chosen, based on data availability, funding size, or their overall contribution to climate and health priorities. The resulting data was categorized according to the analytical framework to the maximum level of granularity possible, based on the data available. The next section provides an overview of the process used to categorize and quantify climate and health finance, with the analytical approach for each funder type described in greater detail in the sections that follow.

3.1.2 Step 1: Identify projects with a climate focus

This analysis began by first identifying finance with climate relevance from each funder type, based on the projects or commitments that funders reported as climate relevant, and including those that addressed adaptation and/or mitigation outcomes.

Funders report their climate finance in each database using their own definitions and methodologies, which vary by funder type and individual donor. This variability limits comparability across funders. Table 5 illustrates these differing approaches, and the share of climate finance considered relevant based on each funder's methodology and self-reporting. Depending on the funder's approach, the analysis included either the full amount or a proportional share of funding committed to projects deemed climate-relevant. This analysis relied entirely on funders' self-reported data without independently verifying the climate relevance of these reported flows.

Table 5 Approach to assessing climate relevant finance across funder types

Funder type	Funders' approach to identifying climate finance	Share of project value reported as climate relevant
DAC donors	Rio markers: Funders report if a project is primarily about or contains some element of climate action (mitigation and adaptation) – explained below in the section on DAC donors	100% of project value based on self-reporting to OECD

Funder type	Funders' approach to identifying climate finance	Share of project value reported as climate relevant
MDBs	MDB Joint Methodology: Attribute proportional funding towards adaptation and mitigation outcomes	Proportionate value on a case-by-case basis as reported in climate finance reports
Multilateral climate funds	Mandate requires funding to primarily focus on climate action; grant application process collects evidence of this	100% of project value based on organizational mandate
Multilateral health funds	Approaches being developed: Currently consider funding to climate vulnerable populations and for climate related emergencies	Aggregate programmatic funding volume for climate-sensitive diseases and/or relevant geographies based on self-report
Philanthropies	No uniform approach	100% of project value identified as climate-relevant through climate-related keyword search

3.1.3 Step 2: Identify projects with a health focus

In a second step, climate relevant financing directed specifically towards the health sector was identified. This included climate relevant financing directed at addressing climate-sensitive diseases and health conditions, and supporting health systems infrastructure and health service delivery to become climate resilient and/or sustainable. This analysis utilized each funder's self-reported determination of relevance to the health sector, as captured in health sector markers applied by donors (e.g., DAC sector codes) and keyword searches of available project descriptions in Table 6 below.

Table 6 Approach to assessing health relevant finance across funder types

Funder type	Funders' approach to identifying health finance	Share of project value reported as health relevant
DAC donors	Funding reported using sector codes: 120- Health and 130- Population Policies and Reproductive Health	100% project value identified under these two sector codes
MDBs	ADB: Funding tagged to Health under 'Primary Sector'	ADB: 100% of project value for projects tagged to Health under 'Primary Sector'
	AfDB: Health funding reported as one of the six subsectors of the Social sector.	AfDB: As a simplifying assumption, one-sixth of social sector spending was assumed to be health-relevant.
	IDB: Health funding reported under Social Protection and Health.	IDB: 100% of project value of projects tagged to the Social Protection and Health (SPH) Division, excluding projects with project titles containing only social protection-related terms. (Refer to Table A.4 in the annex of this note for full list of projects included and excluded)

Funder type	Funders' approach to identifying health finance	Share of project value reported as health relevant
	World Bank: Funding tagged to the Health, Nutrition and Population global practice	World Bank: 100% project value of projects tagged to the Health, Nutrition and Population global practice
Multilateral climate funds	No uniform approach; however, recently GCF developed a health sector investment guide CFU has "health" as a sector but does not capture all health relevant projects	Projects identified using health-related keywords (refer to 6.2 for list)
Multilateral health funds	Mandate requires funding to focus on diseases and vaccines; grant application process collects evidence of this	100% of project value based on organizational mandate
Philanthropies	Health funding reported under the Health sector	All projects under Health sector and those identified using health-related keyword search (refer to 6.2 for list)

3.1.4 Step 3: Allocate identified projects to framework priority areas and investment types

To enable an understanding of the specific priority areas and investment types funding was being directed to, all climate and health relevant funding in the health sector was allocated to specific priority areas and investment types, according to the framework described in section 2.1. Allocation of different projects to the priority areas and investment types was done using information provided by funders in their reporting and machine-run keyword searches.

Where projects addressed multiple priority areas and investment types, the financing volumes within these projects were allocated to multiple categories. Since it was not possible to determine what share of the project was used towards which priority area or investment type, the full value of the given project commitment was counted in each of the relevant categories. For example, if a project involved both capital investments in health infrastructure and financing to support early warning and preparedness, the funding value of this project was counted in full in both the capital and monitoring, early warning, and preparedness investment types. As a result, the breakdowns of funding by priority area and investment type had overlapping financing volumes, and the sum of these priority areas and investment types added up to more than 100% of the total finance figure. The assessment of finance by priority area and investment type should therefore be interpreted as an indication of the types of projects finance is flowing to, and not an exact report of the amount of funding in a given investment area.

Validation was done by manual reviews of project descriptions to identify false positives and the need to re-categorize projects based on select samples for each funder type. Refer to the below sections for further detail on the validation process for each funder type.

3.2 DEVELOPMENT ASSISTANCE COMMITTEE DONORS

3.2.1 Step 0: Scope funders and collect data

The OECD's Creditor Reporting System Aid Activity database is the primary data source for tracking and reporting finance from bilateral sovereign donors, including 29 sovereign donors and the European Union

as a collective donor.[iii] The CRS dataset is updated annually and, at the time of writing, the latest data available was for the year ending 2022. Data for the years 2018-2022 was collected from the OCED's website at 2021 constant prices for use in this analysis.

3.2.2 Step 1: Identify projects with a climate focus

The Rio markers are a system of policy markers used to track and report on development finance flows targeting climate, biodiversity, and desertification objectives, and include specific markers for climate change mitigation and adaptation. The climate change mitigation marker identifies activities aimed at reducing or absorbing greenhouse gas emissions, and the climate change adaptation marker tracks activities designed to reduce vulnerability and enhance resilience to climate change impacts. Each project is scored by the donor to indicate the centrality of climate change to the project goals and objectives. A project marked as "principal" indicates that the climate objective (mitigation or adaptation) is fundamental to the design of the project and the investment would not have been undertaken without this objective. A project marked as "significant" indicates that the climate objective is important but secondary to the overall project goal. Projects can also have no Rio marker, indicating that the Rio marker themes have not been targeted.

Given the differing approaches of DAC donors in qualifying and quantifying climate relevance, 100% of the commitment value marked as principal or significant for climate relevance was included in this analysis, regardless of if the climate-relevance of a project was able to be determined in the project title or description. This assumption was made in light of the lack of consensus and data on the share of the value of these health commitments that was targeted to climate-relevant activities, and to allow for a quantification of the full volume of climate and health relevant financing available for countries to access for climate and health action. It should be noted that some DAC donors attribute a discount co-efficient to report the climate-relevant share of the project value depending on the Rio marker attributed to the project (i.e. not targeted, significant, principal), when reporting to the United Nations Framework Convention on Climate Change (UNFCCC).[4] Climate 'principal' projects are those where climate was a fundamental design or motivation for the project, and where 100% of the budget is relevant to climate. Climate 'significant' projects are those where a climate objective has been stated, but are not the fundamental driver of the project, and where 30-50% of the budget is climate relevant. Countries apply different discount rates and approaches when determining the share of a project marked climate significant that is considered climate finance when reporting to the UNFCCC. Given these differing discount rates, this analysis assumed 100% of the commitment value for health projects marked as principal or significant for climate relevance. As a result, this analysis likely overestimates the value of the quantified climate and health commitment.

3.2.3 Step 2: Identify projects with a health focus

Within projects identified as climate-relevant, projects with a primary focus on the health sector were identified using sector codes reported by funders against each project. OECD sector codes were used to classify the purpose of aid flows and help to identify the specific area of the recipient's economic or social structure that the aid is intended to support. Two sector codes were included in this analysis:

- **120- Health:** This sector code encompasses activities aimed at improving health outcomes, including health policy and administrative management, medical education and training, medical

[iii] In 2022, the DAC consisted of 30 members: Australia, Austria, Belgium, Canada, Czechia, Denmark, European Union, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Netherlands, New Zealand, Norway, Poland, Portugal, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, United Kingdom, and the United States. Since 2022 Estonia and Lithuania have joined the DAC. Given that this analysis relies on 2022 data, the most recently available at the time of writing, Estonia and Lithuania are not included in the analysis.

research, basic health care, infectious disease control, and non-communicable diseases (NCDs) control; and

- **130- Population Policies and Reproductive Health:** This encompasses activities related to population policies and programs, including reproductive health care, family planning, and STD control including HIV/AIDS. It also includes demographic research and analysis, as well as migration data collection.

More information on sector and purpose codes relevant to this exercise can be found in the annex Table .

3.2.4 Step 3: Allocate identified projects to framework priority areas and investment types

Once all health sector projects with climate relevance were identified, these projects were assigned into priority areas and investment types, in alignment with the analytical framework described in section 2.1. To map projects within the analytical framework, a combination of donor-reported purpose codes, policy markers, and a keyword search of project descriptions was used:

- **Purpose codes:** DAC funders report purpose codes that are used to classify and track the specific objectives of aid flows. Purpose codes are more detailed and specific than sector codes, focusing on the exact purpose of the aid project. For example, within the health sector, there are purpose codes for basic health care, infectious disease control, and non-communicable diseases control. Where these purpose codes were assessed to be fully aligned to a given framework category, we allocated all projects with that purpose code to the relevant framework category. For example, the purpose codes for malaria control and tuberculosis control are aligned to the infectious disease category of the framework, so all projects with these purpose codes were allocated there. Further details on the purpose codes and how these were matched with the framework can be found in the Annex Table A.1.

- **Policy markers:** The OECD CRS contains policy markers to track aid flows to specific outcomes. For instance, the Rio marker for mitigation described previously was used to classify projects to the "advancing climate change mitigation in the health sector" priority area. Projects marked with the Reproductive, Maternal, Newborn, and Child Health (RMNCH) policy marker were used to classify projects to the "RMNCH" category, within the "addressing the direct health impacts of climate change" priority area. The RMNCH marker is used by DAC funders to report aid flows specifically aimed at improving health outcomes in RMNCH-related activities, covering a range of interventions, including family planning, maternal health services, newborn care, and child health programs.

- **Keyword search:** A keyword search was also used to categorize projects by priority area and investment type. Details on the keywords mapped to the priority areas and investment types can be found in Table 2 and Table 3, and the methodology for developing the keywords used can be found in Section 6 of this note.

The combination of approaches, using purpose codes, markers and keyword searches, allowed for a more granular breakdown of funding flows across the climate and health financing framework than a solely purpose code led approach. As previously noted, due to the prevalence of projects that address multiple priority areas and investment types, the same project and its full value could be allocated to multiple categories.

Where a project was not identified as addressing a direct health impact of climate change or advancing climate mitigation in the health sector through the above approaches, the funding volume was assumed to address health systems more generally, and given the climate relevance of all these projects, was allocated towards the building climate-resilient health systems priority area. This was validated through a

manual review of top 70% of projects classified into building climate-resilient health systems to confirm most projects relate to investments in health policy and administrative management, basic health infrastructure, medical services, and basic health care.

Table 7 and Table 8 below provide the approach, purpose codes and keywords used per framework category for priority areas and investment types.

Between 2018 and 2022, a total of 14,498 projects funded by DAC donors were identified as climate and health relevant (i.e. tagged as climate relevant using the Rio makers and reported under the health sector code by DAC donors). All of the projects were included in the quantification analysis. A list of the largest 50 projects, representing 60% of all climate and health commitments in the health sector, is provided in Annex Table A.2.

Table 7 Approach to classifying OECD DAC projects to different priority areas

Category	Sub-categories[iv]	Approach	Relevant purpose codes	Keywords list
Addressing the direct health impacts of climate change	Infectious diseases linked to climate change, including vector-borne diseases, zoonosis	100% of relevant purpose codes and a keyword search across all purpose codes	infectious disease control (12250), malaria control (12262), tuberculosis control (12263), COVID-19 control (12264)	Water-borne, water borne, water-related disease, Gastro, vibrio, diarrhea, diarrhoea, enteric, bacteria, viral, virus, food borne, food-borne
	Respiratory and cardiovascular illness	Keyword search across all purpose codes		Air pollution, asthma, respiratory, cardiovascular, allergy, lung, pulmonary, heart, cardio, renal
	Malnutrition and food borne linked to resource scarcity, including micronutrient deficiency	100% of relevant purpose codes and a keyword search across all purpose codes	Basic nutrition (12240)	Malnutrition, nutrient deficiency, underweight, under weight, hunger, undernourish, malnourish, micronutrient
	Injury and death due to extreme weather	Keyword search across all purpose codes		Extreme weather AND injury or fatal

[iv] Priority area sub-categories were developed in line with the methodology set out for framework development in section 2.1.

Category	Sub-categories[iv]	Approach	Relevant purpose codes	Keywords list
	Heat illness from rising temperature	Keyword search across all purpose codes		Heat stress, heat illness, extreme heat, thermal stress, hypertherm, heat stroke, heat exhaustion
	Mental trauma from extreme weather and displacement	Keyword search across all purpose codes		Extreme weather AND mental trauma, mental health, anxi, psych, depress, solastalgia, mental trauma
	RMNCH	All projects tagged with the RMNCH policy marker		
Advancing climate mitigation in the health sector		All projects marked Mitigation principal or significant (1 or 2) while not addressing adaptation (0)		
Strengthening climate-resilient health systems		All other projects that were not classified as addressing direct climate impacts or mitigation		

Table 8 Approach to classifying OECD DAC projects to different investment types

Category	Sub-categories[v]	Approach	Relevant purpose codes	Keywords list
Policy and institutions	Climate-transformative leadership, governance and workforce	100% of relevant purpose codes and a keyword search across all purpose codes	Health policy and administrative policy management (12110) population policy and administrative management (13010)	Strategy, policy, governance, planning, administrative

[v] Priority area sub-categories were developed in line with the methodology set out for framework development in Section 2.1.

Category	Sub-categories[v]	Approach	Relevant purpose codes	Keywords list
	Monitoring, early warning, preparedness	Keyword search across all purpose codes		Risk monitoring, early warning, preparedness, detection, surveillance
	Research	100% of relevant purpose codes and a keyword search across all purpose codes	Medical research (12182)	Research
Capacity building and technical assistance	Education and capacity building	100% of relevant purpose codes and a keyword search across all purpose codes . Anything classified as an infrastructure investment was excluded from this category. This is following a manual review which identified multiple large infrastructure projects that contained a small capacity-building element and was done so as to avoid inflation of this priority area.	Medical education/training (12181), health education (12261), health personnel development (12281), personnel development for population and reproductive health (13081)	Capacity, capacities, awareness, training, decreasing dependence, system strengthening, systems strengthening
	Technical assistance and risk assessment	100% of relevant purpose codes and a keyword search across all purpose codes	Health statistics and data (12196), population statistics and data (13096)	Risk assessment, technical assistance, expert, advisory, implementation, value chain, funding for health programming
Capital	Infrastructure, technology, and supply chain	100% of relevant purpose codes and a keyword search across all purpose codes	Medical services (12191), basic health infrastructure (12230)	Technology, supply chain, construction, infrastructure, energy, equipment, facilities, procurement, ventilator, cold chain, vaccine,

Category	Sub-categories[v]	Approach	Relevant purpose codes	Keywords list
				vaccination, local product, producing
Unspecified	Other	All other projects that were not tagged to any of the above investment types. This often included emergency sector support for COVID response		

3.3 MULTILATERAL DEVELOPMENT BANKS

3.3.1 Step 0: Scope funders and collect data

Four MDBs were included in this analysis: the World Bank, Asian Development Bank (ADB), Inter-American Development Bank (IDB), and African Development Bank (AfDB). These four banks were identified to be the most relevant MDBs to study for financing to the climate and health nexus due to their focus on low- and middle-income countries. They accounted for approximately 80% of the total climate financing reported by the ten MDBs that contributed to the Joint MDB Climate Finance Report in 2023.[5]

Project-level reports on climate finance from each MDB were used to conduct the analysis. Project level data was retrieved for:

- ADB[6]: 2019–2023
- AfDB: As the project level report was not publicly available, the aggregate flows 2019-2023 were drawn from the Joint MDB Climate Finance Report 2023[7] with sectoral breakdowns for 2021-2023 estimated from AfDB's own Climate Change and Green Growth 2023 Annual Report[8]
- IDB[9]: 2021-2023
- World Bank[10]: 2019-2024

Where specific breakdown of information was not available in publicly accessible reports, input from the banks' internal analyses was used. Specifically, as the World Bank does not publish the funding modality (grants vs. loans) for its climate and health commitments in its annual climate finance reports, the breakdown for its 'Health, Nutrition and Population operations' by types of financing was provided as a proxy for use. However, this only served as a qualitative input to the report and was not fully relied upon.

3.3.2 Step 1: Identify projects with a climate focus

Climate relevant financing was identified based on each MDB's reporting of the specific projects that included financing towards adaptation and mitigation objectives, as published in the annual climate finance reports of each MDB. These datasets, aligned with the joint MDB methodology for climate finance tracking[11], provide harmonized and transparent reporting on adaptation and mitigation finance. They

include all climate-relevant projects, and the proportional share of the project's committed financing going towards either an adaptation or mitigation objective, based on the joint MDB methodology for tracking adaptation and mitigation finance.

For the purposes of quantification, only the specific share of financing identified as adaptation-and-mitigation-relevant was included in the analysis. For IDB, in addition to mitigation and adaptation, projects are also identified as 'dual use', meaning they serve both mitigation and adaptation objectives. For projects classified as having a 'dual use' purpose, 50% of the climate finance allocated to such projects was attributed to mitigation efforts, and 50% attributed to adaptation to avoid double-counting financial contributions.

3.3.3 Step 2: Identify projects with a health focus

Within climate-relevant projects, health-related flows were identified using the MDB's reported sector classification where data was available:

- ADB (2019-2023): All projects tagged to "Health" under "Primary Sector"
- AfDB (2021-2023): No sector and project level information was available. Financing to health was estimated as a proportionate share of AfDB's climate financing to the social sector. AfDB's social sector includes six sub-sectors, one of which is health. As a simplifying assumption, one-sixth of social sector spending was assumed to be health-relevant.
- IDB (2021-2023): All projects tagged to the "Social Protection and Health (SPH) Division" were first identified. Then by reading every project title, projects mentioning only social protection-related terms were excluded (Annex Table A.4 for full list of projects included and excluded).
- World Bank (2019-2023): All projects tagged to the "Health Nutrition" and "Population global practice"

3.3.4 Step 3: Allocate identified projects to framework priority areas and investment types

Project descriptions were not provided in MDB reports, rather, project descriptions were retrieved separately from MDB project databases using project ID numbers matched to the relevant projects identified in the MDB reports. As a result, only World Bank, ADB, and IDB projects for 2023 were assessed and allocated against the framework priority areas and investment types.

To classify projects according to priority area and investment type, the same keywords used to categorize the DAC donors' projects were applied to MDB project descriptions (refer to section 6 for the keywords). Due to the limited number of projects, projects were only classified to the main priority areas and investment types in the analytic framework, not at the level of sub-category granularity feasible for DAC donors.

Between 2019-2023, a total of 462 relevant climate and health projects were reported by ADB, IDB and the World Bank. A list of all projects representing 100% of all climate and health commitments in the health sector supported by the World Bank, ADB, and IDB in 2023 is provided in the Annex Table A.3

3.4 MULTILATERAL CLIMATE FUNDS

3.4.1 Step 0: Scope funders and collect data

The Green Climate Fund (GCF), Global Environment Facility (GEF), Adaptation Fund (AF), and the Least Developed Countries Fund (LDCF) were selected for this analysis. These funds were selected as they contributed approximately 70% of concessional funding commitments made by multilateral climate funds in the assessed period.

The Climate Funds Update (CFU) dataset, published by Heinrich-Böll-Stiftung and Overseas Development Institute (ODI), was used to access project-level climate finance data for the selected funds. The CFU tracks data on pledges, deposits, and project approvals from multilateral climate funds sourced from individual funds' official documentation. Project level data was supplemented by project descriptions and project documents accessed directly from the selected funds' websites.

3.4.2 Step 1: Identify projects with a climate focus

Given the mandate of the multilateral climate funds, 100% of their funding was assumed to be climate relevant.

3.4.3 Step 2: Identify projects with a health focus

Health-relevant projects were identified through a machine-run keyword search, applying health-related keywords (as set out in section 6.2) to project descriptions. Following categorization as health relevant, these projects were all manually reviewed to check for relevance.

3.4.4 Step 3: Allocate identified projects to framework priority areas and investment types

Projects were mapped to the framework components using a machine-run keyword search on available project titles and descriptions. Given the limited number of projects identified, all projects were then manually screened to validate the classification. The keyword search was conducted using the same keywords as for the OECD CRS dataset as previously set out, and using the high-level priority areas and investment type categories (e.g., "addressing the direct health impacts of climate change", rather than sub-categories such as "infectious diseases" or "heat illness"), as done for MDBs.

Between 2018 and 2022, a total of 93 projects across all sectors were identified as health relevant. After applying a keyword search and manually verifying project descriptions, a total of 9 projects were finally included in the quantification analysis. A list of all projects representing 100% of all climate and health commitments in the health sector for this period is provided in the Annex Table A.5

3.5 MULTILATERAL HEALTH FUNDS

3.5.1 Step 0: Scope funders and collect data

As the two largest multilateral health funds in terms of funding volume, GAVI and the Global Fund were selected for this analysis.

At the time of this analysis, neither fund had a comprehensive and publicly accessible grants dataset available. Additionally, both organizations were still in the process of developing a formal approach to tracking and reporting their climate-relevant finance and had not yet established a standardized

approach. Due to this lack of data, self-reported financing volumes sourced through key informant interviews were the primary data source.

3.5.2 Step 1: Identify projects with a climate focus

Climate-relevant funding was quantified using the share of funding commitments self-reported by GAVI and the Global Fund as being directed towards addressing climate-sensitive diseases in climate-vulnerable countries, and towards supporting emergency health responses to climate-related emergencies.

- **GAVI:** The estimate for climate-relevant financing included all expenditure on seven climate-sensitive vaccines: cholera, malaria, typhoid, dengue, meningitis A, Japanese encephalitis, and yellow fever. The share of funding was reported for the full 2021 to 2025 grant cycle, and an annual average was used for purposes of comparison in this report.
- **The Global Fund:** The estimate for climate-relevant financing included all finance directed towards climate-vulnerable geographies for climate-sensitive diseases and health system strengthening, as well as 40% of funding allocated to climate-related emergencies and disasters. The share of funding was reported for the full 2023-2025 grant cycle, and an annual average was used for the purposes of comparison in this report.

3.5.3 Step 2: Identify projects with a health focus

Given the mandate of the multilateral health funds, 100% of their funding was assumed to be health relevant.

3.5.4 Step 3: Allocate identified projects to framework priority areas and investment types

A detailed breakdown by framework was not possible due to limitations in the granularity of the self-reported data.

3.6 PHILANTHROPIES

3.6.1 Step 0: Scope funders and collect data

This analysis used Candid's philanthropic giving database, which tracks detailed information on funding transactions, including data on funders, grant recipients, grant volumes, and the purpose of grants. The data is sourced from Internal Revenue Service information returns, individual funders who report to Candid, nonprofits that receive funding from philanthropies, and also publicly available information from organization websites, news, and government agencies. This data is coded according to Candid's Philanthropy Classification System (PCS), which provides information on the topic area or focus of grants, the investment types, and the populations served by a grant.

For this analysis, data from 2018-2023 covering the subjects of "Health", "Human Services" and "Environment" was used, covering 1,804 philanthropic institutions with at least one grant made during this period. Relevant climate and health projects were identified and classified using a combination of subject codes and keyword searches.

Wellcome, the largest philanthropic contributor to climate and health, does not fully report to Candid. Thus, analysis of the Candid database was supplemented with Wellcome's publicly available grant

database, which was analyzed using the same keyword search approach to determine relevant projects from 2018 - 2023.

The two datasets were analyzed separately due to different data structures.

3.6.2 Step 1: Identify projects with a climate focus

Climate-relevant funding was identified using two approaches:

- **Climate change subject code:** All projects tagged with one of Candid's subject codes for "Climate Change", "Adaptation and Resilience", and "Mitigation" were included.
- **Keyword search:** A keyword search for climate-relevant keywords was also applied to project descriptions, to identify any projects with explicit climate terms. The same keywords were applied to Wellcome's grant database. The keywords used and the methodology for the development of these keywords can be found in section 6.1 of this note.

All projects identified by either of these approaches were included for further analysis, with the entire value of each project considered for quantification.

3.6.3 Step 2: Identify projects with a health focus

Within identified climate relevant projects, health related funding was identified using three parallel approaches:

- **Health subject code:** All projects tagged with the health subject code were considered health relevant.
- **Keyword search:** A keyword search for health-relevant keywords was also applied to project descriptions. The keywords used and methodology for development of these keywords can be found in section 6.2 of this note.
- **For Wellcome:** Given Wellcome's focus on health, all funded projects were considered health relevant.

3.6.4 Step 3: Allocate identified projects to framework priority areas and investment types

Finally, funding identified as climate and health relevant was classified by priority areas and investment types, in alignment with the analytical framework described in Section 2.1. This mapping was limited to the Candid dataset and did not include projects from Wellcome's database. Grants were assigned to priority area and investment type using a combination of subject and strategy codes and a keyword search in project descriptions:

- **Subject codes:** Candid reports a number of subject codes within the health subject code that allowed for alignment of grants to specific priority areas within the framework. Where subject codes were fully aligned to a given framework category, all projects with that code were allocated to the relevant framework category. For example, the subject codes for specific disease types, including infectious and respiratory systems, was aligned to the 'addressing the direct health impacts of climate change' priority area of the framework, and all projects with these codes were allocated there. Further details regarding the mapping of subject codes to the priority areas and investment types can be found in Table 9 and Table 10 below.

- **Grant Support codes:** Candid further classifies grants using grant support codes that describe what was being funded, such as capacity-building and technical assistance, research, and program support. Grant codes were used to classify grants according to the investment types within the framework. Any grants with codes that fully aligned with a given framework category were allocated to that framework category. For example any grants with the 'capacity-building and technical assistance' support strategy were allocated to the 'capacity building & technical assistance category of the analytical framework. Further details regarding the mapping of grant support codes to the priority areas and investment types can be found in Table 9 and Table 10 below.

- **Keyword search:** A keyword search was also used to categorize projects by priority area and investment type. Details on the keywords mapped to priority areas and investment types can be found in Table 9 and Table 10, and the methodology for developing these keywords can be found in section 6 of this note.

Between 2018 and 2023, a total of 532 projects funded by philanthropies (excluding Wellcome) across all sectors were identified as climate-relevant based on the climate change subject code and climate-related keywords. A total of 5,729 projects were identified as health relevant, based on the health subject code and health-related keywords. In total, 117 projects were identified as both climate and health relevant. Following manual review of these 117 projects, 22 were excluded from our quantification, due to not being climate and health relevant. Refer to Annex Table A.6 and Table A.7 for examples of projects included.

Table 9 Approach to classifying philanthropy funded climate and health projects to different priority areas

Category	Sub-components	Approach	Relevant Subject or Strategy Codes	Keywords list
Addressing the direct health impacts of climate change	Infectious diseases linked to climate change, including vector-borne diseases, zoonosis	100% of relevant subject/strategy codes + a keyword search across all projects	SE1301 (communicable disease control), SE15100 (infectious and parasitic diseases)	Water-borne, water borne, water-related disease. Gastro, vibrio, diarrhea, diarrhoea, enteric, bacteria, viral, virus, food borne, food-borne
	Respiratory and cardiovascular illness	100% of relevant subject/strategy codes + a keyword search across all projects	SE140200 (cardiology), SE150700 (heart and circulatory system diseases), SE151200 (respiratory system diseases), SC030100 (air quality)	Air pollution, asthma, respiratory, cardiovascular, allergy, lung, pulmonary, heart, cardio, renal
	Malnutrition and food borne linked to resource scarcity,	100% of relevant subject/strategy codes + a keyword search	SE130602 (nutrition), SE130603 (obesity), SM02 (food security)	Malnutrition, nutrient deficiency, underweight, under weight, hunger, undernourish, malnourish, micronutrient

Category	Sub-components	Approach	Relevant Subject or Strategy Codes	Keywords list
	including micronutrient deficiency	across all projects		
	Injury and death due to extreme weather	Keyword search across all projects		Extreme weather or disaster AND injury, death or fatal
	Heat illness from rising temperature	Keyword search across all projects		Heat stress, heat illness, extreme heat, thermal stress, hypertherm, heat stroke, heat exhaustion
	Mental trauma from extreme weather and displacement	100% of relevant subject/strategy codes + a keyword search across all projects	SE12 (mental health care), SE151100 (mental and behavioural disorders) AND SJ0606 (disasters)	Extreme weather or disaster AND mental trauma, mental health, anxi, psych, depress, solastalgia, mental trauma
	RMNCH	100% of relevant subject/strategy codes	SE07 (Reproductive health care)	
Advancing climate mitigation in the health sector		100% of relevant subject/strategy codes + a keyword search across all projects	SC03060 energy resources)	Mitigation, carbon, circular, decarbonisation, decarbonization, energy, electric, emission, ghg, greenhouse gas, net zero, net-zero, renewable, resource efficiency, sustainable, smart, green, solar, wind
Strengthening climate-resilient health systems		All other projects that were not classified as addressing direct climate impacts or mitigation		

Table 10 Approach to classifying philanthropy funded climate and health projects to different investment types

Category	Sub-components	Approach	Relevant purpose codes	Keywords list
Policy and institutions	Climate-transformative	100% of relevant subject/strategy	UE0 (Leadership and professional	Strategy, policy, governance,

Category	Sub-components	Approach	Relevant purpose codes	Keywords list
	leadership, governance and workforce	codes + a keyword search across all projects	development), UK0 (policy, advocacy and systems reform), SE03 (health care administration and financing), UN0300 (program expansion)	planning, administrative, framework, roadmap
	Monitoring, early warning, preparedness	100% of relevant subject/strategy codes + a keyword search across all projects	SJ060200 (disaster preparedness), SJ060600 (disasters) SJ060610 (extreme temperatures)	Risk monitoring, early warning, preparedness, detection, surveillance
	Research	100% of relevant subject/strategy codes + a keyword search across all projects	UM0 (research and evaluation)	Research
Capacity building and technical assistance	Capacity building and technical assistance[vi]	100% of relevant subject/strategy codes + a keyword search across all projects	UD0 (Capacity-building and technical assistance), UR0 (individual development)	Capacity, capacities, awareness, training, decreasing dependence, system strengthening, systems strengthening, empower, organizational resilience, organisational resilience, learning
Capital	Infrastructure, technology, and supply chain	100% of relevant subject/strategy codes + a keyword search across all projects	UF0 (Capital and infrastructure), SE110 (medical support services), UQ0 (product and service development)	Technology, supply chain, construction, infrastructure, energy, equipment, facilities, procurement, ventilator, cold

[vi] Please note that for other funder types, the 'capacity building and technical assistance' investment type was split into two sub-categories ('education and capacity building' and 'technical assistance and risk assessment'). Given that one of Candid's grant support codes is 'capacity-building and technical assistance' (combined), it was decided to leave these combined in this analysis.

Category	Sub-components	Approach	Relevant purpose codes	Keywords list
				chain, vaccine, vaccination, local product, producing, facility, panels, solar, renewables, clinics, supplies
Unspecified	Other	All other projects that were not tagged to any of the above investment types		

4 LAYER 2 ANALYSIS: CLIMATE AND HEALTH INVESTMENTS IN HEALTH DETERMINING SECTORS

4.1 METHODOLOGICAL STEPS

The approach to assessing baseline funding for climate and health commitments in health-determining sectors included the following steps:

- **Step 0:** Scope funders and collect data
- **Step 1:** Identify projects with a climate focus
- **Step 2:** Select relevant health-determining sectors for analysis
- **Step 3:** Identify projects with explicit health considerations or evidence-based health benefits pathways

4.1.1 Step 0: Scope funders and collect data

This analysis was only conducted for DAC donors and multilateral climate funds due to the availability of project-level data. For this, the scope of funders covered and the data sources used were the same as those used for the quantification of layer 1 climate and health commitments in the health sector, i.e. the OECD's CRS database for DAC donors and the CFU for multilateral climate funds. For more details on funders covered and the datasets, refer to section 3.1.1.

4.1.2 Step 1: Identify projects with a climate focus

In line with the analysis for layer 1, the same approaches were used to identify climate-relevant projects. For DAC donors, this was done through the use of Rio markers for climate mitigation and adaptation, and for multilateral climate funds, all funding was considered climate relevant due to their mandate of investing in climate actions.

4.1.3 Step 2: Select relevant health determining sectors for analysis

For DAC donors, ten of the top 15 sectors receiving climate finance were included in the analysis, based on a qualitative review of the potential for health co-benefits and ability of the health community to engage with and advocate for health considerations in funding to the respective sectors. For multilateral climate funds, all projects not captured in layer 1 analysis were included.

4.1.4 Step 3: Identify projects with explicit health considerations or evidence-based health benefit pathways

A machine-run keyword search was applied to the project level datasets for both DAC donors and multilateral climate funds to identify projects with health mention or supported interventions with evidence-based pathways to deliver health co-benefits. See Table 11 for an overview of pathways and

associated keywords used for the analysis. The two sets of keywords were based on a synthesis of literature reviewed and manual reviews of project descriptions to capture variations:

- **Projects with health-relevant keywords:** The first keyword search was used to identify projects where an explicit health focus or mention was made in the project. This was identified by looking for specific health-relevant keywords in the project titles and descriptions. The keywords developed to identify health-relevance in layer 1 were used for this exercise. Refer to section 6 for full list of keywords used and to Table 21 for false positive key words identified and removed.
- **Projects with potential to generate health co-benefits:** To identify projects that did not explicitly mention health or health-related keywords but had the potential to deliver health benefits, a set of keywords was developed based on evidence-based pathways for health co-benefits in health-determining sectors. Co-benefit pathways were principally derived from those described in *The Lancet Pathfinder Commission's Pathways to a Healthy Net-Zero Future*[12] and supplemented by pathways and keywords in other relevant literature[13]. Based on pathways identified, relevant interventions and keywords were developed through a mix of literature review[14,15,16,17] and expert input. Table 11 below provides an overview of pathways and associated keywords used for the keyword search.

It should be noted that, within the scope of this project, it was not possible to assess if a project generated health co-benefits or was designed to generate those co-benefits. Literature was used to identify interventions with the potential to benefit health, and there was no validation on the extent to which a project aligned with the literature on how to maximize those benefits.

Table 11 Pathways and associated keywords used for analysis

Pathways	Keywords
Reduction in air pollution	Air Quality; Alternative Fuel; Bioenerg; Clean Air; Clean Car; Clean Cook; Clean Cooling; Clean Energy; Clean Fuel; Clean Heating; Clean Transport; Clean Vehicle; Cookstoves; Decarbonising; Decarbonization; Eco-Friendly Bus; Efficient Heating; Efficient Transport; Electric Vehicle; Emission Reduction; Energy Efficien; Geothermal Energy; GHGs; Green City; Green Energ; Green Infrastructure; Green Spaces; Household Energ; Hybrid Vehicle; Hydro; Hydroelectric; Hydropower; Improved Cook; Improved Stoves; Insulation; Living Environment; Living Standard; Low Emissions; Low-Carbon Electricity; Net Zero; Nitrogen Oxide; Particulate; Pollutant; Pollution; Renewable Electric; Renewable Energ; Renewable Sources; Solar; Sulfur Dioxide; Sustainable And Self-Sufficient With Regard To Energy Generation; Sustainable Energ; Urban Design; Urban Infrastructure; Wind; Zero Emissions Vehicles
Access and consumption of healthy, sustainable diets	Food Crisis; Food Insecurity; Food Security; Food Shortage; Processed Meat; Regenerative Agriculture; Resilient Food System; Sustainable Diets
Accessible safe, clean water and sanitation	Drinking Water; Hygiene; Resilient Water System; Safe Drinking Water; Safe Water; Sanitation; Sewage; Solid Waste Management; Stable Water; Treated Bulk Water; Wash; Waste Collection; Waste Water Management; Waste Water Treatment; Wastewater Treatment; Wastewater Management; Water Quality; Water Sanitation; Water Scarcity; Water Security
Promotion of active travel and use of public transport	Active Transit; Active Travel; Bike; Bus Service; Cycle Lane; Cycling; Electric Mobility; High-Frequent Transport; Public Transport; Mass Rapid Trans; Mass Trans; Mode Shift; Physical Activity; Sustainable Mobility; Sustainable Urban; Traffic Control; Traffic Safety; Urban Mobility; Walk

Pathways	Keywords
Disaster risk reduction	Contingency Plans; Disaster Planning; Early Warning Systems; Protective Infrastructure; Quality of Life; Rehabilitat; Resilient Infrastructure; Retrofitting; Smoke Control; Standard of Living

4.2 DEVELOPMENT ASSISTANCE COMMITTEE DONORS

4.2.1 Step 0: Scope funders and collect data

The OECD CRS database was used for this analysis. The CRS dataset is updated annually and at the time of publishing this report, the latest data available was for the year ending 2022. Data for the years 2018-2022 collected from the OCED's website at 2021 constant prices, for use in this analysis.

4.2.2 Step 1: Identify projects with a climate focus

Consistent with the approach used for layer 1, climate-relevant funding was identified through the use of the Rio markers for climate mitigation and adaptation. Projects marked both principal and significant under both climate adaptation and mitigation markers were considered climate-relevant, and 100% of the value of the commitment towards identified projects was considered regardless of the actual share of climate-relevant funding within that project. This assumption was made considering the lack of consensus and data on the share of the value of these health commitments that was targeted at climate-relevant activities, and to allow for a quantification of the full volume of climate and health-relevant financing available for countries to access for climate and health action. Refer to section 3.2. for further details on the implications of the discounting decisions taken in this report.

4.2.3 Step 2: Select relevant health determining sectors for analysis

Of the top 15 sectors receiving climate finance, ten were included in the analysis (Table 12). Sectors not included in the analysis were excluded due to two criteria: (1) sectors with relatively low volumes of climate finance were excluded (for example, the sector "Trade Policy" received less than US$100 million in climate-relevant funding in 2022); and (2) sectors determined to have limited potential for delivering health co-benefits and/or limited ability for the health community to engage with and advocate for health considerations.

This determination was based on a review of literature around health co-benefits in different sectors and activities[18],[19], and through expert input. For example, the sector "General Budget Support", which includes unearmarked financial aid provided directly to recipient government national treasuries was considered too difficult to influence in a way that would generate increased health co benefits and thus excluded.

Table 12 Overview of sectors retained and excluded for analysis of layer 2 climate and health commitments for health determining sectors

Sector code	Sector	Climate commitments, US$ million, 2022	Excluded	Exclusion rationale
230	Energy	9336		
310	Agriculture (incl. forestry, fishing)	5665		

Sector code	Sector	Climate commitments, US$ million, 2022	Excluded	Exclusion rationale
430	Other multisector	5072	Yes	Wide range of funding uses, difficult to engage/ advocate around
410	General Environmental protection	4787		
120, 130	Health & populations	4784	Yes	Already assessed in layer 1
140	Water and sanitation	4611		
240	Financial services & business support	3458	Yes	Difficult to engage/ advocate around
210	Transport & storage	3456		
320	Industry, construction & mining	2330		
150	Government & civil society	1618		
720	Emergency Response	1310		
510	General budget support	1085	Yes	Difficult to engage/ advocate around
160	Other social services	960	Yes	Limited potential for health co-benefits
43040	Rural development	802		
110	Education	668	Yes	Low volume of climate funding
520	Development Food Assistance	440		Retained due to high potential for health co-benefits
152	Conflict, peace & security	377	Yes	Low volume of climate funding

Sector code	Sector	Climate commitments, US$ million, 2022	Excluded	Exclusion rationale
220	Communication	245	Yes	Low volume of climate funding
998	Unspecified	237	Yes	Low volume of climate funding
740	Disaster Prevention & Preparedness	197	Yes	Low volume of climate funding
330	Trade policy	154	Yes	Low volume of climate funding
730	Reconstruction Relief & Rehabilitation	128	Yes	Low volume of climate funding
910	Donor administration costs	75	Yes	Low volume of climate funding
332	Tourism	26	Yes	Low volume of climate funding
930	Refugees in donor countries	0	Yes	Low volume of climate funding
600	Debt relief	0	Yes	Low volume of climate funding

4.2.4 Step 3: Identify projects with explicit health considerations or evidence-based health benefit pathways

A machine-run keyword search was applied to identify projects with health consideration or evidence-based pathways to deliver health co-benefits using the two sets of keywords mentioned above.

Of the 105,371 projects in scope for analysis, 9,367 contained health-specific keywords, 21,339 contained keywords associated with health co-benefits pathways, and 6,478 projects contained both sets of keywords. Project descriptions for the top 200 projects (2018-2022) identified by this keyword search were manually screened to validate the results of the keyword search and remove false positives. Table 13 below provides example projects that surfaced using the keyword searches for health keywords and keywords associated with potential health co-benefit pathways. Table 14 illustrates examples of projects with some, but not strong climate and health connections that were included, as it was not possible to infer the ultimate health impact from the project descriptions. Refer to section 6 for keywords used and to Table 21 false positives identified as well as Table A.8 Largest 50 projects representing 30% of climate and health commitment in health determining sectors, DAC donors, 2018-2022for a list of projects included for additional examples.

Table 13 Project examples illustrating projects with health-specific keywords or demonstrate health co-benefits pathways

Health impact linkage	Project examples (illustrative, non-exhaustive)
Project descriptions with health specific keywords	**General health indication**: International climate fund to reduce poverty, hunger and vulnerability by providing the poorest households in Kenya's arid and semi-arid lands with cash transfers. This project prevents 720,000 people from becoming poorer and help them to increase their expenditure on food, health, education and wider livelihood opportunities. (US$ million)
	Direct health outcomes consideration: Sustainable food systems 4 components: sustainable food systems governance, nutrition governance, innovation and research, and proact (US$266 million)
Project descriptions with keywords related to potential health co-benefits pathways	**Transport:** Develop mass and high-frequent transportation system by constructing high-speed rail between Mumbai and Ahmedabad, thereby enhancing connectivity and contributing to regional economic development (US$1,376 million)
	Food: Food Systems 2030 seeks to contribute to creation of foundations for sustainable food systems that deliver improved livelihoods and safe, affordable and nutritious diets for all. The program will promote new ways of doing business that integrate simultaneous pursuit of health for people, the planet, and the economy, addressing market and institutional incentives and eschewing the siloed and fragmented approaches of the past. (US$136 million)
	Clean air and energy: Strengthen the transportation network and alleviate serious traffic congestion by extending the north-south commuter railway, contributing to expansion of its economic sphere as well as mitigating air pollution and climate change (US$1,113 million)
	WASH: climate change adapted drinking water resources management Dhaka - Saidabad water treatment plant project (US$114 million)

Table 14 Project examples illustrating included projects identified using health-specific keywords or demonstrate health co-benefits pathways with some connection to climate and health

Health impact linkage	Project examples (illustrative, non-exhaustive)
Some climate and health linkage based on pathways developed	Southern Chattogram regional development project the objective of the project is to improve the living standard and the quality of life of local residents in the southern Chattogram region by developing public infrastructure. (US$272 million)
	Pro-Act 2019: Pro-resilience action for prevention and response to food crisis (US$86 million)
	Urban area power distribution improvement project the objective of the project is to improve power supply by repairing and reinforcing distribution facilities in Yangon region and Mandalay region, thereby contributing to economic development and improvement of living standards in Myanmar. (US$266 million)

Within the scope of this analysis, several indirect pathways for health co-benefits were excluded from the analysis. These included the social-economic determinants of health (e.g. livelihood, job creation, gender, equity, migration) and "One Health approach".[20] Future analysis could explore these pathways, expand the

keywords used to capture the included pathways, and conduct more in-depth analysis of the identified projects to verify the climate and health relevance and make exclusions accordingly. Table 15 below provides illustrative examples of projects excluded. Please refer to the Annex Table A.9 for additional examples of excluded projects.

Table 15 Project examples illustrating projects excluded due to indirect link to generating health co-benefits

Health impact linkage	Project examples (illustrative, non-exhaustive)	Rationale for exclusion
Indirect health co-benefits or contribution to co-benefits	Biodiversity and livelihood: Unlocking the potential of the ocean and coastal economies (e.g. in fisheries/mariculture, forestry, renewable energies and eco-tourism sectors) while preserving the environment (US$31 million)	No explicit health indications or clear evidence-based pathways to generate health co-benefits based on the sources referenced above
	Refugees, migrants, displaced people: Promoting a development approach towards internal displacement and human mobility induced by disasters, climate change and environmental degradation. There is growing evidence that disasters, climate change and environmental degradation have a vast and increasing effect on human mobility trends worldwide, and more specifically on internal displacement and internal migration. Most persons displaced by disasters, climate change and environmental degradation (predominantly women and children) remain within the borders of their homeland and are hence considered internally displaced persons or internal (environmental) migrants. (US$11 million)	
	Social determinants of health pathways: Overarching goal of Step Change is to accelerate equitable and inclusive locally-led adaptation, contributing to improved quality of life and resilience of the most climate-effected people. It pursues this goal by: (1) supporting the integration of gender and social inclusion in policies and practices, (2) strengthening the implementation of ecosystem-based adaptation, and (3) advancing access to climate finance. (US$3 million)	

4.2.5 Deep dive for the transport and storage sector

To assess the climate and health commitments identified in the "Transport and Storage" sector, a full manual review of 213 identified projects was conducted to provide more granular detail on the potential health benefit pathways and interventions in climate finance for health-determining sectors.

The review first started with a review of projects that would not be classified as climate and health co-benefits pathways. Refer to Table 21 for the false positives identified and removed. Once the false positives were removed, each project was allocated to an evidence-based intervention that contributes positive health impact. Refer to Table 16 below for a list of interventions and project examples.

This assessment enabled a first understanding of the level of financial commitments currently provided to interventions that have the potential to generate health outcomes. A comparison of this figure against the total climate commitments to the overall transport and storage sector allowed for an understanding of the opportunity to align the remaining funding to be directed to initiatives with health goals.

Table 16 Transport sector interventions and illustrative examples of projects mapped against each intervention

Transport sector interventions	Project examples (illustrative, non-exhaustive)
Active transportation	Bike path implementation - it is intended to mark a lane reserved exclusively for bicycles. signals, lights and information will be introduced at various points along the route of the cycle path that will serve to inform road users about the proximity of the road to the cycle path. (US$25 million)
Alternative / lower carbon fuels	Procurement of cng single decker AC buses for BRTC project to meet the increased public transportation demand, mitigate traffic congestion through the supply of buses for inner and outer Dhaka, and mitigate air pollution through the introduction of new environment-friendly buses. (US$85 million)
Electric mobility	Credit for finance of investments in electric mobility credit for finance of investment in electric mobility. This project focuses on the switch to electric mobility, hydrogen power, liquefied natural gas, and hybrid engines. The NDC of Vietnam outline amongst other goals the use of high-performance electrical equipment, use of cng and biofuels, use of electric motorbikes, cars, and buses. The project thus contributes to the fight against climate change and follows the low carbon development path. SDG 1, 7, 13 and 17 apply. (US$27 million)
Mass transit - bus	Climate-friendly modernisation of bus services in major cities of Tamil climate-friendly modernisation of bus services in major cities of Tamil Nadu. (US$190 million)
Mass transit - commuter rail	North-south commuter railway extension project (i) to strengthen the transportation network and alleviate serious traffic congestion by extending the north-south commuter railway, thereby contributing to expansion of its economic sphere and improvement of investment environment as well as mitigating air pollution and climate change. (US$1,114 million)
Mass transit - high speed rail	Project for construction of Mumbai - Ahmedabad high speed rail (ii) to develop mass and high-frequent transportation system by constructing high speed rail between Mumbai and Ahmedabad with the use of Japanese high speed rail technologies, thereby enhancing connectivity in India and contributing the regional economic development. (US$1,376 million)
Mass transit - metro	Delhi mass rapid transport system project (phase 4) (i) construction works, procurement of goods and services and consulting services. (US$1,078 million)
Policy/research on transport related emission reductions	implementation of the national climate protection targets in the Mexican transport sector measures to reduce greenhouse gases and air pollutants in the transport sector have been implemented by state and non-state actors. (US$5 million)
Sustainable urban transport/mobility	Sustainable urban mobility - air quality, climate protection and accessibility. The aim of the project is to make urban mobility in India sustainable, with particular attention to air quality and climate impact. (US$9 million)
Traffic safety	The project for reconstruction of Manono UTA wharf terminal building is to reconstruct a terminal building of Manono UTA wharf to provide safe and healthy environment for passengers. (US$0.1 million)
Various	Integrated and green urban mobility for the Mumbai metropolitan region. (US$243 million)

4.3 MULTILATERAL CLIMATE FUNDS

4.3.1 Step 0: Scope funders and collect data

CFU data from 2018 – 2022 was used for the analysis. Consistent with layer 1 analysis of climate and health commitments in the health sector, the GCF, GEF, AF and LDCF were selected for layer 2 analysis. These funds were selected as they contribute to approximately 70% of concessional funding commitments made by multilateral climate funds during the assessed period.

4.3.2 Step 1: Identify projects with a climate focus

Due to the mandate of multilateral climate funds to provide climate specific investments, 100% of funding commitments were considered climate relevant.

4.3.3 Step 2: Select relevant health determining sectors for analysis

Due to the small number of projects (1,054), all sectors were included in the analysis: Agriculture, Forestry, Fishing; Banking & Financial Services; Biodiversity, Climate Change, Land Degradation; Business & Other Services; Disaster Prevention & Preparedness; Energy (distribution, non-renewable, renewable); General environment protection; Industry; Other Multisector; Transport and Storage; Unallocated / Unspecified; and, Water Supply & Sanitation.

4.3.4 Step 3: Identify projects with explicit health considerations or evidence-based health benefit pathways

Similar to DAC donor analysis, a machine-run keyword search was applied to identify projects that have the potential to generate health co-benefits. The same keywords for evidence-based pathways to deliver health co-benefits were applied in the CFU dataset. It was not necessary to conduct an additional search for health-related keywords as this had already been undertaken for layer 1 analysis. Of the 1,054 projects in scope for analysis, 292 projects were identified using the keyword search. A random check of 20 projects was conducted to validate the results of the keyword search. Table 17 below provides illustrative examples of projects that were allocated to the pathways with potential to generate health co-benefits. Refer to section 6.4 for the specific keywords used and to Table 21 for false positive key words identified and removed. See Annex Table A.10 for a list of the largest 20 projects included representing 50% of climate and health commitment and Table A.11 for a list of excluded projects.

Table 17 Project examples illustrating projects that consider health or demonstrate health co-benefits pathways

Health impact linkage	Project examples (illustrative, non-exhaustive)
Project descriptions with keywords related to potential health co-benefits pathways	**Transport:** Install an 85 km double-track, electric light rail transit system in San José's Greater Metropolitan Area which will be powered by more than 98 percent renewable electricity. (US$271 million)
	Food: Strengthen the adaptive capacity and climate resilience of vulnerable, rural communities, including farmers and entrepreneurs, in the Dry Corridor region of Central America and in the arid zones of the Dominican Republic. (US$174 million)
	Clean air and energy: Help the seven target countries shift to low-emission sustainable development pathways and increase access to affordable, reliable, sustainable and modern energy. (US$280 million)

Health impact linkage	Project examples (illustrative, non-exhaustive)
	WASH: Reduce vulnerabilities to water availability challenges in one of the most vulnerable areas in Syria: Eastern Ghouta. (US$10 million)

5 OUTLOOK FOR FINANCING CLIMATE AND HEALTH IN THE HEALTH SECTOR

This analysis aimed to develop an outlook for how financing for climate and health from different funder types is likely to evolve in the next two to three years. The objective was to provide directional insight into potential areas of increased funding and priority focus, rather than to deliver precise quantitative forecasts. This approach reflects the inherent subjectivity and uncertainty involved in such projections.

5.1 ANALYTICAL FRAMEWORK

Future funding potential for each donor was assessed based on two criteria: likelihood of increased funding volume and prioritization of the climate and health nexus:

- **Likelihood of future volume growth:** The potential future volume of funding from each donor, assessed based on historic climate and health funding trends, expected increase in total income or funding volumes for the funder (beyond the health or climate sector), and recent financial commitments to the nexus.
- **Prioritization of the nexus:** Volume growth was coupled with an assessment of how the climate and health nexus is likely to be prioritized by the funder and the readiness of the funder to deliver the expected volumes of climate and health funding to provide further confidence to the outlook for volume growth. The anticipated future prioritization of climate and health was assessed by factors such as the presence of an explicit approach or strategy towards the nexus, funder signaling political commitment to the nexus, and investments in the structures needed to deliver funding, such as dedicated funding windows, teams and investment frameworks.

5.2 DATA COLLECTION

Indicators were established for each criterion to ensure a relatively objective assessment of the funding outlook, based on available qualitative and quantitative information. While efforts were made to align these indicators and approaches across different donor types, data availability limitations required adaptations, particularly in assessing the likelihood of volume growth.

Likelihood of future volume growth was assessed at the individual funder level for selected funders by combining information on:

- **Historic climate and health funding trends:** based on the analysis done for the layer 1 baseline
- **Outlook of overall funding volumes for that funder:** based on recent trends for overall financing, any reported information for this funding period, and in the case of DAC donors by using forecasts published by the funder or developed based on macro-economic indicators.
- **Recent financial commitments:** made by funders towards health, climate or more specifically to the climate and health nexus.

Table 18 below lists the funders analyzed for the outlook, the data points used, and sources for these. As the purpose of the outlook assessment was to understand directional insights, a subset of the largest DAC donors was included in this analysis (based on 2022 climate and health commitment volume

assessed as part of layer 1 analysis). Where limited data or information was available from a published source, such as for philanthropies, information was augmented through interviews with a subset analyzed in that data type.

Table 18 Overview of funders and data sources for future volume growth analysis

Funder type	Funders covered in assessment	Historic climate and health funding trends	Outlook of funding volumes	Recent financial commitments
DAC donors	Japan, USA, EU, France, UK, Netherlands, Germany	Analysis of OECD Creditor Reporting System data	Aggregate ODA for 2023 as reported to OECD, future budget allocations where available[vii] and projection of ODA based on Gross National Income trends[viii]	Strategy documents
MDBs	African Development Bank (AfDB), Asian Development Bank (ADB), Inter-American Development Bank (IDB), World Bank	Individual bank climate finance reports	Climate finance commitment trend 2023, Joint MDB Climate Finance Report 2023, World Bank Climate Finance press release 2024	Media, press releases
Multilateral climate funds	Green Climate Fund (GCF), Global Environment Facility (GEF), Adaptation fund (AF), Least Developed Countries Fund (LDCF)	Analysis of individual databases and Climate Funds Update (CFU)	Past replenishment trend from financial reports, expected future replenishment trend based on DAC ODA projection	Media, interviews
Multilateral health funds	The Global Fund, GAVI	Interviews	Past replenishment trend from financial reports, expected future replenishment trend based on DAC ODA projection	Media, interviews
Philanthropies	Wellcome, Rockefeller Foundation, Foundation S,	Analysis of Candid data where available	Interviews	Interviews, press releases

[vii] Some donors provide projected allocations to specific budget lines (All aid, specific sectors) for coming years such as the EU institutions that have a budget set till 2027

[viii] Projection of ODA in-line with GNI growth as projected by the International Monetary Fund, assuming a similar share of GNI as in past years or as announced by the funder such as the UK, that laid out projections for the share of GNI it will reach in coming years

Funder type	Funders covered in assessment	Historic climate and health funding trends	Outlook of funding volumes	Recent financial commitments
	Reaching the Last Mile, The Gates Foundation, Children's Investment Fund Foundation, The Hong Kong Jockey Club, Asian Venture Philanthropy Network			

The factors selected to understand prioritization of the nexus included:

- **Funder's political commitment to the nexus:** shown through participation in key initiatives and platforms for climate and health (such as for instance signing the UAE Climate and Health declaration, the Guiding Principles), and the making of clear financial commitments to climate and health
- **Funders laying out a formal strategy or approach to the nexus:** the presence of a specific strategy addressing the climate and health nexus, explicit mention of an approach to health within climate or vice versa that point to the funder having a point of view and approach to funding the climate and health nexus
- **Structures for delivering climate and health funding:** such as investment guidance and frameworks (such as the GCF's sectoral guide), teams or capacity to support climate and health investments, and dedicated funding windows or structures that enable access to climate and health funding

Input on these indicators was collected through a desk review of documents and announcements and augmented by over 30 interviews with funders to assess how they are prioritizing and supporting the nexus.

5.3 ASSESSMENT

All collected data was coded and consolidated into a single qualitative assessment of the expected level of funding growth, along with the corresponding level of confidence in this growth, analyzed at the funder level. Input from the strategy documents was also used to assess how funding to specific priority areas, such as "infectious diseases" and "mitigation in health systems" could vary from historical trends in the near term. This information was then compiled across funders within each funder type to qualitatively assess the overall direction of funding, and identify potential future priority areas for funders.

6 KEYWORDS

Keywords to identify relevant projects from the analysis were developed based on a review of relevant literature, expert input, and review of the projects databases themselves. See Table 19 below for an overview of their usage.

Four sets of relevant keywords were used:

- Climate-related keywords to identify climate relevance;
- Health-related keywords to identify health-sector-relevant projects;
- Layer 1 Climate and health commitments in the health sector framework keywords; and
- Layer 2 Pathways with potential to generate health co-benefits keywords.

Table 19 Use of keywords for analyses conducted in the report

Set of keywords	Relevant section in this note	Use
Climate-related keywords	6.1	Used to identify climate relevance of projects for philanthropies when assessing the baseline climate and health funding.
Health-related keywords	6.2	Used to identify health sector relevant projects for multilateral climate funds and philanthropies in layer 1 analysis. Used to identify projects that have explicit health consideration in health-determining sectors for DAC donors in layer 2 analysis.
Layer 1 Climate and health commitments in the health sector framework keywords	6.3	Used to allocate all climate and health relevant projects to the framework priority areas and investment types for DAC donors, MDBs, multilateral climate funds and philanthropies.
Layer 2 Pathways with potential to generate health co-benefits keywords	6.4	Used to identify interventions or pathways with potential to generate health co-benefits in health determining sectors for DAC donors and multilateral climate funds for layer 2 analysis.

6.1 CLIMATE-RELATED KEYWORDS

A climate-related keyword list was developed to identify climate relevance of projects funded by philanthropies. This list was developed based on a literature review[21],[22],[23] and validation with experts. Keywords were further refined following a manual check of the top 50 (by US$ volume) projects identified as climate-relevant, to avoid false positives being identified.

Climate-related keywords used in this analysis were as follows:

Adaptability; Adaptation; Adaptive Capacity; Afforestation; Alternative Fuels; Atmosphere; Bioenergy; Biomass; Carbon Capture; Carbon Dioxide; Carbon Emission; Carbon Footprint; Carbon Neutral; Carbon Pricing; Carbon Sequestration; Carbon-Neutral; Circular Economy; Climate; Climate Change; Crop Resilience; Crop Shortage; Decarbonisation; Decarbonization; Disaster; Disaster Preparedness; Diversification; Drought; Efficiency; Efficient Energy; Electric; Electrification; Emergency Management; Emission; Energy Efficiency; Energy Efficient; Energy Transition; Extreme Weather; Famine; Fire; Flood; Food Security; Fossil Fuel; Ghg; Global Average Temperature; Global Heating; Global Warming; Green; Green House; Greenhouse; Greenhouse Gas; Heat; Heatwave; Hurricane; Hydrogen; Low Carbon; Low-Carbon; Lower Carbon; Lower-Carbon; Mitigation; Net Zero; Net-Zero; Precipitation; Preparedness; Reforestation; Renewable; Resource Efficiency; Restoration; Sequestration; Smart Grids; Solar; Temperature; Thermal; Water Security; Weather

6.2 HEALTH-RELATED KEYWORDS

Selection of health-related keywords was guided by a literature review[24],[25] and expert validation. An initial keyword list was applied to CFU, Candid and OECD CRS (in health-determining sectors, i.e. for layer 2 analysis) datasets, with a manual review of top projects (by US$ volume) to check for health relevance. False positives were addressed by refining keywords for specific funder types, with exclusions detailed below in Table 20. The final keyword list was validated by an expert before being reapplied to the datasets for analysis.

Health-related keywords used in this analysis were as follows:

Allergy; Anaemia; Anemia; Anxi; Asthma; Bacteria; Biofort; Biofortification; Biofortified; Biofortify; Birth Weight; Birthweight; BMI; Body Mass Index; Breast Milk; Breast-Feed; Breastfeeding; Breast-Feeding; Breastmilk; Breast-Milk; Cardio; Care; Chikungunya; Child Feeding; Cholera; Cmam; Complementary Food; Covid; Death; Dengue; Depress; Diabetes; Diarrhea; Diarrhoea; Diet; Ebola; Emergency; Enteric; Epidemic; Exhaustion; Fetal Growth; Folic; Food Borne; Food-Borne; Fortification; Fortified; Fortify; Gastro; Golden Rice; Growth Monitoring; Growth Of The Infant; Harvestplus; Heart; Heat; Heat Stress; Heat Stroke; Height For; Height-For-Age; Height-For-Weight; Hepatitis; High In Fat; Hospital; Hunger; Hypertherm; Illness; Infant Growth; Infection; Infectious; Injury; Intrauterine Growth Restriction; Iodiz; Iugr; Iycf; Lactat; Leptospirosis; Linear Growth; Low Birth Weight; Low Birthweight; Low Sodium; Lung; Lyme; Malnourish; Malnutrition; Mam Treatment; Maternal; Medical; Mental Health; Micronutrient; Micronutriment; Mid-Upper Arm Circumference; Morbidity; Mortality; Mosquito; Muac; Nourish; Nursing; Nutrient; Nutrition; Nutritious; Obesity; Orange Fleshed Sweet Potato; Orange-Fleshed Sweet Potato; Overweight; Prematurity; Prenat; Pre-Term; Pro-Breastfeeding; Processed Food; Protein Energy; Psych; Pulmonary; Ready To Use Therapeutic Food; Ready-To-Use Therapeutic Food; Reduce Sodium; Renal; Respiratory; Rift Valley Fever; Rutf; Salt Intake; Salt Reduction; Salty; Sam Treatment; Solastalgia; Standing Heigh; Standing Weight-For-Heigh; Stress; Stunted; Stunting; Sugar Consumption; Sugar-Sweeten; Sugary; Surveillance; Syndrome; Thermal Stress; Tick Borne; Tickborne; Tick-Borne; Trans Fat; Trans-Fat; Under Weight; Undernourish; Underweight; Under-Weight; Vector Borne; Vectorborne; Vector-Borne; Vibrio; Viral; Virus; Vitamin; Wasting; Waterborne; Water-Borne; Weight At Birth; Weight For; Weight-For; Weight-Heigh; Well Nourished; Wellbeing; Well-Being; West Nile Fever; Zika; Zoonoses; Zoonot

Table 20 Keywords removed for specific funder types, to avoid the risk of false positives being identified

Health-related KW	Risk of false positive
Anxi	Mostly capture SHANXI as a city name – excluded for DAC

Health-related KW	Risk of false positive
BMI	Mostly capture SUBMIT rather than BMI – excluded for DAC and multilateral climate funds
Covid	Mostly capture in the context description rather than addressing COVID-related influences – excluded for multilateral climate funds
Disease	Had to be categorized manually as sometimes catching ANIMAL DISEASE – manually screened and some projects excluded for multilateral climate funds
Health	Had to be categorized manually as sometimes capturing ECOSYSTEM HEALTH or ANIMAL HEALTH – manually screened and some projects excluded for multilateral climate funds
Heart	Often captured project description such as "..in the heart of the Amazonas" – excluded for multilateral climate funds
Heat	Often captured "HEATING" instead – excluded for multilateral climate funds
Lung	Often capture 'ENTWICKLUNGSFONDS' – excluded for DAC
Nutrition	Often related to Agricultural Sector and no reference to health outcomes or sector – excluded for multilateral climate funds

6.3 LAYER 1 CLIMATE AND HEALTH COMMITMENTS IN THE HEALTH SECTOR FRAMEWORK KEYWORDS

Keywords were developed to enable the mapping of projects funded by all funders (except multilateral health funds, where insufficient data was available) to the priority areas and investment types outlined in the framework (see section 2.1). These were developed through a literature review[26 27 28], expert validation, and a manual review of the top 50 projects (by US$ volume). Table 7 and Table 8 provide the keywords mapped to each priority area or investment type for DAC donors and philanthropies, respectively.

6.4 LAYER 2 PATHWAYS WITH POTENTIAL TO GENERATE HEALTH CO-BENEFITS KEYWORDS

The keywords below were used in identifying projects that may contribute to delivering health co-benefits in health determining sectors for DAC donors and multilateral climate funds for layer 2 analysis. Table 21 includes a list of false positive keywords that were removed from the search.

Active Transit; Active Travel; Air Pollution; Air Quality; Alternative Fuel; Bike; Bioenerg; Bus Service; Clean Air; Clean Car; Clean Cook; Clean Cooling; Clean Energy; Clean Fuel; Clean Heating; Clean Transport; Clean Vehicle; Contingency Plans; Cookstove; Cycle Lane; Cycling; Decarbonising; Decarbonization; Disaster Planning; Drinking Water; Early Warning System; Eco-Friendly Bus; Efficient Heating; Efficient Transport; Electric Mobility; Electric Vehicle; Emission Reduction; Energy Efficien; Food Crisis; Food Insecurity; Food Security; Food Shortage; Geothermal Energy; Ghg; Green City; Green Energ; Green Infrastructure; Green Spaces; High-Frequent Transport; Household Energ; Hybrid Vehicle; Hydro; Hydroelectric; Hydropower; Hygiene; Improved Cook; Improved Stoves; Insulation; Living Environment; Living Standard; Low Emission; Low-Carbon Electricity; Mass Public Transport; Mass Rapid Trans; Mass Trans; Mode Shift; Net Zero; Nitrogen Oxide; Particulate; Physical Activity; Pollutant; Pollution; Processed Meat; Protective Infrastructure; Quality Of Life; Regenerative Agriculture; Rehabilitat; Renewable Electric; Renewable Energ; Renewable Sources; Resilient Food System; Resilient

Infrastructure; Resilient Water System; Retrofitting; Safe Drinking Water; Safe Water; Sanitation; Sewarage; Smoke Control; Solar; Solid Waste Management; Stable Water; Standard Of Living; Sulfur Dioxide; Sustainable And Self-Sufficient With Regard To Energy Generation; Sustainable Diets; Sustainable Energ; Sustainable Mobility; Sustainable Urban; Traffic Control; Traffic Safety; Treated Bulk Water; Urban Design; Urban Infrastructure; Urban Mobility; Walk; Wash; Waste Collection; Waste Water Management; Waste Water Treatment; Wastewarer Treatment; Wastewater Management; Water Quality; Water Sanitation; Water Scarcity; Water Security; Wind; Zero Emissions Vehicles

Table 21 List of false positive keywords that were removed from the search

Health co-benefit KW	Risk of false positive
Cycling	Mostly capture 'recycling' - excluded for DAC
Efficient Transport	mostly describes road expansion or other traffic easing projects – excluded for DAC
Food Security	In transportation sector deep dive, we found the keyword mostly picked up 'access-related' projects. E.g., building the road to transport food – excluded for DAC
Rehabilitat	Mostly projects for road and infrastructure construction in transport sector – excluded for DAC

7 LIMITATIONS

There were several limitations to the analytical framework and methods used for this project that should be noted, driven by the lack of shared definition, variations in reporting approaches, data availability across funders and resource limitations in performing the analysis. The section below provides a brief overview of these limitations, efforts taken to mitigate them, and reflections on how these limitations can be dealt with in future iterations of this analysis.

Despite these limitations, this analysis provided the most comprehensive view to date of the levels and trends in financing for climate and health solutions, and offered a critical baseline understanding from which countries, funders, and advocates can work to strengthen financing for action on this issue.

7.1 OVERALL LIMITATIONS

Definitions: There is no single agreed upon definition of climate and health finance. This report used a validated, inclusive framework for defining climate and health financing; however, this definition may differ from ways in which funders define and understand their own financing for climate and health. As such, despite using self-reported data from funders, the funding volumes in this report should not be compared directly to figures reported by the funders themselves. Where feasible, funders were consulted to validate the reported volumes and ensure that the report is directionally correct. However, individual validation was not possible for all funders.

Self-reported data from multiple sources: Data used for this report is self-reported, with each funder type and individual funder using different definitions and criteria to report climate finance and health finance. Thus, increases in funding could be attributable to differences in reporting over time, and may not be fully attributable to real changes in the level of climate and health commitment. All self-reported climate and health commitments were included in the aggregate totals presented in this report, regardless of whether a clear climate and health focus was identified in project descriptions. Given this, the different definitions used by each funder, and the different approaches taken to qualify commitments as relevant for climate and health, this report likely presents an overestimate of available finance. Different data sources were used for each funder type, and available data varied widely in quality, granularity, and in how climate and health projects were identified and classified. This limited the extent to which it was possible to investigate and aggregate funding priorities and trends across funder types.

Use of keywords: Keyword searches of project titles and descriptions were used to categorize funding across the analytical framework, independent of funder-reported categories. Despite an evidence-driven approach to keyword selection, and various quality checks on the analysis, it is possible that the keyword searches did not capture all relevant projects or false positives. The keyword list was also not exhaustive, creating a risk of the analysis not capturing all relevant projects, particularly for layer 2, where there could be more interventions and keywords that contribute to the pathways of improving health outcomes in health-determining sectors. Keyword searches are also dependent on the quality of reporting, and incomplete project descriptions or data could lead to relevant projects being missed. Finally, when conducting a keyword search in English only, there is a risk of underestimating projects with non-English descriptions. For allocation to the framework, some of these projects were likely classified under 'unspecified' or 'other' categories.

A manual review of 40–60% of projects by volume was conducted for each funder type to refine keywords, check for false positives, and manually recategorize projects; but this was not possible for all projects given the large number. Given that the largest projects (sorted by funding volume) were manually

checked, it is unlikely that the overall volume of finance for climate and health would be materially affected. However, the classification of funding into the different framework categories may be affected.

Intentionality and alignment to climate finance tracking: The climate finance analyzed in this report overlapped with other interpretations of climate finance flows but adopts a user-focused approach. It identified funding available to countries for climate and health action, primarily relying on funders' own definitions, methodologies, and reporting of climate finance relevant to health. This included accounting for 100% of project values reported as climate-relevant by DAC donors, consistent with OECD CRS reporting, and the aggregate investment value for projects addressing climate-sensitive diseases or deployed in climate-vulnerable geographies for global multilateral health funds.

This methodology differs from traditional climate finance tracking, such as financing reported to the UNFCCC, which emphasizes intentionality, alignment with climate finance definitions, and whether funding is net new or additional. Consequently, the definitions and volumes reported in this analysis differ from those in other reports and likely represent an overestimation.

Discounting of climate finance: When reporting the climate relevance of bilateral development assistance, DAC donors use Rio markers to tag projects as climate principal (climate is the primary focus of the project) and climate significant (climate is an important but secondary focus of the project). For projects tagged as climate significant (e.g., having a secondary climate objective), DAC donors typically report 30 – 50% of the funding volume as climate finance when reporting to the UNFCCC.[29] This analysis quantified 100% of the financing volumes for projects marked as climate significant. As a result, the DAC financing volumes reported were likely an overestimate of the actual climate finance being delivered by 50 – 70%. This assumption was made due to a lack of consensus and data on the actual share of climate finance within these climate-relevant health projects. This limitation and resulting overestimate applied to the reported DAC funding for climate and health finance both in the health sector (layer 1) and in health-determining sectors (layer 2).

Scope: With limitations in data availability, not all potential funders for each funder type were included, particularly for funder types where public reporting was not available, requiring access to data from individual funders. To mitigate this, the largest or most relevant funders in each funder type, based on assessment of headline data and expert input, were included in the analysis. For instance, as each MDB needed to be analyzed independently, the four largest MDBs with a known focus on health and on climate and health were selected. For philanthropies, the Candid philanthropic dataset was complemented with data from Wellcome, a significant philanthropic supporter of climate and health action. Private sector funding was not considered in this analysis, but it is an important source of funding that should be considered in the future.

Use of commitments: In the analysis, 'funding' and or 'financing' generally refers to financial commitments made at the time a project or investment was approved, and not disbursements as in the funding actually delivered to the implementing partner or recipient organization as the project was delivered. Commitments record the amount of an expected transfer at the time when a project has been approved (e.g. a board has signed off on an investment program, financial contracts have been signed or other similar actions), irrespective of the time period over which the funding is disbursed, and are usually backed by the necessary funds to provide the specified financing to a project. This approach means that the quantities of funding in this report may differ from the actual amount of funding disbursed for a project, and the quantum of funding disbursed in any given year.

World Bank income group classification: Due to the differing reference and analysis periods across funder types, World Bank's income group classification as of July 1, 2024 was used to categorize countries based on their most recent classification. It should be noted that some countries may have been in a different income group at the time funders made their climate and health commitments. For example, Indonesia regained its classification as an upper-middle income as of July 2023.

7.2 LAYER 1: CLIMATE AND HEALTH INVESTMENTS IN THE HEALTH SECTOR

Double counting of multilateral flows: DAC donors provide direct aid to recipient countries and earmarked contributions through multilateral development banks and funds, both of which are counted as bilateral flows from DAC donors. Since this exercise used a different data source for funding from multilateral development banks and climate funds, and only aggregate headline figures for multilateral health funds, it is possible that reported volumes for these funders were included a second time in the earmarked bilateral contributions from DAC donors. It was not possible to fully identify and separate out these volumes, but qualitative approximations from expert interviews put these at around US$600 million or 12–15% of the US$4.8 billion of reported funding from DAC donors for the year 2022. This in turn resulted in an overestimate of the aggregate volume of climate and health investments 2018-2022.

Additional donor specific notes on limitation

Multilateral development banks (MDBs):

- **Limited project descriptions:** As discussed in the methodology, this analysis was based on manually collected project descriptions and project information from each MDB's website, based on reporting in the climate finance reports. Limited years of projects were used to understand how MDBs were allocating funding against the framework components and, given the relatively large sizes of MDB funded projects, this analysis may look markedly different in other years. To mitigate this, a review of the strategy documents of the MDBs and interviews with relevant stakeholders within the organizations were conducted to better understand and validate information on their investment priorities.

- **Need for estimations:** For the AfDB, as health was not a sector against which climate funding was reported, the climate and health volumes are based on an estimated share of the overarching social sector funding, and not the actual volume of spend within the health sector. Given the relatively small volume of climate finance for the six subsectors, including health under the social sector (US$325 million over 2021-2023), compared to the aggregate volume of climate and health commitments for MDBs (US$2.5 billion for the same period), any error from this estimation was not expected to be material.

Multilateral Climate Funds

- **Potential missed volumes of funding:** The use of a third party aggregated dataset as the source of this analysis and a narrowing of scope to just four of the funds may have led to additional relevant funding volumes not being captured. The shortlisted funds accounted for about 70% of all climate fund investment volumes 2018-2022, and manual validation and checks with experts did not highlight any other fund with significant contributions to health. Finally, manual reviews of each shortlisted fund's grant databases and interviews with the funds were conducted to ensure all relevant health-related investments were captured.

- **Extended approval times:** Given the typical project approval time for most climate funds is relatively long (18-24 months), projects under discussion in the period being studied (2018-2022) may have only been approved in 2023/24. To mitigate this, qualitative input and information on additional project approvals since 2022 was highlighted in the main text of the report.

Multilateral Health Funds

- The lack of publicly available data, and self-reported shares of funding based on counting a significant share of funding to climate-sensitive diseases in climate vulnerable countries means that there was a potential risk of overreporting these funds' contributions. The multilateral health

funds are working on an improved tracking and reporting methodology that should help build a more accurate picture in the future.

Philanthropies

- **Scope:** Data from Candid was used to analyze financial flows for philanthropies, and it is likely that not all philanthropies who may be funding climate and health actions report to, or are covered by, Candid's reporting. This was mitigated through a qualitative review of philanthropies active in climate and health and interviews with experts that led to the addition of Wellcome to the analysis.
- **Identification of health and climate relevance through keywords:** The analysis of philanthropies augmented Candid's own classification of climate and health relevant projects by a keyword search-driven approach to identify climate relevance within health and health relevance within climate projects. As discussed earlier in the section about keyword searches, this approach was affected by incomplete project descriptions, errors in project descriptions, and the choice of key words themselves. This was mitigated by a manual review of the largest philanthropic projects to catch any false positives and negatives.
- **Region of benefit for Wellcome:** The primary focus of this project has been international concessional finance to LMICs. However, data reported by Wellcome did not specifically identify the ultimate country of benefit for grants. Wellcome's contributions were hence only included in the totals and not in the analysis of regional funding flows.

7.3 LAYER 2: CLIMATE AND HEALTH INVESTMENTS IN HEALTH DETERMINING SECTORS

Scope: Most climate projects eventually contribute to health, making it challenging to draw a clear line when quantifying the second circle. This analysis represented a rapid attempt to quantify such contributions and can be further refined in future research. This analysis did not include socio-economic determinants of health (e.g. job creation, livelihoods, gender, migration) or "One Health approach" pathways, which could be included in the future to strengthen the analysis. Some projects were excluded because there was no clear link to generating a positive health outcome, but the project descriptions mentioned broader SDG goals, which could also contribute to positive health outcomes.

Due to the time constraint of this analysis, deep dives similar to the one conducted for the transport sector were not possible across all sectors. This limited a more comprehensive understanding of the types of interventions with potential health impact in other health-determining sectors currently funded, which would be valuable to foster cross-sectoral collaboration. The current approach can be replicated for future analyses of additional sectors.

Validation: False positive testing was conducted for the top 200 projects (2018-2022) for DAC donors and a random sample of 20 (2018-2022) for multilateral climate funds. This created a risk of over/under reporting of relevant volumes. However, in the review of all 216 projects for the transport sector deep dive for DAC donors' commitments, only 5% of the total commitments were removed as they showed an insufficient climate and health link. This demonstrates that while there is a need to refine the keywords and perform additional validation in the future to strengthen the analysis, overall volumes are directionally correct and can be used to identify areas with health benefit potential.

Interpretation: Layer 2 analysis aimed to provide a first understanding of climate commitments that could potentially have health benefits, by identifying projects mentioning health-related keywords and evidence-based pathways to health benefits. There was a risk of overestimation of the commitment volume due to the reliance of keywords mentioning health or co-benefits pathways, without validation of

the extent to which a project generated health co-benefits or was designed to do so; only a small number of projects were excluded. Additionally, it was not possible to infer intentionality or impact potential by reviewing the project descriptions, which would warrant a deeper interrogation of the project scopes and outcomes. Nonetheless, this analysis provided an initial understanding of what the potential opportunity may be by more intentionally designing climate projects to achieve health goals and engaging with actors outside of health to do so.

ANNEX

DETAILS ON OECD CREDITOR REPORTING SYSTEM CATEGORIES

Table A.1 Relevant OECD CRS sector and purpose codes

Sector code	Purpose code	Optional code	Sector/ purpose names	Definition
120			Health	
121			Health, General	
	12110		Health policy and administrative management	Health sector policy, planning and programmes; aid to health ministries, public health administration; institution capacity building and advice; medical insurance programmes; including health system strengthening and health governance; unspecified health activities.
		12196	Health statistics and data	Collection, production, management and dissemination of statistics and data related to health. Includes health surveys, establishment of health databases, data collection on epidemics, etc.
	12181		Medical education/training	Medical education and training for tertiary level services.
	12182		Medical research	General medical research (excluding basic health research and research for prevention and control of NCDs (12382)).
	12191		Medical services	Laboratories, specialised clinics and hospitals (including equipment and supplies); ambulances; dental services; medical rehabilitation. Excludes noncommunicable diseases (123xx).
122			Basic Health	
	12220		Basic health care	Basic and primary health care programmes; paramedical and nursing care programmes; supply of drugs, medicines and vaccines related to basic health care; activities aimed at achieving universal health coverage.
	12230		Basic health infrastructure	District-level hospitals, clinics and dispensaries and related medical equipment; excluding specialized hospitals and clinics (12191).
	12240		Basic nutrition	Micronutrient deficiency identification and supplementation; Infant and young child feeding promotion including exclusive breastfeeding; Non-emergency management of acute malnutrition and other targeted feeding programs (including complementary feeding); Staple food fortification including salt iodization; Nutritional status monitoring and national nutrition surveillance; Research, capacity building, policy development, monitoring and evaluation in support of these interventions. Use code 11250 for school feeding and 43072 for household food security.
	12250		Infectious disease control	Immunisation; prevention and control of infectious and parasite diseases, except malaria (12262), tuberculosis (12263), COVID-19 (12264), HIV/AIDS and other STDs (13040). It includes diarrheal diseases, vector-borne diseases (e.g. river blindness and guinea worm), viral diseases, mycosis, helminthiasis, zoonosis, diseases by other bacteria and viruses, pediculosis, etc.
	12261		Health education	Information, education and training of the population for improving health knowledge and practices; public health and awareness campaigns; promotion of improved personal hygiene practices, including use of sanitation facilities and handwashing with soap.
	12262		Malaria control	Prevention and control of malaria.
	12263		Tuberculosis control	Immunisation, prevention and control of tuberculosis.

Sector code	Purpose code	Optional code	Sector/ purpose names	Definition
	12264		COVID-19 control	All activities related to COVID-19 control e.g. information, education and communication; testing; prevention; immunisation, treatment, care.
	12281		Health personnel development	Training of health staff for basic health care services.
123			Non-communicable diseases (NCDs)	
	12310		NCDs control, general	Programmes for the prevention and control of NCDs which cannot be broken down into the codes below.
	12320		Tobacco use control	Population/individual measures and interventions to reduce all forms of tobacco use in any form. Includes activities related to the implementation of the WHO Framework Convention on Tobacco Control, including specific high-impact demand reduction measures for effective tobacco control.
	12330		Control of harmful use of alcohol and drugs	Prevention and reduction of harmful use of alcohol and psychoactive drugs; development, implementation, monitoring and evaluation of prevention and treatment strategies, programmes and interventions; early identification and management of health conditions caused by use of alcohol and drugs [excluding narcotics traffic control (16063)].
	12340		Promotion of mental health and well-being	Promotion of programmes and interventions which support mental health and well-being resiliency; prevention, care and support to individuals vulnerable to suicide. Excluding treatment of addiction to tobacco, alcohol and drugs (included in codes 12320 and 12330).
	12350		Other prevention and treatment of NCDs	Population/individual measures to reduce exposure to unhealthy diets and physical inactivity and to strengthen capacity for prevention, early detection, treatment and sustained management of NCDs including: Cardiovascular disease control: Prevention, screening and treatment of cardiovascular diseases (including hypertension, hyperlipidaemia, ischaemic heart diseases, stroke, rheumatic heart disease, congenital heart disease, heart failure, etc.). Diabetes control: Prevention, screening, diagnosis, treatment and management of complications from all types of diabetes. Exposure to physical inactivity: Promotion of physical activity through supportive built environment (urban design, transport), sports, health care, schools and community programmes and mass media campaign. Exposure to unhealthy diet: Programmes and interventions that promote healthy diet through reduced consumption of salt, sugar and fats and increased consumption of fruits and vegetables e.g. food reformulation, nutrient labelling, food taxes, marketing restriction on unhealthy foods, nutrition education and counselling, and settings-based interventions (schools, workplaces, villages, communities). Cancer control: Prevention (including immunisation, HPV and HBV), early diagnosis (including pathology), screening, treatment (e.g. radiotherapy, chemotherapy, surgery) and palliative care for all types of cancers. Implementation, maintenance and improvement of cancer registries are also included. Chronic respiratory diseases: Prevention, early diagnosis and treatment of chronic respiratory diseases, including asthma. Excludes: Tobacco use control (12320), Control of harmful use of alcohol and drugs (12330), research for the prevention and control of NCDs (12382).
	12382		Research for prevention and control of NCDs	Research to enhance understanding of NCDs, their risk factors, epidemiology, social determinants and economic impact; translational and implementation research to enhance operationalisation of cost-effective strategies to prevent and control NCDs; surveillance and monitoring of NCD mortality, morbidity, risk factor exposures, and national capacity to prevent and control NCDs.
130			Population Policies/Programmes & Reproductive Health	
	13010		Population policy and administrative management	Population/development policies; demographic research/analysis; reproductive health research; unspecified population activities. (Use purpose code 15190 for data on migration and refugees. Use code 13096 for census work, vital registration and migration data collection.)
		13096	Population statistics and data	Collection, production, management and dissemination of statistics and data related to Population and Reproductive Health. Includes census work, vital registration, migration data collection, demographic data, etc.

Sector code	Purpose code	Optional code	Sector/ purpose names	Definition
	13020		Reproductive health care	Promotion of reproductive health; prenatal and postnatal care including delivery; prevention and treatment of infertility; prevention and management of consequences of abortion; safe motherhood activities.
	13030		Family planning	Family planning services including counselling; information, education and communication (IEC) activities; delivery of contraceptives; capacity building and training.
	13040		STD control including HIV/AIDS	All activities related to sexually transmitted diseases and HIV/AIDS control e.g. information, education and communication; testing; prevention; treatment, care.
	13081		Personnel development for population and reproductive health	Education and training of health staff for population and reproductive health care services.

PROJECT LISTS OF CLIMATE AND HEALTH INVESTMENTS IN THE HEALTH SECTOR BY FUNDER TYPE

Table A.2 Largest 50 projects representing 60% of climate and health commitment in the health sector, DAC donors, 2018-2022

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
Japan	India	ODA Loans	Climate Adaptation	396.70	ASSAM HEALTH SYSTEM STRENGTHENING PROJECT THE OBJECTIVE OF THE PROJECT IS TO IMPROVE THE QUALITY OF MEDICAL SERVICES FOR THE RESIDENTS OF THE TARGET AREAS BY COMPREHENSIVELY PROMOTING THE DEVELOPMENT OF PUBLIC MEDICAL INSTITUTIONS, THE CAPACITY DEVELOPMENT OF MEDICAL PERSONNEL, AND IMPROVEMENT OF THE MANAGEMENT OF MEDICAL SERVICES. climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
Japan	Bangladesh	ODA Loans	Climate Adaptation	364.41	COVID-19 CRISIS RESPONSE EMERGENCY SUPPORT LOAN PHASE 2 THE OBJECTIVES OF THE PROGRAM ARE TO REALIZE RESILIENT HEALTH SYSTEM THROUGH CONCESSIONAL FINANCING BY SUPPORTING SMOOTH IMPLEMENTATION OF POLICIES TO STRENGTHEN COVID-19 RESPONSE CAPACITY IN HEALTH SECTOR, TO ENHANCE ECONOMIC AND PHYSICAL ACCESS TO HEALTH SERVICES, AND TO IMPROVE HEALTH FINANCE. climate adaptation significant	RMNCH	Capacity building and Education; Technical assistance and Risk Assessment; Climate-transformative leadership, governance and workforce
Japan	Philippines	ODA Loans	Climate Adaptation	274.00	COVID-19 CRISIS RESPONSE EMERGENCY SUPPORT LOAN PHASE 2 THE OBJECTIVE OF THE PROGRAM IS TO SUPPORT THE GOVERNMENT'S EMERGENCY RESPONSE AGAINST COVID-19 CRISIS TO PROMOTE INFECTION PREVENTION MEASURES, THROUGH PROVIDING BUDGET SUPPORT, THEREBY CONTRIBUTING TO PROMOTE THE ECONOMIC STABILIZATION AND DEVELOPMENT EFFORTS OF THE GOVERNMENT OF THE PHILIPPINES. climate adaptation significant	Climate Resilient Health Systems	Climate-transformative leadership, governance and workforce

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
France	Bangladesh	ODA Loans	Climate Adaptation	236.52	RENFORCEMENT SYSTÈME DE SANTÉ CE FINANCEMENT BUDGÉTAIRE DE POLITIQUE PUBLIQUE VISE LE RENFORCEMENT STRUCTUREL DU SYSTÈME DE SANTÉ ET DE PROTECTION SOCIALE, EN APPORTANT UNE RÉPONSE À CRISE SANITAIRE, EN APPUYANT LA MISE EN ŒUVRE DE LA CAMPAGNE DE VACCINATION.-RENFORCEMENT SYSTÈME DE SANTÉ climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
EU Institutions	Bilateral, unspecified	ODA Grants	Climate Mitigation; Climate Adaptation	218.20	PROVISIONING TO THE COMMON PROVISIONING FUND, COMPARTMENT FOR THE EUROPEAN FUND FOR SUSTAINABLE DEVELOPMENT PLUS PROVISIONING FOR THE CPF EFSD+ climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	India	ODA Loans	Climate Adaptation	194.01	PROJECT FOR THE SETTING-UP OF ALL INDIA INSTITUTE OF MEDICAL SCIENCES MADURAI CONSTRUCTION WORKS, PROCUREMENT OF GOODS AND SERVICES AND CONSULTING SERVICES climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	Brazil	ODA Loans	Climate Adaptation	150.06	HEALTHCARE SECTOR ENHANCEMENT PROJECT THE OBJECTIVE OF THE PROJECT IS, TO ENHANCE THE HEALTHCARE SECTOR IN BRAZIL. climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	144.05	CONTRIBUTION TO TRUST FUNDS COVID-19 RESPONSE climate adaptation significant	Infectious Diseases	Other
EU Institutions	Africa, regional	ODA Grants	Climate Mitigation; Climate Adaptation	142.92	PROVISIONING TO THE COMMON PROVISIONING FUND, COMPARTMENT FOR THE EUROPEAN FUND FOR SUSTAINABLE DEVELOPMENT PLUS. PROVISIONING FOR THE CPF EFSD+ climate mitigation significant climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
EU Institutions	Myanmar	ODA Grants	Climate Adaptation	137.69	ENHANCING RURAL NUTRITION IN MYANMAR: SUPPORT TO THE NATIONAL AGRICULTURE DEVELOPMENT STRATEGY AND ITS CONTRIBUTION TO THE MULTI-SECTORAL NATIONAL PL THE OVERALL OBJECTIVE IS THE REDUCTION OF ALL FORMS OF UNDERNUTRITION IN WOMEN OF REPRODUCTIVE AGE, INFANT AND UNDER-FIVE CHILDREN THROUGH SECURED REGULAR ACCESS AND CONSUMPTION OF SAFE AND DIVERSE FOOD AND ACCESS TO POTABLE WATER IN MYANMAR. climate adaptation significant	Malnutrition; RMNCH	Climate-transformative leadership, governance and workforce
Japan	Côte d'Ivoire	ODA Loans	Climate Adaptation	137.00	COVID-19 CRISIS RESPONSE EMERGENCY SUPPORT LOAN THE PROGRAM PROVIDES FINANCIAL SUPPORT TO THE COTE D'IVOIRE GOVERNMENT BASED ON THREE POLICY AREAS AGREED WITH THE GOVERNMENT OF COTE D'IVOIRE. climate adaptation significant	RMNCH	Climate-transformative leadership, governance and workforce
Japan	Africa, regional	ODA Loans	Climate Adaptation	129.00	SUPPORT TO COVID-19 RESPONSES IN AFRICA THIS PROJECT SUPPORTS THE DEVELOPMENT OF MANUFACTURING AND SUPPLY BASES FOR MEDICAL PRODUCTS AND PHARMACEUTICALS IN THE REGION, INCLUDING A VACCINE MANUFACTURING LINE IN AFRICA, THE ESTABLISHMENT OF HEALTH CARE RELATED FACILITIES, STRENGTHEN THE AFRICAN HEALTH CARE SYSTEMS.? climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
France	China (People's Republic of)	ODA Loans	Climate Mitigation; Climate Adaptation	123.17	PROGRAMME D'AMÉLIORATION DE LA PRISE EN CHARGE DU VIEILLISSEMENT DANS LA PROVINCE DU GUIZHOU PROGRAMME D'ACCOMPAGNEMENT DE LA POLITIQUE DE PRISE EN CHARGE DES PERSONNES ÂGÉES DANS LA PROVINCE DU GUIZHOU => PROG.AMELIORATION VIEILLISSEMENT GUIZHOU climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
EU Institutions	Türkiye	ODA Grants	Climate Adaptation	104.64	SPECIAL MEASURE UNDER THE FACILITY FOR REFUGEES IN TURKEY - EU BUDGET SPECIAL MEASURE ON HEALTH, PROTECTION, SOCIO-ECONOMIC SUPPORT AND MUNICIPAL INFRASTRUCTURE UNDER THE FACILITY FOR REFUGEES IN TURKEY - EU BUDGET climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
Korea	Colombia	ODA Loans		100.00	SUSTAINABLE AND RESILIENT GROWTH PROGRAM CONTRIBUTE TO SUSTAINABLE AND RESILIENT GROWTH. IT SEEKS TO SUPPORT THE ECONOMIC GROWTH OF THE COUNTRY, IN A CONTEXT OF HEALTH EMERGENCY DUE TO COVID-19, THROUGH REFORMS TO: (I) STRENGTHEN THE CAPACITY OF THE GOVERNMENT OF COLOMBIA (GOC) FOR THE PLANNING, MANAGEMENT AND FINANCING OF CLIMATE ACTION (AC), (II) PROMOTE ECONOMIC OPPORTUNITIES BASED ON THE SUSTAINABLE USE OF NATURAL CAPITAL AND THE DEVELOPMENT OF CIRCULAR ECONOMY MODELS, AND (III) PROMOTE THE ENERGY TRANSITION. climate mitigation principal climate adaptation principal	Infectious Diseases	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
France	Tunisia	ODA Grants	Climate Adaptation	98.53	PROJET DE RECONSTRUCTION DE L'HÔPITAL DE GAFSA. FINANCÉ SUR CONVERSION DE DETTES, LE PROJET VISE L'AMÉLIORATION DE LA SANTÉ DANS LA RÉGION DE GAFSA ET PLUS SPÉCIFIQUEMENT L'AMÉLIORATION DE L'ACCESSIBILITÉ DE LA POPULATION À DES SERVICES DE SANTÉ DE QUALITÉ. CET OBJECTIF IMPLIQUE DE (I) RECONSTRUIRE L'HÔPITAL RÉGIONAL DE GAFSA POUR RENFORCER CERTAINS SERVICES EXISTANTS (GYNÉCOLOGIE-OBSTÉTRIQUE, PÉDIATRIE) ET ÉLARGIR SON OFFRE DE SOINS SPÉCIALISÉS POUR LE TRAITEMENT DES MALADIES CHRONIQUES (ONCOLOGIE, CARDIOLOGIE…). => RECONSTRUCTION DE L'HOPITAL REG GAFSA climate adaptation significant	Respiratory and Cardiovascular Illness	Infrastructure, technology, and supply chain
Germany	Bilateral, unspecified	ODA Grants	Climate Adaptation	98.01	STRENGTHENING WHO - BMG-WHO COLLABORATIVE PROGRAMME 2022 STRENGTHENING INTERNATIONAL PUBLIC HEALTH. SDG 3 IMPLEMENTATION, TB AND M/XDR-TB IN THE HIGH MDR-TB, HIV, IMMUNIZATION, ANTI-MICROBIAL RESISTANCE, POLIO ERADICATION, HEALTH SYSTEMS STRENGTHENING, PATIENT SAFETY, HEALTH WORKFORCE, HEALTH INFORMATION SYSTEMS, ICD 11, NCD+NTD PROGRAMME, WHO'S EMERGENCY REFORM, IHR IMPLEMENTATION, CONTRIBUTION TO THE CFE, SUPPORT TO WHO UKRAINE EMERGENCY APPEAL, SUPPORT OF WHO BERLIN HUB. climate adaptation significant	RMNCH	Capacity building and Education; Technical assistance and Risk Assessment; Climate-transformative leadership, governance and workforce
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	96.36	CONTRIBUTION TO TRUST FUNDS POLICY AND HUMAN RESOURCES DEVELOPMENT climate adaptation significant	Infectious Diseases	Climate-transformative leadership, governance and workforce

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
Japan	Senegal	ODA Loans	Climate Adaptation	91.33	UNIVERSAL HEALTH COVERAGE SUPPORT PROGRAM (PHASE 2) THE OBJECTIVE OF THIS PROGRAM IS TO CONTRIBUTE TO THE ATTAINMENT OF UNIVERSAL HEALTH COVERAGE (UHC) AND THE RECOVERY FROM THE COVID-19 PANDEMIC THROUGH PROMOTING POLICY IMPLEMENTATIONS. climate adaptation significant	Climate Resilient Health Systems	Technical assistance and Risk Assessment; Climate-transformative leadership, governance and workforce
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	90.00	SUPPORT TO THE COVID-19 RESPONSE TO GAVI, THE VACCINE ALLIANCE SUPPORT TO THE COVID-19 RESPONSE TO GAVI, THE VACCINE ALLIANCE climate adaptation significant	Infectious Diseases; RMNCH	Infrastructure, technology, and supply chain
Japan	Africa, regional	ODA Loans	Climate Adaptation	82.09	SUPPORT TO COVID-19 RESPONSES IN AFRICA THIS PROJECT SUPPORTS THE DEVELOPMENT OF MANUFACTURING AND SUPPLY BASES FOR MEDICAL PRODUCTS AND PHARMACEUTICALS IN THE REGION, INCLUDING A VACCINE MANUFACTURING LINE IN AFRICA, THE ESTABLISHMENT OF HEALTH CARE RELATED FACILITIES, STRENGTHEN THE AFRICAN HEALTH CARE SYSTEMS.? climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Netherlands	South of Sahara, regional	ODA Grants	Climate Adaptation	67.08	CASCADE THE PROGRAMME AIMS TO INCREASE ACCESS TO AND CONSUMPTION OF HEALTHY DIETS, AND INCREASE THE RESILIENCE OF HOUSEHOLDS TO ECONOMIC AND CLIMATE CHANGE-RELATED SHOCKS ACROSS 6 AFRICAN COUNTRIES, WITH A FOCUS ON WOMEN OF REPRODUCTIVE AGE AND CHILDREN. THEORIES OF CHANGE ARE COUNTRY-SPECIFIC AND AIM TO GALVANIZE GOVERNMENT, BUSINESS AND COMMUNITIES AROUND 5 DOMAINS: 1) POLICY CHANGE AND ACCOUNTABILITY, 2) RE-ENGINEERING MARKETS AND MOBILISING PRIVATE SECTOR, 3) TRANSFORMING CULTURAL NORMS AND PRACTICES, 4) TAKING A GENDER TRANSFORMATIVE APPROACH, 5) SYSTEMATISING DATA AND LEARNING FOR POLICY. climate adaptation significant	Malnutrition; RMNCH	Climate-transformative leadership, governance and workforce
EU Institutions	Lao People's Democratic Republic	ODA Grants	Climate Adaptation	61.47	SUPPORT TO THE LAO PDR NATIONAL NUTRITION STRATEGY AND PLAN OF ACTION NUTRITION BUDGET SUPPORT climate adaptation significant	Malnutrition; RMNCH	Climate-transformative leadership, governance and workforce
United States	Zambia	ODA Grants	Climate Mitigation; Climate Adaptation	57.35	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR).. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
EU Institutions	Bilateral, unspecified	ODA Grants	Climate Adaptation	49.39	NUTRITION FOR DEVELOPMENT (N4D). ENHANCING GOVERNANCE, CAPACITIES, AND KNOWLEDGE FOR NUTRITION. climate adaptation significant	Malnutrition	Capacity building and Education; Climate-transforma

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
							tive leadership, governance and workforce
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	48.21	SUPPORT TO THE COVID-19 RESPONSE TO GAVI, THE VACCINE ALLIANCE SUPPORT TO THE COVID-19 RESPONSE TO GAVI, THE VACCINE ALLIANCE climate adaptation significant	Infectious Diseases; RMNCH	Infrastructure, technology, and supply chain
EU Institutions	Europe, regional	ODA Grants	Climate Mitigation	47.37	EU CONTRIBUTION TO THE WESTERN BALKANS INVESTMENT FRAMEWORK 2021-2023 (2021-2027 WBIF) IN OCTOBER 2020 THE EUROPEAN COMMISSION ADOPTED A COMPREHENSIVE ECONOMIC AND INVESTMENT PLAN (EIP) FOR THE WESTERN BALKANS, WHICH AIMS TO SPUR THE LONG-TERM ECONOMIC RECOVERY OF THE REGION, SUPPORT A GREEN AND DIGITAL TRANSITION, FOSTER REGIONAL INTEGRATION AND CONVERGENCE WITH THE EUROPEAN UNION.THE EIP IS ACCOMPANIED BY THE GUIDELINES FOR IMPLEMENTING THE GREEN AGENDA FOR THE WESTERN BALKANS (GAWB), WHICH FURTHER DETAIL INVESTMENTS AND ACTIONS THAT CAN FOSTER THE GREEN TRANSITION IN THE REGION climate mitigation significant	Health System Mitigation	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
Germany	Morocco	ODA Loans	Climate Mitigation	46.25	HÔPITAUX VERTS HÔPITAUX VERTS climate mitigation significant	Health System Mitigation	Infrastructure, technology, and supply chain
United States	Nigeria	ODA Grants	Climate Mitigation; Climate Adaptation	44.54	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR).. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
EU Institutions	Europe, regional	ODA Grants	Climate Mitigation; Climate Adaptation	40.62	EU CONTRIBUTION TO THE WESTERN BALKANS INVESTMENT FRAMEWORK (WBIF) 2021-2023 MULTI-COUNTRY MULTIANNUAL ACTION PLAN IN SUPPORT OF THE WESTERN BALKANS INVESTMENT FRAMEWORK 2021–2027 AND THE PROVISIONING OF THE ELM LEGACY PORTFOLIO FOR PAST EIB OPERATIONS FOR IPA BENEFICIARIES - ALLOCATION 2021 climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
United States	Bilateral, unspecified	ODA Grants	Climate Mitigation; Climate Adaptation	39.22	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - FAMILY PLANNING/REPRODUCTIVE HEALTH (PRH) TASK ORDER BUILDING ON DECADES OF USAIDS WORK PROCURING HEALTH COMMODITIES AND STRENGTHENING SUPPLY CHAINS, THE GLOBAL HEALTH SUPPLY CHAIN-PROCUREMENT AND SUPPLY MANAGEMENT PROJECT IS WORKING TO TRANSFORM GLOBAL AND NATIONAL SUPPLY CHAINS FOR HEALTH COMMODITIES. THE PROJECT INTEGRATES TWO FORMER USAID PROGRAMS INTO ONE EFFICIENT SUPPLY CHAIN	RMNCH	Infrastructure, technology, and supply chain; Technical assistance and Risk Assessment; Climate-transformative

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
					THAT SERVES MANY OF THE WORLDS MOST VULNERABLE AND DIFFICULT-TO-REACH COMMUNITIES. THE PROJECT IS DESIGNED TO MEET TODAYS CRITICAL GLOBAL HEALTH CHALLENGES ELIMINATING HIV AND AIDS, PROVIDING UNIVERSAL MALARIA COVERAGE, AND HELPING WOMEN MEET THEIR FAMILY PLANNING AND REPRODUCTIVE HEALTH NEEDS. BY BRINGING TOGETHER ADVANCED TECHNICAL SOLUTIONS, A TEAM OF HIGHLY QUALIFIED EXPERTS, AND PROVEN COMMERCIAL PROCESSES AND PRINCIPLES, USAID GLOBAL HEALTH SUPPLY CHAIN WORKS TO REDUCE COSTS AND INCREASE EFFICIENCIES IN GLOBAL AND NATIONAL SUPPLY CHAINS. IN ADDITION TO OPTIMIZING SUPPLY CHAINS, THE PROJECT IS STRENGTHENING NATIONAL SUPPLY CHAIN SYSTEMS AND FOSTERING COLLABORATION AMONG SUPPLY CHAIN STAKEHOLDERS WORLDWIDE. climate mitigation significant climate adaptation significant		leadership, governance and workforce
United States	Kenya	ODA Grants	Climate Mitigation; Climate Adaptation	38.51	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR).. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
EU Institutions	Africa, regional	ODA Grants	Climate Mitigation; Climate Adaptation	36.89	CONTRIBUTION TO THE EUROPEAN UNION EMERGENCY TRUST FUND AFRICA INDIVIDUAL MEASURE FOR A CONTRIBUTION TO THE EUROPEAN UNION EMERGENCY TRUST FUND AFRICA - EUR 20 500 000 WILL BE ALLOCATED TO THE SAHEL AND LAKE CHAD WINDOW, AND EUR 9 000 000 WILL BE ALLOCATED TO THE HORN OF AFRICA WINDOW OF THIS TRUST FUND. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Climate-transformative leadership, governance and workforce
EU Institutions	Burundi	ODA Grants	Climate Mitigation	31.96	APPUI À LA RÉSILIENCE DES POPULATIONS BURUNDAISES MESURE D'APPUI DESTINÉE À DES ACTIONS POUR LE DÉVELOPPEMENT RURAL, LA NUTRITION, LA SANTÉ ET L'ÉNERGIE AU BURUNDI. CES SECTEURS SONT DES PRIORITÉS DANS LE CONTEXTE DE LA CRISE POLITIQUE ET SÉCURITAIRE QUE TRAVERSE LE PAYS. climate mitigation significant	RMNCH; Health System Mitigation	Other
Japan	Pakistan	ODA Grants	Climate Adaptation	31.39	THE PROJECT FOR THE EXTENSION OF MATERNAL AND CHILD HEALTH CARE FACILITIES IN SINDH GRANT AID TO EXPAND MATERNAL AND CHILD HEALTH CARE FACILITIES IN SINDH. climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
United States	Bilateral, unspecified	ODA Grants	Climate Mitigation; Climate Adaptation	30.47	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
					(PEPFAR).. climate mitigation significant climate adaptation significant		
France	Cuba	ODA Loans	Climate Adaptation	29.56	MISE A NIVEAU DES STANDARDS DE PROD IFV FINANCEMENT D'INVESTISSEMENTS DE MODERNISATION DE L'UNITÉ DE PRODUCTION DE VACCINS ET DE DÉVELOPPEMENT DES CAPACITÉS DE RECHERCHE DE L'INSTITUT FINLAY-MISE A NIVEAU DES STANDARDS DE PROD IFV climate adaptation significant	Climate Resilient Health Systems	P&I: Research
France	Cuba	ODA Loans	Climate Adaptation	29.56	PROGRAMME D'ÉQUIPEMENT D'INSTITUTS DE SANTÉ PUBLICS PROGRAMME D'ÉQUIPEMENT DU MINISTÈRE DE LA SANTÉ PUBLIQUE => CUBA MISE A NIVEAU INSTITUTIONS DE SANTÉ climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Finland	Bilateral, unspecified	ODA Grants	Climate Adaptation	28.97	PROGRAMME FUNDING THE GOAL OF THE PROGRAMME PLAN FOR 2022-2025 IS TO STRENGTHEN THE RESILIENCE OF VULNERABLE PEOPLE (OF DIFFERENT GENDERS AGES ABILITIES AND BACKGROUNDS) IN HEALTH NATURAL DISASTERS AND CONFLICTS. THIS GOAL IS ACHIEVED BY SUPPORTING 14 LOCAL RED CROSS AND RED CRESCENT SOCIETIES TO ASSIST AND PROTECT PEOPLE IN THEIR OWN COUNTRIES. THE PROGRAMME WILL REACH APPROXIMATELY 11 MILLION PEOPLE THANKS CONTRIBUTING TO A LARGER RED CROSS NETWORK THROUGH FRC?S MEMBERSHIP. THE PROGRAMME IS THEMATICALLY FOCUSED UNDER FOUR OBJECTIVES. FUTURE AND SYSTEM ORIENTED 1) CLIMATE-SMART DISASTER RISK REDUCTION AND PREPAREDNESS ACTIVITIES INCREASE PEOPLE?S ANALYTICAL CAPACITY TO ACCESS UNDERSTAND AND USE INFORMATION ON CHANGING WEATHER-RELATED AND OTHER RISKS IN COOPERATION WITH THE FINNISH METEOROLOGICAL INSTITUTE. AS ONE OF THE FEW MAJOR FINNISH ACTORS FOCUSING ON PUBLIC HEALTH IN DEVELOPING COUNTRIES FRC CONTINUES 2) IMPROVING THE HEALTH OF WOMEN AND GIRLS STRONGLY ADDRESSING GENDER-BASED HEALTH INEQUALITY AND WOMEN?S AND GIRLS? RIGHT TO HEALTH AND SRH AND REDUCING CHILD MORBIDITY AS A MATTER OF URGENCY FOR OUR PRIORITY COUNTRIES. FRC CONTINUES COOPERATION WITH ABILIS FOUNDATION TO MAINSTREAM DISABILITY INCLUSION TO ALL PROGRAMME ACTIVITIES. FRC ALSO BUILDS THEIR PARTNERS? CONFLICT PREPAREDNESS CAPACITIES TO 3) STRENGTHEN THE LINKAGES BETWEEN OUR HUMANITARIAN AND DEVELOPMENT ACTION PARTICULARLY IN SITUATIONS OF CHRONIC VIOLENCE IN WHICH THE INDEPENDENT NEUTRAL AND IMPARTIAL ROLE OF THE RED CROSS CAN FACILITATE ACCESS TO AFFECTED POPULATIONS. THE WHOLE PROGRAMME IS CONCERNED ABOUT 4) BUILDING STRONG AND INCLUSIVE LOCAL ACTORS. THE PROGRAMME SUPPORTS PARTNERING LOCAL RED CROSS RED CRESCENT SOCIETIES? TO BECOME MORE TRUSTED AND ACCOUNTABLE ORGANISATIONS OPEN EQUALLY TO ALL MEMBERS OF SOCIETY. ENSURING GENDER EQUALITY AND GREATER AGENCY AND INCLUSION OF PERSONS IN VULNERABLE POSITIONS ESPECIALLY OF PERSONS WITH DISABILITIES IS NOT ONLY A CROSS-CUTTING BUT ALSO AN INSTITUTIONAL CAPACITY BUILDING OBJECTIVE IN THE PROGRAMME. THE	Climate Resilient Health Systems	Capacity building and Education; Monitoring, early warning, preparedness; Climate-transformative leadership, governance and workforce

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					PROGRAMME CONTRIBUTES DIRECTLY TO FINLAND?S CIVIL SOCIETY TARGET IN BUILDING VIBRANT PLURALISTIC AND POLYPHONIC CIVIL SOCIETIES. BY CREATING MORE ACCOUNTABLE AND EFFECTIVE MEMBERSHIP-BASED HUMANITARIAN ACTORS ON SOME OF THE MOST FRAGILE STATES IN THE WORLD IT IS ALSO A STRONG CONTRIBUTION TO AID LOCALISATION. PROGAMME IS ALIGNED WITH THE GOALS OF THE DEVELOPMENT POLICY OF FINLAND AS WELL AS WITH THE AGENDA 2030. climate adaptation significant		
United States	Bilateral, unspecified	ODA Grants	Climate Adaptation	27.96	POLIO IMMUNIZATION FUNDING FUNDING FOR THE PROCUREMENT AND DELIVERY OF POLIO VACCINES. climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
United States	Bilateral, unspecified	ODA Grants	Climate Mitigation; Climate Adaptation	27.41	UNOPS STOP TB PARTNERSHIP TO ENHANCE THE CAPACITY OF THE HEALTH SYSTEM TO RESPOND EFFICIENTLY TO COMMUNITY TRANSMISSION OF COVID-19 WHILE PROTECTING HEALTH WORKERS AND VULNERABLE GROUPS AND ENSURING THE DELIVERY OF COVID-19 RELATED HEALTH SERVICES THROUGH STRENGTHENING: NATIONAL SCREENING AND LABORATORY CAPACITY, CASE MANAGEMENT, AND INFECTION PREVENTION AND CONTROL MEASURES. climate mitigation significant climate adaptation significant	Infectious Diseases	Capacity building and Education
Japan	Bhutan	ODA Grants	Climate Adaptation	27.35	THE PROJECT FOR THE CONSTRUCTION OF ROYAL CENTRE FOR INFECTIOUS DISEASES GRANT AID TO FACILITATE MEDICAL EQUIPMENTS climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	Africa, regional	ODA Grants	Climate Adaptation	27.33	EMERGENCY GRANT AID IN IMPROVING COLD CHAIN IN AFRICAN COUNTRIES SUPPORT FOR COLD AND SUPPLY CHAIN SYSTEM DEVELOPMENT IN 25 AFRICAN COUNTRIES climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Mozambique	ODA Grants	Climate Adaptation	27.28	THE PROJECT FOR THE CONSTRUCTION OF NEONATAL FACILITIESY AT MAPUTO CENTRAL HOSPITAL CONSTRUCTION OF NEONATAL FACILITIESY climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
EU Institutions	Tanzania	ODA Grants	Climate Adaptation	25.01	AGRI-CONNECT: SUPPORTING VALUE CHAINS FOR SHARED PROSPERITY (AGRI COMPONENT) 11TH EDF THE ACTION AGRI-CONNECT: SUPPORTING VALUE CHAINS FOR SHARED PROSPERITY CONTRIBUTES TO TWO NIP OBJECTIVES WITHIN SUSTAINABLE AGRICULTURE: I) GENERATE AGRICULTURAL WEALTH, THROUGH LINKING FARMERS TO MARKETS AND VALUE CHAINS AND II) IMPROVE FOOD AND NUTRITION SECURITY, THROUGH IMPROVED ACCESS, AVAILABILITY, AND USE OF FOOD. THE PROGRAMME CONTRIBUTES TO SDG 1, 2, 5, 8, 9 AND 13 AND IS THE PROSPERITY COMPONENT OF THE NEW EUROPEAN CONSENSUS ON DEVELOPMENT, WHICH PROMOTES SUSTAINABLE AGRICULTURE climate adaptation significant	Malnutrition; RMNCH	Technical assistance and Risk Assessment

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Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	24.67	COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION CEPI WILL INCENTIVIZE THE PRODUCTION OF VACCINES AGAINST EPIDEMIC DISEASES THAT DISPROPORTIONATELY AFFECT DEVELOPING COUNTRIES, BY PROVIDING FUNDING TO SUPPORT THEIR DEVELOPMENT. climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain; Monitoring, early warning, preparedness
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	24.53	COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION CEPI WILL INCENTIVIZE THE PRODUCTION OF VACCINES AGAINST EPIDEMIC DISEASES THAT DISPROPORTIONATELY AFFECT DEVELOPING COUNTRIES, BY PROVIDING FUNDING TO SUPPORT THEIR DEVELOPMENT. climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain; Monitoring, early warning, preparedness
EU Institutions	Africa, regional	ODA Grants	Climate Mitigation; Climate Adaptation	24.43	MULTI-ANNUAL ACTION DOCUMENT FOR THE EFSD+ TECHNICAL ASSISTANCE 2022-2024 NDICI - GLOBAL EUROPE (GE) REGULATION[1] ESTABLISHED EFSD+ AND RELATED BUDGETARY GUARANTEES AS A MEANS TO SUPPORT INVESTMENTS AND INCREASE ACCESS TO FINANCING IN PARTNER COUNTRIES. TECHNICAL ASSISTANCE (TA) IS AN IMPORTANT PART OF EFSD+ THAT WILL ENABLE IMPLEMENTATION OF BUDGETARY GUARANTEES IN THE GLOBAL CONTEXT. IN ACCORDANCE WITH THAT, COMMISSION ADOPTED THREE DECISIONS REGARDING REGIONAL MULTI-ANNUAL INDICATIVE PROGRAMMES (MIPS) 2021-2027 FOR SUB-SAHARAN AFRICA (SSA), ASIA AND THE PACIFIC (A climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Technical assistance and Risk Assessment; Climate-transformative leadership, governance and workforce
Japan	Zambia	ODA Grants	Climate Adaptation	23.97	THE PROJECT FOR UPGRADING HEALTH CENTRES TO DISTRICT HOSPITALS IN COPPERBELT PROVINCE IMPROVEMENT OF MEDICAL INSTITUTION AND PROVISION OF MEDICAL EQUIPMENT climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
United States	Bilateral, unspecified	ODA Grants	Climate Adaptation	23.38	ACT TO END NEGLECTED TROPICAL DISEASES - WEST ACT TO END NTDS : WEST BUILDS ON THE SUCCESSES ACHIEVED THROUGH PREVIOUS AGENCY INVESTMENTS TO EXPAND AND STRENGTHEN NATIONAL INTEGRATED NTD PROGRAMS TO ACHIEVE THE WHO 2020 NTD GOALS. THIS FIVE-YEAR AWARD, MANAGED BY FHI360, IS INTENDED TO SUPPORT DISEASE-ENDEMIC COUNTRIES TO CONTROL AND/OR ELIMINATE NTDS WITH PROVEN, COST-EFFECTIVE PUBLIC HEALTH INTERVENTIONS TO TREAT AND MEASURE TREATMENT IMPACT AGAINST SEVEN NTDS: LYMPHATIC FILARIASIS, BLINDING TRACHOMA, ONCHOCERCIASIS, SCHISTOSOMIASIS, AND THREE INTESTINAL WORMS KNOWN AS SOIL-TRANSMITTED HELMINTHS. IN ADDITION TO CONTINUED SUPPORT TOWARD GLOBAL DISEASE ELIMINATION AND CONTROL GOALS, ACT TO END NTDS : WEST WILL FOCUS ON HELPING COUNTRIES ON THEIR JOURNEY TO SELF-RELIANCE BY SUPPORTING THEM TO INTEGRATE NTD PROGRAMS INTO THE BROADER NATIONAL HEALTH SYSTEMS AND TO STRENGTHEN TECHNICAL, OPERATION AND FINANCIAL CAPACITY TO OPERATE NTD PROGRAMS WITHOUT U.S. FOREIGN ASSISTANCE FUNDING. climate adaptation significant	Climate Resilient Health Systems	Capacity building and Education

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United Kingdom	Bangladesh	ODA Grants	Climate Mitigation; Climate Adaptation	23.30	BETTER HEALTH IN BANGLADESH (WB) IMPROVE ACCESS TO AND UTILISATION OF ESSENTIAL HEALTH, POPULATION AND NUTRITION SERVICES, PARTICULARLY BY THE POOR. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Other
Japan	Ghana	ODA Grants	Climate Adaptation	22.42	THE PROJECT FOR THE IMPROVEMENT OF HEALTH CARE SYSTEM IN THE NORTHERN REGION IMPROVEMENT OF HEALTH CARE SYSTEM IN THE NORTHERN REGION OF GHANA climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
Japan	Indonesia	ODA Grants	Climate Adaptation	21.77	VACCINE DONATIONS (DOSES IN EXCESS FROM DOMESTIC SUPPLY) VACCINE DONATIONS (DOSES IN EXCESS FROM DOMESTIC SUPPLY) (2,722,930DOSES, ASTRAZENECA AND A PRICE PER DOSE OF US$6.66 DELIVERED BILATERALLY) climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Sierra Leone	ODA Grants	Climate Adaptation	21.71	THE PROJECT FOR STRENGTHENING CHILDREN'S HOSPITAL IN FREETOWN PROVISION OF MEDICAL EQUIPMENT climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	21.69	COALITION FOR EPIDEMIC PREPAREDNESS INNOVATION CEPI WILL INCENTIVIZE THE PRODUCTION OF VACCINES AGAINST EPIDEMIC DISEASES THAT DISPROPORTIONATELY AFFECT DEVELOPING COUNTRIES, BY PROVIDING FUNDING TO SUPPORT THEIR DEVELOPMENT. climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain; Monitoring, early warning, preparedness
Australia	Papua New Guinea	ODA Grants	Climate Adaptation	21.39	HEALTH SERVICES SECTOR DEVELOPMENT PROGRAM (HSSDP) THE HEALTH SERVICES SECTOR DEVELOPMENT PROGRAM TO PAPUA NEW GUINEA AIMS TO SUPPORT POLICY ACTIONS AND INVESTMENTS NATIONALLY, AND SUBNATIONALLY WITH FOCUS ON DIRECT MANAGEMENT OF HEALTH SERVICE DELIVERY TO POLICY, REGULATION, MONITORING AND HEALTH SECTOR BUDGETING AS THE HEALTH SYSTEM FULL DECENTRALIZES, AND SUPPORT MEDICAL SUPPLIES STRENGTHENING. THE PROGRAM WILL SUPPORT HEALTH SYSTEM STRENGTHENING THROUGH DEVELOPMENT PROGRAMS IN EVIDENCE- BASED PLANNING, CORPORATE AND CLINICAL GOVERNANCE, LEADERSHIP AND MANAGEMENT INCLUDING FINANCIAL MANAGEMENT, AND THROUGH PARTNERSHIP WITH DISTRICT AUTHORITIES AND THE PRIVATE SECTOR, IMPROVED INFORMATION SYSTEMS AND THEIR EFFECTIVE USE, COMMUNITY HEALTH AWARENESS RAISING AND IMPROVED HEALTH SEEKING BEHAVIOURS, AND CIVIL WORKS FOR NEW HEALTH FACILITIES. THE TOTAL VALUE OF THIS INITIATIVE IS US$52.4 MILLION OVER 7 YEARS, STARTING 20 APRIL 2018, ENDING 30 MAY 2025.SECTOR SPLIT: 120 - HEALTH 100% climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
Netherlands	Burundi	ODA Grants	Climate Adaptation	20.96	PATSAB PATSAB climate adaptation significant	Malnutrition; RMNCH	Other
EU Institutions	Bilateral, unspecified	ODA Grants	Climate Mitigation; Climate Adaptation	20.71	SUSTAINABLE AQUATIC AND AGRI-FOOD SYSTEMS (SAAFS) ANUAL ACTION PLAN 2021 - PROSPERITY climate mitigation significant climate adaptation significant	Malnutrition	Climate-transformative leadership, governance and workforce

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Japan	Oceania, regional	ODA Grants	Climate Adaptation	20.53	THE PROJECT FOR STRENGTHENING CAPACITY OF HEALTH FOR COVID-19 CRISIS PROMOTING WATER, SANITATION, AND HYGIENE IN HEALTHCARE FACILITIES climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Guinea	ODA Grants	Climate Adaptation	20.29	THE PROJECT FOR CONSTRUCTION OF NATIONAL INSTITUTE OF PUBLIC HEALTH CONSTRUCTION OF NATIONAL INSTITUTE OF PUBLIC HEALTH climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	India	ODA Loans	Climate Adaptation	19.83	ASSAM HEALTH SYSTEM STRENGTHENING PROJECT THE OBJECTIVE OF THE PROJECT IS TO IMPROVE THE QUALITY OF MEDICAL SERVICES FOR THE RESIDENTS OF THE TARGET AREAS BY COMPREHENSIVELY PROMOTING THE DEVELOPMENT OF PUBLIC MEDICAL INSTITUTIONS, THE CAPACITY DEVELOPMENT OF MEDICAL PERSONNEL, AND IMPROVEMENT OF THE MANAGEMENT OF MEDICAL SERVICES. climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
Japan	South of Sahara, regional	ODA Grants	Climate Adaptation	19.73	EMERGENCY GRANT AID PROMOTING COVID-19 VACCINATION IN AFRICAN COUNTRIES SUPPORT FOR COLD CHAIN STRENGTHENING IN RESPONSE TO COVID-19 PANDEMIC IN AFRICA climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
United States	Mozambique	ODA Grants	Climate Mitigation; Climate Adaptation	19.71	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR).. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
United States	Zimbabwe	ODA Grants	Climate Mitigation; Climate Adaptation	19.59	GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT (GSHC-PSM) IDIQ - HIV/AIDS TASK ORDER THE PURPOSE OF THE GLOBAL HEALTH SUPPLY CHAIN - PROCUREMENT AND SUPPLY MANAGEMENT SINGLE AWARD IDIQ CONTRACT IS TO ENSURE UNINTERRUPTED SUPPLIES OF HEALTH COMMODITIES TO PREVENT SUFFERING, SAVE LIVES, AND STRENGTHEN SUPPLY CHAIN SYSTEMS IN LOW AND MIDDLE-INCOME COUNTRIES. THE IDIQ HAS THREE TASK ORDERS, ONE OF WHICH DIRECTLY SUPPORT THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF (PEPFAR).. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain; Climate-transformative leadership, governance and workforce
Japan	Cambodia	ODA Grants	Climate Adaptation	19.44	THE PROJECT FOR LMPROVEMENT OF REFERRAL HOSPITALS IN SIEM REAP PROVINCE CONSTRUCTING MEDICAL FACILITIES AND PROVIDING MEDICAL EQUIPMENT climate adaptation significant	RMNCH	Infrastructure, technology, and supply chain
EU Institutions	Malawi	ODA Grants	Climate Adaptation	19.32	AFIKEPO (LET THEM, THE CHILDREN, DEVELOP TO THEIR FULL POTENTIAL) NUTRITION PROGRAMME IN MALAWI EU SUPPORT TO PROMOTION OF NUTRITION IN MALAWI. OVERALL OBJECTIVE IS TO 'ENHANCE NUTRITION SECURITY IN MALAWI' THROUGH INCREASED AND DIVERSIFIED DIETARY INTAKE, NUTRITION EDUCATION, GOOD GOVERNANCE FOR OPTIMAL NUTRITION OPTIMAL NUTRITION FOR WOMEN OF CHILD BEARING AGE,	Malnutrition; RMNCH	Climate-transformative leadership, governance and workforce

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					ADOLESCENT GIRLS, INFANTS AND YOUNG CHILDREN climate adaptation significant		
France	Comoros	ODA Grants	Climate Adaptation	19.17	PDFC - PROJET D'APPUI À LA MISE EN PLACE ET À L'OPÉRATIONNALISATION DE L'ASSURANCE MALADIE GÉNÉRALISÉE PLAN DE DÉVELOPPEMENT FRANCE COMORES PROJET D'APPUI À LA MISE EN PLACE ET À L'OPÉRATIONNALISATION DE L'ASSURANCE MALADIE GÉNÉRALISÉE LA FINALITÉ DU PROJET À LONG-TERME EST DE PROTÉGER LA POPULATION COMORIENNE CONTRE LE RISQUE FINANCIER LIÉ À LA MALADIE VIA LA MISE EN PLACE DE L'AMG. L'OBJECTIF SPÉCIFIQUE DU PROJET, D'UNE DURÉE DE 5 ANS, EST D'APPUYER LA DÉFINITION ET LE DÉMARRAGE OPÉRATIONNEL DE L'AMG AUX COMORES.HTTP://WWW.AFD.FR/BASE-PROJETS/CONSULTERPROJET.ACTION?IDPROJET=CKM1104 climate adaptation significant	Climate Resilient Health Systems	Climate-transformative leadership, governance and workforce
Japan	Asia, regional	ODA Grants	Climate Adaptation	18.22	EMERGENCY GRANT AID IN IMPROVING COLD CHAIN IN SOUTHEAST ASIAN COUNTRIES THAT SUFFER FROM THE IMPACT OF NOVEL CORONAVIRUS DISEASE (COVID-19) PROCUREMENT OF COLD CHAIN EQUIPMENT (CCE) AND STRENGTHENING INSTITUTIONAL CAPACITY TO MANAGE THE CCE FOR SMOOTH INTRODUCTION OF COVID-19 VACCINES climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	India	ODA Grants	Climate Adaptation	18.20	EMERGENCY GRANT AID IN RESPONSE TO COVID-19 IN INDIA TO STRENGTHEN THE HEALTHCARE SYSTEM IN INDIA THROUGH THE PROCUREMENT OF MOBILE MEDICAL EQUIPMENT AND TRAINING climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Nigeria	ODA Grants	Climate Adaptation	18.11	THE PROJECT FOR STRENGTHENING THE CAPACITY OF NETWORK LABORATORIES OF THE NIGERIA CENTRE FOR DISEASE CONTROL STRENGTHENING THE CAPACITY OF NETWORK LABORATORIES OF THE NIGERIA CENTRE FOR DISEASE CONTROL climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain
Japan	Philippines	ODA Grants	Climate Adaptation	18.06	THE ECONOMIC AND SOCIAL DEVELOPMENT PROGRAMME IMPLEMENTATION OF THE ECONOMIC AND SOCIAL DEVELOPMENT PROGRAMME climate adaptation significant	Infectious Diseases	Technical assistance and Risk Assessment
Japan	Cambodia	ODA Grants	Climate Adaptation	18.06	THE ECONOMIC?AND SOCIAL DEVELOPMENT PROGRAMME PROVIDING MEDICAL EQUIPMENT climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Myanmar	ODA Grants	Climate Adaptation	18.06	THE ECONOMIC AND SOCIAL DEVELOPMENT PROGRAMME PROVIDING MEDICAL EQUIPMENT climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Viet Nam	ODA Grants	Climate Adaptation	18.06	ECONOMIC AND SOCIAL DEVELOPMENT PROGRAMME PROVIDING MEDICAL EQUIPMENT climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain

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Japan	Indonesia	ODA Grants	Climate Adaptation	18.06	ECONOMIC AND SOCIAL DEVELOPMENT PROGRAMME PROVIDING MEDICAL EQUIPMENT climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
Japan	Bilateral, unspecified	ODA Grants	Climate Adaptation	18.02	SUPPORT TO CONTAIN AND PREVENT EBOLA AND OTHER INFECTIOUS DISEASE OUTBREAKS IN THE DEMOCRATIC REPUBLIC OF CONGO AND ITS NEIGHBORING COUNTRIES SUPPORT TO CONTAIN AND PREVENT EBOLA AND OTHER INFECTIOUS DISEASE OUTBREAKS IN THE DEMOCRATIC REPUBLIC OF CONGO AND ITS NEIGHBORING COUNTRIES climate adaptation significant	Infectious Diseases; RMNCH	Other
Germany	Ukraine	ODA Grants	Climate Mitigation	17.93	PROMOTION OF SOCIAL INFRASTRUCTURE DEVELOPMENT (USIF VII) STRENGTHENING OF PRIMARY HEALTH CENTERS IN CHOSEN PROJECT LOCATIONS IN EASTERN UKRAINE THROUGH PATIEN FRIENDLY AND ENERGY EFFICIENT RENOVATION AND SUPPLY WITH MEDICAL EQUIPMENT climate mitigation significant	RMNCH; Health System Mitigation	Infrastructure, technology, and supply chain
Italy	Africa, regional	ODA Loans	Climate Mitigation; Climate Adaptation	17.83	CREDIT FACILITY TO AFRICAN MULTILATERAL DEVELOPMENT BANK TDB TO SUPPORT PROJECTS FOR MITIGATING THE ECONOMIC AND SOCIAL IMPACT OF THE COVID-19 CREDIT FACILITY TO AFRICAN MULTILATERAL DEVELOPMENT BANK TDB TO SUPPORT PROJECTS FOR THE PURPOSES OF MITIGATING THE ECONOMIC AND SOCIAL IMPACT OF THE COVID-19 PANDEMIC AND PROJECTS RELATED TO THE SECTORS OF AGRI-BUSINESS, HEALTHCARE, INFRASTRUCTURE, MANUFACTURING, TRANSPORTS, LOGISTICS, ENERGY EFFICIENCY AND RENEWABLES AND TELECOMMUNICATIONS climate mitigation significant climate adaptation significant	Infectious Diseases	Infrastructure, technology, and supply chain
EU Institutions	Mali	ODA Grants		17.74	RÉSILIENCE ET DÉVELOPPEMENT DURABLE AU CENTRE DU MALI L'OBJECTIF GÉNÉRAL EST DE RENFORCER LA SÉCURITÉ ALIMENTAIRE ET NUTRITIONNELLE DES POPULATIONS LES PLUS VULNÉRABLES DANS LES ZONES CIBLÉES DU CENTRE DU MALI. OS1 LA SÉCURITÉ ALIMENTAIRE ET NUTRITIONNELLE OS2 LES MOYENS DE SUBSISTANCE OS3 LA PRÉVENTION DE LA MALNUTRITION OS4 LA GESTION DES RISQUES ET LA RÉSILIENCE AUX CHOCS ET CRISES AU NIVEAU NATIONAL, LOCAL ET COMMUNAUTAIRE climate adaptation principal	Malnutrition	Other
Japan	West Bank and Gaza Strip	ODA Grants	Climate Adaptation	17.66	THE PROJECT FOR THE IMPROUVEMENT OF MEDICAL EQUIPMENT PROVISON OF MEDICAL EQUIPMENT climate adaptation significant	Climate Resilient Health Systems	Infrastructure, technology, and supply chain

Donor Name	Recipient Name	Flow Name	Climate Marker	Commitment, $US million	Project Description	Priority Area(s)	Investment Type(s)
Canada	Haiti	ODA Grants	Climate Mitigation; Climate Adaptation	17.63	SCHOOL FEEDING AND LOCAL PURCHASES IN HAITI/CANTINES SCOLAIRES ET ACHATS LOCAUX EN HAÏTI THE PURPOSE OF THIS PROJECT IS TO REDUCE HUNGER AND MALNUTRITION AMONG CHILDREN AND TO INCREASE SCHOOL ENROLMENT RATES IN HAITI, ESPECIALLY AMONG GIRLS. THE PROJECT STIMULATES THE LOCAL ECONOMY IN A SUSTAINABLE MANNER BY PURCHASING LOCAL PRODUCTS FROM WOMEN FARMERS AND ENTREPRENEURS, WHICH WOULD GIVE THEM MORE OPPORTUNITIES TO CONTRIBUTE TO THEIR OWN ECONOMIC SUCCESS AND THAT OF THEIR COMMUNITIES.THE PROJECT'S ACTIVITIES INCLUDE: (1) OFFERING NUTRITIOUS MEALS EVERY DAY TO 180,000 SCHOOL AGE CHILDREN, THUS ENCOURAGING SCHOOL ATTENDANCE AND ACADEMIC SUCCESS OF THE RECIPIENT CHILDREN, AND (2) OFFERING ECONOMIC OPPORTUNITIES TO WOMEN IN RURAL AREAS BY MAKING LOCAL PURCHASES. / CE PROJET VISE À RÉDUIRE LA FAIM ET LA MALNUTRITION CHEZ LES ENFANTS AINSI QU'À AUGMENTER LE TAUX DE SCOLARISATION, NOTAMMENT DES FILLES, EN HAÏTI. IL VISE AUSSI À STIMULER L'ÉCONOMIE LOCALE DE FAÇON DURABLE PAR L'ENTREMISE D'ACHATS D'ALIMENTS LOCAUX FAITS NOTAMMENT AUPRÈS DE FEMMES PRODUCTRICES ET ENTREPRENEURES, LEUR PERMETTANT AINSI DE SAISIR DAVANTAGE D'OCCASIONS DE CONTRIBUER À LEUR PROPRE RÉUSSITE ÉCONOMIQUE ET À CELLE DE LEURS COLLECTIVITÉS.LES ACTIVITÉS DU PROJET COMPRENNENT : 1) OFFRIR QUOTIDIENNEMENT DES REPAS NUTRITIFS À 180,000 ENFANTS D'ÂGE SCOLAIRE PERMETTANT AINSI D'AUGMENTER L'ASSIDUITÉ ET LA RÉUSSITE SCOLAIRE DES ENFANTS BÉNÉFICIAIRES, 2) OFFRIR DES DÉBOUCHÉS ÉCONOMIQUES AUX FEMMES EN MILIEU RURAL PAR L'ENTREMISE D'ACHATS LOCAUX. climate mitigation significant climate adaptation significant	Malnutrition; RMNCH	Infrastructure, technology, and supply chain
United Kingdom	Bangladesh	ODA Grants	Climate Mitigation; Climate Adaptation	17.47	BETTER HEALTH IN BANGLADESH (WB) IMPROVE ACCESS TO AND UTILISATION OF ESSENTIAL HEALTH, POPULATION AND NUTRITION SERVICES, PARTICULARLY BY THE POOR. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Climate-transformative leadership, governance and workforce
United Kingdom	Bangladesh	ODA Grants	Climate Mitigation; Climate Adaptation	17.47	BETTER HEALTH IN BANGLADESH (WB) IMPROVE ACCESS TO AND UTILISATION OF ESSENTIAL HEALTH, POPULATION AND NUTRITION SERVICES, PARTICULARLY BY THE POOR. climate mitigation significant climate adaptation significant	Climate Resilient Health Systems	Other
EU Institutions	Mozambique	ODA Grants	Climate Adaptation	17.21	RECOVERY AND RESILIENCE PROGRAMME IN MOZAMBIQUE RECOVERY AND RESILIENCE PROGRAMME IN MOZAMBIQUE climate adaptation principal	Malnutrition; RMNCH	Other

Table A.3 All projects representing 100% climate and health commitment in the health sector, World Bank, Asian Development Bank and Inter-American Development Bank, 2023

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
World Bank	P179014	MoroccoHealthReformProgram	Morocco	29.30	71.40	100.70	The development objective of the Health Reform Program-for-Results for Morocco is to strengthen institutional capacity and governance for improved provision of quality public health services in the program area. This will be achieved by supporting the implementation of the first three pillars of the government health system redesign program, each of which correspond to result areas for the program. The first result area supports strengthened institutional capacity through the new deconcentrated governance system, through the rollout of the new deconcentrated governance system including a focus on improved administrative capacity, gender, and climate-sensitive health planning; improved content, quality, and accessibility of health data; and mechanisms to improve information exchange between central and regional entities, as well as collect information on patient satisfaction. Through its second result area, the program seeks to improve the availability, motivation, and competence of human resources for health (HRH), particularly through interventions improving training capacity for nurses and health technicians by over 50 percent, supporting curriculum reforms, and operationalizing the new health service to improve the quality-of-service delivery. The third result area supports the reorganization of health services through rehabilitation of public primary health care (PHC) facilities to address climate vulnerabilities, the institutionalization of quality evaluation and improvement in public health facilities and strengthening of epidemiological surveillance capacity including for climate change related health issues
World Bank	P180491	INVESTINGINNUTRITION&EARLYYEARSPHASE2PROGRAM	Indonesia	84.20		84.20	To enhance the delivery of services to accelerate the reduction of stunting in Indonesia.
World Bank	P179337	Assam StateSecondaryHealthcareInitiativeforServiceDeliveryTransformation(ASSIST)Project	India	28.60	17.90	46.50	The development objective of the Assam State Secondary Healthcare Initiative for Service Delivery Transformation (ASSIST) Project for India is to strengthen management capacity, access to, and quality of the secondary healthcare system in Assam. The project comprises of three components. The first component, strengthened management capacity of health systems at state, district, and facility level consists of following sub-components: (i) internal performance agreements (IPAs) to strengthen management capacity; and (ii) technical support and project operating costs to strengthen management capacity. The second component is improved access to and quality of essential services in existing secondary facilities. The third component, enhanced access to and structural quality of secondary care will invest in: (a) upgrading up to 10 community health center (CHCs) and sub-district hospitals (SDHs) to district hospital (DH) following national guidelines and provision of medical equipment and goods to enhance equitable access to secondary care, and (b) incremental operating costs of these newly upgraded facilities to improve structural quality of secondary care.
World Bank	P175167	thiopiaProgramforResults(Hybrid)forStrengtheningPrimaryHealthCareServices.	Ethiopia	22.40	17.10	39.50	. The operation is fully aligned with the World Bank Group strategy for fragility, conflict, and violence (FCV) 2020-2025, recognizing that inclusive and effective social sector service delivery is central to improving state legitimacy and trust in institutions. The framework for engagement in FCV countries underlines improving human and social capital; equitably scaling up private sector engagement for impact; strengthening core institutions; and working across the humanitarian development nexus

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
World Bank	P179595	ProgramforEffectiveUniversalHealthCoverageandNational HealthSystem Integration	Argentina	27.80	8.30	36.10	To support improvements in: (a) the equitable and effective coverage of public health services, and (b) the efficiency of the health system.
World Bank	P180631	HumanResourcescapacityforUniversalHealthCoverageinAngola	Angola	15.50	16.20	31.70	The development objective of the Human Resources Capacity for Universal Health Coverage in Angola Project for Angola is to improve the capacity and availability of human resources for health (HRH) in Angola. The project comprises of four components. The first component, HRH governance, policy, curricula, and information systems consists of following sub-components: (i) HRH governance systems and policies; (ii) curriculum development, regulation, and accreditation; and (iii) HRH information management systems. The second component, training and capacity building of HRH consists of following sub-components: (i) institutional capacity development for centers of reference for postgraduate training; (ii) institutional capacity development for provincial and municipal satellite training centers; (iii) post-graduate HRH training programs; (iv) strengthening the institute of specialization in health; and (v) establishment of digital e-learning and provider-to-provider telemedicine platforms. The third component, project management and monitoring and evaluation consists of following sub-components: (i) project management; and (ii) monitoring and evaluation. The fourth component, contingent emergency response component (CERC) will allow for rapid reallocation of project proceeds in the event of a natural or man-made disaster or health outbreak or crisis that has caused or is likely to imminently cause a major adverse economic and or social impact.
World Bank	P178252	SystemsReform Endeavours forTransformedHealth AchievementinGujarat(SRESTHA-G)	India	19.90	10.60	30.50	The proposed Program will contribute to Gujarat's development by (i) improving health service utilization, quality and outcomes; (ii) targeting essential health service provision in marginalized areas and for marginalized populations which will promote equity and shared prosperity; (iii) focusing on health, nutrition and welfare of adolescent girls which has a multigenerational impact on reducing poverty; (iv) increasing efficiencies in the health system; (v) improving labor force productivity; and (f) building human capital

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
World Bank	P179592	HealthcareActionThroughRapidInfrastructureImprovements ("HARI'I")Project	Timor-Leste	2.70	25.40	28.10	The development objective of the Healthcare Action Through Rapid Infrastructure Improvements (HARI'I) Project for Timor-Leste is to: (a) strengthen the health infrastructure and referral system in project target areas in Timor-Leste, and (b) in case of an eligible crisis or emergency, respond promptly and effectively to it. The project comprises of four components. The first component, strengthening health infrastructure for a well-performing health referral system will serve the climate shock-prone municipalities Ermera, Lautém, and Viqueque, as well as the population nationwide referred to National Hospital Guido Valadares (HNGV) and Lahane Hospital for specialist services. It consists of following sub-components: (i) strengthening health referral systems at the municipality level; (ii) tertiary care equipment; (iii) feasibility studies and detailed engineering design (DED) for HNGV expansion remaining phases and municipal hospitals; and (iv) digital infrastructure improvements. The second component, ensuring the availability of management costs at the primary health care level will address the limitations leading to less-than-adequate service delivery at primary health care level in Timor-Leste, the project will support the management cost of community health center (CHCs) and health post (HPs), and the associated public financial management (PFM) capacity building of staff in three Project municipalities to run health facilities and provide health services. It consists of following sub-components: (i) provision of facility management cost; and (ii) public financial management (PFM) capacity building. The third component, project management and monitoring and evaluation will strengthen the special project management unit (SPMU) in Ministry of Health (MoH), the unit in charge of day-to-day project management and oversight, additional consultants will be contracted to form a project management consultant unit (PMCU) based on identified needs. The fourth component, contingent emergency response component (CERC) will allow for rapid reallocation of credit uncommitted funds in the event of an eligible emergency as defined in OP 8.00.
World Bank	P178665	Yemen:AdditionalFinancingforEmergencyHumanCapitalProject	Yemen	17.40	6.60	24.00	The project has four components: (1) Improving Access to Healthcare, Nutrition, and Public Health Services; (2) Improving Access to Water Supply and Sanitation (WSS) and Strengthening Local Systems; (3) Project Support, Management, Evaluation and Administration; and (4) Contingent Emergency Response Component (CERC).
World Bank	P180039	AdditionalFinancing-HealthSystemPerformanceStrengthening Project	Chad	18.30	0.30	18.60	To improve utilization and quality of service delivery of essential health services with a particular focus on reproductive, maternal, child and adolescent health, and nutrition services for the population of Chad in project-supported areas, and to provide immediate and effective response to an eligible crisis or emergency
World Bank	P179499	AdditionalFinancingtoRwandaStuntingPreventionand ReductionProject	Rwanda	15.70	-	15.70	The proposed Project Development Objectives (PDO) are to contribute to the reduction in the stunting rate among children under five years of age (with a focus on those under two) in the targeted districts and provide immediate and effective response in the case of an eligible crisis or emergency.

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
World Bank	P178530	SindhIntegratedHealthandPopulationProject	Pakistan	14.10	-	14.10	The development objective of the Sindh Integrated Health and Population Project for Pakistan is to improve utilization and quality of basic reproductive, maternal, newborn, child, and adolescent health with nutrition (RMNCAH+N), for poor and vulnerable populations, especially women and children, in targeted areas of Sindh. The project comprises of four components. The first component, improving RMNCAH+N services utilization and quality and support during public health emergencies will support an integrated care of RMNCAH+N services. It consists of following sub-components: (i) public health emergency response to combat health impact due to the floods; (ii) strengthening and rehabilitating of health facilities providing preventive care; and (iii) strengthening of referral hospitals for effective delivery and neonatal care. The second component, strengthening demand for RMNCAH+N services, including women's empowerment for availing health services will cover social and behavior change communication (SBCC) and related activities to encourage uptake of RMNCAH+N services using social marketing strategy and rebranding of government dispensary (GDs) and their services package to create awareness. The third component, project management, monitoring and evaluation and research will support the strengthening of the department of health (DoH) and its coordinating structures and agencies for the coordination and management of project activities, including financial management, procurement, public-private partnership (PPP) node, stakeholder engagement in line with the stakeholder engagement plan, and compliance with the environment and social commitment plan. The fourth component, contingency emergency response component (CERC) will contribute by providing immediate and effective response to said crisis or emergency
World Bank	P180277	SouthSudanCOVID-19EmergencyResponseandHealth SystemsPreparednessProjectSecondAdditionalFinancing	SouthSudan	12.10	-	12.10	To prevent, detect, and respond to the threat posed by COVID-19, increase access to an essential package of health and nutrition services for the target population, develop health sector stewardship and preparedness capacity, and provide an immediate and effective response to an eligible crisis or emergency.
World Bank	P176559	StrengtheningHealthSystem ResilienceProject	St.Vincent and the Grenadines	5.60	5.50	11.10	The development objectives of Strengthening Health System Resilience Project for St. Vincent and the Grenadines are to (i) increase the Recipient's scope and quality of hospital services; (ii) strengthen the Recipient's health system resilience; and (iii) provide immediate and effective response to an eligible emergency. This project has four components. 1) The first component, Development and Launch of a New Acute Care Hospital has the following sub-components: (i) Construction of the new Arnos Vale Acute Care Hospital (AVACH) Acute Care Hospital; and (ii) Equipment, Health Care Waste Management and Transfer of Services for the new AVACH Hospital. 2) The second component, Strengthening Health System Resilience, aims to finance activities for the hospital and at health sector level to strengthen the health system's adaptive capacity, namely (a) technical assistance (TA) and hands-on capacity building, and (b) investments in management information systems and a facility-specific health care waste management strategy to create a safe, resilient, and transparent environment for sustained health service delivery and strengthened hospital performance. 3) The third component, Project Management, Coordination and Evaluation, aims to support capacity building in the areas of contract management, procurement, environment and social safeguards, financial management (FM), and monitoring and evaluation, including project audits. 4) The fourth component, Contingency Emergency Response

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
							(CERC), aims to provide funding in the event of an eligible emergency
World Bank	P178633	AfricaCentresforDiseaseControlSupportProgramtoCombatCurrentandFuturePublicHealthThreatsProject	Eastern and Southern Africa	10.60	-	10.60	The development objective of Africa Centres for Disease Control Support Program to Combat Current and Future Public Health Threats Project is to enhance the capacity of Africa Centres for Disease Control and Prevention (Africa CDC) to support AU Member States in preventing, detecting, and responding to current and future public health threats. This project has three components. 1) The first component, COVID-19 Response, has the following sub-components: (i) Support to COVID-19 health and vaccine system strengthening efforts; and (ii) Continental communications to improve health literacy around COVID-19 for increased vaccine uptake. 2) The second component, Enhancing Africa CDC's technical and programmatic functions to support AU Member States' preparedness capacities, has the following sub-components: (i) Strengthening prevention, detection and response capacities to public health threats at continental and sub-regional levels; (ii) Developing and sustaining a continental public health workforce; and (iii) Accelerating the continent's manufacturing and Research and Development (R&D) agenda. 3) The third component, Strengthening Africa CDC's institutional capacity and operational structure, has the following sub-components: (i) Operationalizing Africa CDC's transition to an autonomous health body of the African Union; and (ii) Project management and coordination.

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
World Bank	P179550	Côted'IvoireHealth,Nutrition,andEarlyChildhoodDevelopmentProgram	Coted'Ivoire	7.70	1.60	9.30	The development objective of the Health, Nutrition, and Early Childhood Development (ECD) Program Project for Côte d'Ivoire is to: (i) reduce maternal mortality and stunting, (ii) improve ECD outcomes, and (iii) improve resilience against future pandemics. The project comprises of five components. The first component, strengthen and expand the social health protection (SHP) system will support the scale-up of the SHP system and strategic purchasing. It consists of following sub-components: (i) operationalize and scale-up the universal health insurance scheme (CMU); and (ii) institutionalize performance-based financing (PBF) and support health financing reforms. The second component, improve quality of health, nutrition, and ECD services consists of following sub-components: (i) improve human resource management; (ii) improve availability of essential medicines and nutritional inputs; (iii) strengthen governance; (iv) improve quality of clinical; radiology; and laboratory services through public-private partnership (PPPs); and (v) equip health facilities and expand wash, sanitation, and hygiene (WASH) services. The third component, strengthen delivery of nutrition, ECD, and reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services consists of following sub-components: (i) strengthen delivery of nutrition and ECD services; (ii) strengthen delivery of RMNCAH-N services; and (iii) demand creation and behavior change. The fourth component, institutional strengthening, monitoring and evaluation (M and E), and project management will finance interventions to strengthen the capacity of implementing agencies (Ministry of Health, Public Hygiene and Universal Health Coverage (MSHPCMU); (Ministry of Labor and Social Protection (MEPS); Executive Secretariate of the National Council for Nutrition, Food, and Early Childhood Development) (SE-CONNAPE)), including capacity to plan, implement, and evaluate the project interventions and institutional coordination at various levels from the national to the community level. The fifth component, contingent emergency response component (CERC) will utilize uncommitted project resources from other project components to cover the costs of emergency response.
World Bank	P177389	NepalQualityHealthSystemsProgram-for-Results	Nepal	7.50	-	7.50	The development objective of the Quality Health Systems Program-for-Results for Nepal is to improve quality of healthcare, enhance health insurance coverage for poor, and strengthen health emergency preparedness in the selected provinces. The program has three interlinked results areas (RA) that reinforce their individual contributions to the high-level outcomes and development objectives. The areas are: RA1: improving readiness of healthcare delivery system and quality of care; RA2: improving health insurance coverage and effectiveness; and RA3: enhancing health emergency preparedness and response capacity at provincial government and local level (PGLLs).
World Bank	P180245	HealthEnhancementAndLifesaving(HEAL)UkraineProject	Ukraine	1.40	5.20	6.60	The development objectives of the Health Enhancement and Lifesaving (HEAL) Ukraine Project for Ukraine are to: (i) restore and improve access to essential health care, (ii) address new and urgent needs for health services, and (iii) provide financial protection in an emergency context. The project comprises of four components. The first component, addressing new and urgent health needs for mental health and rehabilitation supports the government to meet the increased demand for mental health and rehabilitation services due to the ongoing war. It consists of following sub-components: (i) scale-up of mental health and rehabilitation services; and (ii) preparing for scaled delivery of mental health and rehabilitation care. The second component, further improving and strengthening primary health care (PHC) supports improving access and utilization of PHC services disrupted by the war. It consists of following sub-

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
							components: (i) restoring and improving delivery of essential PHC services; and (ii) recovery of the PHC network. The third component, restoring and modernizing hospital care in line with reform direction will support the restoration and strengthening of service delivery in hospitals that are facing capacity constraints due to war damage (for example, hospitals that were damaged after attacks) or due to increased demand for their services (for example, hospitals in areas with a high concentration of internally displaced persons). The fourth component supporting capacity-building, digitalization, and innovations will support sustainability of key health institutions and strengthening of ongoing digitalization projects. It consists of following sub-components: (i) digital development and innovations; (ii) strengthening of institutions; and (iii) project management.
World Bank	P170435	TanzaniaMaternalandChildHealthInvestmentProgram	Tanzania	4.60	1.50	6.10	The development objective of the Maternal and Child Health Investment Program for Tanzania is to scale up the provision and improve the quality of essential health care services, with a focus on maternal and child health. The program will support the government program which aims to improve the provision and quality of reproductive, maternal, newborn, child, adolescent health, and nutrition (RMNCAH-N) services. The program is particularly aligned with the country partnership framework (CPF's) focus area 2: boost human capital and social inclusion - a life cycle approach to human development challenges. The program will focus on improving primary health care (PHC) results with a focus on RMNCAH-N and service delivery, especially in rural areas, with emphasis on improving coverage and quality of health services
World Bank	P177050	AdditionalFinancingforInstitutionalFoundationstoImproveServicesforHealth	Liberia	2.00	-	2.00	To improve health service delivery to women, children and adolescents in Liberia. The main purpose of the AF is to fill the existing financing gap and to cover costs associated with expanding existing activities under the parent Project, and introduction of new ones. Through the restructuring, the proposed AF also seeks to address implementation challenges and the disrupted access to essential health services due to the COVID-19 pandemic. To increase operational efficiency, the following changes will be made: (i) reallocation of funds; (ii) change in financing modality; (iii) revision of disbursement categories; and (iv) revision of the results framework
World Bank	P176643	SecondAdditionalFinancingtotheRegionalDiseaseSurveillanceSystemsEnhancementProjectinWestAfrica, Phase I	Western and Central Africa	0.20	0.40	0.60	The objectives of the Project are: (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa, thereby addressing systemic weaknesses within the animal and human health systems that hinder effective disease surveillance and response; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response to said Eligible Emergency.
World Bank	P176646	AdditionalFinancingtotheRegionalDiseaseSurveillance SystemsEnhancement ProjectinWestAfrica,PhaseIII	Western and Central Africa	0.60	-	0.60	The PDOs are : (i) to strengthen national and regional cross-sectoral capacity for collaborative disease surveillance and epidemic preparedness in West Africa; and (ii) in the event of an Eligible Emergency, to provide immediate and effective response to said Eligible Emergency.

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
ADB	54224-002	Primary Healthcare and Public Health Laboratories Upgrading and Strengthening Project	Indonesia	65.02	272.20	337.22	The Primary Healthcare and Public Health Laboratories Upgrading and Strengthening Project will assist the Ministry of Health in strengthening primary care services and public health laboratories. Along with three multilateral development banks, ADB will cofinance the provision of equipment to upgrade and enhance the capacity of primary care facilities and public health laboratories throughout the country. It will also help address the adverse health impact of climate change and improve the preparedness and resilience of the health system to handle future public health threats. The outcome of project will be equitable access to primary care and public health laboratory services for the prevention, detection, and treatment of communicable and noncommunicable diseases, and other health conditions, expanded.
ADB	55105-003	Build Universal Health Care Program (Subprogram 2)	Philippines	25.79	39.80	65.59	The scope of the program includes 1) the preparation of an updated healthcare reform directions to guide the sustained mobilization and expenditure management of national and local financing, including private sector financing for UHC 2) strengthening of the roles and skills of health workers including designating them as community-level health education and promotion officers and implemented healthy communities, workplaces and schools as part of the health promotion framework and 3) initiated the validation of the compliance of health information systems with the interoperability standards and established the national health data responsitory framework.
ADB	54224-001	Supporting Essential Health Actions and Transformation Program	Indonesia	12.25	48.85	61.10	The proposed results-based lending (RBL) program will support the Ministry of Health (MOH) of Indonesia to implement a nationwide primary care transformation that increases access to quality gender- and climate-responsive primary care services. It builds on earlier Asian Development Bank (ADB) support in responding to the coronavirus disease (COVID-19) pandemic and aims to accelerate implementation of the Government of Indonesia's post-pandemic Health System Transformation Agenda (HSTA). The program will standardize a model of integrated primary care and strengthen public health laboratories, improve the capacity of primary care and laboratory workers (including climate awareness and gender responsiveness), and enhance digital coordination and reporting systems. The program results are aligned with the National Medium-Term Development Plan 2020-2024 and the MOH Strategic Plan 2020-2024.
ADB	56289-001	Vaccines, Therapeutics, and Diagnostics Manufacturing and Regulatory Strengthening Project	Bangladesh	5.77	25.33	31.10	The Government has requested additional support of US$338.13million from APVAX under the PIC. The project will have two phases: (i) Phase 1: fill and finish manufacturing of human vaccines, and (ii) Phase 2: full cycle development of selected vaccines. In the first 3 years, the project will support constructing a green, resilient, global enabling sustainability initiative-responsive manufacturing facility and commission equipment for manufacturing VTDs. By 2026, the project aims to start manufacturing fill and finish VTDs. By 2029, the project aims to start selected bulk substrate manufacturing and export of VTDs. The project will help strengthen DGDA's regulatory capacity from maturity level 2 to 3, essential to ensure safe and effective vaccine manufacturing and use. The project is aligned with the following impact: Pandemic preparedness increased, and the disease burden due to selected vaccine-preventable diseases in Bangladesh reduced.
ADB	56289-001	Vaccines, Therapeutics, and Diagnostics Manufacturing and	Bangladesh	4.53	19.90	24.43	The Government has requested additional support of US$338.13million from APVAX under the PIC. The project will have two phases: (i) Phase 1: fill and finish manufacturing of human vaccines, and (ii) Phase 2: full cycle development of selected vaccines. In the first 3 years, the project will support constructing a green, resilient, global enabling

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
		Regulatory Strengthening Project					sustainability initiative-responsive manufacturing facility and commission equipment for manufacturing VTDs. By 2026, the project aims to start manufacturing fill and finish VTDs. By 2029, the project aims to start selected bulk substrate manufacturing and export of VTDs. The project will help strengthen DGDA's regulatory capacity from maturity level 2 to 3, essential to ensure safe and effective vaccine manufacturing and use. The project is aligned with the following impact: Pandemic preparedness increased, and the disease burden due to selected vaccine-preventable diseases in Bangladesh reduced.
ADB	55180-001	Climate-Resilient Health Infrastructure and Systems Project	Kiribati	19.97	-	19.97	The proposed Climate-Resilient Health Infrastructure and Systems Project will be the Asian Development Bank's (ADB) first investment in the health sector in Kiribati. ADB will work closely with New Zealand's Ministry of Foreign Affairs and Trade (MFAT) to complement their investments in health systems and infrastructure. Other development partners in the health sector include World Bank, World Health Organization (WHO), UNICEF, The Pacific Community, and the governments of Australia, People's Republic of China, Japan, Republic of Korea, and the United States of America, who are supporting the pandemic response through donations of personal protective equipment; GeneXpert machines with testing cartridges; other medical supplies; water, sanitation, and hygiene items; and risk communication.
ADB	57031-001	Expanding Essential Food Security and Health Services Project	Afghanistan	9.00	5.00	14.00	Expanding Essential Food Security and Health Services Project (Support for Afghan People): Environmental and Social Management Framework
ADB	53291-001	Improving the Quality of Health Care Project	Lao People's Democratic Republic	2.30	1.50	3.80	The proposed project will enhance the Ministry of Health (MOH)'s capacity to deliver high-quality health care, with a focus on expanding quality healthcare services in provincial and district health facilities. Quality health care is a key component of effective universal health coverage (UHC) under the Sustainable Development Goals (SDGs) and Lao Health Sector Reform (HSR), 2013-2030. Quality health care and responsiveness to patients' preferences encourages people to seek care, and results in enhanced health outcomes. The project will (i) help design and make operational a quality governance mechanism; (ii) enhance quality assurance for health professional education institutions (HPEIs) and health human resources (HHRs); (iii) upgrade existing district hospitals and HPEIs; and (iv) improve health facility management through management training, continuous quality improvement (CQI) cycles and health information systems.
ADB	51035-006	Health Services Sector Development Program (Second Additional Financing)	Papua New Guinea	2.51	0.45	2.96	The original project investment aims to achieve a more sustainable and efficient health care system and included building two district hospitals (level 4) and six health centers (level 3), which would benefit more than 250,000 people living in remote areas. The first additional financing, through a cofinancing grant from the Government of Australia, expanded the scope of health facility upgrades, extending the network of rural health services to include one more health center and eight community health posts (CHPs) (level 2). The proposed second additional financing will scale up the project by (i) extending the network of rural health services to include an additional district hospital, (ii) improving diagnostic and regional surveillance capacity, and (iii) extending health workforce training

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
ADB	51035-006	Health Services Sector Development Program (Second Additional Financing)	Papua New Guinea	1.52	0.28	1.80	The original project investment aims to achieve a more sustainable and efficient health care system and included building two district hospitals (level 4) and six health centers (level 3), which would benefit more than 250,000 people living in remote areas. The first additional financing, through a cofinancing grant from the Government of Australia, expanded the scope of health facility upgrades, extending the network of rural health services to include one more health center and eight community health posts (CHPs) (level 2). The proposed second additional financing will scale up the project by (i) extending the network of rural health services to include an additional district hospital, (ii) improving diagnostic and regional surveillance capacity, and (iii) extending health workforce training
ADB	56263-001	Intermed Hospital Expansion Project	Mongolia	-	1.00	1.00	Up to MNT35,000,000,000 or its equivalent in dollars in the form of a senior, secured, 5-year tenor loan to Intermed guaranteed by MCS to fund the construction of an 80-bed facility next to the existing hospital, 10 outpatient clinics, and 3 inpatient branches in rural parts of Mongolia.
ADB	56237-001	Cygnus Affordable Hospitals Project	India	-	1.00	1.00	Up to INR1,500 million (US$ 18.4 million) from ADB's Ordinary Capital Resources for a 7-year senior, secured, non-convertible debentures (NCD) to support CMPL to expand its network by adding up to 6 new leased hospitals in tier-2 and tier-3 cities in north India; to refurbish and add specialty departments and additional beds in existing hospitals; installation of rooftop solar systems in its existing/new hospitals; and for working capital support.
ADB	57103-001	Building a Climate Change Early Warning System for the Aged	People's Republic of China	0.50	-	0.50	The purpose of the proposed TA is to reduce negative health and economic effects of the aged, their relatives, and carers by improving the resilience of the aged to climate change effects in Tianjina This will be done by developing a climate change early warning system that can help predict climate change events in Tianjin and forewarn aged populations and government authorities to reduce risks. The TA will (i) develop a climate change early warning risk model for the aged utilizing meteorological data, geographic data, health data, and other relevant information, including mechanisms for information dissemination; and (ii) produce guidelines on the application of the early warning system and disseminate results of the simulations developed by the model in national and international scientific fora.
ADB	51035-006	Health Services Sector Development Program (Second Additional Financing)	Papua New Guinea	0.41	0.07	0.48	The original project investment aims to achieve a more sustainable and efficient health care system and included building two district hospitals (level 4) and six health centers (level 3), which would benefit more than 250,000 people living in remote areas. The first additional financing, through a cofinancing grant from the Government of Australia, expanded the scope of health facility upgrades, extending the network of rural health services to include one more health center and eight community health posts (CHPs) (level 2). The proposed second additional financing will scale up the project by (i) extending the network of rural health services to include an additional district hospital, (ii) improving diagnostic and regional surveillance capacity, and (iii) extending health workforce training
ADB	57092-002	Strengthening Policies on Climate Change in Asia and the Pacific through Economic Research, 2023-2025	Regional	0.13	0.07	0.20	The technical assistance (TA) cluster for Strengthening Policies on Climate Change in Asia and the Pacific through Economic Research, approved in November 2023, will enhance the knowledge base for better policymaking and help identify investment needs to enhance Asian Development Bank (ADB) climate change operations in some identified developing member countries (DMCs), which include, but are not limited to, Bangladesh, India, Indonesia, Pakistan, the People's Republic of China, the Philippines, and Viet Nam. The TA cluster has three subprojects and is

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
		(Subproject 1)					financed by ADB, on a grant basis, from ADB's Technical Assistance Special Fund (TASF-7 and TASF-others).
ADB	56025-001	Delivering a Climate Change Strategy for Central and West Asia	Regional (Central and West Asia)	0.05	0.05	0.10	This knowledge and support technical assistance (TA) will support the delivery of a Climate Change Strategy and an Action Plan for Central and West Asia to strengthen integration of climate change considerations in Asian Development Banks (ADB) financed interventions in the developing member countries (DMCs) of the region. It will prepare robust climate mitigation and adaptation pipelines aligned with the Paris Agreement and responsive to DMCs climate change priorities. The TA will support interventions on departmental, sectoral and country levels with key activities including development of a regional strategy, upstream climate assessments, climate pipeline development, government dialogues and capacity building
ADB	50121-001	Supporting Adaptation Decision Making for Climate Resilient Investments	Regional	0.08	-	0.08	The TA aims to improve the understanding by DMCs on how to make effective use of climate information and services to facilitate planning and decision-making under climate uncertainty. Through this TA, the DMCs will have enhanced technical capacity to generate, interpret and apply climate information in decision-making in sectors including agriculture, water and energy. It will also incorporate disaster risk management and reduction as a key component of building overall resilience of our DMCs.
IDB	BR-L1606	Program for Modernization and Quality Improvement of the Health System in Ourinhos - SP	Brazil	-	32.99	32.99	The general objective of this operation is to improve the health conditions of the population of Ourinhos, by expanding access and improving the quality of health services. The specific objectives of this operation are: (i) to increase the access and effectiveness of health services; and (ii) expand the management capacity of the Municipal Health Secretariat (SMS).
IDB	HA-J0007	Tackling Food Insecurity and Fostering Resilience through Safety Net for Vulnerable Populations	Haiti	18.10	-	18.10	The general objective of the operation is to address food insecurity among vulnerable populations in Haiti by improving access to food and to increase the use of preventive and essential health services. The specific objectives are: (i) contribute to food security and climate resilience through transfers conditional to community-driven cash-for-work programs; (ii) improve access to healthcare through increased supply of and use of preventive and essential healthcare services incentivized by transfers; and (iii) strengthen the institutional capacity of the government to target the most vulnerable through the expansion of SIMAST, and manage social protection interventions through the use of Commcare.
IDB	HO-L1239	Program to Strengthen the Hospital Network	Honduras	-	140.88	140.88	The objective of the program is to improve the effectiveness and access to specialized hospital services maternal-infantile, of attention to injuries of external cause (LCE) and complications of non-communicable diseases (NCDs).The specific objectives are: (i) Increase the supply of hospital services in the public network; (ii) Improve the supply of qualified human resources for the operation and management in intervention hospitals; and (iii) Strengthen the integration and management of hospital service networks operated.

MDB	Project ID	Project name	Country	Adaptation commitment, US$ million	Mitigation commitment, US$ million	Total climate finance commitments, US$ million	Project description
IDB	PR-L1190	Strengthening of the San Estanislao Hospital Services Network	Paraguay	0.76	-	0.76	Is to improve the health status of the prioritized population through the extension of accessibility and effective coverage of quality health services. The specific objectives are: (i) to increase the resolution capacity of the supply of second- and third-level health services; and (ii) increase the efficiency and quality of care processes.
IDB	PR-L1190	Strengthening of the San Estanislao Hospital Services Network	Paraguay	-	29.36	29.36	Is to improve the health status of the prioritized population through the extension of accessibility and effective coverage of quality health services. The specific objectives are: (i) to increase the resolution capacity of the supply of second- and third-level health services; and (ii) increase the efficiency and quality of care processes.
IDB	RG-T4387	Reducing the Public Health Impact of Pandemics in the Caribbean through Prevention, Preparedness, and Response	Peru	0.12	-	0.12	The general objective of this Technical Cooperation (TC) is to support the Caribbean Public Health Agency (CARPHA) in reducing the public health impact of pandemics in the Caribbean region. This will be achieved by strengthening technical capacities in comprehensive disease surveillance and early response systems, laboratory networks, and human resources and public health workforce capacity, and by enhancing coordination and collaboration at the national and regional levels.

Table A.4 Projects included or excluded as health relevant, Inter-American Development Bank, 2021-2023

Year	Project number	Project name	Included	Reason for exclusion
2023	BR-L1606	Program for Modernization and Quality Improvement of the Health System in Ourinhos – SP	Yes	
2023	HA-J0007	Tackling Food Insecurity and Fostering Resilience through Safety Net for Vulnerable Populations	Yes	
2023	HO-L1239	Program to Strengthen the Hospital Network	Yes	
2023	PR-L1190	Strengthening of the San Estanislao Hospital Services Network	Yes	
2023	PR-L1190	Strengthening of the San Estanislao Hospital Services Network	Yes	
2023	RG-T4387	Reducing the Public Health Impact of Pandemics in the Caribbean through Prevention, Preparedness, and Response	Yes	
2022	AR-T1289	Support for the Program for the Strengthening and Integration of Health Networks in the Province of Buenos Aires - PROFIR II	Yes	
2022	BH-G0004	Programme to Support the Health System Strengthening of The Bahamas	Yes	
2022	BR-L1583	Health Care and Social Inclusion Networks Strengthening Program - PROREDES Sergipe	Yes	
2022	GY-L1080	Health Care Network Strengthening in Guyana	Yes	
2022	GY-L1080	Health Care Network Strengthening in Guyana	Yes	
2022	GY-L1080	Health Care Network Strengthening in Guyana	Yes	

2021	AR-L1340	Program of Strengthening and Integration of Health Networks in the Province of Buenos Aires - PROFIR II	Yes	
2021	BH-L1053	Programme to Support the Health System Strengthening of The Bahamas	Yes	
2021	BH-T1083	Reinforcing the Health System of The Bahamas to Respond to the Health Needs of the Population	Yes	
2021	EC-T1466	Support to the Digital Transformation in Health and Response to COVID-19	Yes	
2021	HA-J0001	Expansion of Safety Nets for Vulnerable Populations Affected by the Socio-Economic Consequences of Coronavirus	Yes	
2023	CO-T1704	Support for the redesign of cash transfer programs	No	Relates to social protection
2023	ES-L1159	Shock Responsive Social Protection in El Salvador	No	Relates to social protection
2023	ES-T1366	Support for the preparation and implementation of the shock-responsive social protection loan operation in El Salvador	No	Relates to social protection
2023	PN-L1177	Social Inclusion and Development Program Phase II	No	Relates to social protection
2023	PN-L1177	Social Inclusion and Development Program Phase II	No	Relates to social protection
2023	PN-L1177	Social Inclusion and Development Program Phase II	No	Relates to social protection
2022	EC-L1277	Social Expenditure Protection and Employment Recovery Support Program - Phase II	No	Relates to social protection
2022	HA-J0005	Program to Strengthen Safety Nets for Vulnerable Populations	No	Relates to social protection
2022	HO-L1230	Program to Support the Comprehensive Social Protection System II	No	Relates to social protection
2021	DR-L1152	Support to the consolidation of an inclusive social protection system in the Dominican Republic	No	Relates to social protection
2021	EC-L1273	Social Expenditure Protection and Employment Recovery Support Program	No	Relates to social protection

Table A.5 All projects representing 100% climate and health commitment in the health sector, Green Climate Fund, Global Environment Facility, Adaptation Fund, Lease Developed Countries Fund, 2018-2022

Climate Fund	Recipient Country	Theme/ Objective	Summary	Approved year	Commitment, US$ million	Priority Area(s)	Investment Type(s)
GEF	Sudan	Adaptation	Project Objective (PDO): To increase the adoption of sustainable land and water management practices in targeted landscapes. Overarching goal: Reduce environmental degradation and vulnerability of rural poor and marginalized people to climatic impacts in Gedarif and Khartoum. The project will examine policy response measures to address malaria.	2019	5.94	Infectious diseases	Research

Climate Fund	Recipient Country	Theme/ Objective	Summary	Approved year	Commitment, US$ million	Priority Area(s)	Investment Type(s)
GCF	Argentina	Multiple foci	Argentina has recently prepared a "Situation Analysis of Health and Climate Change", a "National Action Plan on Climate Change and Health" (PANSyCC) and created political and technical structures to address the topic of climate change and health. However, some challenges remain. The Covid-19 pandemic has shown unequivocally the importance of strengthening health surveillance systems, and of early warning systems for the adequate measures of prevention, primary care and response, and quick recovery. The climate crisis demands a similarly vigorous participation of the health community – integrated with other sectors. This Readiness proposal addresses the gaps identified by the PANSyCC and the National Cabinet on Climate Change. As a country with a large territory, diverse ecosystems and microclimates, one of the main gaps identified is the limited collaboration and coherence between policies at national, provincial, municipal/local levels. Outcome 1.3 in this proposal will help establishing provincial climate change committees and action plans through whole-of-society consultations. The three participating provinces (Misiones – northeastern region/NOA, Tucumán – northwestern region/NEA, and Neuquén – Patagonia region) offer a gradient of conditions that give a representation of the needs, vulnerabilities and capacities of each region of the country.	2020	0.3	Direct climate impacts on health outcomes	Research; Climate-transformative leadership, governance and workforce
GCF	Regional - Latin America and the Caribbean	Multiple foci	In 2019, the Caribbean Action Plan on Health and Climate Change was approved by Ministers of Health, Environment, and Climate Change of Caribbean countries and territories. The plan addresses the common challenges posed by climate change on health and provide a roadmap for integrated action to protect health and promote sustainable development, under a changing climate. PAHO/WHO is seeking to support CARICOM Member States in implementing the Caribbean Action Plan, through this Readiness proposal to the Green Climate Fund. Seven countries are included as direct beneficiaries of the underlying activities: Belize, Haiti, Jamaica, Saint Lucia, Saint Kitts & Nevis and Trinidad & Tobago. This readiness proposal aims to fulfill the vision of the Action Plan to "ensure that the region is fully engaged in global climate change processes and agreements (…), benefit Caribbean countries and territories by strengthening their technical cooperation methods, and facilitate the access to human, technical and financial resources necessary to address the effects of climate change on health". The main expected results from this proposal are: • Strengthen institutional, political and technical capacities through established and operational health-climate change committees; • Generate baseline data (e.g. country profiles on health and climate change and a multi-country health V&A) and engage whole-of-society in consultations for enhancing health issues integration in national and regional plans and strategies; • Build a pipeline of projects on health and climate change, and create capacities to prepare and implement project proposals; • Estimate health sector's carbon footprint; • Estimate the	2020	1.06	Direct climate impacts on health outcomes; climate resilient health systems; health system mitigation	Research; Climate-transformative leadership, governance and workforce; Capacity building

Climate Fund	Recipient Country	Theme/ Objective	Summary	Approved year	Commitment, US$ million	Priority Area(s)	Investment Type(s)
			health co-benefits, and avoided impact economic costs, from different emission pathways proposed in national documents; • Prepare strategies and project proposals for the development of climate and health data integration systems; • National representatives trained and technical knowledge and capacities enhanced to address climate change and health issues; • Communication strategies for public awareness and outreach on health and climate change developed The direct beneficiaries of readiness proposal are NDAs, Health ministries and climate change ministries in the seven participating CARICOM Member States.				
GCF	Bahamas	Multiple foci	This readiness project is very timely, as the COVID-19 pandemic comes on the heels of Hurricane Dorian (the country's worst climate disaster). The Bahamas is currently facing a second wave of new COVID-19 cases which threatens the capacity of the country's health system. The Bahamas is now required to balance and manage preparatory and disaster response mechanisms during an active 2020 Atlantic Hurricane season (and beyond) while addressing the COVID-19 pandemic. Both COVID-19 and Hurricane Dorian have revealed the urgent need to strengthen the linkages and build capacity to address climate change and health issues across the islands of The Bahamas. These linkages and capacity deficits are visible in the areas of 1) climate change and health policy, 2) health workforce, 3) community/civil society engagement, 4) climate resilient health infrastructure, 5) data collection, information & technology, and 6) financing for climate change and health issues, Therefore, this readiness project is designed to build upon and strengthen national bodies, communities and human resources with new mechanisms (see Section 2: situational analysis of more details) for the preparation, coordination and response to climate change and health issues on The Bahamas' health system, national shelters, and general population (inclusive of vulnerable individuals). Therefore, the objectives of the "Developing a climate resilient health system in The Bahamas" readiness project include: 1. To develop a 'climate SMART health'1 in all policies systems framework with cross cutting national policies, procedures and practices and interventions to build a climate resilient health care system in The Bahamas; 2. To enhance the national public health surveillance systems of healthcare facilities (hospitals and primary care clinics) in the Ministry of Health and for community shelters; and 3. To strengthen coordinated mechanisms, communication across agencies (governmental, private sector, and civil society) and human capacity to respond to climate change effects.	2020	0.75	Climate resilient health systems	Monitoring, early warning, preparedness; Climate-transformative leadership, governance and workforce; Capacity building

Climate Fund	Recipient Country	Theme/ Objective	Summary	Approved year	Commitment, US$ million	Priority Area(s)	Investment Type(s)
GCF	Trinidad and Tobago	Multiple foci	The proposal seeks to build the resilience of the health sector to cope with increased incidence and intensity of climate induced disaster/extreme events and associated risks. As such this grant request seeks to improve the use of real time app-based systems to ascertain needs and prioritize responses. Also, activities will strengthen the country's coordination mechanism so that heath system preparedness is aligned with meteorological early warning systems. Other support under this proposal include: Integration of disaster risk reduction into health policies and strategies; capacity building, and training of healthcare workforce to deal with disaster risk reductions; design of resilient health facilities that ensure health workforce and the public are safe from disasters, and ensuring access before, during and after the events; increase awareness and communication at the national and sub national levels on the impacts of climate change on the healthcare system and early warning systems and heath science technologies to promote effective planning and adaptation and mitigation actions. As a result, the above mentioned activities will be strategically realized through the following outcome areas: outcome1.1(Country NDAs or focal points and the network/ systems that enable them to fulfill their roles, responsibilities and policy requirements are operational and effective) This will be through improved coordination and organizational structure to respond to climate induces events. While, Outcome 2.2 and 4.3 (GCF recipient countries have developed or enhanced strategic frameworks to address policy gaps, improve sectoral expertise, and enhance enabling environments for GCF programming in low- emission investment) and (An increase in the number of quality project concept notes developed and submitted that target LDCs, SIDS and African States) focuses on addressing gaps and improve sectoral expertise and enabling environment for low-emission investments in an effort to enhance Trinidad and Tobago Health System. The Government will seek to address gaps identified through the development of concept notes for submission to the GCF.	2020	0.38	Climate resilient health systems	Policy and institutions: climate-transformative leadership, governance and workforce; Capacity building
GCF	Timor Leste	Adaptation	The project will complement the investments in infrastructure being made in project FP109, by providing high quality climate information and science-based advice on planning adaptation.	2021	20.98	Climate resilient health systems	Monitoring, early warning, preparedness; Research; Capacity building
AF	Malaysia	Adaptation	The main goal of the programme is to enhance urban resilience and reduce human and ecosystem health vulnerability to climate change impacts and extreme weather events by implementing nature-based solutions (NbS) to reduce surface temperatures and storm water runoff, as well as to increase social resilience and build institutional capacity.	2022	10.00	Direct climate impact on health outcomes; climate resilient health systems	Climate-transformative leadership, governance and workforce; Research; Capacity building
GEF	Philippines		Protection of human health and the environment through the reduction of unintentionally-produced POPs and mercury in the healthcare waste sector promoting environmentally-sound approaches	2022	4.88	Health system mitigation	Capital

Climate Fund	Recipient Country	Theme/ Objective	Summary	Approved year	Commitment, US$ million	Priority Area(s)	Investment Type(s)
GEF	Albania, Burkina Faso, India, Montenegro, Uganda, Global		To eliminate uncontrolled releases of mercury from healthcare settings	2022	7.98	Health system mitigation	Capital

Table A.6 Largest 24 projects representing 80% of climate and health commitment in the health sector, Philanthropies, 2018-2023

Grantmaker Name	Recipient Country	Amount, US$ million	Year	Project Description	International Country of Benefit	Priority Area (s)	Investment Type(s)
BILL & MELINDA GATES FOUNDATION	Somalia	3.80	2022	To support the implementation of polio essential functions and strengthen capacity of Somalia's multi-hazard preparedness and response systems.		Resilient health systems	Monitoring, early warning, preparedness; Capacity building and technical assistance
The Ford Foundation	India	0.50	2019	Technical assistance and policy research to increase the income of small & marginal farmers belonging to tribal communities in South Odisha through alternative livelihood options developed in conjunction with government programs & for COVID-19 mitigation	India	Health system mitigation	Climate-transformative leadership, governance and workforce; Research; Capacity building and technical assistance
DAVID AND LUCILE PACKARD FOUNDATION	India	0.10	2021	For flood relief and rehabilitation support, including sexual and reproductive health care, in Bihar, India	India	RMNCH	Unspecified
Minneapolis Foundation	United States	0.10	2022	support of Haiti mental health and hurricane relief	Haiti	Mental trauma from extreme weather	Climate-transformative leadership, governance and workforce
Henry Schein Cares Foundation Inc	United States	0.02	2021	Disaster Relief	India	Resilient health systems	Unspecified
BILL & MELINDA GATES FOUNDATION	Nigeria	4.99	2020	to build an international agronomy research alliance towards improving the productivity and profitability of crops, increasing climate resilience, and rehabilitating soil health for sustainable intensification in the Global South		Malnutrition; Health system mitigation	Climate-transformative leadership, governance and workforce; Research
The Rockefeller Foundation	Uganda	4.30	2022	Grant for use by the Africa Centres for Disease Control and Prevention toward the costs of strengthening its institutional framework, core preparedness, and emergency response capacities		Resilient health systems	Climate-transformative leadership, governance and

Grantmaker Name	Recipient Country	Amount, US$ million	Year	Project Description	International Country of Benefit	Priority Area (s)	Investment Type(s)
							workforce; Monitoring, early warning, preparedness; Capacity building and technical assistance
THE SKOLL FOUNDATION	Tanzania	4.00	2020	STRENGTHENING SACIDS AND REGIONAL COVID-19 EMERGENCY PREPAREDNESS IN EASTERN AND SOUTHERN AFRICA	Tanzania	Resilient health systems	Monitoring, early warning, preparedness
THE SKOLL FOUNDATION	Tanzania	4.00	2020	STRENGTHENING SACIDS AND REGIONAL COVID-19 EMERGENCY PREPAREDNESS IN EASTERN AND SOUTHERN AFRICA	Tanzania	Resilient health systems	Monitoring, early warning, preparedness
BILL & MELINDA GATES FOUNDATION	Kenya	3.66	2022	To support data driven coverage of gender equality, climate change, and public health issues in Kenya	Kenya	Resilient health systems	Climate-transformative leadership, governance and workforce
The Ford Foundation	Ghana	3.00	2021	Core support to address the impact of the COVID-19 pandemic on the survival of civil society organizations and building resilience in the Natural Resources and Climate Change ecosystem in West Africa	Nigeria	Resilient health systems	Unspecified
BILL & MELINDA GATES FOUNDATION	Ethiopia	2.65	2023	To sustainably and drastically improve household income of pastoralists, increase pastoral women market participation, enhance nutrition outcomes, and reduce green-house gas emission intensity in Ethiopia.	Ethiopia	Malnutrition; Health system mitigation	Climate-transformative leadership, governance and workforce
BILL & MELINDA GATES FOUNDATION	United States	2.08	2018	to assist the Government of Nigeria in mapping the reference data across Nigeria to improve resource planning, policy and decision making, and emergency preparedness and response to large scale epidemics	Nigeria	Infectious diseases	Climate-transformative leadership, governance and workforce; Monitoring, early warning, preparedness; Research
BILL & MELINDA GATES FOUNDATION	Nigeria	1.99	2022	to build an international agronomy research alliance towards improving the productivity and profitability of crops, increasing climate resilience, and rehabilitating soil health for sustainable intensification in the Global South		Health system mitigation	Research
BILL & MELINDA GATES FOUNDATION	Kenya	1.97	2022	to develop and implement a geospatial risk management process for climate-influenced plant pests and diseases, leaving a trained team and sustainably operated program		Health system mitigation	Unspecified
BILL & MELINDA GATES FOUNDATION	Pakistan	1.79	2021	to understand the transmission and adaptation of maternal and infant gut microbiome and the mechanisms of how they can be modulated can be beneficial in management of risk factors in pregnancy.		RMNCH	Research

Grantmaker Name	Recipient Country	Amount, US$ million	Year	Project Description	International Country of Benefit	Priority Area(s)	Investment Type(s)
BILL & MELINDA GATES FOUNDATION	Kenya	1.55	2023	To strengthen Pandemic Preparedness Response (PPR) capabilities within the East African Community (EAC) which consists of seven (7) countries that have a long history of outbreaks and epidemics. To promote Global Health Security.		Resilient health systems	Climate-transformative leadership, governance and workforce; Monitoring, early warning, preparedness
The William & Flora Hewlett Foundation	United States	1.50	2021	Founded in 1971, Earthjustice is a nonprofit environmental law organization that works to protect people?s health, preserve magnificent places and wildlife, advance clean energy, and combat climate change via legal strategies and partnerships with tribes and hundreds of community organizations in the U.S. Internationally, Earthjustice uses legal strategies to challenge coal power and oil and gas infrastructure. (Western Conservation Substrategy: Defend Public Lands; Climate Initiative Substrategy: Electrification)	India	Health system mitigation	Climate-transformative leadership, governance and workforce; Capital
W.K. Kellogg Foundation	United States	1.00	2018	increase families' nutritional awareness, agricultural productivity and food security in Haiti by providing training on the link between food and health, assisting smallholder farmers and strengthening connections between smallholder farmers and Sustainable Village and Learning Community partners	Haiti	Malnutrition; Health system mitigation	Capacity building and technical assistance
Conrad N Hilton Foundation	United States	1.00	2022	to provide immediate food security and nutrition assistance and directed support to farmers to help increase agricultural production across four provinces in Sri Lanka	Sri Lanka	Malnutrition	Climate-transformative leadership, governance and workforce
Margaret A Cargill Foundation	United States	1.00	2019	The purpose of the project is to promote early recovery in the service of supporting healthy and resilient communities. Concern will achieve this goal by increasing agricultural productivity for restored livelihoods, improving food and nutrition security, and improving hygiene and sanitation practices amongst the flood affected populations in the Nsanje district of Malawi. Resilience in this context refers to the ability of communities to manage the recovery transition and maintain living standards in the face of the external shock of the flooding from Cyclone Idai.	Malawi	Malnutrition	Climate-transformative leadership, governance and workforce
W.K. Kellogg Foundation	Haiti	0.996	2021	increase family income generation, food security and children's nutrition in both Les Cayes and Mirebalais in Haiti via growing milk production and strengthening their value chain	Haiti	Malnutrition	Climate-transformative leadership, governance and workforce
The William & Flora Hewlett Foundation	United Kingdom	0.96	2022	Water Witness International works to ensure that people have reliable access to safe water for their well-being and livelihood. In its first phase, Water Witness recruited and trained 98 citizen observers in Tanzania (44% female) who documented water service infractions, held community forums, and filed complaints that contributed to remedial actions and changes in oversight and regulatory bodies. This grant will support the next phase of this project to improve water security for 1 million people in Tanzania. It will also continue to strengthen the	Tanzania	Resilient health systems	Climate-transformative leadership, governance and workforce; Capacity building and technical assistance

Grantmaker Name	Recipient Country	Amount, US$ million	Year	Project Description	International Country of Benefit	Priority Area (s)	Investment Type(s)
				fundraising and management capacity of Shahidi wa Maji, a Tanzanian civil society organization and co-implementor. Water Witness will also document its experiences and share what it learns with global water activists. (Strategy: Inclusive Governance)			
The William & Flora Hewlett Foundation	United Kingdom	0.96	2020	Water Witness International works to ensure that people have reliable access to safe water for their well-being and livelihoods. In its first phase, Water Witness recruited and trained 98 citizen observers in Tanzania (44% female) who documented water service infractions, held community forums, and filed complaints that contributed to remedial actions and changes in oversight and regulatory bodies. This grant will support the next phase of this project to improve water security for 1 million people in Tanzania. It will also continue to strengthen the fundraising and management capacity of Shahidi wa Maji, a Tanzanian civil society organization and co-implementor. Water Witness will also document its experiences and share what it learns with global water activists.	Tanzania	Resilient health systems	Climate-transformative leadership, governance and workforce; Capacity building and technical assistance

Table A.7 Largest 78 projects representing 80% of climate and health commitment in the health sector, Wellcome, 2018-2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
University of Oxford	United Kingdom	Our ten-year vision is to have local, regional and global impact on health by leading a locally driven research programme on infectious diseases in Southeast Asia. We will deliver our vision by fulfilling four aims: Aim 1. Reduce the burden of infectious diseases through research Aim 2. Strengthen our research culture Aim 3. Strengthen our networks and partnerships Aim 4. Increase the local, regional, and global impact of our research Our dominant activity will be research (aim 1), with its delivery, relevance, and sustainability supported by aims 2 and 3, and its impact secured by aim 4. We will achieve our aims through a collaborative network of multidisciplinary researchers in Vietnam and Indonesia, capable of responding rapidly to escalating infectious disease threats and implementing science-led change within health systems. Our research priorities are: - New and re-emerging infectious diseases - Drug resistant infections - Climate change impact on infectious disease epidemiology - Development and implementation of new health technologies We will ensure that our research priorities and activities remain locally relevant and sustainable through extensive public and community engagement. We will strengthen our research culture, and nurture the careers of local researchers and operational staff, supporting their development and promoting their leadership.	21.68	2022
Imperial College London	United Kingdom	Our programme aims to generate novel transdisciplinary knowledge and trigger policies and practices that enhance resilience and adaptive capacity to the health effects of climate change in Africa's cities. We treat equity as an essential component of climate adaptation, because inequalities are unjust and hinder sustainable development. In partnership with policy and societal partners in four cities in Africa, we will co-produce novel and transformative knowledge on how climate change affects environmental risk exposures, and who are vulnerable to these risks. We will identify existing and new technologies, infrastructures, policies and practices that can enhance resilience and support adaptation to climate-change-induced health risks, and evaluate their feasibility, efficacy, enablers and equity in our focal cities. We will significantly strengthen individual and institutional capability for world- class climate change and health translational research and practice in Africa by mentoring early-career researchers, generating and disseminating learning materials for students and practitioners, and incorporating climate and health research in African Urban Research Initiative hubs. We will also create an interoperable and updatable open-access data platform to monitor inequalities in climate-change health risks and vulnerabilities in Africa's cities. These steps will generate transformative Africa-led knowledge and policy impact beyond the lifecycle of the programme.	7.32	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
University of Kwazulu Natal	South Africa	SHEFS-SA will catalyse the transformation of Southern African food systems and communities towards systems and communities that are healthy and resilient to climate risks. We will do this by: (i) undertaking SHEFS transdisciplinary research to shift understanding of complex climate change (CC) challenges for health, as mediated by food systems, within particular contexts, translated into scalable solutions and policy recommendations with high impact; (ii) developing a transdisciplinary Community of Practice (CoP), led by the Global South, that contextualises and applies systems thinking within an expanded climate sensitive SHEFS Framework, to improve food security, food safety, nutrition, and health, including mental health; and (iii) developing a Global South-led cohort programme to train emerging scholars and practitioners in transdisciplinary research approaches at the intersection of Climate and Health. The SHEFS1 consortium will focus on providing actionable evidence for informed decision-making and identifying and developing practical solutions for CC mitigation and/or adaptation, while evaluating in detail how their effects connect to health, including mental health, through food security, food safety and nutrition (public health areas of concern identified in SHEFS1) The programme deepens our work in South Africa, and will expand to include Zimbabwe and Malawi to ensure regional policy impact.	7.32	2023
Drexel University	United States	The overall goal of SALURBAL-Climate (Climate Change and Urban Health in Latin America) is to catalyze the creation of a climate change and health research, policy and practice community across the Latin American region that generates, requests, and uses evidence to drive urgent policy and community actions. Our project will deliver a significant shift in the way in which health effects of climate change are understood and acted on across Latin American cities. Project aims are: (1) In partnership with stakeholders, leverage and expand the exceptional SALURBAL data resource encompassing nearly 400 cities across 11 countries to identify impacts of climate change on health and equity; (2) Inform policy action through assessment and communication of the expected health and health equity impacts of promising climate mitigation/adaptation strategies in cities in Latin America; (3) Support field-building and capacity strengthening in climate and health research with an emphasis on generating impactful research that is timely and actionable, engaging diverse institutions and individuals; and (4) Support policy action and advocacy and build capacity across a diverse and inclusive network for understanding and responding to the impacts of climate change on health and health equity in Latin American cities.	6.96	2023
World Health Organization, Switzerland	Switzerland	Within the overall Wellcome Trust-WHO strategic partnership on climate change and health, the project aims to bring a step change in the engagement and impact of health perspectives, evidence and voices as a strong, coherent and positive contribution to the UN Climate Change negotiations from 2022-2024. This will in turn support health resilience to climate risks, and maximize the health gains of climate mitigation actions. The project will build on WHO's comparative advantages in leading the health community, convening world- leading expertise, providing evidence, guidance and technical support, and direct connection to national Governments. It will co-develop "demand-driven", policy-relevant global and regional research agendas, to create demand for health evidence to be integrated into international and national climate action; scale up health coverage in key UNFCCC policy mechanisms at national level, through targeted training, network building and national capacity development in the countries of the WHO African and Eastern Mediterranean; and increase health influence in the UNFCCC negotiations, through supporting participation of national health representatives on national delegations at COP27 and COP28, health pavilions running an open programme of innovative health events throughout both COPs, and a global conference to build health- enhancing national negotiating positions and alliances in advance of COP28.	6.15	2022
Office for National Statistics	United Kingdom	This proposal is for a collaboration between the Office for National Statistics (with the UK Health Security Agency and the Cochrane Climate-Health Working Group) and two national statistical institutes in the African region, to develop a transparent and globally generalisable framework and technical platform for official statistics on climate change, environment and health, and a set of statistical methods to better estimate climate-related health risk using real world data sources, including modelling local-level impacts. By addressing the current lack of harmonised approaches, developing new methods in close partnership with LMICs and building capability, the project will advance global research on climate and health, help to address gaps in the knowledge base and support national monitoring and evidence-based policy. Users of the outputs will include government and NGO decision-makers who will be able to access information to guide interventions in clearer, more comprehensive and more actionable forms; producers of official statistics, especially in LMICs, whose ability to monitor effects of climate change will be increased by provision of practical, coherent standards and open source tools; and producers and consumers of climate change research who will benefit from faster study development based on shared approaches and more consistent 'language' for systematic communication.	6.11	2022

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
University of Queensland	Australia	The Mekong Delta Region (MDR) of Vietnam is vulnerable to climate change which results in more frequent and intense mosquito-borne dengue outbreaks. Current dengue control measures are mostly reactive due to the absence of an early warning system (EWS) tailored to the needs of the local health systems. Local health practitioners and the community are, therefore, not adequately empowered to deploy preventive actions to reduce the impact of a dengue outbreak. We propose to develop and evaluate a digital dengue early warning system (E-DENGUE), based on a prediction model, to assist the local health systems and the local communities affected by dengue to proactively mitigate the impact of outbreaks in the MDR. The specific aims are: i) to build a predictive dengue model that accurately predicts dengue risk, at the district level, two months in advance; ii) to develop E-DENGUE––an open-source software system with a user-friendly web-based and mobile-app interface––aimed at local health practitioners to predict dengue incidence and outbreaks at the district level; iii) to evaluate the effectiveness of E-DENGUE in reducing dengue incidence using a cluster-randomised control trial based in the MDR; iv) To evaluate the cost-effectiveness of E-DENGUE for outbreak prevention in the MDR.	5.97	2022
University of Oslo	Norway	The research objective of this proposal is to explore how LMICs can deploy sustainable digital climate and health (C&H) systems that address local health priorities, provide evidence for national climate change adaptation and public health policies, and support effective health interventions to respond to climate-related health risks. We will work with country stakeholders and an international network of C&H experts to develop, pilot, and scale context- specific C&H systems in three LMICs, and produce a generic C&H toolkit that facilitates deployment of similar systems in all countries. By demonstrating the value of C&H systems for local stakeholders, we also hope to advance the digitization and sharing of local climate and environmental data in LMICs, both to support additional use at the country level and to contribute back to international C&H research. In the immediate term, we aim to help these three LMICs achieve improved health outcomes for their populations through use of C&H tools. Ultimately, our goal is that these free and open-source digital tools can help fill the gaps in understanding of the effects of climate change and variation on human health and help local and global stakeholders respond to emerging threats to public health with informed and timely action.	5.16	2023
University of Oxford	United Kingdom	Infectious diseases pose a grave threat to humanity due to factors such as increased travel, deforestation, and population growth. To address this challenge, Global.health aims to enhance the response to infectious diseases by creating an integrated platform that provides real-time access to clinical, epidemiological, genomic, and contextual data. This platform will train predictive models to effectively respond to current and future disease threats and promote equitable partnerships to improve data sharing and strengthen data science capacity in low- and middle-income countries. The project has four main goals: 1) developing rapid data dissemination pipelines and integrating them with the World Health Organization (WHO) for early international coordination and response; 2) building data integration pipelines and predictive models for climate-driven disease outbreaks in vulnerable regions; 3) developing tools to detect and correct biases in infectious disease data, improve data quality, and enable privacy-preserving distributed analytics; and 4) increasing adoption of Global.health's technology stack by engaging with WHO teams, regional offices, member states, partner organizations, and the research community. By achieving these aims, Global.health will significantly enhance the infectious disease data ecosystem, assess the value of integrating different data types during outbreaks, and create adaptable open-source tools applicable beyond infectious diseases.	4.59	2023
The Foundation for Scientific and Technological Development in Health	Brazil	As a large middle-income country with extraordinary geographic diversity and stark social inequalities, Brazil offers a unique living laboratory for identifying specific factors that may modify and mediate the impacts of climate change on health. To generate new knowledge on the links between climate and health that is currently not available from existing dissipated and unlinked resources and to inform mitigation and adaptation responses, this proposal seeks to develop a new CIDACS Climate and Environmental Platform. Our primary aim is to integrate geo-referenced climatic data (e.g., hydrometeorological and remote sensing satellite-derived indicators) from Brazil in an accessible platform that will be interoperable with the existing nationwide health and socioeconomic data linked in the 100 Million Brazilian Cohort (N=131,697,800 low-income individuals, 2001-2018) and the CIDACS Birth Cohort (N=28,631,390 maternal-child dyads, 2001-2018). To achieve this aim, we are requesting resources to: (i) strengthen CIDACS' computational infrastructure including high-performance computing clusters, (ii) bolster CIDACS' technical capacity related to data linkage and interoperability, machine learning, and bias assessment, (iii) develop the CIDACS Climate and Environmental Platform data resource, (iv) conduct hypothesis-driven proof-of- concept studies to demonstrate the platform's utility and validity, and (v) expand CIDACS' public interface and governance mechanisms to facilitate ethical data access.	4.31	2022

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
Stichting Foundation for International Law for the Environment	Netherlands	FILE is seeking to scale a coalition of partners to influence a strong Advisory Opinion (AO) on climate change from the world's highest court - the International Court of Justice (ICJ) - that would break new ground on climate accountability, climate action, and climate justice globally. Over the next year, the ICJ will gather evidence to inform their AO, we therefore have a critical window for countries to bring world-class legal arguments and compelling evidence that demonstrates the socio-economic and health impacts of climate change and the violation of international law losses in front of the ICJ. FILE is requesting £2.5 million from Wellcome Trust over the next 12 months. This will enable critical research and evidence generation, a key pillar of the wider US$25 million ICJ AO strategy. The key goals of this proposal are to: 1. Collect and utilise legal, scientific, and economic evidence to be used in countries' submissions that demonstrate the impact of climate change and the violation of international law, including attribution. 2. Develop persuasive legal arguments & facilitate knowledge exchange and capacity building to empower states in the ICJ proceedings.	4.02	2023
World Health Organization, Switzerland	Switzerland	Within the overall Wellcome Trust-WHO strategic partnership on climate change and health, this project aims to significantly strengthen multidisciplinary capacity and partnerships to address the health risks of extreme heat in vulnerable populations, particularly in low- and middle-income countries (LMIC). In close cooperation with the World Meteorological Organization and the co-sponsored initiative, the Global Heat Health Information Network, this project proposes to expand regional-level partnerships and capacity; to build community across world regions and new stakeholder groups (e.g. engineering, design and architecture); to develop new technical and evidence based tools, case studies, and guidance on heat and health; and to scale up awareness and accessibility to technical information by enhancing existing web-resource platforms (e.g. GHHIN.org and ClimaHealth.info). These activities will help deliver the following expected outcomes: - Strengthened interdisciplinary partnerships, capacity, and access to expertise through dialogues and peer- learning; - Enhanced regional interdisciplinary and institutional capacity to address extreme heat risks to health; - Accelerated translation of evidence to action on health risks of extreme heat and effective solutions to protect vulnerable populations in LMICs; - Increased awareness of climate change and extreme heat risks to health as a result of effective advocacy, community building, and access to technical resources.	4.00	2022
Global Change Data Lab	United Kingdom	Emerging infectious diseases, millions of people suffering from mental health challenges, and the health impacts of climate change — the world today faces large global health challenges. To make progress against these global problems we need to be informed by the best data and research. This data and research exists, but it is neither accessible nor understandable. It is buried in inaccessible databases and presented in academic jargon that is often incomprehensible to key decision-makers. The goal of this project is to change this. We are proposing to expand the successful online publication Our World in Data. The publication is already widely used — in the last 4 years our work was cited around 100,000 times in large media outlets and we reached half a billion pageviews. But the current publication can be expanded along several key global health topics. We are proposing an interdisciplinary project in which experts in global health, climate science, and development research work with researchers, data scientists, designers, and web developers to make the data and research on the large global health challenges accessible and understandable to the broader public and key decision makers.	3.88	2023
Imperial College London	United Kingdom	The Vaccine Impact Modelling Consortium (VIMC) was founded in 2016 to deliver a more sustainable, efficient, and transparent approach to generating disease burden and vaccine impact estimates. This grant will enable VIMC to better assess the implications of climate change for vaccination strategy, with a focus on low- and middle-income countries (LMICs). Two interlinked research strands will: (a) assess the long-term impacts of climate change on disease range, burden and strategic implications for vaccine strategy and stockpiling; (b) examine how climate drives seasonal variation in disease transmission and burden, the impacts of increasingly frequent extreme climate events for disease burden, and model optimal prophylactic or reactive vaccination campaigns for mitigation. Programmatic research priorities will be informed by consultation with the VIMC stakeholder network. We will prioritise five climate-sensitive infections - malaria, dengue, yellow fever, cholera, and meningitis. The research will be collaborative with academic partners in LMICs most affected by these infections. It will also be cross-fertilizing between disease areas, developing generic inferential and projection platforms, software, and data resources. In addition, the grant will support capacity- strengthening via the recruitment of two foundational VIMC modelling groups from sub-Saharan Africa with expertise in health economic, operational, climate and/or geospatial modelling.	3.85	2022

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
University of York	United Kingdom	Vector-borne diseases, mostly mosquito-borne, account for >17% of all infectious diseases of humans. Disease caused by ARthropod-BOrne viruses (arboviruses, e.g. dengue, chikungunya and Zika viruses) continue to escalate, the burden falling overwhelmingly on Low-and-Middle-Income Countries (LMICs) and likely exacerbated by climate change affecting mosquito distribution. These 'neglected tropical diseases' impact development, e.g. Millennium Development Goals, as well as their direct human burden. Arboviruses are also among the key emerging infectious diseases/priority diseases of epidemic potential. New cost-effective, sustainable, environmentally-friendly methods for controlling arboviruses are sorely needed. Here we propose to develop broad-spectrum anti-viral traits in engineered mosquitoes. By "broad-spectrum" we mean active against multiple arboviruses, in contrast to the current state of the art for synthetic anti-viral ("reduced vector competence") traits, RNAi-based systems which provide resistance only against specific viruses or virus strains. This is important for vectors such as Aedes aegypti, which can transmit a range of important viral pathogens. Such tools could be delivered to wild vector populations via mating between released modified mosquitoes and wild mosquitoes. These methods are egalitarian – everyone within the protected area is equally protected, irrespective of wealth, ethnicity, gender, education etc.	3.85	2022
International Centre for Diarrhoeal Disease Research, Bangladesh	Bangladesh	Climate change is an existential threat, but we have little data describing its direct impact on human health. Coastal populations in Bangladesh affected by rising sea levels and elevated temperatures experience heightened levels of enteric disease, miscarriage, and preterm birth linked to salt contamination of drinking water. The gut microbiome functions in nutrition, metabolism, immunomodulation, maintenance of gut barrier function and protection against enteric pathogens. We hypothesise that changes in the gut microbiome have a role in the health impacts observed in these coastal populations. We will use whole genome sequencing and metagenomic analyses of human stool and environmental samples from sites along a gradient from high to low drinking water Na+ concentrations to investigate whether disease phenotypes owe to increased exposure to enteric bacterial pathogens from environmental sources, or changes in the gut microbiome that increase pathogen colonisation. By establishing a Climate and Health Hub in Chakaria, we will develop laboratory capacity and an open data environment supported by a suite of bespoke analytical tools systems to generate and interrogate large longitudinal genomic datasets alongside climate, epidemiological, and demographic data. This work will identify opportunities to develop microbiome-informed approaches to mitigate health impacts in populations affected by changing climate.	3.71	2023
New Venture Fund	United States	To transform the social impact sector and enable it to truly benefit from the data revolution, we must address how we educate, train, and upskill social impact talent. data.org is launching a global Capacity Accelerator Network (CAN) program to create data science capacity hubs in the Global South that will train the next generation of data professionals with the interdisciplinary skills needed to be successful to work at the intersection of climate and health. US$6.8m (£5m) would fund CAN, launching two new Data Capacity Accelerators focused on climate and health data in the Global South (India in collaboration with J-PAL South Asia; sub-Saharan Africa in collaboration with the Global Partnership for Sustainable Development Data) and strengthening the international reach and scale of the Network of Networks model. As the central hub, data.org will serve as the point of connection and coordination and as an impact amplifier for the local accelerators by converting investment in training hundreds of climate and health data experts locally into training many thousands globally through open-source resources housed on data.org, giving the program the kind of scale and sustainability each local accelerator will not be able to achieve on their own.	3.48	2022
University of Liverpool	United Kingdom	Urban heat raises a host of health problems. Heatwaves are torrid manifestations of how high temperatures disrupt urban life, especially for the most marginalized, and they bring issues of climate injustice into stark relief. Yet extreme temperatures are only one aspect of urban heat and health, a changing relationship that has impacted past and present communities. This project brings together a team of scholars, a community engagement manager, and a participatory artist to transform understandings of urban heat and health. It explores the history of high temperatures in the postwar era, taking three global cities as its focus: London, New York, and Paris. Drawing on and contributing to studies on climate justice, it investigates how Londoners, New Yorkers, and Parisians have experienced heat and sought to mitigate its impact on their health and well-being. Community engagement (CE) is threaded throughout the project and informs how the project team seeks to rethink understandings of urban heat by moving beyond a focus on "resilience." In seeking to create new academic and non-academic conversations on the challenging interaction between the climate crisis and cities, it will provide fresh perspectives on urban history, environmental history, the medical humanities, and emotional and sensory history.	3.23	2022

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Environmental Defense Fund	United States	Climate change impacts are exacerbating existing health and social inequities; this in turn increases the disproportionate health burden for vulnerable communities who already experience environmental injustice because of historical discriminatory policies. This disparity in health impacts continues to widen as extreme weather events driven by climate change become more frequent and severe in places like the U.S. Gulf Coast where many of the nation's largest refineries and chemicals are produced. To address this crisis, we seek to analyze the impacts of air toxics exposures contributing to pervasive health disparities in vulnerable communities. We will characterize concentrations of air toxics after extreme climate-fueled weather disasters in areas identified as experiencing the top 5-10% highest vulnerability using a science-driven assessment of climate, environmental, and health data. We will evaluate air toxics exposure data with administrative health data from community health centers in vulnerable areas. Then, in an innovative partnership with Historically Black Colleges and Universities (HBCUs), community-based organizations (CBOs), non-profits, and community health centers (CHCs), we will use the health data to create and implement a community-centered climate disaster response framework.	2.98	2023
Zvitambo Institute for Maternal and Child Health Research	Zimbabwe	Zimbabwe faces a significant burden of malnutrition: over a quarter of children under-five years are stunted. Although it is generally recognized that climate change can have profound health impacts, the specific effects on malnutrition are understudied and remain poorly understood. Our goal is to generate evidence to understand the effects of climate change on child malnutrition in Zimbabwe and to use this learning to generate a community- driven response that addresses climate change policy. An interdisciplinary team of researchers and policy experts will: - Examine the relationship between climate change in rural Zimbabwe and patterns of malnutrition - Explore community understanding of the relationships between climate change and malnutrition - Co-develop and refine climate-smart strategies that address the effects of climate change on malnutrition with agricultural and health cadres - Develop a communication plan with policymakers to disseminate findings about the relationship between climate change and child malnutrition We will use a two-pronged mixed-methods approach that combines environmental data and national-level survey data on livelihoods and malnutrition alongside community knowledge to co-produce an improved response to climate change. We will then synthesize our findings and co-develop a refined climate-smart communication strategy with the specific goal of reducing child malnutrition in the context of climate change.	2.94	2023
African Population & Health Research Centre, Kenya	Kenya	Climate change is a critical threat to the health of millions of vulnerable populations inhabiting the East African drylands. It affects the social and environmental determinants of health including access to sufficient food, leading to undernutrition and mental health challenges, through direct pathways such as increased heat, more frequent droughts and floods; and indirect pathways associated with land use changes and impacts on agricultural productivity. Malnutrition is projected as the greatest contributor to climate change-related morbidity and mortality. However, health impacts of climate change among vulnerable populations in the East African drylands remain largely unexposed, especially through formal attribution, documentation of lived experiences and engagement of practice and policy actors. This project aims to highlight the health impacts of climate change on vulnerable populations in the East African drylands through research, public and policy engagement to catalyse climate policy and practice change. Specifically, we will analyse historical climate, ecological and nutritional status data to quantify climate impacts on nutritional status, conduct primary research to document communities' lived experiences with climate change impacts on nutritional status and mental health, and model future scenarios and costs of the impacts. We will also engage policy and practice actors to catalyse appropriate climate action.	2.93	2023
Kintampo Health Research Centre	Ghana	Global health gains achieved over the past half century are being eroded by climate change. In low and middle-income countries, scientific and policy planning capacity to incorporate climate compatible strategies into climate sensitive areas like the health sector is weak. Studies relating climate change to health are mostly observational and from high income countries where vulnerabilities may differ. Led by the Kintampo Health Research Centre, a part of the Ghana Ministry of Health and therefore has a direct link to policy, our team's approach is to partner with community and government stakeholders and use longitudinal data from our health and demographic surveillance system (HDSS) and cohort studies to understand causal relationships between climate change and human health outcomes, identify vulnerability and resilience factors, and fill policy and practice-relevant evidence gaps. Specifically, we will examine: (1) the impact of climate change on morbidity and mortality using our robust HDSS; (2) the impact of climate change on birth and child health outcomes using well-characterized pregnancy cohort studies; and, (3) public engagement in making climate change matter in the management of health risks. This work will build a scalable template for policy-relevant climate health research for partner health research institutions in sub-Saharan Africa.	2.93	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
Africa Health Research Institute	South Africa	Climate change is projected to further increase the number and severity of heatwaves, floods and droughts, causing a disproportionate increase in injury, illness and death in resource-poor settings already burdened with wide-ranging health conditions. The lesser-known, and often overlooked, effects of climate change include the risks and impacts to mental health. Our goal is to make visible the direct impact of extreme weather events on the development of common mental disorders amongst vulnerable populations in Burkina Faso, Kenya, Mozambique, and South Africa. We have leveraged existing partnerships and joined forces with new partners to create a transdisciplinary team comprising affected community members, climate scientists, psychiatrists, epidemiologists, statisticians, data scientists, social scientists, decision makers, civil society activists, public engagement, and media experts. We will use existing and new data sources to generate evidence to catalyse a shift in policy that recognises the need for adaptation strategies to be integrated with community mental health care to promote good health and wellbeing among at-risk populations displaced by extreme weather events. Our partnership with communities, civil society and the media will amplify our findings through advocacy and strategic communication activities targeting decision-makers and different audiences to drive urgent policy and practice change at scale.	2.86	2023
University of Exeter	United Kingdom	The "Effects of Polar Climate Change on Global Health and Healthcare" project aims to develop new integrated assessment models, Health-POLAR and Healthcare IND-POLAR, to supplement existing climate health analyses by assessing the additional impacts of polar tipping points. With 9 of the 16 global climate tipping points located in polar regions and five expected to be crossed before +2C of warming[1], understanding these regions' roles is crucial. This project will address the gap of underreported risks posed by polar tipping points on global health and the healthcare sector, effectively communicate these impacts and enable policymakers, healthcare industry leaders, and citizens in climate- vulnerable regions to develop more effective adaptation plans. The project will be conducted across 5 work packages for three years with the following objectives: - Integrate polar science knowledge into leading health outcome models and risk analytics. - Raise awareness of and engagement with key target audiences on the global risks of health outcomes resulting from polar change. - Establish structured approaches for dialogue and action on adaptive solution pathways, laying the foundation for ongoing communication and engagement. The project consortium includes: University of Exeter, Arctic Basecamp, and the World Economic Forum.	2.63	2023
World Health Organization, Switzerland	Switzerland	There is strong evidence that climate change presents severe health risks, while addressing the drivers of climate change can bring large health gains. Nationally Determined Contributions (NDCs) reflect countries' self-defined efforts to reduce greenhouse gas emissions, and adapt to climate change impacts, to meet the goals of the 2015 Paris Climate Agreement. They are renewed every five years, beginning in 2020. The first round of submitted NDCs are neither sufficient to limit warming below the global goal of 2C (aiming at 1.5C) nor to adequately strengthen resilience to climate risks. While 65% cite health, less than 25% include health cobenefits of mitigation, only 3% of proposed NDC actions connect to health, and only 50% of surveyed countries have a health adaptation strategy or plan. The project will address barriers that currently hinder governments in systematically considering health in NDC design and implementation. It will provide national health and development actors with evidence, analytical and capacity building tools to support them in integrating health risks, and the health co-benefits of climate change mitigation, into NDCs. It will thereby contribute to protecting and promoting health, and to a more coherent and synergistic approach to climate action, health and sustainable development.	2.54	2020
University of Cape Town	South Africa	Robust evaluation of the environmental, health and socio-economic outcomes of heat adaptations are limited for Africa, especially in real-world settings, despite high vulnerability to heat-related health risk. HABVIA aims to address these evidence gaps by gathering high-quality cohort data on physiological and mental health, alongside climate, environmental and socio-economic information, in four heat-vulnerable study sites in Ghana and South Africa where heat adaptations are underway or can easily be implemented because of pre-existing community-health research partnerships. The project will focus on physical and behavioural adaptation for two vulnerable groups, manual labourers and informal/low-income house dwellers, as well as the development and testing of adaptation-relevant heat warning systems. Capacity building of African health-climate researchers will be leveraged via two African research assistants who will enroll for PhDs, one UK PhD student, ideally from a developing country, three African post-doctoral researchers, development and delivery of heat-adaptation summer/winter training schools, and pro-active engagement in the growing Africa and global health-climate communities of practice. HABVIA's interdisciplinary team comprises leading researchers from climate risk and adaptation science, climate-health research, public health, international development and behavioural science, with	2.54	2022

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		collaborators from national meteorological agencies and humanitarian/development non-governmental organisations.		
Swansea University	United Kingdom	This novel, trans-disciplinary data-linkage, and biological sampling project, will robustly quantify the impact, modifying factors and biological mechanisms, of exposure to elevated or prolonged heat during pregnancy, on maternal and neonatal outcomes in deprived communities in Wales and London. Large-scale temperature, environmental, socio-economic and health data, at an individual, household and area-level, will be linked with biomarkers from a consented cohort of women to answer the following research questions: RQ1 -What are the impacts of exposure to elevated heat during pregnancy in deprived communities, on pregnancy and neonatal outcomes in Wales and London? RQ2 -To what extent are associations observed modified by socio-demographic, housing qualities, and other environmental factors? RQ3 -What are the impacts of heat stress on biological stress and inflammation measures especially of the placenta for pregnant women in Wales? RQ4 – How do lab-derived biomarkers inform the observations in routinely collected data and can they be used to drive a population level understanding of the impacts of current and future climate change on pregnancy and neonatal outcomes? This project will heavily engage stakeholders and communication experts from the onset, to ensure our results are visible, and can be readily and effectively translated into policy and practice.	2.53	2023
University College London	United Kingdom	PAICE will inform and evaluate UK Net Zero policies using transdisciplinary approaches to generate and implement evidence. Climate change mitigation policy must consider population health and health equity alongside reductions in greenhouse gas emissions, and would benefit from an integrated, intersectoral approach. We will develop shared priorities with stakeholders, understand current and planned policies, build models to assess their cross- sectoral impact, consolidate a monitoring framework, and evaluate and help accelerate delivery. PAICE brings together experts from four Wellcome-funded projects (CUSSH, SHEFS, Pathfinder Initiative and HEROIC) that have generated evidence on the connections between climate and health in the energy, housing, food and transport sectors. We will: (1) co-develop a programme theory and linked monitoring and evaluation plan, (2) work with the UK Climate Change Committee (CCC) using system dynamics to analyse policy opportunities, (3) build a model of the effects of these policies on population health, health equity and greenhouse gas emissions, (4) apply the findings to the CCC monitoring framework, and (5) use the programme theory to evaluate achievement of processes and objectives. PAICE responds to the opportunity to directly influence national policy development and implementation through the pivotal CCC and by sharing findings with G7 partners.	2.51	2022
The Aga Khan University, Pakistan	Pakistan	Climate change has resulted in increased average global temperatures and increased number, duration and intensity of extreme heat events with South Asia emerging as one of the worst affected regions. The objectives of this study are to 1)synthesize global evidence-base of community interventions for heat adaptation/reduction strategies; 2)conduct an assessment of feasibility and acceptance of possible interventions through community participation and pilot testing; 3)evaluate a heat adaptation and reduction bundle (HAB) comprising of education, behavioural change and incentivized structural interventions through a cluster randomized controlled trial(cRCT). The intervention will be implemented in a representative urban and rural setting of Pakistan and target children, women including pregnant women, and other vulnerable adult labourers and elderly. The cRCT will primarily evaluate the impact of HAB on heat-related illnesses and a range of secondary outcomes including standardized heat measurements at household level, physiological strain, dehydration, thermal comfort/sensation, sleep hygiene, pregnancy outcomes (gestational weight gain, low birthweight, preterm births, stillbirths), mental health and overall cost effectiveness 4)assess the feasibility, and generalisability of scaling up the trial findings. This project will emphasize capacity building and gender equity and findings will be disseminated to relevant policy makers and researchers globally for potential uptake in other LMICs.	2.46	2022
International Centre for Diarrhoeal Disease Research, Bangladesh	Bangladesh	Outbreaks or epidemics of cholera are unpredictable and can occur both in endemic and nonendemic areas depending on environmental conditions, natural calamities, climate change, or any humanitarian crisis where sanitary infrastructure is disrupted. The current supply of oral cholera vaccine (OCV) is limited, and the available OCVs are prioritized for cholera outbreaks, making preventive OCV campaigns difficult to carry out. Rapid detection of cholera cases and targeting their household contacts and neighbors by case- area targeted interventions (CATIs) may effectively avert cholera cases and deaths within a short period during epidemics. OCV was predicted to be an effective short term single	2.46	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		intervention in CATI to shortened the epidemic period and cholera cases. This study aims to evaluate the effectiveness of the CATI approach (single/two doses at 1-month intervals) among household contacts and their neighbors in the reduction of the incidence of cholera and explore the genome analysis, AMR, gut microbiota, and immune response to V. cholerae antigen from different hotspots. We will follow the participants for three years. Our data will provide evidence of the effective dosing schedule, and pathogen genomics to improve disease surveillance and demonstrate if the current OCV is effective against the shifting lineage to predict AMR genes.		
University of Birmingham	United Kingdom	Net-Zero policies have multiple and complex impacts across socio-environmental systems, with implications on health. A new policy approach which links Net- Zero considerations with socio-environmental impacts (e.g., air quality, physical activity), and expresses both in terms of optimal health outcomes – rather than legal compliance – can deliver the best outcomes. The overall aim of Heal-NZ is to transform regional Net-Zero policy solutions by adopting a health-centred systems approach. Heal-NZ is co-designed with West Midlands Combined Authority (WMCA), local authorities, Defra, and community stakeholders to address three "live" policies in the WM - Decarbonising regional transport - Net Zero Neighbourhoods - Energy innovation Heal-NZ will first develop a new toolkit (Climate-LAT) integrating environmental exposure modelling, health / economic modelling and participatory systems mapping tools. We will apply this tool to the West Midlands as an exemplar to demonstrate the wider benefits of health-centred systems approach to Net-Zero policies. The Heal-NZ team, supported by two full-time researchers embedded in policy organisations, will integrate science evidence from observations, modelling, and public involvement into systems maps, and translate this evidence into policy domains. With the new toolkit and science evidence, the Heal-NZ team, particularly policymakers, will directly contribute to regional Net-Zero policy decisions, delivering transformative impacts.	2.46	2022
Monash University Malaysia	Malaysia	Increasing heat exposure will profoundly influence human health in the following decades, particularly in climate-vulnerable countries in Southeast Asia. In Malaysia, heat-related mortality is projected to increase by 295 percent by 2030. More heatwaves will increase, as will severe rainstorms and tropical cyclones. To strengthen heat adaptation in Southeast Asia, we will evaluate simple behavioral and structural interventions that have the potential to protect vulnerable communities from the health effects of extreme heat. Addressing climate change and health requires fundamental behavioral changes in individuals and communities to prevent them from the adverse health effects of heat. We will introduce interventions that will strengthen heat health literacy and fluency for individuals and communities (behavioral intervention). Climate change adaptation is critical for vulnerable groups to cope with rising average temperatures and severe heat waves. As a structural intervention, we will test a passive cooling (cool roof) technology to decrease indoor exposure to extreme heat. The South East Asia Community Observatory (SEACO) health and demographic surveillance system (HDSS) serves as a solid foundation to conduct these interventions, equipping it with individual, home-based, and community-based sensors to enable cutting-edge climate change and health research, focusing on heat effects on health.	2.43	2022
Imperial College London	United Kingdom	There is an urgent need to understand the past, current, and future transmission of arboviruses for preparedness and response planning, and to inform the optimal implementation of existing and novel interventions globally and across Africa. To achieve this, we need to reconstruct the immunity profile of the population, which is a key driver of arbovirus transmission dynamics. Age-stratified seroprevalence surveys are among the best surveillance tools to estimate the population age-dependent susceptibility to infection. Despite this, due to costs, and lack of resources and infrastructure, only 17 age-stratified dengue seroprevalence surveys have been conducted across Africa to date. Building on the SERODEN project in Ghana, Senegal and DRC, we propose to expand testing of existing blood samples from recent serosurveys conducted across Africa for pathogens other than arboviruses, to assess the seroprevalence of at least 11 arboviruses using a validated and standardised Luminex assay. We will develop new mathematical models and R packages to facilitate the interpretation of the results obtained with the Luminex assay and generate force of infection estimates across hundreds of locations, which will be used to validate and refine current burden estimates and to assess the potential impact of interventions under the current and changing climate.	2.38	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
Wits Health Consortium (Pty) Ltd	South Africa	Temperatures in Southern Africa are rising at twice the global rate, with major health implications for maternal and newborn health. The HAPI study aims to advance heat-adaptation policies and practices in low- and middle-income countries. We will develop and test a multi-level (from individual- to international policy-level) and multi-component intervention, encompassing behavioural, built environment, nature-based, health services, and policy components. Following multi-layered ethnographic observations, and thermal, emissions and cost-consequences modelling, we will co-produce an intervention package based on progressively-optimised programme theory. The intervention will be refined over two action-research cycles, each lasting six months. We will apply a quasi-experimental design involving 1600 women pre- and post- intervention to assess process, feasibility, cost and biomedical outcomes. Activities will take place in six maternity facilities, and surrounding communities and households in urban Tshwane, South Africa, and rural Mount Darwin District, Zimbabwe. These areas have contrasting climatic conditions, economies, and socio-cultural practices, allowing for greater transferability of findings. The study builds on a Horizons Europe project and related field experience. Capacity-building at individual-, institutional- and societal- level will be integrated into all research activities, and take place within inclusive and diverse research environments. Key words: Climate change, maternal and newborn health, heat-related adaptation, southern Africa	2.37	2022
University of Auckland	New Zealand	Adaptation is essential for mitigating adverse human health effects from increasing heat exposure. However, we currently lack evidence – generated through empirical studies – guiding the uptake of interventions to reduce heat stress in low- and middle-income countries (LMICs). Preliminary findings from our ongoing trial in Nouna, Burkina Faso, show that affordable sunlight reflecting cool-roof coatings reduces indoor temperature up to 2.7 °C leading to possible health benefits. We leverage our expertise in executing housing- health intervention trials to conduct a global multi-centre study of cool-roof effectiveness on health (environmental and economic) outcomes in four urban LMICs – Ouagadougou, Burkina Faso (sub-Saharan Africa), Ahmedabad, India (Asia), Niue (Oceania), and Sonora, Mexico (Latin America). Selected sites represent hotspots where people experience a triple burden from heat exposure, chronic health issues and vulnerable housing conditions (slums, informal settlements and low socioeconomic housing). The four sites exhibit diversity in climate profiles, level of socioeconomic development, population density and rates of urbanisation. Our trial will test the reproducibility of results globally and quantify whether cool roofs are an effective passive home cooling intervention with beneficial health effects for vulnerable populations. Findings will inform global policy responses on adaptation to increasing heat exposure from climate change.	2.36	2022
University of Sydney	Australia	The rising threat of extreme heat due to climate change is set to disproportionately affect disadvantaged and vulnerable populations, including pregnant women. Clinicians, Researchers, and Policy Makers working in maternal health are uniquely positioned to better understand and educate about the impact of climate change to ensure healthy future generations. There are significant gaps in our understanding of which period of pregnancy is the most vulnerable, how thermoregulatory capacity changes throughout pregnancy, and what underlying mechanisms are responsible for increased risks of observed adverse outcomes following extreme heat exposure. This proposed project co-led by Professors Adrienne Gordon and Ollie Jay will build on existing successful partnerships between the University of Sydney, International Centre for Diarrhoeal Disease Research, Bangladesh, and the Sitaram Bhartia Institute of Science and Research, New Delhi. Specifically, we will perform a pregnancy cohort study in 2 countries, and a climate chamber study in Sydney Australia, which will collectively contribute to the creation of a pregnancy-specific thermo-physiological model to determine heat-health risk for women throughout pregnancy. Our model will: 1) Improve future health outcomes by determining heat-health risks for women throughout pregnancy 2) Be accessible and applicable to clinicians, researchers and policy makers in low- and middle- income communities.	2.36	2023
The United Nations Foundation	United States	To transform the social impact sector and enable it to truly benefit from the data revolution, we must address how we educate, train, and upskill social impact talent. data.org is launching a global Capacity Accelerator Network (CAN) program to create data science capacity hubs in the Global South that will train the next generation of data professionals with the interdisciplinary skills needed to be successful to work at the intersection of climate and health. US$6.8m (£5m) would fund CAN, launching two new Data Capacity Accelerators focused on climate and health data in the Global South (India in collaboration with J-PAL South Asia; sub-Saharan Africa in collaboration with the Global Partnership for Sustainable Development Data) and strengthening the international reach and scale of the Network of Networks model. As the central hub, data.org will serve as the point of connection and coordination and as an impact amplifier for the local accelerators by converting investment in training hundreds of climate and health data experts locally into training many thousands globally through open-source resources	2.33	2022

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		housed on data.org, giving the program the kind of scale and sustainability each local accelerator will not be able to achieve on their own.		
Queen Mary University of London	United Kingdom	Preterm birth is the leading cause of under-5 mortality. There is emerging evidence that heat stress in pregnancy is associated with preterm birth; however, the underlying mechanisms are uncertain. Our hypothesis is that extreme heat propagates induction and amplification of inflammation, and reduced integrity of fetal membranes, leading to premature rupture and preterm birth. An interdisciplinary team of UK and Zimbabwean scientists will: - Determine the relationship between extreme heat and prematurity in rural Zimbabwe. - Explore associations between extreme heat and inflammatory mechanisms underlying preterm birth. - Evaluate the effects of extreme heat, inflammation and mechanical stimulation on structural integrity and function of fetal membranes using a human fetal chip model. First, we will leverage a well-characterised cohort of pregnant women in a rural district of Zimbabwe affected by climate change, to collect longitudinal biological samples, map household locations, and deploy high-resolution sensors to measure temperature and humidity. Second, we will explore associations between extreme heat and preterm birth, and define underlying inflammatory pathways in the maternal systemic circulation and at the materno-fetal interface. Finally, we will use human explant and 3D co-culture models to study the mechanical properties and cellular responses of fetal membranes to extreme heat.	2.26	2023
University of Western Australia	Australia	Australia has a diverse climate and population. This context provides a unique opportunity to define the health implications of extreme heat exposure during pregnancy and extrapolate findings to a global context. This multidimensional proposal encompasses individual, population, and discovery science data. Three key aims encompass our proposal: 1) Lived Experience which includes Indigenous and recent migrant knowledge, 2) Environmental Epidemiology across the breadth of Australian climate zones, and 3) Biological Mechanisms utilising our established sheep model of pregnancy in environmentally controlled housing and human samples. These aims, along with community co-design and consultation, will lead to the development of approaches to minimise the adverse effects of extreme heat in pregnancy. The deliverables will include health education approaches for individuals and health care workers, identification of clinical applications for health management of pregnant patients in the heat, and development of new public health and policy approaches to preparedness, responsiveness, and secondary prevention for pregnant women in extreme heat. Key words: pregnancy, heatwave, physiology, epidemiology, at-risk populations.	2.20	2023
World Health Organization, Switzerland	Switzerland	Climate change is humanity's biggest health threat. Given the global interests involved, and the trade-offs required, climate change response raises ethical questions, from micro to macro levels. Climate change has stimulated research into the health impacts of climate change, and the development of health- linked interventions for mitigation and adaptation. However, thinking about associated ethical challenges is less developed. These include ethical issues arising in specific types of climate and health research, as well as how research intersects with global and intergenerational justice. Research must attend to these challenges. This project will analyse issues shaping ethically sound climate and health research, including fair and equitable impacts. Key activities include: 'deep dives' into the ethics of various types of climate and health research, reflecting the priorities and experiences of communities most affected by climate change; regional and global convenings of stakeholders to discuss themes and recommendations; and development of normative frameworks to guide research. This project will leverage ongoing work by the WHO's Health Ethics and Governance & Climate Change Units integrating ethics into policy making in climate and health, drawing connections between research and policy on climate action regarding health. Outputs will include recommendations and normative tools and a dissemination/implementation strategy.	2.19	2023
Translational Health Science and Technology Institute	India	Pregnant women from socioeconomically disadvantaged populations living in tropical climates are most vulnerable to the effects of climate change. Extreme heat has been linked to preterm birth, fetal growth restriction, stillbirth and preeclampsia. We aim to describe how extreme heat leads to these outcomes by studying in detail heat exposure and physiological responses in women across India. Our study involves three linked activities. We will use the Garbh-Ini retrospective cohort (10 000 mother-baby pairs) to identify biomarkers and clinical factors associated with heat exposure and adverse outcomes. We will also describe how the fetal heart rate changes with heat exposure by studying a large database of 110 000 antenatal fetal heart traces recorded across India. These findings will inform a prospective, matched cohort study of 600 women vulnerable	2.11	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		to heat stress across three different climate zones. Using state-of-the-art climate, imaging and laboratory diagnostics, we will study how heat exposures affect maternal, placental, fetal and lactational function. We will capture women's lived experiences with heat, identifying opportunities for local heat adaptation. As findings emerge, we will bring together policymakers, researchers, clinicians and people living with heat to develop practical policies and actions that will protect women and their babies.		
World Resources Institute	United States	This proposal aims to: - Understand the spatial relationship between neighborhood-scale heat mortality and neighborhood social and morphological characteristics in two Brazilian cities and, using these findings, inform public policy considerations at national and local scales. - Implement a scalable engagement methodology to provide inputs to align research with needs, build local capacity for action and help design public policies and targeted interventions to mitigate impacts on health from extreme heat and other climate hazards. We envision a future where urban residents in Brazil and globally have the information, infrastructure, and capacity to be resilient in the face of extreme heat. Studies have shown that people who live in areas with poor housing quality, informal settlements, low education levels, and low socioeconomic status are more vulnerable to urban heat. Climate change will exacerbate this, but through understanding differential exposure and vulnerability to heat within cities, the worst health impacts can be avoided. Almost no evidence and research on this topic is available for Latin America, one of the most urbanized and unequal regions in the world. These aims together can substantially reduce heat-related illness and deaths to a fraction of what they would be otherwise.	1.94	2023
King's College London	United Kingdom	Problem statement: The effects of extreme heat events on mental health in vulnerable urban communities are under-investigated and unrecognised within current policies and practice. Strategic goals: improve evidence base for impacts of extreme hot weather on mental health in vulnerable urban communities using London as case-study; evaluate the mitigation of these impacts by different categories of urban green spaces based on The London Plan; elevate the voices of affected communities, bringing them into discussion with national, local and industry stakeholders; instigate the translation of the findings into policy and practice. Methods: (1) Leading- edge spatio-temporal analytics linking high-resolution environmental data with geo-tagged datasets including electronic medical records and smartphone-based data spanning over 15 years (2008-2023). Integration of satellite data, OpenStreetMap, Google StreetView to estimate exposure to urban green spaces. Microsimulation modelling to generate projections of temperature-related mental health changes under various climate scenarios. (2) Active participation of people with lived experience of mental illness, grassroots organisations, policy and practice experts and industry in all stages of the project. Success indicators: (i) amendments to Greater London Authority/Borough planning policies to empower local authorities; (ii) planners/developers using training and recommendations; (iii) community groups accessing and using co-developed resources to engage with change.	1.93	2023
Ifakara Health Institute	Tanzania	Transmission of mosquito-borne diseases can be affected by climate and land-use patterns in different ways. Increased temperatures can shorten the latency of malaria parasites thereby enabling transmission in previously-temperate zones. Yet extended droughts could crash populations of vectors such as Anopheles gambiae, which breed in small, open and drought-sensitive habitats. In contrast, flooding can increase populations of container-breeding dengue vectors, Aedes aegypti. Most investigations of climate and vector-borne diseases are too expansive to be computationally-practical; and often overlook local data on entomological, anthropological or land-use characteristics. Fortunately, advanced cloud-based data processing, sensor design and on-board computing now enable highly-sensitive multi-modal systems with real-time data acquisition and integration. Microsoft Premonition offers a surveillance platform that autonomously lures, identifies and selectively captures arthropods for downstream studies, including metagenomics. With Gates- Foundation support, we are deploying this system in Tanzania to enhance malaria vector surveillance. Here, we propose extending the Premonition platform to investigate local associations between climate, land-use and mosquito-borne diseases. By combining capabilities in vector-biology, spatial analytics, machine learning and mathematical modeling, we will: i) integrate environmental and entomological data-streams to predict transmission risk, ii) investigate climate-dependent survival strategies of medically-important mosquitoes and iii) evaluate entomological data for monitoring climate and land-use.	1.88	2022
Institute for Global Environmental Strategies (IGES)	Japan	Even as G7 countries pledge moderately stronger climate policies, lingering ambition and implementation gaps threaten the achievement of the Paris Agreement's 1.5 Co goals. Integrating health co-benefits into climate planning can help close these gaps. While important nationally, robust evidence of co- benefits could potentially hold more sway locally. However, local governments often face a tension between the willingness to use and capacity to generate evidence of these benefits. This three-year transdisciplinary project will work with local	1.84	2022

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		governments in Japan to integrate health and related co- benefits into climate planning. The project will demonstrate a co-design approach—including 1) policy scoping, 2) co-benefits/interlinkages analysis, 3) initial policy recommendations, 4) feasibility assessments, and 5) final recommended policy and enabling reforms—in Kawasaki, Niigata, and Hachinohe, Japan. Parts of that approach will be then be adapted to Paris, France, and Austin, United States. Project activities will be strategically embedded in learning and dissemination activities (i.e. webinar series coinciding with Japan's hosting of the G7 in 2023) to amplify impacts and drive transformative change.		
The University of Tennessee, Knoxville	United States	This project aims to provide climate mitigation solutions, i.e., community microgrids and weatherization with electrification to reduce energy burdens and greenhouse gas emissions and improve physical and mental health for low- to-moderate-income communities. At micro and macro levels, this project will build a social-technological, equitable framework and tool for policymakers and researchers to analyze the multidimensionality of concentrated social vulnerability, energy vulnerabilities, climate health, and psychological outcomes of low-to-moderate income areas. Our interdisciplinary methods include: (1) integration of GIS analyses of interdisciplinary datasets, including weather and climate, outdoor air quality, community vulnerability index, public housing location, energy burdens, health care system, and mental and physical health outcomes, etc.; (2) machine learning modeling on the energy-health-climate nexus; (3) mixed social science methods including surveys and focus groups on understanding the technical, social-psychological, and policy barriers toward weatherization with electrification and solar and community microgrids; (4) statistical analyses and cost-benefit assessment on the impacts of climate on households' physical and mental health; and (5) computer simulation of microgrid test bed. We will create the open access and cross-domain data repository. This project is community-driven and uses community co-design strategies, and these engagement facets are essential to its success.	1.71	2022
University of Leeds	United Kingdom	Tick-borne encephalitis virus (TBEV) cases are increasing rapidly due to climate change and the introduction of tick vectors into new geographical areas. Despite this emergence, no effective anti-TBEV therapeutics are available. I previously investigated TBEV pathogenicity using chimeras of strains with a close genetic makeup, but highly variable pathogenic properties (Hypr and Vs strains). Vs causes asymptomatic infections whilst Hypr causes rapid cell death and severe disease. My preliminary data showed that Hypr-non- structural (NS) proteins induce apoptosis and cell death, whilst Vs-NS proteins activate anti-apoptotic proteins to promote the survival of infected cells. The precise viral-host determinants and the mechanisms that dictate the outcome of Hypr and Vs infections were not defined. This proposal will: (i) Identify the precise NS region(s) responsible for TBEV pathogenicity using current and newly developed Vs/Hypr chimeric viruses. (ii) Identify the host proteins/genes that are modulated during viral infection using transcriptomics and co-immunoprecipitation and mass spectrometry analysis. These targets will then be validated using CRISPR/Cas9 knock-outs and drugs. (iii) Understand the specific mechanisms of TBEV persistence in the brain using state-of-the-art nano-resolution imaging techniques, sophisticated in vitro human mini-brain organoids, and BBB-organ models. These experiments will reveal how viral/cellular factors shape the TBEV neuropathogenesis.	1.59	2023
Griffith University	Australia	Our world is heating up. WHO estimates that the number of persons exposed to extreme heat increased by around 125 million from 2000 to 2016. Climate change will increase the frequency, intensity, and duration of these extreme heat events globally. It is important to find ways to protect the most vulnerable from increasing heat-health risks. Older people are particularly vulnerable - exacerbated by reduced thermoregulatory function and high comorbidity. While existing heat warning systems target whole populations, response systems that consider individualised risk profiles for older citizens are largely missing. There is an urgent, unmet need for innovative solutions to enable older people, especially those who are isolated or socially disadvantaged, to effectively monitor and mitigate extreme heat effects. This project will develop an individualised, early warning system to protect vulnerable older populations from increased heat risks. Our co-design approach combines best evidence in climate-heat-health impact research and advances in digital technologies. Key outputs will include a toolkit of research findings & code libraries, a community of practice, and a localised software application. Together, these outputs will enable older people to maintain healthy and safe home environments and provide a robust platform for expansion towards other sub-populations or countries.	1.59	2022

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National Centre for Social Research	United Kingdom	Precarious outdoor workers in urban areas of the global South are one of the world's most climate change exposed groups. The nature of their exposure is thinly understood and policies to address such exposure under-developed. This project explores the (in)visible vulnerabilities and multiple health exposures of such workers in Vietnam, a country experiencing rapid urbanisation and with a large informal sector. We address basic knowledge gaps through co- constructing a new evidence base utilising a multi-stakeholder approach. This will transform our understanding of the exposures and vulnerabilities of outdoor urban workers and Vietnamese policy makers' ability to devise interventions attuned to the conditions and concerns of workers. Underpinned by an equal partnership with government agencies, representative associations and informal workers, we will: (1) undertake a systematic review of the literature; (2) survey three occupational groups to capture their exposure to climate-related health risks; (3) conduct in-depth interviews with informal outdoor workers to understand the health impacts of climate change; (4) adopt a participatory vulnerability analysis (PVA) approach to de-centre data collection; (5) develop a 'Workers' Health' GIS-integrated App and a Policy Toolkit for Health-centric Climate Change Adaptation and Resilience; and (6) use this knowledge to co-produce knowledge for policy action.	1.48	2023
International Institute for Environment and Development	United Kingdom	Climate impacts on urban health need to be spatialised. This proposal focuses on vulnerable settlements that have specific spatial, material, ecological and socio-economic contexts that shape the extent of pre- and post-exposure vulnerabilities, the nature of the climate risk, the nature and severity of health outcomes, and the possibilities of adaptation. In this project we will: a) synthesise and contextualise the impacts of climate change on health in vulnerable urban settlements in India, Kenya, South Africa and Sierra Leone; b) co-produce compelling stories of health-related climate impacts and the actions which could address them in order to bring complex causal pathways to life; and c) develop innovative approaches to achieving impact at multiple scales. We are a trans-disciplinary team working with long-standing relationships with vulnerable settlements – informal settlements and workplaces, building occupations, and worker housing colonies. Through our presence in these sites, we have seen both the rising and differential experience of climate change as well as its impacts on health outcomes. It is through this engagement that we are also ideally placed to tell nuanced, multi-scalar, complex yet compelling and rooted stories about climate's impact on health as well as to offer ways of engagement and response. "	1.48	2023
Centre for Research in Infectious Diseases (CRID), Cameroon	Cameroon	Global temperatures are increasing due to climate change, allowing insects such as the malaria-transmitting Anopheles mosquitoes to expand into new habitats. Temperature impacts Anopheles' life traits; it accelerates development rate, modifies longevity and fecundity, and regulates malaria parasite development rate. High temperatures have been shown to reduce the efficacy of several public health insecticides in Anopheles. However, temperature extremes harm/kill mosquitoes, forcing them to evolve genetically to tolerate high temperatures (thermotolerance) or to exhibit plastic (phenotypic) responses, such as aestivation and long-distance migrations, to survive. As the evolutionary/genetic changes can have pleiotropic or linkage- based effects on the life traits of Anopheles, such as behaviour, Plasmodium susceptibility, and resistance to insecticides, adaptation to climate change is likely to impact malaria control and elimination efforts. This project will (i) establish molecular/functional mechanisms of thermotolerance and its markers in the major African malaria vectors, An. coluzzii and An. gambiae, (ii) identify how thermotolerance and its markers modify their epidemiologically important ecological traits, and (iii) establish the operational impact of thermotolerance adaptation on the efficacy of major malaria control tools - the long-lasting insecticidal bed nets and indoor residual spraying ingredient. This will promote evidence-based malaria control measures and resistance management by decision-makers.	1.28	2022
Imperial College London	United Kingdom	This project will better characterise the transmission dynamics of dengue, Chikungunya and Zika viruses, their persistence in the global human population and use the insights gained to refine assessments of the potential impact of interventions. I will develop evidence-synthesis models linking multiple streams of surveillance data to estimate spatiotemporal variations in the reproduction number of Chikungunya and Zika viruses from the recent epidemics in Colombia and Brazil and use age-stratified dengue incidence data to estimate the transmission intensity of dengue. Analyses of geospatial correlation between transmission intensity estimates of the arboviruses will provide insight into transmission similarities and potential immune-mediated interactions. Using advanced inferential techniques, I will characterise climate-dependent entomological and epidemiological parameters, which will be used to produce global dynamic maps of arbovirus transmission intensity. I will then add spatial structure to the dynamical models of arbovirus transmission to explore the extent to which seasonality, immune-mediated interactions, human movement and zoonotic reintroduction determine arbovirus persistence and the feasibility of elimination. Analyses of clinical trial data will provide insights into the immunogenicity, efficacy and mode of action of the Takeda dengue vaccine and	1.28	2018

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		inform the targeting and optimisation of vaccination alone and in combination with other interventions in specific locations.		
Science for Africa Foundation (SFA)	Kenya	Through the Grand Challenges programme, Science for Africa Foundation seeks to fund a Grand Challenge on climate change and health in Africa with Wellcome. We are applying for one million pounds to fund eight seed innovations in critical climate change and health areas. We are looking for proof of concept ideas for early warning systems, ideas that increase resilience in health systems, catalytic research and development, accelerated integration of climate and health policies, mental health focus, support for vulnerable and disadvantaged groups, or supporting knowledge management for climate change and health. The innovations will have twenty-four months to deliver their specific objectives with the full grant having a 6 months run-in period and 6 months closing period for a 36 month project duration. The Grand Challenges Africa team will provide grant management support. The team will host interdisciplinary scientific convenings of grantees in this field, offer opportunities for the innovations' continued development and integrate the work from the selected grantees with other scientists funded by Science for Africa Foundation in climate change e.g., from the DELTAS programme. Projects with gaps in community engagement, research management, or other critical areas of science will co-create solutions with units within the SFA Foundation.	1.23	2023
Meningitis Research Foundation	United Kingdom	In 2019 there were estimated to be more than 2.5 million new cases of meningitis and over 230,000 deaths globally. It has the potential to escalate in future due to climate change, antimicrobial resistance, and bacterial evolution. In recognition of current burden and future risks, the World Health Organization has approved the Defeating meningitis by 2030 global road map and highlighted the importance of Whole Genome Sequencing and surveillance as essential components for success. This research aims to identify barriers and opportunities WGS data collection and sharing in low- and middle-income countries using a Global Meningitis Genome Partnership developed Value Chain Framework in support of new national plans to implement the global road map between 2023-2026. We will build a detailed understanding of the pathway and dynamics of information flow in six countries across three WHO regions (AFRO, PAHO and EMRO/SEARO). We will develop data standards to facilitate data sharing and increase representativeness of meningitis genome collections and create an overview of which genome data from LMICs is held in which libraries and visualise the results to maximise international learning and collaboration. Finally, we will make research results accessible to participants and communities involved and affected.	1.15	2023
Institute for Financial Management and Research	India	To transform the social impact sector and enable it to truly benefit from the data revolution, we must address how we educate, train, and upskill social impact talent. data.org is launching a global Capacity Accelerator Network (CAN) program to create data science capacity hubs in the Global South that will train the next generation of data professionals with the interdisciplinary skills needed to be successful to work at the intersection of climate and health. US$6.8m (£5m) would fund CAN, launching two new Data Capacity Accelerators focused on climate and health data in the Global South (India in collaboration with J-PAL South Asia; sub-Saharan Africa in collaboration with the Global Partnership for Sustainable Development Data) and strengthening the international reach and scale of the Network of Networks model. As the central hub, data.org will serve as the point of connection and coordination and as an impact amplifier for the local accelerators by converting investment in training hundreds of climate and health data experts locally into training many thousands globally through open-source resources housed on data.org, giving the program the kind of scale and sustainability each local accelerator will not be able to achieve on their own.	1.09	2022
Global Impact	United States	Digital Public Infrastructure (DPI) forms the backbone for public service delivery and a digital foundation for a range of functional applications including health care, economic recovery, and climate change. Co-Develop aims to accelerate the adoption of inclusive, save, and equitable DPI in 50 countries in the next five years. This research will focus particularly on strengthening the digital health components of digital public infrastructure and will fund five work packages: - Health Sector Partnership Plan that summarizes the digital health strategies for the 10-15 major donors supporting global digital health efforts to increase coordination of funding and identify gaps. - Research the key trends in digital health (including individual health records, AI, diagnostics, health worker empowerment, telemedicine, disease surveillance, etc.) and the underlying Digital Health Infrastructure Enablers that are required to support these services. -	1.04	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		Develop three to five Digital Health Investment Proposals for the Co-Develop Investment Committee to review, iterate these concepts with partners, refine the proposals, and shepherd the proposals through to grant completion. - Seek out and engage expert voices across civil society, community research, and others to collaboratively develop a "playbook" for equitable, ethical and inclusive digital public infrastructure. - Broadly share the above outputs through a deliberate communications strategy.		
Barcelona Supercomputing Center	Spain	Extreme climatic events, environmental degradation and socio-economic inequalities exacerbate the risk of infectious disease epidemics. We lack the evidence-base to understand and predict the impacts of extreme events and landscape changes on disease risk, leaving communities in climate change hotspots vulnerable to increasing health threats. This is in part due to a lack of 'ground truth' data describing environmental change in remote and under-resourced areas, as well as a lack of trained research software engineers and data scientists. HARMONIZE will convene a transdisciplinary community of stakeholders, software engineers and data scientists to develop cost-effective and reproducible digital infrastructure for stakeholders in climate change hotspots, including cities, small islands, highlands and the Amazon rainforest. We will strategically undertake one-off longitudinal ground truth data collection using drone technology and low-cost weather sensors, to improve classification algorithms and downscaling of coarser-resolution environmental datasets (e.g., satellite images, climate reanalysis and forecasts). We will then harmonize this post-processed data with socio- economic and health data in an automated workflow packaged for users in bespoke hotspot-specific toolkits. These sustainable tools will facilitate generation of actionable knowledge to inform local risk mapping and build robust early warning and response systems to build resilience in low-resource settings.	0.99	2022
George Mason Research Foundation	United States	We will assemble a team of insight researchers in diverse nations with the aim of identifying actionable insights for strengthening national and international climate and health policies to advance the goal of limiting global warming to 1.5 to 2.0 °C and protecting human health from the impacts of climate change. Until recently, health policy and climate policy in most nations have been largely separate. Yet, climate policy can be used to enhance health, health policy can be used to protect the climate, and both can be used to advance health equity. We will conduct in-depth interviews with people who make or influence climate, health, and other relevant policies in 6 to 8 diverse geographies to produce geography-specific insight reports and a multi- nation synthesis report. We will also engage a range of stakeholders at the start and end of the process to ensure the research is informed by their perspectives and, in turn, that it informs their perspectives. This research will fill a gap in current understanding of the potential for a health perspective to drive ambitious climate action. Governments, philanthropists, and advocates can use the insights to advance policies protecting human and planetary health and health equity.	0.95	2023
United Nations	United States	In 2018, the health team in the Executive Office of the Secretary-General focused on positioning global health as a priority within the UN Secretary- General's and Deputy Secretary-General's programme of work, pivoting the UN system from vertical action for health issues to a more holistic effort for the healthy societies, and ensuring high political profile within intergovernmental and global events. This centred around the identification of key global health issues that the UN Secretary-General will champion and is articulated in his Global Health Engagement Strategy. In order to support these efforts, this proposal focuses on following areas of work from 2019 to 2021: - Operationalize the Secretary-General's Global Health Engagement Strategy, fully leveraging the Secretary-General's and Deputy Secretary- General's unique voices and platform - Strengthen the UN's work on mental health to inform a coordinated response that addresses key gaps and raises ambition for greater investments in mental health - Continue to position antimicrobial resistance (AMR) within the political discourse and SDG implementation and review. Including, providing strategic support to the Inter-Agency Coordination Group on AMR (IACG) as it finalizes a set of recommendations for the Secretary-General in Spring 2019. - Encourage greater cross-sectoral linkages to improve health outcomes, particularly in the context of climate change.	0.94	2019
University College London	United Kingdom	Extreme heat events (EHE) increase risk of hyperthermia. Maternal hyperthermia is associated with a range of birth defects, particularly neural tube defects (NTDs). Maternal exposure to EHE during the critical period of pregnancy, when the embryo undergoes neurulation, may increase susceptibility to NTDs through additive interactions with nutritional and genetic risk factors. Highest rates of NTDs occur in low- and middle-income countries (LMIC), many of which are prone to EHE, and have a disproportionately higher prevalence of nutritional risk factors, including inadequate folate intake. The effect of increasingly frequent and severity of EHE on NTD frequency are likely to manifest most profoundly in LMIC. Improved understanding of the mechanisms underlying heat- induced NTDs and identification of potential protective interventions is crucial to mitigate effects of extreme climate. This project will use mouse genetic models of NTDs, in embryo	0.94	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		culture and in vivo, to identify heat- sensitive components of neurulation and determine whether folate metabolism is impaired in heat-exposed embryos. We will interrogate three-way heat, genotype, maternal diet interactions and test whether supplemental nutrients, such as folic acid, can prevent hyperthermia-related NTDs. Identification of protective nutrients, as a modifiable variable in heat-induced NTDs, may be applicable to NTD prevention in 'at-risk' human populations		
Indian Institute for Human Settlements	India	Climate impacts on urban health need to be spatialised. This proposal focuses on vulnerable settlements that have specific spatial, material, ecological and socio-economic contexts that shape the extent of pre- and post-exposure vulnerabilities, the nature of the climate risk, the nature and severity of health outcomes, and the possibilities of adaptation. In this project we will: a) synthesise and contextualise the impacts of climate change on health in vulnerable urban settlements in India, Kenya, South Africa and Sierra Leone; b) co-produce compelling stories of health-related climate impacts and the actions which could address them in order to bring complex causal pathways to life; and c) develop innovative approaches to achieving impact at multiple scales. We are a trans-disciplinary team working with long-standing relationships with vulnerable settlements – informal settlements and workplaces, building occupations, and worker housing colonies. Through our presence in these sites, we have seen both the rising and differential experience of climate change as well as its impacts on health outcomes. It is through this engagement that we are also ideally placed to tell nuanced, multi-scalar, complex yet compelling and rooted stories about climate's impact on health as well as to offer ways of engagement and response.	0.88	2023
Natural History Museum	United Kingdom	We know little about how future climate change, habitat destruction, human population increases and greater globalisation processes will impact human zoonotic diseases. Here, I investigate the use of dynamic, seasonal host population models to better predict the impact of real-time environmental change on disease-carrying host species, within a general systems-dynamics, disease framework. Specifically, I will combine a mathematical compartmental disease model with a host population ecology model, within a spatial and temporal Bayesian framework. Using this approach, I will first model Lassa Fever using climate and land-use observations, collaborating with the Nigerian government. I will then augment my model to account for animal movement patterns and vector species abundances, to examine arboviral disease spread in North America. Then, I will integrate these threads into a general, dynamic modelling framework for zoonotic diseases, which will contain both the newly developed components and my previously developed model of human movement and behaviour. Working with the World Health Organisation, I will create short- and long-term disease forecasts for a set of high priority zoonoses. Once validated against human case data, these mechanistic models can be used to test interventions and create future disease management plans that are robust to upcoming global change.	0.88	2020
The Foundation for Scientific and Technological Development in Health	Brazil	Extreme climatic events, environmental degradation and socio-economic inequalities exacerbate the risk of infectious disease epidemics. We lack the evidence-base to understand and predict the impacts of extreme events and landscape changes on disease risk, leaving communities in climate change hotspots vulnerable to increasing health threats. This is in part due to a lack of 'ground truth' data describing environmental change in remote and under-resourced areas, as well as a lack of trained research software engineers and data scientists. HARMONIZE will convene a transdisciplinary community of stakeholders, software engineers and data scientists to develop cost-effective and reproducible digital infrastructure for stakeholders in climate change hotspots, including cities, small islands, highlands and the Amazon rainforest. We will strategically undertake one-off longitudinal ground truth data collection using drone technology and low-cost weather sensors, to improve classification algorithms and downscaling of coarser-resolution environmental datasets (e.g., satellite images, climate reanalysis and forecasts). We will then harmonize this post-processed data with socio- economic and health data in an automated workflow packaged for users in bespoke hotspot-specific toolkits. These sustainable tools will facilitate generation of actionable knowledge to inform local risk mapping and build robust early warning and response systems to build resilience in low-resource settings.	0.88	2022
Drexel University	United States	This proposal aims to: - Understand the spatial relationship between neighborhood-scale heat mortality and neighborhood social and morphological characteristics in two Brazilian cities and, using these findings, inform public policy considerations at national and local scales. - Implement a scalable engagement methodology to provide inputs to align research with needs, build local capacity for action and help design public policies and targeted interventions to mitigate impacts on health from extreme heat and other climate hazards. We envision a future where urban residents in Brazil and globally have the information, infrastructure, and capacity to be resilient in the face of extreme heat. Studies have shown that people who live in areas with poor housing quality, informal settlements, low education levels, and low socioeconomic status are more	0.87	2023

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		vulnerable to urban heat. Climate change will exacerbate this, but through understanding differential exposure and vulnerability to heat within cities, the worst health impacts can be avoided. Almost no evidence and research on this topic is available for Latin America, one of the most urbanized and unequal regions in the world. These aims together can substantially reduce heat-related illness and deaths to a fraction of what they would be otherwise. "		
University of York	United Kingdom	The alarming escalation of disease caused by Aedes aegypti, the primary vector of dengue, Zika, and chikungunya viruses, presents a pressing challenge for Low-and-Middle-Income Countries (LMICs) and is strongly predicted to worsen with climate change affecting mosquito distribution. Despite the promise of the homing endonuclease gene (HEG) drive system as a powerful, low-cost genetic biocontrol method for this mosquito vector, a limited understanding of the underlying mechanism of the system has hindered rational design for systematic improvement of its efficiency. Therefore, my research project aims to bridge these gaps and optimise the HEG drive efficiency in Ae. aegypti to a level fit for field application. The project's key goals include the following: 1. Identifying homing-susceptible cell stages and associated regulatory elements 2. Developing tools for the strict regulation and multiplexing of sgRNAs/crRNAs 3. Optimising HEG drive efficiency in Ae. aegypti The achievement of these objectives will have significant implications for public health by enabling more effective control of mosquito-borne diseases. The tools will be developed in parallel and successful development will not only advance the field of Ae. aegypti genetic biocontrol, but also act as a model for the rational design of HEG systems in various other pest species.	0.83	2023
Wellcome Sanger Institute	United Kingdom	Climate change is an existential threat, but we have little data describing its direct impact on human health. Coastal populations in Bangladesh affected by rising sea levels and elevated temperatures experience heightened levels of enteric disease, miscarriage, and preterm birth linked to salt contamination of drinking water. The gut microbiome functions in nutrition, metabolism, immunomodulation, maintenance of gut barrier function and protection against enteric pathogens. We hypothesise that changes in the gut microbiome have a role in the health impacts observed in these coastal populations. We will use whole genome sequencing and metagenomic analyses of human stool and environmental samples from sites along a gradient from high to low drinking water Na+ concentrations to investigate whether disease phenotypes owe to increased exposure to enteric bacterial pathogens from environmental sources, or changes in the gut microbiome that increase pathogen colonisation. By establishing a Climate and Health Hub in Chakaria, we will develop laboratory capacity and an open data environment supported by a suite of bespoke analytical tools systems to generate and interrogate large longitudinal genomic datasets alongside climate, epidemiological, and demographic data. This work will identify opportunities to develop microbiome-informed approaches to mitigate health impacts in populations affected by changing climate. "	0.80	2023
Universidad de Los Andes - Bogota	Colombia	Extreme climatic events, environmental degradation and socio-economic inequalities exacerbate the risk of infectious disease epidemics. We lack the evidence-base to understand and predict the impacts of extreme events and landscape changes on disease risk, leaving communities in climate change hotspots vulnerable to increasing health threats. This is in part due to a lack of 'ground truth' data describing environmental change in remote and under-resourced areas, as well as a lack of trained research software engineers and data scientists. HARMONIZE will convene a transdisciplinary community of stakeholders, software engineers and data scientists to develop cost-effective and reproducible digital infrastructure for stakeholders in climate change hotspots, including cities, small islands, highlands and the Amazon rainforest. We will strategically undertake one-off longitudinal ground truth data collection using drone technology and low-cost weather sensors, to improve classification algorithms and downscaling of coarser-resolution environmental datasets (e.g., satellite images, climate reanalysis and forecasts). We will then harmonize this post-processed data with socio- economic and health data in an automated workflow packaged for users in bespoke hotspot-specific toolkits. These sustainable tools will facilitate generation of actionable knowledge to inform local risk mapping and build robust early warning and response systems to build resilience in low-resource settings.	0.71	2022
University College London	United Kingdom	We will address all 3 focus areas in the context of Urban Heat Islands (UHIs) and green infrastructure: - Developing methods, resources and tools; - Documenting health co-benefits and costs of green infrastructure and reduction of overheating in cities; - Evaluating the health impacts of climate change and urban adaptation strategies. Overheating in cities due to the UHI is a global public health problem, leading to decreased productivity, morbidity and mortality, and affecting disadvantaged communities disproportionately. Loss of green infrastructure though land use change exacerbates health risks, whilst mitigation and adaptation	0.70	2019

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		measures can lead to expansion or improvement of urban green infrastructure, with potential co-benefits. These benefits and costs are not well quantified for either the environment or human health. To properly quantify the impact of changes to urban green infrastructure, we propose an interdisciplinary approach, simulating local environmental data and linking with existing demographic databases to analyse health impacts, including development of an environment and health economics tool. We will focus on international cities (including London, Beijing, Nairobi), to investigate health impacts on urban populations, the potential impacts of climate change and the co-benefits of mitigation and adaptation measures in reducing overheating risk, and increasing access to urban greenspace.		
University of Texas at Austin	United States	Climate-sensitive infectious diseases more often than ever pose a threat to humankind with pandemic potential (1). The Wellcome Trust has identified 37 tools with a climate component used for the analysis of infectious diseases, most of which (81%) are focused on vector-borne diseases. Furthermore, most tools available are for areas where the disease is already endemic. Soil and water-borne infectious diseases outbreaks are linked to seasonal weather patterns and extreme weather conditions in the coastal areas, such as coastal flooding and storm surge, which will be becoming more frequent and persistent due to the predictive climate change. To better understand the dynamics of the relationship between soil and water-borne infectious diseases with climate and more importantly predict outcomes in the future, particularly in areas with potential emerging situations, we are proposing the development of an openly accessible computational tool that would be accessible to non-expert users, i.e. researchers and health professionals, and allow them to use available climate inputs and epidemiological information to facilitate analysis, prediction and visualization of data relevant to infectious disease studied, as a means of informing policies in disease management. 1.Baker, R.E., et al. Infectious disease in an era of global change. Nat Rev Microbiol (2021).	0.70	2022
University of Minnesota	United States	Increases in frequency of severe weather events are a hallmark of climate change and impact the effectiveness of malaria control programs. Mozambique is already experiencing these and does not have the capacity to respond to the infectious disease challenges that co-occur. Digital technology will be used to integrate climate and malaria data to identify areas at risk of malaria in the aftermath of severe weather in a much more comprehensive manner. A time- series model will be used to determine geographic areas of increased malaria risk following severe weather. This will provide the basis of a software platform to quantify and visualize these areas for delivery of malaria control measures. The overall objective is to improve the response to malaria risk, increase the efficiency of control programs, and decrease morbidity and mortality. The specific goals are to: 1)create a time-series model that determines geographic areas of increased malaria risk due to severe weather events in Mozambique; 2)develop and pilot a software platform that predicts geographic areas of high risk following severe weather; and 3)integrate this platform into the Mozambique malaria control and disaster management programs. This platform will directly inform the preparation and delivery of malaria control activities after severe weather.	0.70	2022
University of California, Davis	United States	Arenaviruses are featured in the World Health Organization's list of priority diseases with specific concerns around endemic arenavirus infections in Africa and emerging arenavirus threats in South America. The risk of these zoonotic viruses is driven by the distribution and ecology of their rodent reservoir species which are highly sensitive to landscape changes. In the coming years, our changing climate could impact the risk of arenavirus spillover from rodents through various mechanisms such as drought, frequency of fires, and adaptive agricultural practices. We aim to develop climate-sensitive models for individual arenaviruses by closely collaborating with regional public health experts to create a pipeline of validated data that feeds into predictive models. Models will be based on reservoir rodent distribution, human cases, and bioclimatic factors that influence the ecology of arenaviruses will be also used to predict future risk based on specific emission scenarios and projected local climate data (2.6/4.5/6.0 IPCC-GISS). Furthermore, models will be presented on an online platform for public and policy analysts to explore with clear validation around model uncertainties. The tool will also become a resource for researchers as a centralized database and knowledge center for arenaviruses in addition to a home for predictive scenario-based modeling activities.	0.68	2022
University of Exeter	United Kingdom	Focus Area 3: Adaptation to climate change This research will develop a new evaluation tool for sustainable adaptation that will comprehensively incorporate direct and indirect health effects of adaptation interventions. It will explicitly focus on the wider effects of adaptation for the health and socio-economic wellbeing of the most vulnerable populations. The research will integrate insights from climate and hydrological sciences, social sciences, and health and economic sciences of disease burden and well-being. The evaluation tool will be developed through cross-disciplinary interaction on concepts and methods, and then calibrated through empirical study of existing adaptations, focused on flooding.	0.68	2019

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		Flood risk is a prevalent climate impact globally and diverse adaptations currently being implemented globally. New empirical insights into flood adaptation will be generated focussing on three adaptation interventions for: flood infrastructure, planned relocation, and catchment-based planning across Ghana, Ireland, and UK. The project will undertake proof-of-concept evaluations for these interventions to develop the tool, generating specific lessons on flood adaptation and wider lessons on climate change adaptations more broadly. The research will engage with UK stakeholders and other national and international agencies to ensure the tool, evidence and planned user interface will be policy-relevant for adaptation planning at the global scale.		
London School of Hygiene & Tropical Medicine	United Kingdom	This project will address all three themes of this call by exploring a technology that could generate substantial health co-benefits from actions to address climate change mitigation and adaptation in agriculture, generating a new tool and inter-sectoral resources to support research on climate change and health. In Africa, rice is a rapidly intensifying agricultural crop, driven by a dramatic growth in consumer demand. As a preferred breeding site for mosquito vectors of malaria, its continent-wide intensification is likely to slow progress towards malaria control and elimination. As a major agricultural user of water and generator of methane, its intensification poses a challenge to African climate change mitigation and adaptation efforts. Public health and agricultural research have separately developed novel water management methods to address vector production and climate change effects, respectively. These are similar, but have never been compared. We will develop field trials to integrate these water management approaches in rice intensification areas of West and East Africa, to understand if there are water management methods that optimize both climate change and health co- benefits in a particular context. This will then generate tools to evaluate potential health impacts and climate change implications of different rice intensification schemes in Africa.	0.67	2019
University of North Carolina at Chapel Hill	United States	Heavy consumption of meat, especially red and processed meat, is a major contributor to both greenhouse gas emissions (GHGs) and non-communicable diseases (NCDs) such as CVD, diabetes, and cancer. Reducing meat, particularly in the US where meat consumption is highest, should be a global priority both to achieve GHG targets and to produce health co-benefits. Point-of-purchase policies such as taxes and warning labels are increasingly popular globally and have been found to effectively reduce consumption of other unhealthy products including cigarettes and sugary drinks. But it remains unknown whether such policies could also reduce meat intake, thereby reducing GHGs and providing potential health co-benefits. This proposal addresses the focus area "Assessing the health co-benefits of actions to mitigate climate change" and will accomplish four aims: 1) Examine trends in meat consumption and identify the top meat-consuming subpopulations in the US, 2) Design effective warning messages for reducing meat intake in these subpopulations, 3) Evaluate whether these warnings and/or meat taxes reduce purchases of meat in a virtual supermarket and 4) Quantify the impact of warnings and taxes on cardiovascular disease, diabetes, and cancer incidence.	0.66	2019
George Washington University	United States	Many greenhouse gas mitigation actions also benefit air quality and health. However, progress incorporating co-benefits assessments into climate mitigation planning has been limited. Over the next several years, C40 Cities is working with city governments to develop climate action plans. We aim to develop methods to integrate PM2.5 and associated health co-benefits into the climate action planning tool these cities will use, thereby building a bridge between the scientific evidence on co-benefits to the largest urban climate action planning effort worldwide. Specifically, we will: 1) Develop, evaluate, and integrate a screening-level air quality model (focusing on fine particulate matter, PM2.5) into C40's climate action planning tool, Pathways, for at least three pilot cities; 2) With local partners, test the tool to explore air quality and health co-benefits of climate action pathways in the pilot cities; and 3) Assess the potential for quantifying additional health co-benefits in Pathways, such as changes in ozone, nitrogen dioxide, physical activity, noise, and green space. Data and tools will be publicly available to support additional research into climate/health linkages. C40 will maintain Pathways beyond the project's end, creating a platform to study more cities and enabling long-term integration of co-benefits into city climate action planning.	0.66	2019
University of California, Berkeley	United States	The impacts of extreme heat events will increase with climate change and a rising urban population. Using an unprecedented urban resident mortality database for nine Latin American countries, we convene an interdisciplinary research team to examine: a) the impacts of climate change on urban population mortality from increases in the magnitude, duration, and frequency of extreme heat events, b) and the modifying effect of greenspace and fine particulate matter (PM2.5) on the association between heat events and mortality. We focus on two time periods: baseline (2001-2010) and midcentury (2051-2055). For the baseline we use past climate, mortality, greenspace, and PM2.5 data to estimate associations and interactions of interest by age and education. For the midcentury, we use the Weather Research and Forecasting Model to downscale aggressive and	0.66	2019

Recipient Org Name	Recipient Org Country	Project Description	Amount, US$ million	Award Year
		conservative IPCC global climate scenarios to a 36-km resolution and predict the duration, magnitude, and frequency of heat waves. Future population, greenspace, and PM2.5 scenarios, coupled with the predicted heat events and estimated coefficients, are used to project future excess mortality by age and education. This study will provide evidence of health impacts of a climate adaptation and mitigation strategy in the face of future heat waves and outline opportunities for pro-active involvement.		
Wageningen UR	Netherlands	Our vision is to create WaterPath: an open-source modelling toolkit that can be used to quantify and visualise the impact of climate change and socio- economic development on waterborne pathogens and AMR bacteria in surface water and consequent disease risk. The Toolkit will be based on an existing mechanistic water quality model that will be extended to generate climate- sensitive projections and disease risk estimation. We envision that the WaterPath Toolkit becomes the main point of reference for modelling population exposure to waterborne diseases in future climate scenario analysis. To achieve that, we will target a diverse audience of users: scientists, modellers and data scientists, software engineers and policy makers. By utilising past work and existing connections with global initiatives, we will create a unique community of practice that will participate in the conceptualization and testing of the toolkit, while also disseminating our work to create space for future extensions and open-source contributions.	0.66	2022
Yale University	United States	Rapid urbanization of Brazil has resulted in environmental degradation with poor air quality and urban heat island effects. Climate change is anticipated to further increase overall temperatures with heat waves that occur more often, burn hotter, and last longer. We propose to estimate air pollution (fine particulate matter (PM2.5) and ozone), heat waves, and days of high or low temperatures under present-day conditions and in the future under climate change for two major Brazilian cities. We also will develop estimates of how weather and air pollution impact mortality in Brazil. Combining these works, we will calculate the health impacts of climate change for air pollution and weather, considering sensitive subpopulations. Further, we will consider sector analysis and impacts in the future to analyze "co-benefits" of short- term improvements in air quality under climate change policies. Our interdisciplinary team includes expertise in epidemiology, environmental engineering, biostatistics, exposure assessment, and atmospheric science. Our work addresses the three focus areas of the call for proposals to : 1) develop tools, data sources and other resources to support climate change and health research; 2) assess health co-benefits of actions to mitigate climate change, and 3) assess health impacts of actions to adapt to climate change.	0.66	2019

PROJECT LISTS OF CLIMATE AND HEALTH INVESTMENTS IN HEALTH DETERMINING SECTORS (DAC DONORS AND MULTILATERAL CLIMATE FUNDS)

Table A.8 Largest 50 projects representing 30% of climate and health commitment in health determining sectors, DAC donors, 2018-2022

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	India	ODA Loans	Transport & storage	Mitigation significant	1375.76	PROJECT FOR CONSTRUCTION OF MUMBAI - AHMEDABAD HIGH SPEED RAIL (II) TO DEVELOP MASS AND HIGH-FREQUENT TRANSPORTATION SYSTEM BY CONSTRUCTING HIGH SPEED RAIL BETWEEN MUMBAI AND AHMEDABAD WITH THE USE OF JAPANESE HIGH SPEED RAIL TECHNOLOGIES, THEREBY ENHANCING CONNECTIVITY IN INDIA AND CONTRIBUTING THE REGIONAL ECONOMIC DEVELOPMENT.
Japan	Philippines	ODA Loans	Transport & storage	Mitigation significant	1113.63	NORTH-SOUTH COMMUTER RAILWAY EXTENSION PROJECT (I) TO STRENGTHEN THE TRANSPORTATION NETWORK AND ALLEVIATE SERIOUS TRAFFIC CONGESTION BY EXTENDING THE NORTH-SOUTH COMMUTER RAILWAY, THEREBY CONTRIBUTING TO EXPANSION OF ITS ECONOMIC SPHERE AND IMPROVEMENT OF INVESTMENT ENVIRONMENT AS WELL AS MITIGATING AIR POLLUTION AND CLIMATE CHANGE.

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	India	ODA Loans	Transport & storage	Mitigation principal	1078.83	DELHI MASS RAPID TRANSPORT SYSTEM PROJECT (PHASE 4)(I) CONSTRUCTION WORKS, PROCUREMENT OF GOODS AND SERVICES AND CONSULTING SERVICES
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	1006.99	DHAKA MASS RAPID TRANSIT DEVELOPMENT PROJECT (LINE 1) (II) THE OBJECTIVE OF THE PROJECT IS TO ALLEVIATE THE TRAFFIC CONGESTION AND MITIGATE THE AIR POLLUTION IN DHAKA CITY AND ITS ADJACENT AREAS BY CONSTRUCTING A MASS RAPID TRANSIT SYSTEM.
Japan	Philippines	ODA Loans	Transport & storage	Mitigation significant	874.91	METRO MANILA SUBWAY PROJECT (PHASE 1)(I) THE OBJECTIVE OF THE PROJECT IS TO ACCOMMODATE INCREASING TRANSPORTATION DEMAND BY CONSTRUCTING SUBWAY LINE IN METRO MANILA, THEREBY CONTRIBUTING TO ALLEVIATE SERIOUS TRAFFIC CONGESTION AS WELL AS TO MITIGATE AIR POLLUTION AND CLIMATE CHANGE.
Japan	India	ODA Loans	Transport & storage	Mitigation significant	873.50	MUMBAI METRO LINE 3 PROJECT (II) TO COPE WITH THE INCREASE OF TRAFFIC DEMAND IN MUMBAI BY EXPANDING THE MASS RAPID TRANSPORTATION SYSTEM, THEREBY PROMOTING REGIONAL ECONOMIC DEVELOPMENT AND IMPROVING URBAN ENVIRONMENT, THROUGH MITIGATION OF TRAFFIC JAMS AND DECREASE OF POLLUTION CAUSED BY INCREASING MOTOR VEHICLES.
Japan	India	ODA Loans	Transport & storage	Mitigation significant	821.30	PROJECT FOR CONSTRUCTION OF MUMBAI - AHMEDABAD HIGH SPEED RAIL (I) TO DEVELOP MASS AND HIGH-FREQUENT TRANSPORTATION SYSTEM BY CONSTRUCTING HIGH SPEED RAIL BETWEEN MUMBAI AND AHMEDABAD WITH THE USE OF JAPANESE HIGH SPEED RAIL TECHNOLOGIES, THEREBY ENHANCING CONNECTIVITY IN INDIA AND CONTRIBUTING THE REGIONAL ECONOMIC DEVELOPMENT.
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	709.82	DHAKA MASS RAPID TRANSIT DEVELOPMENT PROJECT (III) TO ALLEVIATE TRAFFIC CONGESTION AND MITIGATE AIR POLLUTION IN DHAKA CITY BY CONSTRUCTING THE MASS RAPID TRANSIT SYSTEM
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	604.48	DHAKA MASS RAPID TRANSIT DEVELOPMENT PROJECT (IV) CONSTRUCTING THE MASS RAPID TRANSIT SYSTEM IN DHAKA CITY
Japan	India	ODA Loans	Transport & storage	Mitigation significant	586.67	CHENNAI METRO RAIL PROJECT (PHASE 2)(I) TO COPE WITH THE INCREASE OF TRAFFIC DEMAND IN MUMBAI BY EXPANDING THE MASS RAPID TRANSPORTATION SYSTEM, THEREBY PROMOTING REGIONAL ECONOMIC DEVELOPMENT AND IMPROVING URBAN ENVIRONMENT, THROUGH MITIGATION OF TRAFFIC JAMS AND DECREASE OF POLLUTION CAUSED BY INCREASING MOTOR VEHICLES.
Japan	Indonesia	ODA Loans	Transport & storage	Mitigation significant	584.33	CONSTRUCTION OF JAKARTA MASS RAPID TRANSIT PROJECT (PHASE 2)(I) TO ENHANCE THE TRANSPORTATION CAPACITY OF JAKARTA METROPOLITAN AREA THROUGH THE CONSTRUCTION OF MASS RAPID TRANSIT SYSTEM.
United States	India	Other Official Flows (non Export Credit)	Energy	Mitigation principal	500.00	NEW LOAN: DFC INVESTMENT SUPPORT - DIRECT LOANS NEW LOAN: DFC INVESTMENT SUPPORT - DIRECT LOANS [FS INDIA SOLAR VENTURES PRIVAT]
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	490.92	DHAKA MASS RAPID TRANSIT DEVELOPMENT PROJECT (LINE 5 NORTHERN ROUTE)(I) CONSTRUCTING THE MASS RAPID TRANSIT SYSTEM IN DHAKA CITY
Japan	Indonesia	ODA Loans	Water and sanitation	Adaptation significant	489.52	JAKARTA SEWERAGE DEVELOPMENT PROJECT (ZONE 1) THIS PROJECT IS TO IMPROVE WASTEWATER TREATMENT AND SANITATION ACCESS IN DKI BY INTRODUCING A SEWERAGE SYSTEM, WHICH CONSISTS OF SEWER NETWORK AND WASTEWATER TREATMENT PLANT, THEREBY CONTRIBUTING TO ENHANCING ITS WATER ENVIRONMENT, CITIZENS' LIVING CONDITIONS AND URBAN DEVELOPMENT.

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	India	ODA Loans	Transport & storage	Mitigation principal	488.69	DELHI MASS RAPID TRANSPORT SYSTEM PROJECT PHASE 3 (III) TO COPE WITH THE INCREASE OF TRAFFIC DEMAND IN MUMBAI BY EXPANDING THE MASS RAPID TRANSPORTATION SYSTEM, THEREBY PROMOTING REGIONAL ECONOMIC DEVELOPMENT AND IMPROVING URBAN ENVIRONMENT, THROUGH MITIGATION OF TRAFFIC JAMS AND DECREASE OF POLLUTION CAUSED BY INCREASING MOTOR VEHICLES.
Norway	Bilateral, unspecified	ODA Grants	Energy	Mitigation principal	482.15	NORFUND CLIMATE INVESTMENT FUND CAPITAL REPLENISHMENT ANNUAL CAPITAL REPLENISHMENT OF NORFUND CLIMATE INVESTMENT FUND. THE FUND WILL INVEST IN RENEWABLE ENERGY IN DEVELOPING COUNTRIES WITH THE AIM OF CONTRIBUTING TO REDUCED GREENHOUSE GAS EMISSIONS.
Japan	India	ODA Loans	Water and sanitation	Adaptation significant	473.36	MADHYA PRADESH RURAL WATER SUPPLY PROJECT PROVIDE SUSTAINABLE AND SAFE WATER SUPPLY IN MADHYA PRADESH STATE BY CONSTRUCTING WATER TREATMENT PLANTS AND RELATED FACILITIES INCLUDING FUNCTIONAL HOUSEHOLDS TAP CONNECTION TO RURAL HOUSEHOLDS.
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	449.46	DHAKA MASS RAPID TRANSIT DEVELOPMENT PROJECT (LINE 1) (I) TO ALLEVIATE THE TRAFFIC CONGESTION AND MITIGATE THE AIR POLLUTION IN DHAKA CITY AND ITS ADJACENT AREAS BY CONSTRUCTING A MASS RAPID TRANSIT SYSTEM, THEREBY CONTRIBUTING TO ECONOMIC DEVELOPMENT AND IMPROVING URBAN ENVIRONMENT.
Japan	Myanmar	ODA Loans	Water and sanitation	Adaptation significant	414.54	YANGON SEWERAGE SYSTEM DEVELOPMENT PROJECT THE OBJECTIVE OF THE PROJECT IS TO IMPROVE WASTE WATER TREATMENT SERVICE IN YANGON CITY BY IMPROVING AND EXPANDING WASTE WATER TREATMENT PLANT, RENEWING AND INSTALLING SEWER PIPE NETWORK, THEREBY CONTRIBUTING TO IMPROVEMENTS OF THE LIVING ENVIRONMENT OF RESIDENTS IN YANGON CITY.
Japan	Philippines	ODA Loans	Transport & storage	Mitigation significant	410.20	NORTH-SOUTH COMMUTER RAILWAY EXTENSION PROJECT (I) TO STRENGTHEN THE TRANSPORTATION NETWORK AND ALLEVIATE SERIOUS TRAFFIC CONGESTION BY EXTENDING THE NORTH-SOUTH COMMUTER RAILWAY, THEREBY CONTRIBUTING TO EXPANSION OF ITS ECONOMIC SPHERE AND IMPROVEMENT OF INVESTMENT ENVIRONMENT AS WELL AS MITIGATING AIR POLLUTION AND CLIMATE CHANGE.
Japan	Türkiye	ODA Loans	Water and sanitation	Adaptation significant	409.97	LOCAL AUTHORITIES ENVIRONMENTAL IMPROVEMENT PROJECT THE PROJECT AIMS TO PROMOTE DEVELOPMENT OF SOCIAL INFRASTRUCTURE INCLUDING WATER SUPPLY, WASTEWATER MANAGEMENT AND SOLID WASTE MANAGEMENT, BY PROVIDING LONG-TERM FINANCE TO SOCIAL INFRASTRUCTURE PROJECTS IN TARGET PROVINCES AFFECTED BY INFLUX OF THE SYRIANS.

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Canada	Asia, regional	ODA Loans	Energy	Mitigation principal	378.02	CLIMATE INVESTMENT FUNDS - ACCELERATING COAL TRANSITION INVESTMENT PROGRAM (CIF-ACT)/FONDS D'INVESTISSEMENT CLIMATIQUE - INITIATIVE POUR LA TRANSITION ACCÉLÉRÉE DU CHARBON (CIF-ACT) THIS PROJECT AIMS TO ACCELERATE THE TRANSITION FROM COAL-POWERED TO CLEAN ENERGY WHILE ENSURING A HOLISTIC, INTEGRATED, SOCIALLY-INCLUSIVE AND GENDER-EQUAL JUST TRANSITION IN RECIPIENT COUNTRIES: INDIA, INDONESIA, PHILIPPINES AND SOUTH AFRICA FOR THE FIRST PHASE OF THE PROJECT. THERE COULD BE MORE RECIPIENT COUNTRIES IN FOLLOWING PHASES. THE CLIMATE INVESTMENT FUNDS - ACCELERATING COAL TRANSITION (CIF – ACT) INVESTMENT PROGRAM IS BUILDING SUPPORT AT THE LOCAL LEVEL TO RECONSIDER THE DEVELOPMENT OF NEW COAL PLANTS AND ACCELERATE THE RETIREMENT OF EXISTING COAL ASSETS. IT WILL FOSTER NEW ECONOMIC ACTIVITIES FUELED BY NEW CLEAN ENERGY SOURCES FOR THOSE IMPACTED BY THE TRANSITION. THE PROGRAM WORKS WITH PUBLIC SECTOR UTILITIES AND PRIVATE SECTOR OPERATORS TO DEFINE PATHWAYS TO ADVANCE TRANSITIONS WHILE ENSURING THE PURSUIT OF A JUST TRANSITION APPROACH IN SUPPORTING A CHANGE AWAY FROM COAL IN RECIPIENT COUNTRIES. PROJECT ACTIVITIES INCLUDE: (1) SUPPORTING THE CLOSURE AND DECOMMISSIONING OF COAL MINES AND COAL POWER PLANTS, (2) SUPPORTING POWER PLANT REPURPOSING TOWARD RENEWABLE ENERGY AND ENERGY STORAGE, (3) PROVIDING FUNDING SUPPORT FOR LABOUR RETRENCHMENT PACKAGES AND RESKILLING/RETRAINING PACKAGES, INCLUDING A GENDER ACTION PLAN, AND (4) DEVELOPING A TRANSITION STRATEGY AS PART OF IMPLEMENTING INVESTMENT PROJECTS THROUGH CLOSE CONSULTATION WITH KEY STAKEHOLDERS ACROSS DIFFERENT MINISTRIES AND AGENCIES WITHIN A RECIPIENT COUNTRY.THIS PROJECT AIMS TO BENEFIT THE COMMUNITIES IN THE CIF-ACT RECIPIENT COUNTRIES, PARTICULARITY WORKERS AFFECTED BY THE COAL-TO-CLEAN TRANSITION, INCLUDING WOMEN AND OTHER TRADITIONALLY MARGINALIZED GROUPS SUCH AS INDIGENOUS PEOPLES, YOUTH AND PERSONS LIVING WITH A DISABILITY. THE WOMEN-LED COAL TRANSITION MECHANISM COMPLEMENTS THIS INITIATIVE. / CE PROJET VISE À ACCÉLÉRER LA TRANSITION D'UNE ÉNERGIE ALIMENTÉE AU CHARBON VERS UNE ÉNERGIE PROPRE TOUT EN ASSURANT UNE TRANSITION JUSTE, HOLISTIQUE, INTÉGRÉE, SOCIALEMENT INCLUSIVE ET ÉGALITAIRE ENTRE LES SEXES DANS LES PAYS BÉNÉFICIAIRES : INDE, INDONÉSIE, PHILIPPINES ET AFRIQUE DU SUD POUR LA PREMIÈRE PHASE DU PROJET. IL POURRAIT Y AVOIR PLUS DE PAYS BÉNÉFICIAIRES DANS LES PHASES SUIVANTES. LE FONDS D'INVESTISSEMENT CLIMATIQUE - INITIATIVE POUR LA TRANSITION ACCÉLÉRÉE DU CHARBON (CIF-ACT) APPORTE UN SOUTIEN AU NIVEAU LOCAL POUR RECONSIDÉRER LE DÉVELOPPEMENT DE NOUVELLES CENTRALES AU CHARBON ET ACCÉLÉRER LE RETRAIT DES CENTRALES EXISTANTES. IL FAVORISERA DE NOUVELLES ACTIVITÉS ÉCONOMIQUES ALIMENTÉES PAR DE NOUVELLES SOURCES D'ÉNERGIE PROPRES POUR LES PERSONNES TOUCHÉES PAR LA TRANSITION. LE PROGRAMME COLLABORE AVEC LES SERVICES PUBLICS ET LES OPÉRATEURS DU SECTEUR PRIVÉ POUR DÉFINIR DES VOIES PERMETTANT DE FAIRE AVANCER LES TRANSITIONS TOUT EN GARANTISSANT LA POURSUITE D'UNE APPROCHE DE TRANSITION JUSTE EN SOUTENANT UN CHANGEMENT DANS L'UTILISATION DU CHARBON DANS LES PAYS BÉNÉFICIAIRES. LES ACTIVITÉS DE CE PROJET COMPRENNENT : 1) LE SOUTIEN À LA FERMETURE ET AU DÉMANTÈLEMENT DE
Japan	Myanmar	ODA Loans	Rural development	Adaptation significant	348.99	REGIONAL INFRASTRUCTURE IMPROVEMENT PROJECT 1) ROAD AND BRIDGE SUB-PROJECTS: DEVELOPMENT OF ROADS AND BRIDGES IN RURAL AREAS2) ELECTRICITY SUPPLY SUB-PROJECTS: CONSTRUCTION AND REHABILITATION OF LOW VOLTAGE POWER TRANSMISSION/DISTRIBUTION GRIDS3) WATER SUPPLY SUB-PROJECT: DEVELOPMENT/EXPANSION OF WATER DISTRIBUTION AND SUPPLY FACILITIES

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	India	ODA Loans	Transport & storage	Mitigation significant	346.13	MUMBAI METRO LINE 3 PROJECT (III) TO COPE WITH THE INCREASE OF TRAFFIC DEMAND IN MUMBAI BY EXPANDING THE MASS RAPID TRANSPORTATION SYSTEM, THEREBY PROMOTING REGIONAL ECONOMIC DEVELOPMENT AND IMPROVING URBAN ENVIRONMENT, THROUGH MITIGATION OF TRAFFIC JAMS AND DECREASE OF POLLUTION CAUSED BY INCREASING MOTOR VEHICLES.
Germany	Indonesia	ODA Loans	Energy	Mitigation principal	335.66	SUSTAINABLE AND INCLUSIVE ENERGY PROGRAM (SIEP) - SUBPROGRAM III THE SUSTAINABLE INCLUSIVE ENERGY PROGRAM (SIEP) SUPPORTS THE GOVERNMENT OF INDONESIA'S ENERGY SECTOR REFORM PRIORITIES AND REPRESENTS A SUSTAINED PARTNERSHIP BETWEEN KFW AND OTHER MULTILATERAL AND BILATERAL STAKEHOLDERS, THE GOVERNMENT, AND OTHER DEVELOPMENT PARTNERS. SUBPROGRAM 3 SUPPORTS THE TRANSFORMATION OF INDONESIA'S ENERGY SECTOR THROUGH REFORMS INITIATED IN 2014, WHICH AIM TO (I) IMPROVE FISCAL SUSTAINABILITY AND GOVERNANCE, (II) EXPAND PRIVATE INVESTMENT, AND (III) PROMOTE THE DEPLOYMENT OF CLEAN AND EFFICIENT ENERGY OPTIONS. SUBPROGRAM 3 SUPPORTS THE GOVERNMENT'S AMBITIOUS ENERGY SECTOR REFORMS UNDER THE NATIONAL MEDIUM-TERM DEVELOPMENT PLAN (RPJMN) 2020-2024 AND ITS GREENHOUSE GAS (GHG) EMISSION REDUCTIONS OF 29% UNDER ITS NATIONALLY DETERMINED CONTRIBUTION.
Norway	Uganda	Other Official Flows (non Export Credit)	Energy	Mitigation principal	319.77	INVESTMENT IN SN POWER AS - UGANDA THE COMPANY IS A NICHE INVESTOR IN HYDROPOWER AND WIND IN EMERGING MARKETS, WITH FOCUS ON SPECIFIC COUNTRIES IN AFRICA AND ASIA.
Germany	Indonesia	ODA Loans	Energy	Mitigation significant	310.98	RESULTS-BASED LOAN SUSTAINABLE ENERGY ACCESS IN EASTERN INDONESIA - ELEC RESULTS-BASED LOAN SUSTAINABLE ENERGY ACCESS IN EASTERN INDONESIA - ELECTRICITY GRID DEVELOPMENT PROGRAM
Japan	India	ODA Loans	Water and sanitation	Adaptation significant	309.65	BENGALURU WATER SUPPLY AND SEWERAGE PROJECT (PHASE 3)(I) TO PROVIDE SAFE AND STABLE WATER SUPPLY AND SEWERAGE SERVICES
Germany	India	ODA Loans	Energy	Mitigation principal	308.71	SBI ENERGY EFFICIENT HOUSING SBI ENERGY EFFICIENT HOUSING
Germany	Indonesia	ODA Loans	Energy	Mitigation principal	285.10	SUSTAINABLE HYDROPOWER SUSTAINABLE HYDROPOWER
Germany	India	ODA Loans	Energy	Mitigation principal	279.72	GREEN ENERGY CORRIDORS IV - POWER TRANSMISSION OF RENEWABLE ENERGIES GREEN ENERGY CORRIDORS IV - POWER TRANSMISSION OF RENEWABLE ENERGIES
Japan	Bangladesh	ODA Loans	Rural development	Adaptation significant	271.74	SOUTHERN CHATTOGRAM REGIONAL DEVELOPMENT PROJECT THE OBJECTIVE OF THE PROJECT IS TO IMPROVE THE LIVING STANDARD AND THE QUALITY OF LIFE OF LOCAL RESIDENTS IN THE SOUTHERN CHATTOGRAM REGION BY DEVELOPING PUBLIC INFRASTRUCTURE.

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Germany	South Africa	ODA Loans	Energy	Mitigation principal	268.53	REFORM-FÖK ZUR UNTERSTÜTZUNG DER JUST ENERGY TRANSITION THE OBJECTIVE OF THE PROJECT IS TO SUPPORT THE SOUTH AFRICAN GOVERNMENT IN IMPLEMENTING COMPREHENSIVE ENERGY SECTOR REFORMS. THE BASIS OF THE REFORMS ARE SOUTH AFRICA'S COMMITMENTS FROM THE PARIS CLIMATE AGREEMENT AND THE NATIONALLY DETERMINED CONTRIBUTIONS (NDC) TO CUT CO2 EMISSIONS. FURTHERMORE, THE PROJECT CONTRIBUTES TO THE IMPLEMENTATION OF THE WORLD'S FIRST JUST ENERGY TRANSITION PARTNERSHIP (JET-P) ANNOUNCED AT COP26 BY SOUTH AFRICA, FRANCE, GERMANY, GREAT BRITAIN, THE USA AND THE EU. TO FINANCE THE PROJECT, THE REPUBLIC OF SOUTH AFRICA WILL BE PROVIDED WITH A PROMOTIONAL LOAN IN THE FORM OF A POLICY-BASED FINANCING APPROACH. THIS DEVELOPMENT POLICY INSTRUMENT DEALS WITH THE NEGOTIATION OF (SECTOR) POLITICAL REFORM PROGRAMS THAT ARE INITIATED AND IMPLEMENTED BY THE PARTNER GOVERNMENT ON ITS OWN INITIATIVE. THE POLICY-BASED FINANCING APPROACH IS INTENDED TO SUPPORT THE IMPLEMENTATION OF REFORM MEASURES THAT CONTRIBUTE TO A SOCIALLY JUST AND ECOLOGICALLY SUSTAINABLE RESTRUCTURING OF THE SOUTH AFRICAN ENERGY SECTOR. THE IMMEDIATE FOCUS IS ON MEASURES TO REDUCE CO2 EMISSIONS, INCLUDING THE CREATION OF SECTORAL EMISSION TARGETS AND THE CONVERSION OF ENERGY GENERATION CAPACITIES. BY THE YEAR 2030, THE SHARE OF FOSSIL FUELS IN THE GENERATION CAPACITY SHALL BE REDUCED TO A MAXIMUM OF 48% (2018: 79%) AND AT THE SAME TIME THE SHARE OF RENEWABLE ENERGIES SHALL BE INCREASED TO AT LEAST 38% (2018: 11%) (INSTALLED CAPACITY).
EU Institutions	Europe, regional	ODA Grants	Agriculture (incl. forestry, fishing)	Adaptation significant	266.46	SUSTAINABLE FOOD SYSTEMS 4 COMPONENTS: I) SUSTAINABLE FOOD SYSTEMS GOVERNANCE (ALSO CONTAINING AGROBIODIVERSITY AND SPS), II) NUTRITION GOVERNANCE, III) INNOVATION AND RESEARCH, AND IV) PROACT
Japan	India	ODA Loans	Water and sanitation	Adaptation significant	260.47	PROJECT FOR CONSTRUCTION OF CHENNAI SEAWATER DESALINATION PLANT(I) THE PROJECT WILL CONSTRUCT A SEAWATER DESALINATION PLANT AND CONSTRUCT AND IMPROVE WATER TRANSPORTATION AND DISTRIBUTION FACILITIES IN ORDER TO PROVIDE SAFE, STABLE WATER SERVICES.
Germany	India	ODA Loans	Energy	Mitigation principal	252.91	RENEWABLE ENERGY FINANCING FACILITY I RENEWABLE ENERGY FINANCING FACILITY I
Japan	India	ODA Loans	Water and sanitation	Adaptation significant	251.90	BENGALURU WATER SUPPLY AND SEWERAGE PROJECT (PHASE 3)(II) THE OBJECTIVE OF THE PROJECT IS TO PROVIDE SAFE AND STABLE WATER SUPPLY AND SEWERAGE SERVICES IN BBMP BY CARRYING OUT CONSTRUCTION OF WATER SUPPLY AND SEWERAGE SYSTEM UTILIZING WATER RESOURECE OF CAUVERY RIVER.
Japan	Indonesia	ODA Loans	Water and sanitation	Adaptation significant	250.81	JAKARTA SEWERAGE DEVELOPMENT PROJECT (ZONE 6) (PHASE 1) TO IMPROVE WATER ENVIRONMENT AND SANITATION ACCESS IN THE SPECIAL CAPITAL REGION OF JAKARTA BY INTRODUCING A SEWERAGE SYSTEM.
Germany	India	ODA Loans	Energy	Mitigation principal	247.94	RENEWABLE ENERGY FINANCING FACILITY II RENEWABLE ENERGY FINANCING FACILITY II
Japan	India	ODA Loans	Water and sanitation	Adaptation significant	244.03	PROJECT FOR POLLUTION ABATEMENT OF NAG RIVER IN NAGPUR TO PREVENT AND IMPROVE THE POLLUTION OF RIVERS AND IMPROVE HYGIENIC ENVIRONMENT OF RESIDENTS IN THE CATCHMENT AREA OF RIVER NAG AND PILI RIVER IN NAGPUR CITY
Germany	India	ODA Loans	Transport & storage	Mitigation principal	243.75	INTEGRATED AND GREEN URBAN MOBILITY FOR THE MUMBAI METROPOLITAN REGION INTEGRATED AND GREEN URBAN MOBILITY FOR THE MUMBAI METROPOLITAN REGION

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Germany	India	ODA Loans	Transport & storage	Mitigation principal	240.09	CLIMATE-FRIENDLY URBAN MOBILITY IV CLIMATE-FRIENDLY URBAN MOBILITY IV
Germany	India	ODA Loans	Transport & storage	Mitigation principal	236.52	CLIMATE-FRIENDLY URBAN MOBILITY III CLIMATE-FRIENDLY URBAN MOBILITY III
France	Mexico	ODA Loans	Energy	Mitigation principal	236.52	MODER ET REHA DE CENTRALES HYDROELECTRI CE PROJET VISE À ÉTENDRE LA DURÉE DE VIE ET À ACCROITRE LES CAPACITÉS DE PRODUCTION DES CENTRALES HYDROÉLECTRIQUES DE LA COMMISSION FÉDÉRALE D'ÉLECTRICITÉ (CFE) MEXICAINE, TOUT EN AMÉLIORANT LA SÉCURITÉ DES BARRAGES ET LA GESTION DES CRUES SUR LE FLEUVE GRIJALVA. IL PRÉVOIT LA RÉHABILITATION DE CENTRALES ÉLECTRIQUES ET LA MODERNISATION DU SYSTÈME DE GESTION DES CENTRALES HYDROÉLECTRIQUES DE LA CFE DANS LE BASSIN DE LA GRIJALVA.-MODER ET REHA DE CENTRALES HYDROELECTRI
Germany	Bilateral, unspecified	ODA Grants	Agriculture (incl. forestry, fishing)	Adaptation significant	233.61	GLOBAL ARGRICULTURE AND FOOD SECURITY PROGRAM (GAFSP) THE FUNDS ARE INTENDED TO HELP DEAL WITH THE CONSEQUENCES OF THE UKRAINE WAR ON FOOD SECURITY IN THE PARTNER COUNTRIES. IN PARTICULAR, THE RESILIENCE OF AGRICULTURAL AND FOOD SYSTEMS IS TO BE INCREASED IN THE MEDIUM AND LONG TERM IN A SUSTAINABLE MANNER AND SMALLHOLDER FARMERS SHOULD BE STRENGTHENED.
Korea	Indonesia	ODA Loans	Water and sanitation	Mitigation significant	229.61	KARIAN-SERPONG WATER CONVEYANCE SYSTEM PROJECT THE PURPOSE OF THE PROJECT IS TO SUPPLY TREATED BULK WATER TO 3 MAJOR CITIES INCLUDING WEST JAKARTA AND 3 REGENCIES
Japan	Egypt	ODA Loans	Energy	Mitigation significant	227.76	DEVELOPMENT POLICY LOAN FOR POWER SECTOR REFORM BY SUPPORTING THE IMPLEMENTATION OF REFORMS TO ADDRESS STRUCTURAL ISSUES IN THE POWER SECTOR THROUGH FINANCIAL ASSISTANCE, THE PROGRAM AIMS TO STRENGTHEN FINANCIAL SUSTAINABILITY AND PROMOTE GOVERNANCE REFORMS IN THE POWER SECTOR, AND PROMOTE RENEWABLE ENERGY AND ENERGY EFFICIENCY FOR GREEN GROWTH.
Japan	Tanzania	ODA Loans	Transport & storage	Adaptation significant	222.03	ARUSHA-HOLILI ROAD IMPROVEMENT PROJECT THE OBJECTIVE OF THIS PROJECT IS TO INCREASE THE VOLUME AND LOADING CAPACITY O ROADS, IMPROVE TRAFFIC SAFETY AND LOWER VEHICLE OPERATING COST FOR THE TARGET AREAS. THIS WILL RESPOND TO THE GROWING TRAFFIC VOLUME AND HENCE CONTRIBUTE TO ECONOMIC DEVELOPMENT AND REGIONAL INTEGRATION IN EAST AFRICA.
Japan	Sri Lanka	ODA Loans	Transport & storage	Mitigation significant	220.36	PROJECT FOR ESTABLISHMENT OF LIGHT RAIL TRANSIT SYSTEM IN COLOMBO (I) THE OBJECTIVE OF THE PROJECT IS TO ENHANCE THE EFFICIENT TRANSPORTATION CAPACITY AND IMPROVE THE SERVICE OF THE PUBLIC TRANSPORTATION BY INTRODUCING THE LIGHT RAIL TRANSIT (LRT) IN THE COLOMBO METROPOLITAN AREA.
Germany	Mexico	ODA Loans	Energy	Mitigation principal	203.94	PROGRAMME FOR THE PROMOTION OF ENERGY EFFICIENCY AND RENEWABLE ENERGIES PROGRAMME FOR THE PROMOTION OF ENERGY EFFICIENCY AND RENEWABLE ENERGIES

Table A.9 Largest 50 projects representing 30% of commitments excluded from climate and health commitment in health determining sectors, DAC donors, 2018-2022

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	Bangladesh	ODA Loans	Energy	Mitigation significant	1293.64	MATARBARI ULTRA SUPER CRITICAL COAL-FIRED POWER PLANT (V) TO MEET THE INCREASING ELECTRICITY DEMAND AND ACHIEVE STABLE POWER SUPPLY IN BANGLADESH BY CONSTRUCTING AN

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
						ULTRA SUPER CRITICAL COAL-FIRED POWER PLANT IN MATARBARI AREA
Japan	Uzbekistan	ODA Loans	Energy	Mitigation significant	1142.93	NAVOI THERMAL POWER PLANT MODERNIZATION PROJECT (PHASE 2) THE OBJECTIVE OF THE PROJECT IS TO STRENGTHEN THE POWER SUPPLY CAPACITY AND REDUCE THE FUEL CONSUMPTION BY MODERNIZING THE NAVOI THERMAL POWER PLANT BY CONSTRUCTING THE HIGHLY EFFICIENT COMBINED CYCLE POWER PLANT (CCPP),.
Japan	India	ODA Loans	Transport & storage	Mitigation significant	1126.66	DEDICATED FREIGHT CORRIDOR PROJECT (PHASE 1)(IV) CONSTRUCTION OF DEDICATED FREIGHT CORRIDOR
Japan	Iraq	ODA Loans	Industry, construction & mining	Mitigation significant	1082.54	BASRAH REFINERY UPGRADING PROJECT(IV) TO IMPROVE THE QUALITY OF REFINED PRODUCTS AND TO DECREASE THE DOMESTIC DEMAND-SUPPLY GAP THROUGH STRENGTHENING THE PRODUCTIVITY OF OIL PRODUCTS, BY INSTALLING A NEW FLUID CATALYTIC CRACKING (FCC) COMPLEX
Japan	Philippines	ODA Loans	Transport & storage	Adaptation significant	1032.26	CEBU-MACTAN BRIDGE (4TH BRIDGE) AND COASTAL ROAD CONSTRUCTION PROJECT THE OBJECTIVE OF THE PROJECT IS TO RESPOND TO INCREASING TRAFFIC DEMAND IN METRO CEBU BY CONSTRUCTING A LONG-SPAN ROAD BRIDGE BETWEEN CEBU AND MACTAN ISLAND AND CONNECTING COASTAL ROAD, THEREBY CONTRIBUTING TO SOCIO-ECONOMIC DEVELOPMENT THROUGH MITIGATING THE TRAFFIC CONGESTION.
Japan	Bangladesh	ODA Loans	Transport & storage	Mitigation significant	766.00	JAMUNA RAILWAY BRIDGE CONSTRUCTION PROJECT (II) CONSTRUCTING A NEW DEDICATED RAILWAY BRIDGE PARALLEL TO THE EXISTING BRIDGE IN THE BASIN OF THE JAMUNA RIVER
Japan	Bangladesh	ODA Loans	Transport & storage	Adaptation significant	703.94	HAZRAT SHAHJALAL INTERNATIONAL AIRPORT EXPANSION PROJECT (II) CONSTRUCTING A THIRD INTERNATIONAL PASSENGER TERMINAL, CARGO TERMINAL AND OTHER INFRASTRUCTURE AND FACILITIES AT DHAKA INTERNATIONAL AIRPORT
Japan	Bangladesh	ODA Loans	Energy	Mitigation significant	596.59	MATARBARI ULTRA SUPER CRITICAL COAL-FIRED POWER PROJECT (IV) TO MEET THE INCREASING ELECTRICITY DEMAND AND ACHIEVE STABLE POWER SUPPLY IN BANGLADESH BY CONSTRUCTING AN ULTRA SUPER CRITICAL COAL-FIRED POWER PLANT IN MATARBARI AREA
Japan	India	ODA Loans	Transport & storage	Adaptation significant	595.88	MUMBAI TRANS-HARBOUR LINK PROJECT (II) TO IMPROVE CONNECTIVITY IN MUMBAI
Japan	India	ODA Loans	Transport & storage	Mitigation principal	444.39	BENGALURU METRO RAIL PROJECT (PHASE 2) CONSTRUCTION WORKS AND PROCUREMENT OF GOODS AND SERVICES FOR REACH6 OF PHASE2, PHASE2A AND 2B TO COPE WITH THE INCREASE OF TRAFFIC DEMAND IN BENGALURU.
Japan	India	ODA Loans	Water and sanitation	Adaptation principal	402.91	RAJASTHAN RURAL WATER SUPPLY & FLUOROSIS MITIGATION PROJECT (PHASE 2) CONSTRUCTION WORKS AND PROCUREMENT OF GOODS AND SERVICES, CAPACITY DEVELOPMENT OF COMMUNITY, CONSULTING SERVICES
Germany	Morocco	ODA Loans	Energy	Mitigation principal	380.14	COMPLEXE SOLAIRE NOOR MIDELT COMPLEXE SOLAIRE NOOR MIDELT
Japan	Kenya	ODA Loans	Transport & storage	Mitigation significant	410.88	MOMBASA GATE BRIDGE CONSTRUCTION PROJECT (I) THE OBJECTIVE OF THE PROJECT IS TO MITIGATE TRAFFIC CONGESTION AND FACILITATE EFFICIENT TRANSPORTATION AND LOGISTICS, BY CONSTRUCTING A BRIDGE LINKING MOMBASA ISLAND AND SOUTH MAINLAND (LIKONI AREA) AND RELATED ROADS IMPROVEMENT.

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Germany	Morocco	ODA Loans	Energy	Mitigation principal	380.14	COMPLEXE SOLAIRE NOOR MIDELT COMPLEXE SOLAIRE NOOR MIDELT
France	Bilateral, unspecified	ODA Loans	Agriculture (incl. forestry, fishing)	Adaptation principal	359.50	LIGNE DE CRÉDIT CLIMAT FIDA CETTE LIGNE DE CRÉDIT A POUR OBJECTIF D'ACCOMPAGNER LE FIDA DANS LA MISE EN ŒUVRE DE SA « STRATÉGIE ET PLAN D'ACTION SUR L'ENVIRONNEMENT ET LE CHANGEMENT CLIMATIQUE 2019-2025 » EN VUE DE L'ATTEINTE DE L'ENGAGEMENT D'OCTROYER DES PRÊTS POUR LE DÉVELOPPEMENT AGRICOLE COMPORTANT DES CO-BÉNÉFICES CLIMAT, POUR AU MINIMUM 25 % DU PROGRAMME FIDA11 (PÉRIODE 2019-2021).-FIDA
EU Institutions	South of Sahara, regional	ODA Grants	Transport & storage	Mitigation significant	354.78	INVESTMENTS ON REGIONAL INFRASTRUCTURES DEVELOPMENT OF RESILIENT CONTINENTAL/INTER-REGIONAL INFRASTRUCTURE FOR TRANSPORT MULTIMODAL NETWORKS, ENERGY NETWORKS AND DIGITAL NETWORKS VIA BLENDED FINANCE, FEASIBILITY STUDIES AND SUPPORT TO SUB-SAHARAN AFRICAN TRANSPORT POLICY PROGRAM
Netherlands	Bilateral, unspecified	ODA Grants	Emergency Response	Adaptation significant	346.60	DRA BLOKALLOCATIE 2022-2026 BLOKALLOCATIE VOOR ALLE DRA ACTIVITEITEN, WAARONDER MEERJARIGE PROTRACTED JOINT RESPONSES, ACUTE JOINT RESPONSES EN HET DRA SUPPORT BUDGET.
Japan	Myanmar	ODA Loans	Transport & storage	Adaptation significant	366.71	YANGON-MANDALAY RAILWAY IMPROVEMENT PROJECT PHASE I (III) THE OBJECTIVE OF THE PROJECT IS TO IMPROVE THE CAPACITY OF RAILWAY TRANSPORTATION BY REHABILITATING AND MODERNIZING THE EXISTING RAILWAY AND RELATED FACILITIES FROM YANGON TO TOUNGOO IN PART OF YANGON-MANDALAY RAILWAY THEREBY CONTRIBUTING TO ECONOMIC DEVELOPMENT OF MYANMAR.
Japan	Philippines	ODA Loans	Transport & storage	Adaptation significant	302.06	DAVAO CITY BYPASS CONSTRUCTION PROJECT (II) THE OBJECTIVE OF THE PROJECT IS TO RESPOND TO INCREASING TRAFFIC DEMAND, MITIGATE TRAFFIC CONGESTION IN DAVAO CITY AND IMPROVE LOGISTICS IN THE BIGGEST ECONOMIC REGION IN MINDANAO,BY CONSTRUCTING A BYPASS ROAD CONNECTING THE SOUTHERN TIP AND THE CENTER PART OF THE CITY IN MINDANAO.
Japan	Kenya	ODA Loans	Transport & storage	Adaptation significant	301.80	MOMBASA SPECIAL ECONOMIC ZONE DEVELOPMENT PROJECT (I) THIS PROJECT IS TO ENHANCE TRANSPORTATION CAPACITY AND TO STABILIZE THE POWER SUPPLY, BY CONSTRUCTING A BERTH, MAIN ROAD AND ELECTRIC FACILITIES FOR THE MOMBASA SPECIAL ECONOMIC ZONE.
France	Mexico	ODA Loans	Environmental protection	Adaptation significant	299.59	PRPP FINANCES VERTES LA FINALITÉ DU PRPP EST DE SOUTENIR L'ÉLABORATION ET LE RENFORCEMENT DE MESURES LÉGISLATIVES, RÉGLEMENTAIRES ET INSTITUTIONNELLES AFIN D'ENCOURAGER L'ALIGNEMENT DES FLUX FINANCIERS PUBLICS ET PRIVÉS AU MEXIQUE SUR LES OBJECTIFS D'ATTÉNUATION ET D'ADAPTATION DE L'ACCORD DE PARIS.HTTP://WWW.AFD.FR/BASE-PROJETS/CONSULTERPROJET.ACTION?IDPROJET=CMX1065
France	India	ODA Loans	Transport & storage	Mitigation principal	295.65	FINANCEMENT DU METRO DE SURAT LE PROJET VISE À APPUYER LE DÉVELOPPEMENT URBAIN DURABLE DE L'AGGLOMÉRATION DE SURAT ET À AMÉLIORER LES CONDITIONS D'ACCESSIBILITÉ DES POPULATIONS AUX AMÉNITÉS URBAINES, EN PROPOSANT UN SERVICE DE TRANSPORT DE QUALITÉ (CONFORT, VITESSE, SÉCURITÉ). LE PROJET PRÉVOIT LA CONSTRUCTION ET LA MISE EN SERVICE DE 2 LIGNES DE MÉTRO, D'UNE LONGUEUR TOTALE DE 40 KM. -FINANCEMENT DU METRO DE SURAT

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Japan	Iraq	ODA Loans	Industry, construction & mining	Mitigation significant	293.56	BASRAH REFINERY UPGRADING PROJECT (III) TO IMPROVE THE QUALITY OF REFINED PRODUCTS AND TO DECREASE THE DOMESTIC DEMAND-SUPPLY GAP THROUGH STRENGTHENING THE PRODUCTIVITY OF OIL PRODUCTS, BY INSTALLING A NEW FLUID CATALYTIC CRACKING (FCC) COMPLEX
France	Mexico	ODA Loans	Environmental protection	Adaptation significant	283.82	PRET POLITIQUE PUBLIQUES BIODIVERSITE INTÉGRATION DE LA BIODIVERSITÉ DANS LES SECTEURS PRODUCTIFS AGRICULTURE ET PÊCHE-PRET POLITIQUE PUBLIQUES BIODIVERSITE
Korea	Philippines	ODA Loans	Transport & storage	Adaptation significant	282.66	THE NEW DUMAGUETE AIRPORT DEVELOPMENT PROJECT CONSTRUCTION OF A NEW AIRPORT THAT CONFORMS TO INTERNATIONAL SAFETY STANDARDS AND HAS HIGH CLIMATE ADAPTABILITY TO IMPROVE THE SAFETY AND EFFICIENCY OF AIRPORT USE
Korea	Cambodia	ODA Loans	Transport & storage	Adaptation significant	271.82	CAMBODIA - KOREA FRIENDSHIP BRIDGE PROJECT CONSTRUCTION OF TWO NEW BRIDGES AND APPROACH ROADS WHICH WILL HAVE THE EFFECT OF REDUCING URBAN TRAFFIC CONGESTION IN DOWNTOWN OF PHNOM PENH AND IMPROVING CONNECTIVITY BETWEEN KANDAL PROVINCE AND PHNOM PENH.
United Kingdom	Bilateral, unspecified	ODA Grants	Industry, construction & mining	Mitigation significant	260.98	CDC 2ND CAPITAL INCREASE NON ICF TO ENABLE CDC TO SCALE UP ITS ACTIVITY OF INVESTING AND LENDING TO SUPPORT THE BUILDING OF BUSINESSES IN DEVELOPING COUNTRIES, TO CREATE JOBS AND MAKE A LASTING DIFFERENCE TO PEOPLE'S LIVES IN SOME OF THE WORLD'S POOREST PLACES. CDC IS DFID'S MAIN VEHICLE FOR INVESTING IN PRIVATE COMPANIES IN AFRICA AND SOUTH ASIA. CDC ENCOURAGES CAPITAL INVESTMENTS FROM OTHER PRIVATE INVESTORS BY BEING A FIRST MOVER, DEMONSTRATING TO OTHER INVESTORS THAT COMMERCIAL RETURNS ARE POSSIBLE IN THESE FRONTIER MARKETS, AND BY SHARING RISK AND EXPERTISE. THE ADDITIONAL EQUITY FROM DFID WILL ENABLE CDC TO MEET DEMAND FOR CAPITAL IN ITS TARGET MARKETS AND ALLOW CDC TO SUSTAIN A HIGHER VOLUME OF MORE DEVELOPMENTAL INVESTMENTS ACROSS PRIORITY REGIONS AND BUSINESS SECTORS
Germany	India	ODA Loans	Energy	Mitigation principal	253.42	HIGH CAPACITY ENERGY TRANSMISSION PROJECT - POWERGRID INDIA HIGH CAPACITY ENERGY TRANSMISSION PROJECT - POWERGRID INDIA
Japan	Myanmar	ODA Loans	Agriculture (incl. forestry, fishing)	Adaptation significant	279.45	AGRICULTURE INCOME IMPROVEMENT PROJECT PROJECT IS TO IMPROVE THE AGRICULTURE INCOME IN SHWEBO AREA IN SAGAING REGION BY REHABILITATING THE IRRIGATION FACILITIES AND DISTRIBUTION INFRASTRUCTURE AS WELL AS STRENGTHENING AGRICULTURE EXTENSION AND MECHANIZATION, THEREBY CONTRIBUTES TO THE ECONOMIC GROWTH IN RURAL AREAS IN MYANMAR
France	Colombia	ODA Loans	Government & civil society	Adaptation significant	251.65	PRÊT EN APPUI À LA POLITIQUE DE DÉVELOPPEMENT TERRITORIAL DURABLE DANS LE CADRE DU PND 2018-2022 LE PRPP VISE À SOUTENIR LE GOUVERNEMENT COLOMBIEN DANS LA MISE EN ŒUVRE DU PND 2018-2022 SOUS SON ANGLE TERRITORIAL ET DURABLE. IL S'AGIRA D'ACCOMPAGNER LES POLITIQUES PUBLIQUES COLOMBIENNES EN FAVEUR D'UN DÉVELOPPEMENT TERRITORIAL DURABLE, RÉDUISANT LES INÉGALITÉS SOCIALES ET SPATIALES ET RESPECTANT LA TRAJECTOIRE DE RÉSILIENCE ET BAS CARBONE DU PAYS. UNE ATTENTION PARTICULIÈRE SERA ACCORDÉE AUX TERRITOIRES LES PLUS VULNÉRABLES (RÉSERVES FORESTIÈRES ET PÁRAMOS).HTTP://WWW.AFD.FR/BASE-PROJETS/CONSULTERPROJET.ACTION?IDPROJET=CC01073

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
Korea	Egypt	ODA Loans	Transport & storage	Adaptation significant	251.61	LUXOR-HIGH DAM RAILWAY MODERNIZATION PROJECT TO PROVIDE AND MODERNIZE RAILWAY SIGNALING SYSTEM ON LUXOR AND HIGH DAM, AND THEREBY SECURE STABILITY IN OPERATING RAILWAYS AND REINFORCING THEIR
Germany	Bilateral, unspecified	ODA Grants	Agriculture (incl. forestry, fishing)	Adaptation significant	248.15	GLOBAL PARTNERSHIP FOR SUSTAINABLE AND RESILIENT LANDSCAPES (PROGREEN) PROGREEN IS A WORLD BANK MULTI-DONOR TRUST FUND THAT SUPPORTS COUNTRIES' EFFORTS TO IMPROVE LIVELIHOODS WHILE TACKLING DECLINING BIODIVERSITY, LOSS OF FORESTS, DETERIORATING LAND FERTILITY, AND INCEASING RISKS SUCH AS UNCONTROLLED FOREST FIRES, WHICH ARE EXACERBATED BY A CHANGING CLIMATE. THROUGH AN INTEGRATED LANDSCAPE APPROACH, PROGREEN HELPS COUNTRIES MEET THEIR NATIONAL AND GLOBAL SUSTAINABLE DEVELOPMENT GOALS AND COMMITMENTS, INCLUDING PROVERTY REDUCTION, IN A COST-EFFECTIVE MANNER.
Germany	India	ODA Loans	Energy	Mitigation principal	248.15	DISCOM INVESTMENT FACILITY DISCOM INVESTMENT FACILITY
Japan	Uzbekistan	ODA Loans	Agriculture (incl. forestry, fishing)	Adaptation significant	246.65	HORTICULTURE VALUE CHAIN PROMOTION PROJECT (PHASE2) THE OBJECTIVE OF THE PROJECT IS TO IMPROVE ACCESS TO FINANCE AND STRENGTHEN HORTICULTURE VALUE CHAINS BY SUPPLYING FUNDS TO HORTICULTURAL CROP GROWERS AND AGRIBUSINESSES (END-USERS) THROUGH ACCREDITED PARTICIPATING FINANCIAL INSTITUTIONS (PFIS), AND BY PROVIDING TECHNICAL ASSISTANCE.
France	Colombia	ODA Loans	Environmental protection	Adaptation significant	246.54	PRÊT CLIMAT 3 / POLITIQUE CLIMAT PRPP CLIMAT III
Germany	China (People's Republic of)	ODA Loans	Transport & storage	Mitigation principal	243.75	LANZHOU METRO LINE LINE 2 LANZHOU METRO LINE LINE 2
Japan	Myanmar	ODA Loans	Transport & storage	Adaptation significant	250.88	EAST-WEST ECONOMIC CORRIDOR HIGHWAY DEVELOPMENT PROJECT(NEW BAGO-KYAIKTO HIGHWAY SECTION) THE PROJECT IS TO CONSTRUCT NEW SITTAUNG BRIDGE TO ENSURE EFFICIENT TRANSPORTATION AND LOGISTICS IN BAGO-KYAITO SECTION OF THE EAST-WEST ECONOMIC CORRIDOR. THE FUNDS WILL BE ALLOCATED TO CONSTRUCTION OF THE BRIDGE AND UPGRADING THE THUWUNNA RESEARCH LABORATORY AND TRAINING CENTER BUILDINGS.
France	Nigeria	ODA Loans	Agriculture (incl. forestry, fishing)	Adaptation principal	239.67	RÉHABILITATION DE PISTES RURALES ET RENFORCEMENT DE LA COMMERCIALISATION DES PRODUITS AGRICOLES DANS 13 ETATS DU NIGÉRIA PROJET DE RÉHABILITATION DE PISTES RURALES ET DE RENFORCEMENT DE LA COMMERCIALISATION DES PRODUITS AGRICOLES DANS 13 ETATS DU NIGÉRIA (RURAL ACCESS AND AGRICULTURAL MARKETING PROJECT - RAAMP)-PROJET RÉHABILITATION DE PISTES RURALES
Germany	India	ODA Loans	Transport & storage	Mitigation principal	239.19	SURAT METRO (FÖK) SURAT METRO (FÖK)
France	Colombia	ODA Loans	Environmental protection	Adaptation significant	236.52	FINT BUGETAIRE POLITIQUE PUBLIQUE L'OBJECTIF GÉNÉRAL DE CE FB-PP EST DE CONTRIBUER À UNE ÉCONOMIE DURABLE ET RÉSILIENTE DE LA COLOMBIE. IL S'ARTICULE AUTOUR DES OBJECTIFS SPÉCIFIQUES SUIVANTS :- RENFORCER LES CAPACITÉS DU PAYS EN MATIÈRE DE GESTION ET DE SUIVI DE LA MISE EN ŒUVRE DE L'ACTION CLIMATIQUE, , AINSI QU'AUGMENTER SON FINANCEMENT ,- ACCROÎTRE

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
						L'UTILISATION DURABLE, EFFICACE ET LÉGALE DU CAPITAL NATUREL ET DÉVELOPPER L'ÉCONOMIE CIRCULAIRE , - ACCÉLÉRER LA TRANSITION ÉNERGÉTIQUE DU PAYS-FINT BUGETAIRE POLITIQUE PUBLIQUE
France	Colombia	ODA Loans	Environmental protection	Adaptation significant	231.10	FB-PP CRV2 PHASE 2 DU FINANCEMENT BUDGÉTAIRE DE POLITIQUE PUBLIQUE - CROISSANTE VERTE ET RÉSILIENTE À L'ETAT COLOMBIEN QUI VISE À ACCOMPAGNER DES RÉFORMES PRIORITAIRES DANS LES TROIS DOMAINES DE L'ACTION CLIMATIQUE, DE LA VALORISATION SOUTENABLE DU CAPITAL NATUREL ET DE LA TRANSITION ÉNERGÉTIQUE. LE PROGRAMME EST CONSTRUIT AUTOUR (I) D'UN PRÊT BUDGÉTAIRE NON AFFECTÉ, (II) D'UN DIALOGUE DE POLITIQUE PUBLIQUE PLURIANNUEL (2021-2022) ET (III) UN PROGRAMME DE COOPÉRATION TECHNIQUE.
Japan	Nigeria	ODA Loans	Energy	Mitigation principal	224.51	LAGOS AND OGUN POWER TRANSMISSION SYSTEM IMPROVEMENT PROJECT THE PROJECT IS TO ENHANCE THE TRANSMISSION GRID WHEELING CAPABILITY AND THE STABILITY OF THE ELECTRIC POWER SUPPLY OF THE FEDERAL REPUBLIC OF NIGERIA BY INSTALLING AND IMPROVING THE TRANSMISSION LINES AND SUBSTATION FACILITIES WITHIN TARGET AREA.
Germany	Colombia	ODA Loans	Energy	Mitigation principal	223.78	PRESTAMO PROGRAMATICO CRECIMIENTO SOSTENIBLE Y RESILIENTE,PHASE II PRESTAMO PROGRAMATICO CRECIMIENTO SOSTENIBLE Y RESILIENTE,PHASE II
Japan	India	ODA Loans	Transport & storage	Mitigation significant	223.29	KOLKATA EAST-WEST METRO PROJECT (III) TO CONSTRUCT TRANSPORTATION SYSTEM
France	Bilateral, unspecified	ODA Loans	Environmental protection	Adaptation significant	221.70	FINANCEMENT D'INVESTISSEMENTS PUBLICS FAVORABLES AU CLIMAT ET/OU À LA PROMOTION DE L'ÉGALITÉ FEMMES-HOMMES LE PROJET A POUR OBJECTIF D'ACCOMPAGNER LA BCIE DANS LA TRANSFORMATION DE SES PRATIQUES EN FAVEUR DU DÉVELOPPEMENT DE SON OFFRE DE FINANCEMENTS À FORTS IMPACTS CLIMAT ET GENRE. IL SE COMPOSE 1) D'UNE LC POUR FINANCER DES PROJETS FAVORABLES AU CLIMAT À HAUTEUR DE 75% À 80% ET DES PROJETS VISANT À PROMOUVOIR L'ÉGALITÉ FEMMES-HOMMES À HAUTEUR DE 20% À 25% DU VOLUME DES FONDS ALLOUÉS ET 2) D'UN PROGRAMME D'AT => FINANCEMENT PROJET CLIMAT OU EGAL FEMMES
France	India	ODA Loans	Transport & storage	Mitigation principal	221.70	FINANCEMENT DU MÉTRO DE LA VILLE DE PUNE FINANCEMENT DU PROJET DE MÉTRO DE PUNE AU MAHARASHTRA EN FMT => INDE - FINANCEMENT DU METRO DE PUNE
France	Nigeria	ODA Loans	Transport & storage	Mitigation principal	220.08	PROGRAMME D'APPUI À LA MISE EN ŒUVRE DU PLAN DIRECTEUR DES TRANSPORTS DE L'ETAT DE LAGOS (LAGOS STATE TRANSPORT MASTER PLAN) PROGRAMME D'APPUI À LA MISE EN ŒUVRE DU PLAN DIRECTEUR DES TRANSPORT DE L'ETAT DE LAGOS, VISANT L'INTÉGRATION DES MODES DE TRANSPORT, L'AMÉLIORATION DE LA FLUIDITÉ DU TRAFIC, LA FACILITATION DE L'ACCÈS DES USAGERS AUX DIFFÉRENTS MODES DE TRANSPORT EXISTANTS ET LA RÉDUCTION DES TEMPS DE PARCOURS. LE PROGRAMME FINANCERA LES INFRASTRUCTURES DE 8 'QUALITY BUS CORRIDORS' (41 KM AU TOTAL), 2 PÔLE D'ÉCHANGES MULTIMODAUX ET UN VOLET COMPORTANT DES ÉTUDES THÉMATIQUES ET UN RENFORCEMENT DES CAPACITÉS. => FI AMELIORATION MOBILITE URBAINE LAGOS
EU Institutions	Europe, regional	ODA Grants	Transport & storage	Mitigation significant	206.95	EU CONTRIBUTION TO SUSTAINABLE TRANSPORT CONNECTIVITY IN THE WESTERN BALKANS 2021-2027 MULTI-COUNTRY MULTIANNUAL ACTION PLAN IN SUPPORT OF THE WESTERN BALKANS INVESTMENT FRAMEWORK 2021–2027 AND THE PROVISIONING OF THE ELM LEGACY PORTFOLIO FOR PAST EIB

Donor Name	Recipient Name	Flow Name	Sector	Climate marker	Commitment, US$ million	Project Description
						OPERATIONS FOR IPA BENEFICIARIES - ALLOCATION 2021
France	Serbia	ODA Loans	Transport & storage	Adaptation significant	204.29	PROG INFRA VILLES PROJET EN COFINANCEMENT AVEC LA BM, POUR LE SOUTIEN À LA MISE EN PLACE ET À LA GESTION D'INFRASTRUCTURES MUNICIPALES DE MOBILITÉ DURABLE EN SERBIE. CE PROGRAMME DE 300 M.US$ EST OUVERT À L'ENSEMBLE DES MUNICIPALITÉS SERBES, VIA LE MCTI ET FINANCERA LA RÉHABILITATION D'INFRASTRUCTURES VIAIRES, ET PROMOUVRA LES MODES ACTIFS DE TRANSPORT. DES CRITÈRES DE SÉLECTION SONT MIS EN PLACE POUR FAVORISER LES COLLECTIVITÉS LES PLUS VULNÉRABLES ET RESPECTER LES OBJECTIFS DE CO-BÉNÉFICES CLIMAT.
Netherlands	Bilateral, unspecified	ODA Grants	Environmental protection	Adaptation principal	197.66	DUTCH FUND FOR CLIMATE&DEVELOPMENT-DFCD SUBSIDIE TEN BEHOEVE VAN HET FINANCIEREN VAN KLIMAATRELEVANTE PROJECTEN IN ONTWIKKELINGSLANDEN, DOOR 1 FONDSMANAGER. DFCD: FONDS VOOR KLIMAATACTIE IN ONTWIKKELINGSLANDEN GERICHT OP HET TEGENGAAN VAN KLIMAATVERANDERING EN VERSTERKING VAN DE WEERBAARHEID TEGEN DE GEVOLGEN VAN KLIMAATVERANDERING, ALS UITVLOEISEL VAN DE NEDERLANDSE TOEZEGGINGEN ONDER DE OVEREENKOMST VAN PARIJS.

Table A.10 Largest 20 projects representing 50% of climate and health commitment in health determining sectors, Adaptation Fund, Green Climate Fund, Global Environment Facility, Least Developed Countries Fund, 2018-2022

Funder	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
GCF	Global (Botswana, CAR, DRC, Kenya, Congo Rep, Mali, Namibia, Uzbekistan)	Energy generation, renewable sources	Mitigation - General	280.00	This programme is designed to help unlock the large amounts of private finance needed to complement the limited public funding available. It will help the seven target countries shift to low-emission sustainable development pathways and increase access to affordable, reliable, sustainable and modern energy.
GCF	Costa Rica	Transport & Storage	Mitigation - General	271.30	This project aims to install an 85 km double-track, electric light rail transit system in San José's Greater Metropolitan Area which will be powered by more than 98 percent renewable electricity.
GCF	Global (Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ecuador, Egypt, Kenya, Madagascar, Mauritius, Morocco, Namibia, Nigeria, Senegal, South Africa, United Republic of Tanzania, Togo and Uganda)	Banking & Financial Services	Multiple foci	263.16	To redirect flows financial flows to more diversified private sector projects to better serve the ecological transition through the financing of: more adaptation projects in agriculture/land use, water management and resilient infrastructure/buildings to climate change; more green infrastructure and energy efficiency in buildings, but also sustainable forestry programs and waste management projects; and also through support to social inclusion by targeting smaller of less served beneficiaries, including women and individuals in remote areas.

Funder	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
GCF	Albania, Argentina, Costa Rica, Djibouti, Indonesia, North Macedonia, Mexico, Morocco, Nigeria, Sri Lanka, Tunisia	Energy	Multiple Foci	241.23	The Programme for Energy Efficiency in Buildings (PEEB) Cool includes 11 countries across four continents spanning seven different climates: the Mediterranean, humid subtropical, tropical, equatorial, arid, mountain, and continental. These countries suffer from climate change with temperatures reaching levels that increase heat-related health risks. Climate change will lead to an increase in these risks including more regular and extreme heatwaves, and an increase in mean temperatures. The PEEB Cool project will transform the construction sector by advancing more energy-efficient building design, construction, and operation. It will prioritise sub-sectors with significant potential for climate change adaptation and greenhouse gas reduction such as large-scale new housing schemes and commercial buildings involving both the public and private sectors. Moreover, it will generate strong economic and social benefits such as the creation of green jobs. Throughout its activities, PEEB Cool will include efficient cooling solutions, sustainable construction materials, and the involvement of construction ecosystem stakeholders.
GCF	India	Transport & Storage	Mitigation - General	200.00	This project will provide tailored financing solutions to electric vehicle (EV) owners and operators including in ancillary areas, such as charging infrastructure, that will rapidly bring the long-term cost of EV ownership to a level comparable to conventional vehicles.
GCF	Regional - Latin America and the Caribbean	Transport & Storage	Multiple Foci	200.00	The E-mobility Program for Sustainable Cities in LAC targets sustainable urban development through measures that strengthen and improve urban public transport and the quality of life in secondary cities.
GCF	Regional - Latin America and the Caribbean (Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama)	Other Multisector	Adaptation	174.25	The programme (implemented with the Central American Bank for Economic Integration) aims to strengthen the adaptive capacity and climate resilience of vulnerable, rural communities, including farmers and entrepreneurs, in the Dry Corridor region of Central America (Guatemala, Honduras, El Salvador, Costa Rica, Nicaragua and Panama) and in the arid zones of the Dominican Republic.
GCF	Global (Ghana, Nigeria, Tunisia, Kenya, Ethiopia, Guinea)	Energy generation, renewable sources	Mitigation - General	170.90	The LEAF framework will provide decentralised renewable energy solutions to tackle the energy shortfall, while also reducing CO2 emissions and simultaneously boosting local economies and businesses.
GCF	Global (Bangladesh, El Salvador, Kenya, Malawi, North Macedonia, Panama, Sao Trome and Principe, Somalia, Sri Lanka)	General environment protection	Multiple foci	157.00	The Cooling Facility will be one of the world's first cooling-focused facilities with the aim to provide cooling solutions in nine countries. It will focus on regulation and policy, technical assistance and financing to address and help remove barriers to the development of sustainable cooling investments.
GCF	Regional - Sub-Saharan Africa (Burkina Faso, Chad, Mali, Mauritania, Niger)	Energy generation, renewable sources	Mitigation - General	150.00	The Desert to Power G5 Sahel Facility aims to tap into the immense solar energy potential of the Sahel region and bring cheaper, reliable and low-emission electricity to end users.
GCF	Global	Water Supply & Sanitation	Multiple Foci	145.00	Climate Investor Two (CI2) is a fund that aims to support the private sector to develop and construct climate-resilient infrastructure projects in developing countries in the water, sanitation, and ocean sectors – areas which usually do not attract interest from the private sector.
GCF	Mongolia	Other Multisector	Multiple foci	145.00	The creation of eco-districts through low-cost urban infrastructure public facilities and social housing units.
GCF	India	Energy generation, renewable sources	Mitigation - General	137.00	This programme is India's first of its kind climate-focused fund. It will invest in low-carbon and climate-resilient platforms across the energy value chain.

Funder	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
GCF	Global (Bahamas, Belize, Brazil, Colombia, Comoros, Ecuador, Fiji, Guatemala, Indonesia, Jamaica, Jordan, Mexico, Mozambique, Panama, Philippines, Seychelles, Sri Lanka)	General environment protection	Adaptation	125.00	As GCF's first at-scale private sector programme in the blue economy, the Global Fund for Coral Reefs Investment Window (implemented with Pegasus Capital Advisors LP) will create a private equity fund to encourage investments in the blue economy, protecting coral reefs.
GCF	Regional - Sub-Saharan Africa	Banking & Financial Services	Multiple Foci	114.49	This cross-cutting programme will enhance access to credit and technical assistance for local farmers, farmers' organisations, cooperatives and micro and small sized enterprises.
GCF	Indonesia	Energy	Mitigation - General	105.00	This programme will increase Indonesia's capacity to drive a low-carbon development pathway with enhanced energy efficiency and conservation performance by addressing these chronic barriers.
GCF	Argentina	Energy	Mitigation - General	103.00	Scaling up investments by Argentinian Small and Medium-sized Enterprises (SMEs) in renewable energy and energy efficiency.
GCF	Global (Burundi, Cameroon, Djibouti, Indonesia, Kenya, Madagascar, Malawi, Mongolia, Morocco, Nigeria, Uganda)	Energy	Mitigation - General	100.00	A blended finance facility mandated with delivering renewable energy at affordable prices in developing markets through its financial contribution to the earlystage development, construction, and operational phases of an underlying project company's lifecycle.
GCF	South Africa	Energy generation, renewable sources	Mitigation - General	100.00	The GCF-DBSA Embedded Generation Investment Programme ("EGIP") will support the implementation of renewable energy projects with a capacity of 330 MW, which is comprised of 280 MW Solar PV and 50 MW Wind.
GCF	Regional - Latin America and the Caribbean	Other Multisector	Mitigation - General	100.00	The core objective of the Programme is to reduce GHG emissions in Latin America by 10.7 million tonnes of carbon dioxide equivalent ($MtCO_2eq$) in emissions, through locally financed and developed climate change projects for MSMEs in the renewable energy, energy efficiency and land use sectors. The Programme will provide LFIs with access to a green finance credit line. It will also implement four grant-funded sub-components with a focus on education, awareness raising and technical support. This includes matchmaking between LFIs, technology service providers, and solution providers (e.g., MSMEs and farmers), performance-based payments for solution providers, technical support and capacity building, and monitoring and reporting.

Table A.11 Largest 20 projects excluded from climate and health commitment in health determining sectors, Adaptation Fund, Green Climate Fund, Global Environment Facility, Least Developed Countries Fund, 2018-2022

Fund	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
GCF	Regional - East Asia and Pacific (Cambodia, Lao PDR, Philippines, Indonesia, Malaysia)	Business & Other Services	Mitigation - General	300.00	The Programme for Energy Efficiency in Buildings (PEEB) Cool includes 11 countries across four continents spanning seven different climates: the Mediterranean, humid subtropical, tropical, equatorial, arid, mountain, and continental. These countries suffer from climate change with temperatures reaching levels that increase heat-related health risks. Climate change will lead to an increase in these risks including more regular and extreme heatwaves, and an increase in mean temperatures.
GCF	Global (Benin, Burkina Faso, Cameroon, Cote d'Ivoire, Ecuador, Egypt, Kenya, Madagascar,	Banking & Financial Services	Multiple foci	263.16	The LEAF framework will provide decentralised renewable energy solutions to tackle the energy shortfall, while also reducing CO2 emissions and simultaneously boosting local economies and businesses.

Fund	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
	Mauritius, Morocco, Namibia, Nigeria, Senegal, South Africa, United Republic of Tanzania, Togo and Uganda)				
GCF	Albania, Argentina, Costa Rica, Djibouti, Indonesia, North Macedonia, Mexico, Morocco, Nigeria, Sri Lanka, Tunisia	Energy	Multiple Foci	241.23	GCF's commitment of US$ 100 million in catalytic capital to CRAFT will allow the programme to scale up adaptation finance and accelerate development, application and transfer of private sector technologies in climate adaptation and resilience, particularly in the context of promoting green recovery from COVID-19.
GCF	Global (Ghana, Nigeria, Tunisia, Kenya, Ethiopia, Guinea)	Energy generation, renewable sources	Mitigation - General	170.90	This project supports the Senegalese government's aim to achieve universal energy access by 2025. The main causes of low electricity usage rates in the countryside are high upfront investment costs and prohibitive operational costs to run remote electricity assets, tied to low and widely dispersed electricity consumption. GCF will provide the concessional financing needed to mobilise private sector participation in providing rural households with access to modern solar-powered mini-grids in 1,000 isolated villages. Based on a public private partnership business model for investing and operating small scale green mini grids, it will promote jobs creation and include a green stimulus package to support COVID-19 recovery.
GCF	Global (Bahamas, Brazil, Mexico, Rwanda, South Africa, Trinidad and Tobago)	General environment protection	Adaptation	100.00	
GCF	Senegal	Energy generation, renewable sources	Mitigation - General	82.72	While almost all of Senegal's urban areas have access to electricity, about 58 percent of people in rural areas do not. For basic energy needs, these households mainly rely on fuelwood for cooking, and kerosene lamps for lighting. This is expensive and causes health and environmental hazards.
GCF	Regional - Sub-Saharan Africa (Benin, Burkina Faso, Cameroon, Chad, Cote d'Ivoire, Guinea, Mali, Niger and Nigeria)	General environment protection	Multiple foci	67.77	To improve the resilience of populations and ecosystems in the Basin through sustainable management of natural resources by: reducing the silting process of the Niger River, enhancing the adaptability of populations to climate change, and improving natural resources management and integrated ecosystem management, the protection of biodiversity and the restoration of soil fertility.
GCF	Regional - Sub-Saharan Africa (Lesotho, Namibia, South Africa and Eswatini)	Banking & Financial Services	Multiple foci	55.61	A lending facility that aims to address market constraints, play a catalytic role with a blended finacne approach to increase climate-related investments in the Southern African region.
GCF	Comoros	Water Supply & Sanitation	Adaptation	41.92	The project will invest in reinforcing the management of climate resilient water supply, protecting water quality and increasing the climate resilience of water supply infrastructure consistent with priorities identified in the NAPA.
GCF	Cambodia	Agriculture	Multiple foci	40.00	Targetting four agricultural value chains it will enhance crop resilience and productivity.
GCF	Barbados	Water Supply & Sanitation	Multiple Foci	39.39	This project aims to make more water accessible through investment in the circular economy by using carbon neutral and climate-resilient water and energy management technologies that ensure water is protected, managed, recycled, reused, and conserved. The project will contribute to the enhancement of the health, well-being, and productivity of Barbadians.
GCF	El Salvador	General environment protection	Multiple foci	35.85	To improve the resilience of vulnerable family famers to climate change through an integrated landscape approach, featuring the promotion of practical on-farm measures for increasing the resilience of agricultural

Fund	Recipient Name	Sector	Theme / Objective	Commitment, US$ million	Project Description
					production systems, the introduction of household and community level systems for ensuring water supply through rainwater capture and storage, the maintenance of flows and environmental services of importance for livelihoods and agriculture, through improvements to production systems on-fram and the restoration and conservation of degraded ecosystems off-farm.
GCF	Rwanda	General environment protection	Multiple foci	32.79	Following an integrated landscape model the project will increase climate resilience by resotring and enhancing degraded watersheds and increase the capacity of communities to sustainable manage forest resources.
GEF	Global	General Environment Protection	Multiple Foci	32.06	To support forty-three (43) developing countries to prepare and submit Biennial Transparency Reports (BTRs) and National Communications (NCs) that comply with the United Nations Framework Convention on Climate Change (UNFCCC)/Paris Agreement (PA) reporting
GCF	Zambia	Agriculture	Adaptation	32.00	Taking a value-chain approach to help smallholder farmers to access climate information services, support climate-resilient inputs and practices, sustainable water management and alternative livelihoods
GCF	Regional - Sub-Saharan Africa	Energy generation, renewable sources	Mitigation - General	30.00	The Energy Access Relief Facility ("EARF") is a concessional debt fund that is intended to provide energy access companies with vital liquidity during this crisis, in the form of low-interest, unsecured junior loans. GCF will channel its investment into Climate CV, which, in turn, will participate in EARF loans to eligible companies operating in NOL countries. The aim of these loans is to help companies remain solvent, maintain staff and supply lines, be positioned to drive the post-COVID-19 recovery, and reduce 1.3 million tonnes of carbon dioxide equivalent ($MtCO_2eq$) in emissions.
GCF	Kiribati	Water Supply & Sanitation	Multiple foci	28.63	To instal a reverse seawater reverse osmosis desalination plant powered by a new solar photovoltaic plant; new and rehabilitated water supply network; instutional strengthening, capacity building and long-term performance-based contracts and an intensive 5 year cliamte change, water, sanitation and hygiene awareness program.
GCF	Zimbabwe	Other Multisector	Adaptation	26.57	Southern Zimbabwe has experienced increasing temperatures since the 1950s with a decline in total annual precipitation and an increase in mid-season dry spells coupled with extreme weather events in the form of droughts and floods. These changes in climate have reduced water availability and increased soil aridity, resulting in declining agricultural yields and impacting the livelihoods of smallholder farmers in this region. In Southern Zimbabwe, rainfall is predicted to decrease by 15 per cent and runoff by 20 per cent in provinces of Manicaland, Masvingo and Matabeleland South, leading to higher food deficits and higher food prices, as well as higher number of drought-related livestock deaths. The project proposes to address these observed and projected climate impacts and build the resilience of smallholder farmers in three semi-arid agroecological regions of southern Zimbabwe.
GCF	Multi-country (Ghana, Nigeria, Uganda)	Agriculture	Adaptation	26.00	To shift from grants to a long term capital apporach, enabling small holder farmers to respond to climate change more efficiently and effectively. It will support innovative private social entrepreneurs in MSMEs by providing aggregator and digital platform and innovative financial services to smallholder farmers
GCF	Burkina Faso	Other Multisector	Adaptation	22.50	Enhancing and optimising the supply and demand side of climate information systems

ENDNOTES

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All links up to date as of 13 January