



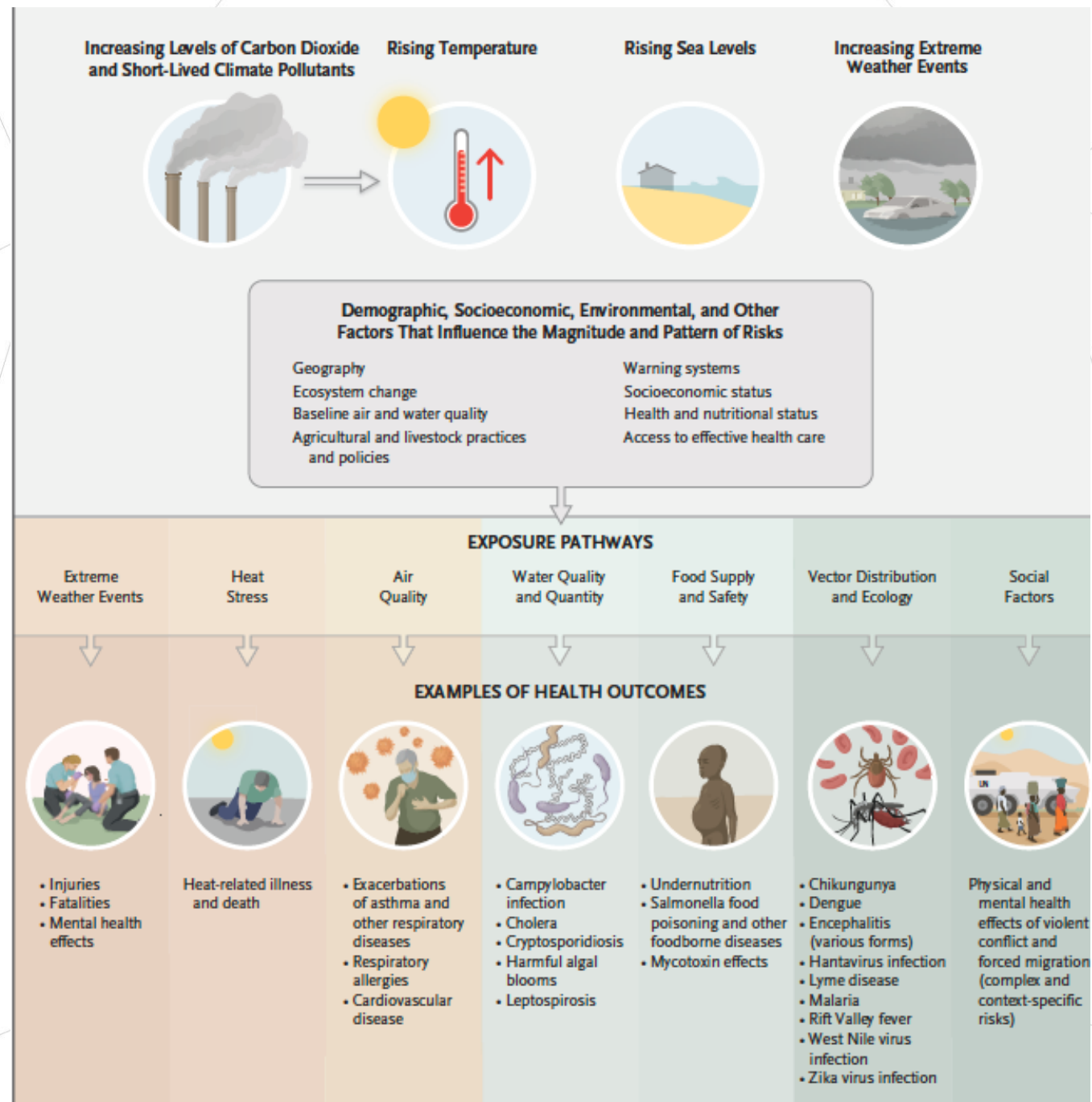
# Health & Well-being

**Jerry Velasquez**

*Director, Division of Mitigation and Adaptation*

*Green Climate Fund*

# Major Health Risks Associated with Climate Change



Source: Haines & Ebi 2019

# Locations most Sensitive to Climate Change-related Health Risks

- Health risks are **unevenly distributed**
- **Sub-Saharan Africa** will be most affected by undernutrition
- **The tropics** will be affected most by **food and waterborne infection**
- **Extreme events** will affect most exposed and vulnerable

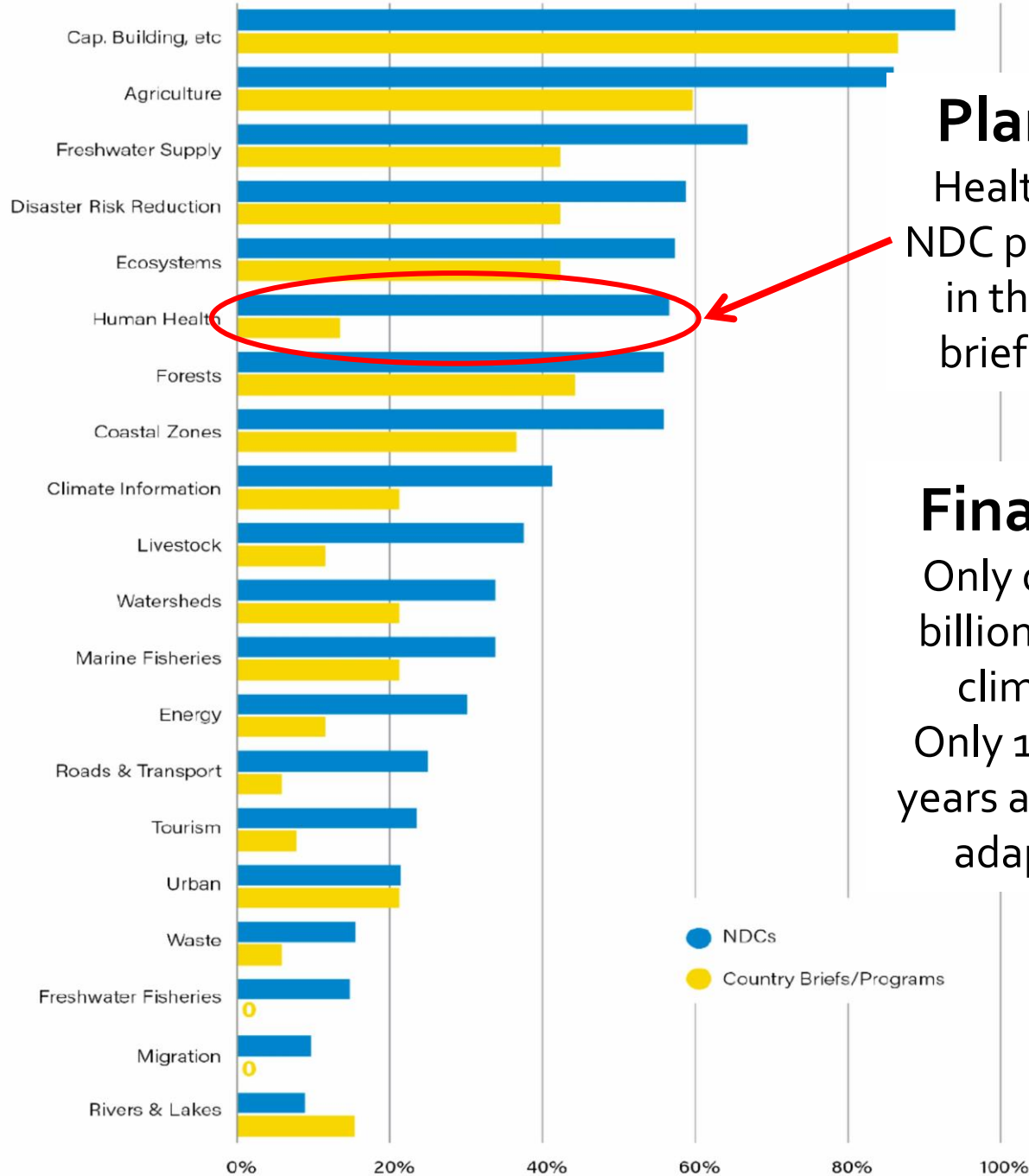
	DIRECT IMPACTS		ECOSYSTEM-MEDIATED			HUMAN INSTITUTION-MEDIATED
	HEAT AND COLD	FLOODS AND STORMS	VECTOR-BORNE DISEASE	FOOD AND WATERBORNE INFECTION	AIR QUALITY	UNDERNUTRITION
Geographies of greatest impact	Lower latitudes	Low-lying areas/ flood plains	Tropics—variable by disease	Tropics	SE Asia	Sub-Saharan Africa
	Cities	Coasts	Dengue: South American cities	Subtropics	Cities	East Asia and Pacific
	South Asia	Tropics	Leishmaniasis: desert	SE Asia	India	Latin America
	Sub-Saharan Africa	Asia	Encephalitis: Europe, Russia, Mongolia, China	Low-lying areas	China	Sahel
		Africa	Upland mountains with population pressure	Food insecure regions	Pakistan	Conflict zones
		Central/South America		Cholera—SE Asia	Sub-Saharan Africa household pollution	Upland mountains with population pressures
		Atolls				

## Where is the Sector Today?

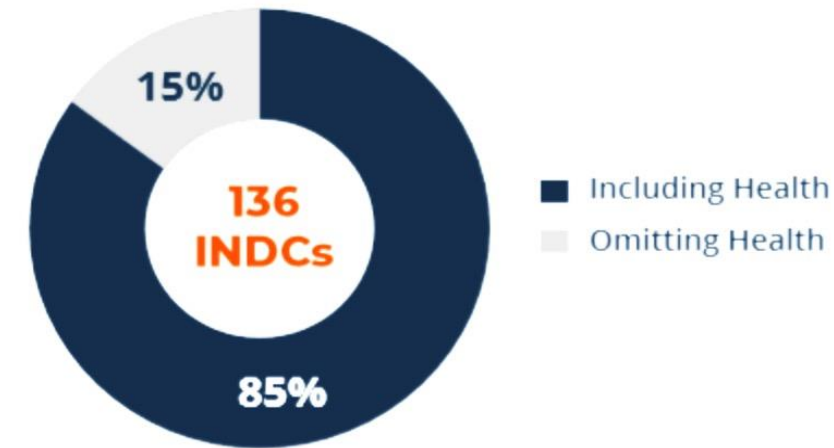
- Health systems are not climate adaptive and not climate-resilient
  - Includes population health and health care facilities
- Few communities are protected from the health and wellbeing risks of climate change
- GHG emissions from health care facilities are about 4.4.-4.6% of worldwide emissions

# Barriers to Adaptation and Mitigation in the Health and Wellbeing Sector

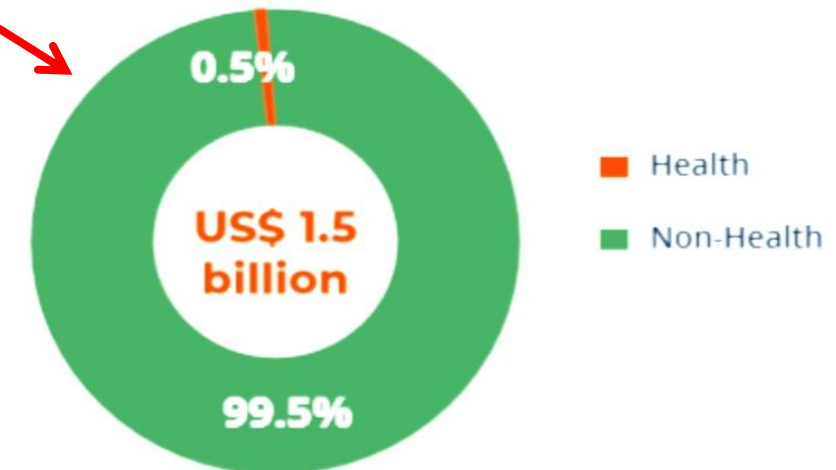
- Limited awareness of and information on the health risks of climate change and the benefits of adaptation, within and outside the health and wellbeing sector
- Insufficient technical knowledge and capacity
  - Insufficient surveillance and monitoring of climate-sensitive health outcomes
  - Limited expertise in data management and analysis
- Limited efforts to build partnership with local communities
- Insufficient collaborative mechanisms
- Financial and economic barriers include the availability of baseline resources available to the health sector



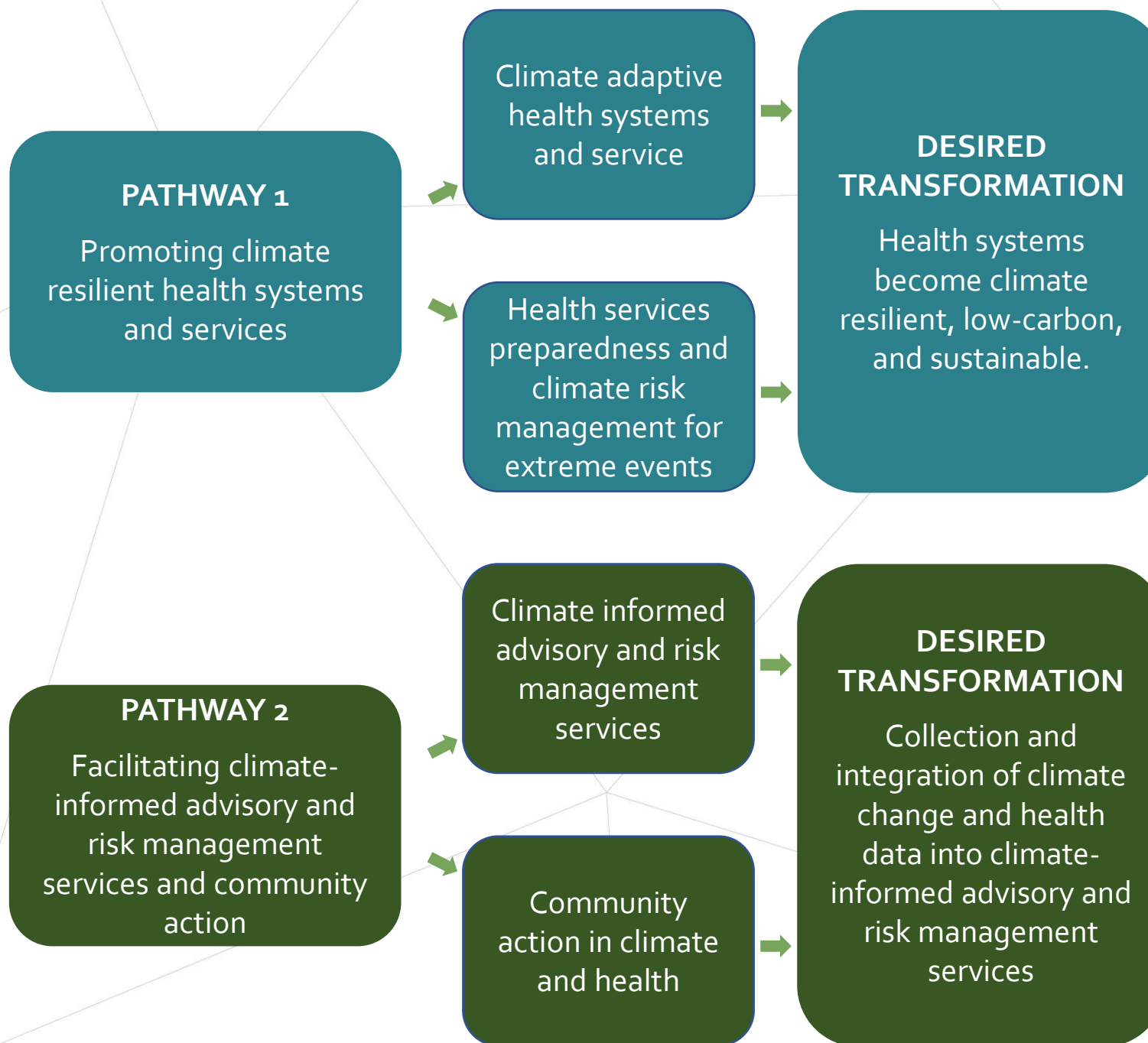
**Inclusion of health in INDCs by Low and Middle-Income Countries**



**Disbursement of Multilateral Climate Finance**



# Paradigm Shifting Pathways





## Finance

- Delivering the paradigm shift for health and wellbeing will require mobilisation of finance at scale
- GCF has a role in delivering this, due to flexibility of financing instruments and ability to take more risks (test, demonstrate, unlock finance)
- Given nature of Health and wellbeing area (public goods, low revenue potential) grant finance will often be important, but are opportunities for loans, co-financing, blended and private finance
- Note that some aspects covered in related sector guide: Infrastructure (including Energy & Energy Efficiency) – for mitigation, Climate Information and EWS, WASH, Agriculture and food security



## Financial Barriers

- Existing domestic budget deficits and availability
- Political economy – Ministries of Health in climate finance landscape
- Market failures (barriers to private investment)
  - Information
  - Positive externalities – social return higher than private return
  - Imperfect markets
- Lack of financial viability
- Access to finance at local and for most vulnerable

# Case study

## Global Clean Cooking Program – Bangladesh (FPo7o)

**GCF funding:** USD 20 m

**Total project funding:** USD 20 m

**Accredited Entity:** The World Bank

*Cross-cutting  
Bangladesh*



- **Climate drivers:** About 66 percent of Bangladesh' population live in rural areas, where women predominantly do the cooking using traditional, wood fueled stoves. Burning wood for cooking releases carbon dioxide, methane and black carbon. It also leads to deforestation and negative health impacts, causing an estimated 46,000 casualties every year in Bangladesh.
- **Project:** scaling up investments in improved cookstoves to increase demand and help extend the existing supply chain, together with technical assistance support to produce improved cook stoves, raise awareness, and carry out research and development of the stoves

# Case study (Non-GCF)

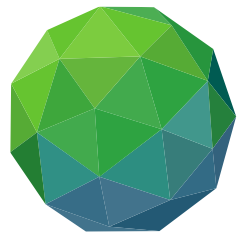
## Africa: Solar for health

GCF funding: N/A  
Total project funding: N/A  
Accredited Entity: N/A

*Zimbabwe, Zambia, Libya, Namibia, Sudan, and South Sudan*



- **Context:** Energy poverty prevents access to healthcare for millions of vulnerable people around the world. Health clinics, maternity wards, surgery blocks, medical warehouses, and laboratories rely on electricity to refrigerate medicines, power the lights and operate life-saving medical devices. Intermittent or unreliable power source puts lives at risk.
- **Project:** support governments to install solar systems in health centres and clinics in rural areas to reach underserved communities, increasing climate resilience while contributing to climate mitigation, and generating economic savings on energy



GREEN  
CLIMATE  
FUND

Raising  
ambition.  
Empowering  
action.