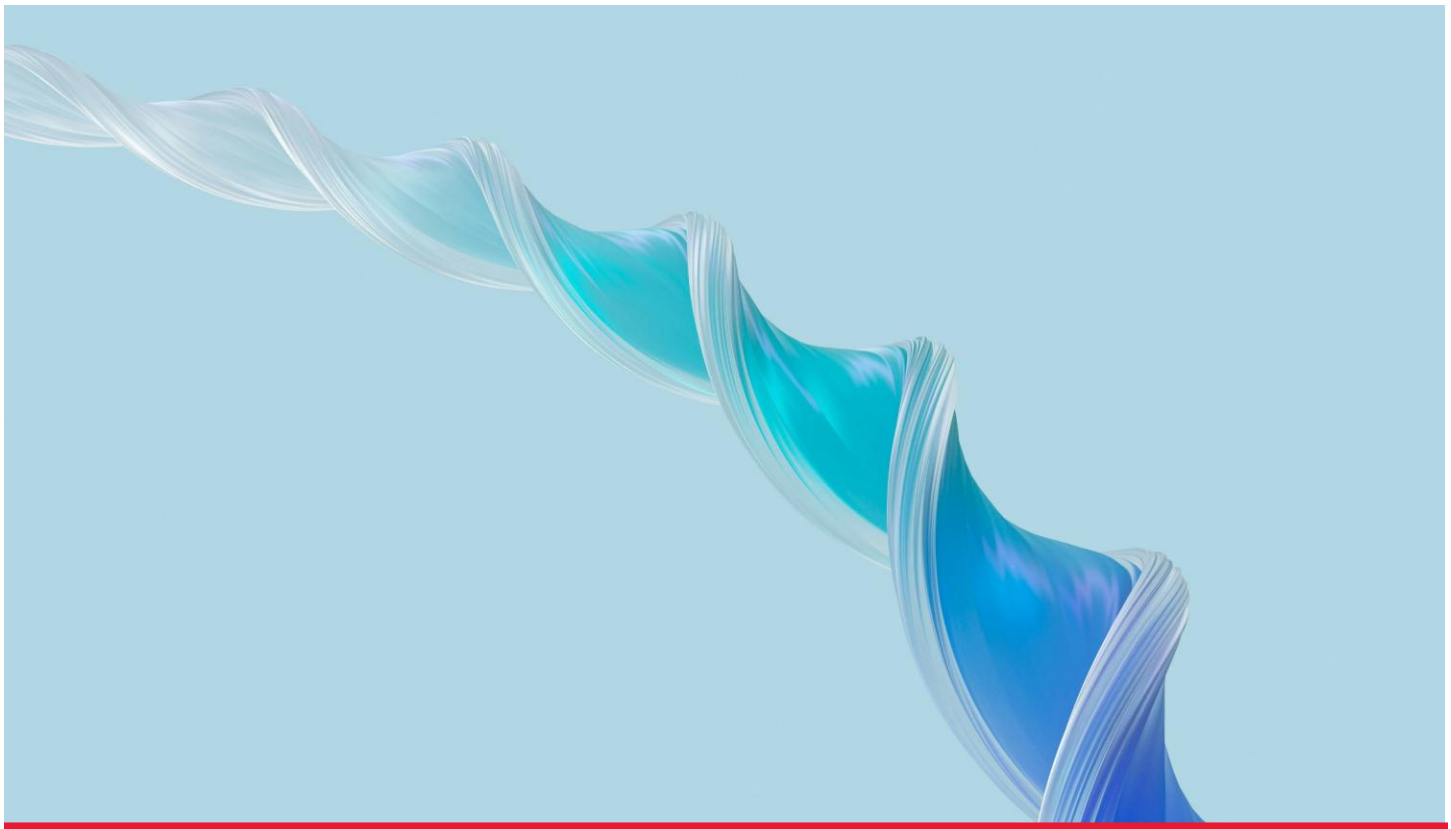

BRIEFING 2025

The nexus of adaptation and health finance

Mapping multilateral climate funds' investments and national needs

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adelphi RESEARCH

Imprint

Publisher:
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Status: 03.11.2025

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Executive Summary

The climate crisis and its impacts are causing severe consequences around the world. Countries are affected by direct impacts through extreme weather events as well as more indirect ones through changing the conditions that influence disease, food, water, and air quality. As highlighted by the 2025 Lancet Countdown Report on Health and Climate Change, human health is already severely affected. Heat, the spread of vector-borne diseases or physical injuries from extreme weather events – health systems across the world are increasingly experiencing those consequences. The Adaptation Gap Report 2025 finds that 310–365 billion USD for developing countries by 2035 would be needed annually to deliver on the needs to adapt to the impacts of climate change. While global attention to the adaptation and health nexus is rising - underscored by WHO's COP29 call that "climate financing is health financing" and embodied by the upcoming Belém Health Action Plan - current adaptation financing for health remains markedly insufficient relative to needs and in light of the gravity of the problem facing societies around the world. This briefing provides a state of play of adaptation finance in the health sector. using Climate Funds Update data (2004 – 2024) and an analysis of 67 National Adaptation Plans (NAPs) submitted by September 2025, it provides an overview of multilateral climate fund investments and country-level adaptation and health financing needs expressed through health sector related budgets in country NAPs.

Key findings

- Multilateral climate funds have invested about 173 million USD in health sector adaptation since 2004: roughly 0.5% of total climate finance and 2% of adaptation finance. The Green Climate Fund (GCF) accounts for over 70% of these health investments
- Geographic allocation is highly uneven: approximately two-thirds of health adaptation funding went to East Asia & Pacific, one-quarter to Sub-Saharan Africa, and none to South Asia via country-specific projects—despite projections that these regions will bear the greatest health burdens from climate impacts.
- NAPs increasingly prioritize health: 87% of NAPs mention health sector objectives, and 39% include a dedicated health budget. However, the translation of identified health risks into specific, budgeted activities is often incomplete.
- Aggregate health sector needs expressed in NAPs total 2.54 billion USD: less than 0.1% of these needs have been covered by multilateral climate funds to date.

Gaps, opportunities and recommendations

There is still an insufficient alignment between multilateral climate-funded health initiatives and the health priorities identified in countries' existing strategies**.** Multilateral climate funds continue to fall short in ensuring that health-related projects are integrated with the health priorities defined in national strategies although recent developments give cause for cautious optimism. Moreover, the transparency of relevant data and information regarding the nexus is still limited. To overcome these barriers, we recommend:

- **Improve delivery of and access to funding**: As countries develop their funding pipelines for adaptation and health, international funding mechanisms can play a greater role in improving access to climate and health finance. Clarifying investment priorities and facilitating more direct access to international funds will be key to creating public health systems adapted to the 21st Century and saving lives.
- **Channel funding to country priorities**: As country priorities are further defined and updated (e.g., through NDCs, NAPs and HNAPs), multilateral climate funds can work together to better integrate targeted investment on adaptation and health.
- **Intensifying cross-sectoral collaboration**: The nexus of adaptation and health finance needs to be addressed from both sides – the climate side as well as the health side. To this end intensifying cross-sectoral as well as cross-organisational collaboration is crucial.
- **Use GGA indicators**: The proposed list of 100 GGA indicators published recently includes 10 indicators specifically on health appearing to be ambitious. Finalising those indicators and keeping the ambitious pathway at COP30 is key for scaling up adaptation and health finance.

Contents

1 Introduction

The climate crisis and its impacts are causing severe consequences around the world. Countries are affected by direct impacts through extreme weather events as well as more indirect ones through changing the conditions that influence disease, food, water, and air quality. It is estimated that climate change could result in 14.5–15.6 million deaths between 2026 and 2050[1]. As outlined by the Lancet Countdown Report 2025[2] human health is already severely affected. Heat, the spread of vector-borne diseases or physical injuries from extreme weather events – health systems across the world are increasingly experiencing those consequences. At the same time, health infrastructure itself must be adapted to these impacts. Extreme weather events and heat can place health systems under significant stress, heightening the risk of service disruptions during emergencies or creating dangerous environments for persons in need of medical assistance.

Attention to the nexus of climate and health in the international realm has only recently gained additional traction. Ahead of COP30 in 2025 the Brazilian COP30 Presidency has introduced the Belém Health Action Plan (BHAP) for the Adaptation of the Health Sector to Climate Change[3], building on prior climate and health initiatives. BHAP sets out an ambitious, forward-looking framework centred on the nexus of adaptation and health, with a strong emphasis on the need of climate-resilient health systems. The action plan outlines three pillars: surveillance and monitoring; evidence-based policy strategy and capacity building; and innovation, production and digital health. While BHAP articulates clear priorities and measures, it does not specify dedicated financing instruments or quantified funding targets.

At the same time the Global Goal on Adaptation (GGA) is being operationalised through a consolidated indicator framework under the UAE–Belém work programme. In 2025, UNFCCC experts introduced 100 globally applicable indicators, 10 of which are dedicated to health[4]. During COP29 in Baku 2024 the World Health Organization (WHO), in collaboration with 100 organizations and 300 experts, released a pivotal report outlining priority actions to position health at the heart of climate solutions[5]. Targeting governments, policy makers, and other sector stakeholders, the report not only underlined the importance of ending our reliance on fossil fuels and ensuring people-centred adaptation and resilience but also calls for a substantial increase in dedicated climate financing. As the report emphasised "Climate financing is health financing" and urged greater mobilisation of funds for health system adaptation and mitigation.

To translate this into practice, integrated planning of climate and health investments is a key success factor for countries to access funding with more than 90% of Nationally Determined Contributions (NDCs) mentioning health impacts[6] and 87% of National Adaptation Plans (NAPs) including health considerations[7]. However, most countries lack a clear picture of the financing needed to address climate and health goals. As articulated already in the COP28 Guiding Principles for Financing Climate and Health Solutions, there is a clear need for baseline financial data on climate and health[8]. This is where this brief

1 World Bank Group (2024): The Cost of Inaction: Quantifying the Impact of Climate Change on Health on Low- and Middle-Income Countries. http://documents1.worldbank.org/curated/en/099111324172540265/pdf/P5005831a1804a05f19aae18bc0f1396763.pdf

2 Lancet Countdown (2025): The 2025 Global Report of the Lancet Countdown. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01919-1/fulltext

3 Brazil Ministry of Health (2025): Belém Health Action Plan (BHAP) for the Adaptation of the Health Sector to Climate Change. https://cdn.who.int/media/docs/default-source/climate-change/en---belem-action-plan.pdf

4 EEA (2025): UNFCCC GGA: proposed list of indicators published. https://climate-adapt.eea.europa.eu/en/observatory/news-archive-observatory/unfccc-gga-proposed-list-of-indicators-published

5 WHO (2024): COP29 special report on climate change and health: Health is the argument for climate action. https://cdn.who.int/media/docs/default-source/environment-climate-change-and-health/58595-who-cop29-special-report_layout_9web.pdf

6 WHO (2023): 2023 WHO review of health in Nationally Determined Contributions and long-term strategies: Health at the heart of the Paris Agreement. https://iris.who.int/bitstream/handle/10665/372276/9789240074729-eng.pdf

7 For the NAP analysis see chapter 3.1 in this document.

8 COP28 (2023): COP28 UAE guiding principles on financing climate and health solutions. https://www.cop28.com/en/guiding-principles

comes in to reflect key priorities and results from recent analytical work to support integrated climate and health planning processes and finance.

1.1 Layers of adaptation and health finance -an analytical framework

The analytical framework for the nexus of adaptation and health finance used in this policy brief is based on the analytical framework from the report "Resourcing Climate and Health Priorities. Mapping of International Finance Flows, 2018-2022"[9]. The report established the understanding that health is a cross-cutting field throughout climate finance as well as general Official Development Assistance (ODA). It distinguishes between two layers: the first layer (health sector) includes any direct investments to address health impacts of climate change and to strengthen a resilient health system as well as advancing the mitigation in the health sector. The second layer (health determining sectors) includes any co-benefits for health resulting from investments in other sectors (such as agriculture or WASH) (see Fig. 1). For the purpose of this briefing the analysis is focused solely on adaptation investments in the health sector – in other words the first layer. While investments in health-determining sectors can generate valuable co-benefits, directing resources to the health sector itself offers a higher leverage point: it strengthens core systems such as workforce, surveillance, primary care and leads to faster and more targeted improvements in health.

Methodology part I - Multilateral climate funds

To apply this framework onto multilateral climate finance, a data analysis was conducted based on data collected by Climate Funds Update (CFU)[10]. CFU is a website managed by the Heinrich Böll Stiftung Washington DC and the ODI global collecting data on multilateral climate finance on project level and provide the data as an open source. The version used in this report included finance data from 2004 – 2024[11].

	Adaptation Investments	Mitigation Investments
Layer 1: Health sector	**Definition:** • Address the direct health impacts of climate change • Strengthen climate-resilient health systems **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	**Definition:** • Advance climate change mitigation in the health sector **Example:** Increasing renewable energy generation for hospitals
Layer 2: Health determining sectors	**Definition:** • Reduce exposure to climate-related risks and enhance resilience to climate change in non-health sectors **Example:** Improving food crops as a pathway to address climate associated malnutrition	**Definition:** • Reduce greenhouse gas emissions from non-health sectors that generate health benefits **Example:** Low carbon transportation to reduce air pollution

Funder type:	DAC donors	Multilateral development banks	Multilateral climate funds	Multilateral health funds	Philanthropies

Figure 1 Analytical framework – Mapping finance for climate and health (see[9] page 17)

[9] Foundation S - The Sanofi Collective; Reaching the Last Mile; The Rockefeller Foundation; SEEK Development; adelphi consult; AfriCatalyst (2025): Resourcing climate and health priorities. Mapping of international finance flows, 2018-2022. https://www.rockefellerfoundation.org/wp-content/uploads/2025/01/Resourcing-Climate-and-Health-Priorities-Full-Report-Final.pdf

[10] https://climatefundsupdate.org/data-dashboard/ accessed 3rd September 2025

[11] To extract the projects dedicated to the nexus of adaptation and health a key word search was applied (based on key word list in the corresponding Methodology note - Foundation S - The Sanofi Collective; Reaching the Last Mile; The Rockefeller Foundation; SEEK Development; adelphi consult; AfriCatalyst (2025): Methodology note. Resourcing climate and health priorities. Mapping of international finance flows, 2018-2022. https://www.rockefellerfoundation.org/wp-content/uploads/2025/01/Methodology-Note-

Methodology part II - NAP analysis

The analysis of submitted NAPs was conducted based on all submitted NAPs to the UNFCCC NAP portal[12] by 27th September 2025. There were 67 country documents in total, each screened for the mention of adaptation activities or objectives in the health sector by applying the overall understanding of the nexus between adaptation and health explained above. Further, the NAPs identified which mentioned the health sector were screened for any mention of a specific budget allocated to health sector activities or objectives. To display the budget consistently any other currencies than the US Dollar (USD) were converted to display the mentioned amount in USD using a currency converter[13]

1.2 A word of caution - limitations of existing adaptation and health data

The analytical approach faces a few limitations. For the analysis of multilateral climate funds only adaptation finance was analyzed, leaving out mitigation finance. However, throughout the data analysis any projects marked as "multiple foci" (meaning including shares of adaptation efforts as well as mitigation efforts) were included. Still, there are health relevant projects within the mitigation finance which were not included in this analysis. The data retrieved from CFU has limitations as well. For instance, not all project summaries are included in the database or the project summaries included are in some cases shorter than displayed on the individual funds websites. This could lead to the possibility of leaving out potential projects as the key word search was only able to capture anything included in the database. Also, in some cases the projects included had activities and goals beyond health. Because of a lack of detailed data, the approved funding could not be limited to only health sector related activities. Therefore, a potential overestimation of the included funding towards the health sector is likely.

Limitations concerning the NAP analysis include the author's language barriers[14]. In some cases, the budget needs allocated to the health sector were only displayed as a lump sum, making it difficult to distinguish activities within the framework from activities beyond the framework. In these cases, the total lump sum was included even though it poses the risk of an overestimation of some countries' budget needs for the health sector.

Resourcing-Climate-and-Health-Priorities-Mapping-of-International-Finance-Flows-2018-2022-Final.pdf). The key word search was conducted on four columns of the data base namely "Name of project" "Key words" "Sector" and "Summary". Each project which was identified was then checked on the suitability to include on a case-by-case basis, based on the analytical framework.

12 https://napcentral.org/submitted-naps (accessed 27th September 2025)

13 https://www.xe.com/ (accessed 27th September 2025, all currencies converted on 27th September 2025)

14 In some cases the automatic translator DeepL was used to translate the documents into English https://www.deepl.com/de/translator (accessed 27th September 2025)

2 State of adaptation and health finance in multilateral climate funds

KEY MESSAGES

- So far only a small share of multilateral climate finance has been spent in the health sector
- Increased political attention in recent years and more integrated planning has led to a slight increase
- GCF has been most relevant with more than 70% share of investments in health sector
- Regional focus on East Asia & Pacific region with about two thirds of investments
- Nearly half of the funding went to least developed countries (LDCs)

2.1 What is international climate finance?

International climate finance is a term used to describe financial commitments to fund actions dedicated for Mitigation, Adaptation or Loss and Damage. Whereas this includes various sources from public and private entities, the contributions via multilateral climate funds are of major importance for developing countries. Accordingly, climate finance channeled through multilateral climate funds close to the UNFCCC process such as the Green Climate Fund (GCF), the Adaptation Fund (AF), the Green Environment Facility (GEF), the Least Developed Countries Fund (LDCF) or the Special Climate Change Fund (SCCF) are of key relevance to address health related climate change impacts. The mandates of these funds ensure that all funding must be dedicated to climate change related activities (except GEF which has a wider focus). Throughout the past years, the scope of climate finance widened growing from solely mitigation to including adaptation and (only recently) Loss and Damage[15].

For the purpose of this study the scope will be limited to analyzing **adaptation finance** funded through multilateral climate funds. From 2004 until 2024, only 24% (about 9 billion USD) of the overall climate finance from multilateral climate funds (about 37 billion USD) went to exclusive adaptation related activities. Even though 26% went to activities with multiple foci – including combined mitigation and adaptation – the pillar of adaptation is still receiving less attention than mitigation. Additionally, the Adaptation Gap Report from 2025[16] shows that 310–365 billion USD for developing countries by 2035 would be needed annually to deliver on the needs to adapt to the impacts of climate change. Although multilateral climate funds are not the only source of adaptation finance so far, the finance needs exceed the provided finance by far. During COP29 in Baku in 2024, a new collective quantified goal (NCQG) was set for developed countries to provide at least 300 billion USD annually by 2035 for developing countries for mitigation and adaptation. However, this goal does not include an adaptation sub-goal and does not include inflation in its calculation. Therefore, closing the adaptation gap with the NCQG seems unlikely at this point[17].

2.2 Multilateral climate funds' investments in health sector

Between 2004 and 2024 in total about 173 million USD were invested in the health sector by multilateral climate funds (only adaptation finance counted). This is about 0.5% of the total multilateral climate funding (if only adaptation finance is considered this would be 2%). All of the funding towards adaptation and health was disbursed as grants.

As shown in Fig. 2 not all multilateral climate funds were funding adaptation and health projects. In the following the share of adaptation and health finance from the total respective multilateral climate fund is shown. To also put it into perspective of how much that is compared to the total climate finance, it is also

15 Heinrich Böll Stiftung; ODI Global (2025): The Global Climate Finance Architecture. https://climatefundsupdate.org/wp-content/uploads/2025/03/CFF2-2025-ENG-Global-Architecture-DIGITAL.pdf

16 UNEP (2025): Adaptation Gap Report 2025. https://wedocs.unep.org/bitstream/handle/20.500.11822/48798/AGR2025.pdf?sequence=5&isAllowed=y

17 ibid

displayed the respective multilateral climate fund has of the total multilateral climate funding.

- **GCF** gives about 71% of the money for adaptation and health and has made 44% of all climate finance commitments between 2004 and 2024
- **LDCF** provides 17% of the funding for adaptation and health, but only 4% of total climate finance commitments
- **SCCF** is responsible for 6% of adaptation and health funding, even though it has made less than 1% (0.78%) of all commitments
- **AF** covers 3% of funding, which matches its overall share of commitments
- **GEF** also gives 3% for adaptation and health, but this is less than its 12% share of total climate finance, even though adaptation is not its main focus (see Fig. 2)

One third of the funding (59.72 million USD) went to Samoa followed by Malawi with about 20% (33 million USD) and Lao PDR with about 15% (25.28 million USD) (see Fig. 3). About two thirds (109.19 million USD) of the funding went to East Asia and Pacific followed by one fourth (41.54 million USD) to Sub-Saharan Africa. No single project went to South Asia such as Bangladesh or India with only two projects covering the global scope that included Bangladesh and Nepal (see Fig. 4). This allocation pattern is misaligned with projected health risks from climate change: Sub-Saharan Africa is expected to bear up to 71% of health impact cases between 2026–2050, followed by South Asia at 18%, and East Asia and the Pacific at under 5%, indicating funding is concentrated where projected health burdens are comparatively lower, while regions facing the highest risks remain under-served.[18]

Nearly half of the funding (48%) went to least developed countries (LDCs) but only about 4% of the funding went to countries in fragile and conflict-affected situations (FCAS). The commitments peaked for the first time in 2016 (with 66.70 million USD spent in this year alone), possibly following the full operationalization of the GCF with its first full-fledged project portfolio in 2016. After that the development was rather slow, but commitments start to rise again since 2023 (with 25.70 million USD pledged in 2023 and 33.20 million USD pledged in 2024). More than half of the projects (54%) were "readiness support" projects funded with 7.24 million USD (4% of the total commitments).

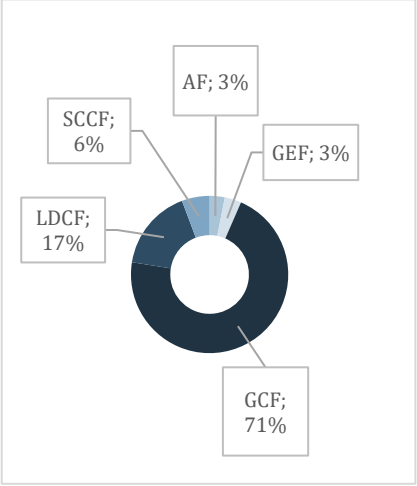

Figure 2 Adaptation and health commitments in the health sector 2004 - 2024 in million USD by fund

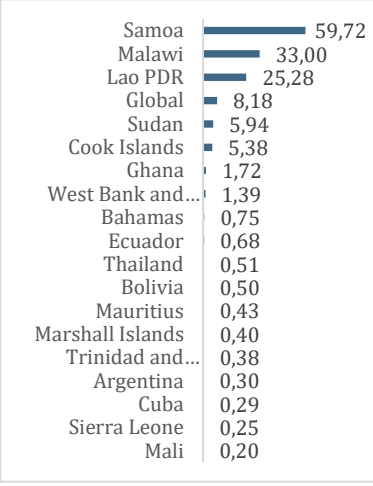

Figure 3 Adaptation and health commitments in the health sector 2004 - 2024 in million USD by recipient country

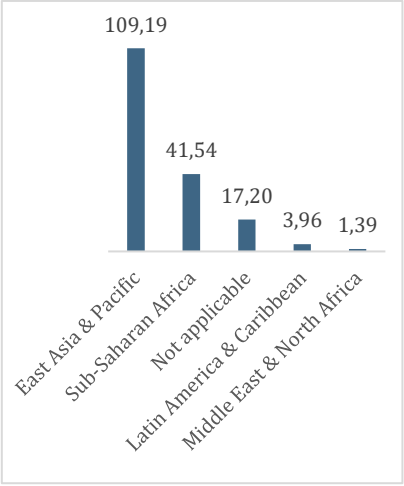

Figure 4 Adaptation and health commitments in the health sector 2004 - 2024 by world bank region in million USD

[18] World Bank Group (2024): The Cost of Inaction: Quantifying the Impact of Climate Change on Health in Low- and Middle-Income Countries. https://openknowledge.worldbank.org/server/api/core/bitstreams/bc51aeec-288e-4cbc-b4ca-b5a942057044/content

CASE STUDY 1 SAMOA - PROJECT EXAMPLES

According to the analysis, Samoa is a front runner when it comes to health-related multilateral climate funding. Since 2008 two projects have been implemented.

The project **FP037 Integrated Flood Management to Enhance Climate Resilience of the Vaisigano River Catchment in Samoa**, funded by GCF with 57.71 million USD from 2016 – 2025 was a project focused on climate proofing the capital of Samoa. One of the activities encompassed a health surveillance system to track and address health related challenges from flooding events. Further, critical infrastructure such as hospitals was flood-proofed during the project.

The second project **Integrating Climate Change Risks into the Agriculture and Health Sectors in Samoa** was funded by LDCF with 2 million USD from 2008 – 2016. It was dedicated to increase the resilience and adaptive capacity of coastal communities in Samoa in the public health sector as well as agricultural sector.
Although not all funding in these projects went to health sector related activities, it can still be considered outstanding in a field that is in early years of development.

3 Adaptation and health finance needs in current national climate strategies

KEY MESSAGES
- Health is a key area in existing NAP approaches
- Activities on vector-borne and water-borne diseases are relevant in most of the NAPs but concrete activities outlining those are lacking
- Despite dedicated health budget in nearly half of the NAPs, support through multilateral climate funds is still minor
- Countries without NAPs / HNAPs can integrate lessons learnt from other country processes

To examine the role of integrated adaptation and health financing a strong focus should be directed to climate strategies at the country level to inform the demand side for climate and health finance. Considering the role of climate and health in national planning documents such as Nationally Determined Contributions (NDCs), National Adaptation Planning Processes (NAPs) and Health NAPs (HNAPs) can indicate to what degree decision makers at the national and international level are prioritizing the nexus and – most ideally – already outline concrete funding needs. Elements such as NDCs, NAPs and most prominently HNAPs can be taken as examples of increasing evidence for climate and health mainstreaming. In the following we offer some insight into the role of NAPs and HNAPs as main adaptation planning documents.

A review of UNFCCC-mandated biennial transparency reports (BTRs) serving as the most comprehensive source of adaptation implementation on country level revealed that the majority of BTRs address adaptation. However, health has a comparably low level of reporting with only 17% of submitted BTRs reporting on "health, well-being and communities."[19]

3.1 National Adaptation Plan analysis

The analysis of all submitted NAPs by 27th September 2025 revealed that the majority of the 67 NAPs mentioned activities or objectives concerning the health sector (87%). The mentioning of a dedicated budget need was included in 26 NAPs (39%). Fig. 5 shows each allocated budget by country. Nepal included by far the highest amount in finance needs for the health sector. However, the country applied a holistic approach to health on their NAP encompassing co-benefits from other sectors to the health sector as well making it difficult to extract the exact finance needs for the health sector only. Therefore, the figure doesn't include the budget for Nepal. Instead, the countries approach is explained in more detail via the following case study.

CASE STUDY 2 NEPAL

The health care system in Nepal is vulnerable to impacts from climate change especially because the coverage of healthcare institutions and workers is comparably low already with health worker to population density being below the critical threshold defined by WHO to sustain basic services. The country is projected to experience several impacts from climate change in the near-, middle- and long-term such as vector-borne and water-borne diseases, mental health impacts as well as extreme temperatures eventually leading to heat-related mortality of 53 out of 100,000 by 2080[20,21].

Nepal submitted its NAP in 2021[22] containing sectoral breakdowns of specific activities and corresponding budget needed to achieve the objectives. The activities are structured around nine priority adaptation programs – all budgeted from less than 1 billion USD to more than 11 billion USD with health being budgeted in the middle

19 UNEP (2025): Adaptation Gap Report 2025. https://wedocs.unep.org/bitstream/handle/20.500.11822/48798/AGR2025.pdf?sequence=5&isAllowed=y

20 ADB (2011): Accounting for health impacts from climate change. https://www.adb.org/sites/default/files/publication/28976/heath-impacts-climate-change.pdf

21 World Bank Group (2024): Climate and health vulnerability assessment: Nepal. https://openknowledge.worldbank.org/entities/publication/f3a311d2-791b-4511-8a4c-d12605842d11

22 Government of Nepal (2021): NAP. https://unfccc.int/sites/default/files/resource/NAP_Nepal_2021.pdf

with 4,75 billion USD. The health sector is mentioned in one chapter together with drinking water and sanitation already showing that Nepal has a wider understanding of health than limiting it to the health sector only, also explaining the highest budget compared to all other countries with a health budget in their NAPs.
The following programs are included to achieve an improved public health as well as water management:

1. Health Promoting Cities': Health, Environment and Life (Heal)
2. Strengthening Climate Sensitive Disease Surveillance System with Emergency Preparedness and Response
3. Research, Innovation and Development of Climate Resilient Preventive Measures/Technologies/Approaches for Water Supply, Sanitation and Health System
4. Capacity Building of Health and Hygiene Service Providers and Professionals (Institution and Personnel) on Climate-Resilient Health Hygiene Service Planning and Implementation
5. Development of Climate Resilient and Inclusive WASH Service and Facilities through Building Capacities, Developing Institutions and Systems, Adopting Innovative Technologies and Extending Collaboration
6. Promotion and Conservation of Water Sources along with Watershed Management for Sustainable Water Supply Service
7. Integration and Implementation of Climate Change Adaptation in Health and WASH sector through Policy Reform, Strategy Development and National Level Awareness

All programs address climate risks and vulnerabilities concerning physical impacts to healthcare facilities or physical health impacts following climate change impacts. However, the activities outlined range far beyond healthcare facilities or direct impacts to health. Instead, they include activities from other sectors under this program as well such as the increase of nature-based solutions for the urban public to increase mental health, promoting healthy behavior for the public overall, vulnerability-sensitive water supply infrastructure or education and capacity building for better understanding and addressing the linkages between climate change and health. A cross-sectoral and cross-ministerial collaboration is explicitly mentioned and envisioned to achieve the goals outlined. The NAP is intended to be implemented until 2050.
Further, the country has submitted a HNAP in 2023 outlining less budget for the corresponding HNAP activities (7.3 million USD). This is due to the fact that the mentioned activities are more strategic and implemented on a smaller scale involving less ministries and different stakeholder. It focuses on 5 objectives that are in line with the NAP objectives.

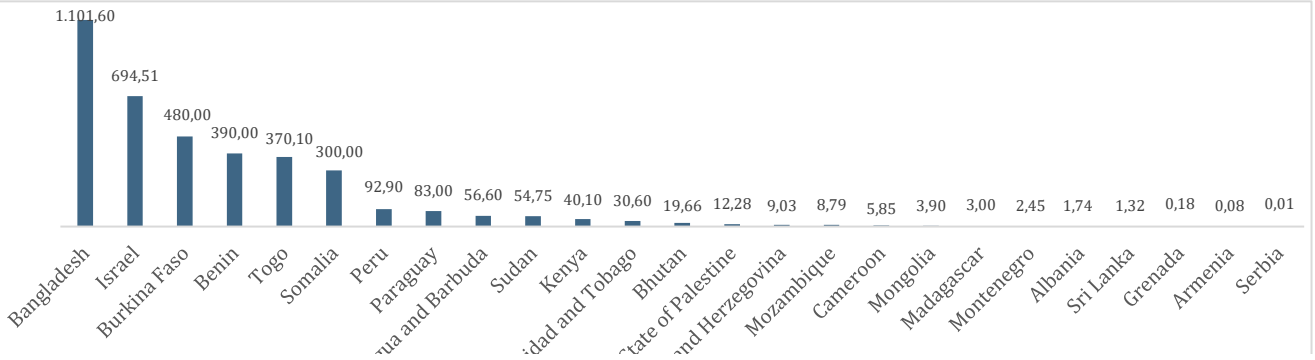

Figure 5 Health sector finance needs in submitted National Adaptation Plans in million USD[24]

Only few countries from Fig. 5 had support from multilateral climate funds for their financing needs, including Sudan and Trinidad and Tobago. The total needs expressed in NAPs for the health sector sum up to 2.54 billion USD (7.29 billion USD if Nepal is included). These needs include domestic finance, international finance as well as private sector finance. As shown in chapter 2, only less than 0,1% of those needs were covered by multilateral climate funds so far.

According to a recent study from May 2025 by WHO[23] concerning the referencing of health in NAPs the health impacts most frequently mentioned were vector-borne diseases (93%), waterborne diseases / other water-related health impacts (90%), and health impacts of extreme weather events (88%). Interestingly, not all NAPs identifying the health impacts also included activities to tackle them. For vector-borne and water-borne diseases only about half of the NAPs included in the analysis mentioned activities, and about 40% mentioning activities for health impacts from extreme weather events. The effects on health systems as well as impacts on health care facilities (core aspects of our analysis here) were only mentioned by less than half of the analyzed NAPs (47% and 42%). The impacts on health care facilities are mentioned by less NAPs than actually including dedicated activities (56%).

CASE STUDY 3 BANGLADESH

Bangladesh is estimated to have an annual adaptation need of 8.5 billion USD (with currently only 1.2 billion USD spent) , . The Bangladesh NAP estimates annual losses of up to 9.4% of the GDP by 2100 if no climate action is taken.
Submitted in 2022, the Bangladesh NAP is a good example of mainstreaming health into its planning although the plan refers to "health" as a cross-cutting sector (other than outlining specific measures solely for the health sector). Throughout the document, various climate induced health impacts are listed such as climate change-induced vector- and waterborne diseases, climate sensitivity of diseases, mental health impacts, malnutrition, strokes or pre-mature childbirth.
Two sub-goals mentioned are intrinsically linked to investments in the health sector, each measured through a number of indicators.

Subgoals
S 3.3 Develop climate-resilient health care and WASH facilities for improved human wellbeing and livability in cities
S 6.5 Action research for innovation in climate-resilient infrastructure, improved health and WASH technologies

To achieve the outlined goals (and sub-goals) several interventions are listed with individual budgets outlined to achieve the interventions. Each intervention is further outlined with concrete activities. The share of needed private sector mobilization is indicated as well.

Interventions
CRC9 Improvement of surveillance, early warning systems and monitoring of psychosocial impacts and mental health risks from extreme weather events
CRC11 Establishment of climate-resilient health-care facilities in urban areas
CRC12 Development of heatwave and disease outbreak advisory services for city dwellers
CDR14 Research on and piloting of climate-resilient infrastructure, improved health measures and WASH technologies

Summed up, the NAP expresses the need of investment in the health sector of 1.12 billion USD over the period of 2023 – 2050. Between 7-15% of the budget is needed to come from private sector mobilization.
Compared to other NAPs the budget needs are high with the interventions and activities being detailed and very focused on health sector interventions. Synergizing the NAP with an existing dedicated Health NAP is mentioned although critics point out the lack of a transparent implementation tracking system and ministerial coordination throughout the health relevant policies[24].

[23] WHO (2025): Health at the Heart of National Adaptation Planning: A global review of national adaptation plans and health national adaptation plans: Executive summary. https://iris.who.int/server/api/core/bitstreams/3ec92893-38ba-4d5c-a4a5-4416feac9658/content

[24] Faruqui, W.; Nagabhatla, N.; Haghebaert, G. (2025): Unpacking climate change and health nexus in Bangladesh: 10 points on how the country can prepare to implement and support the WHO's Global Action Plan on Climate Change and Health 2025. https://cris.unu.edu/sites/cris.unu.edu/files/WP25.16_Faruqui.pdf

3.2 Health National Adaptation Plans

According to the World Health Organization (WHO), a HNAP is a strategic document crafted by a country's Ministry of Health within the framework of the NAP process. The creation of an HNAP is essential for several reasons: it ensures that responses to the health consequences of climate change are prioritized in planning at all levels strengthening the integration of the health sector with both national climate change efforts and highlighting the added health benefits that can arise from mitigation and adaptation measures in other areas. Furthermore, the HNAP plays a vital role in promoting inclusive and coordinated planning for climate and health among stakeholders from various government levels and sectors that influence health outcomes. It can improve the health sector's opportunities to access climate finance. By setting out targeted actions, the HNAP aims to develop health systems that are resilient to climate impacts. Most notably systems that are capable of anticipating, withstanding, and adapting to climate-related challenges thus safeguarding public health and enhancing the response to other health risks. Only recently there have been efforts to standardization of the HNAP process for instance by the development of a guideline for developing the HNAP by WHO in 2022[25].

The HNAP can be a standalone document with more detailed information on specific areas. It can be also a sub-chapter of the NAP if some criteria are fulfilled such as the dedicated mentioning of the health sector or the inclusion of the health ministry. So far, not all countries that have submitted a NAP also have developed a HNAP.

CASE STUDY 4 BRAZIL

Brazil faces escalating climate-related health risks. According to Lancet Countdown 2025 heat-related illness and mortality risk is increasing severely as well as the vulnerability to vector-borne diseases. About 3,600 people died annually due to heat between 2012 and 2021 which is 4.4 times the annual number seen between 1990 and 1999. The suitability for dengue transmission increased by 30% between 2015-2024 compared to the 1951-1960 baseline[26].

Brazil's HNAP[27] consists of a sub-chapter of its overall NAP and was submitted in 2021. The HNAP does not indicate a budget for achieving the envisioned steps. Key health impacts from climate change listed in the document consist of: Physical impacts from extreme weather events; Air pollution; Water scarcity leading to dehydration; Water- and vector-borne diseases; Mental health impacts; Malnutrition. To address those impacts, policy integration is envisioned as well as specific strategies such as strengthening surveillance of disease outbreaks, promoting resilience to the health system and fostering alliances with key actors such as the private sector.

For future outlook strengthening the implementation is key with clear indicated budget needs. Aligning key risks and vulnerabilities such as heat with additional activities could generate greater impact.

3.3 Mainstreaming health into adaptation finance

As the analysis shows, the need for better integrating health into adaptation finance is evident. Some countries were identified as front runners with a deep understanding of the interconnectedness of health and climate change and the need for addressing those within the health sector. **Lao PDR**[28] for instance submitted a HNAP in 2023 with detailed breakdowns of needs, goals and activities and corresponding budget needs. It also makes the link to multilateral climate finance in its document, mentioning potential funding sources for the envisioned activities. **Trinidad and Tobago** submitted a NAP in 2023 with a detailed breakdown of activities and priority areas including a budget for those. It is one of the few countries with expressed health sector needs in its NAP / HNAP that had a multilateral climate fund project implemented on the corresponding topic.

25 WHO (2022): Quality criteria for HNAPs. https://www.who.int/publications/i/item/9789240018983

26 Lancet Countdown (2025): Brazil Factsheet. https://lancetcountdown.org/wp-content/uploads/2025/10/Brazil_Lancet-Countdown_2025_Data-Sheet-1.pdf

27 Government of Brazil (2021): HNAP. https://www.atachcommunity.com/fileadmin/uploads/atach/Documents/Country_documents/Brazil_HNAP_2016_pna_estrategia_de_saude.pdf

28 Government of Lao PDR (2023): Health NAP. https://www.atachcommunity.com/fileadmin/uploads/atach/Documents/Country_documents/LAO_HNAP_2024.pdf

Countries without a submitted NAP / HNAP so far still have the opportunity to integrate lessons-learnt from previous countries. **India** for instance is currently in the process of developing a NAP. This is a crucial moment to advocate for the systematic integration of the health sector in the process. It could also generate the opportunity of making the case to multilateral climate funds to develop health dedicated projects in India. So far, South-Asia is far behind in multilateral climate fund financed health projects although a recent study shows that 16 billion USD would be needed annually to address health challenges because of climate change impacts in India[29].

South Africa's experience illustrates both progress and gaps. The country submitted a NAP in 2021[30] with some mentioning of health sector actions but without including a budget. It had a National Climate Change and Health Adaptation Plan in place from 2014 – 2019[31] with detailed information on investment needed in various action areas concerning health. However, no follow-up plans or strategies followed the first plan. Also, no multilateral climate fund projects have been implemented in the country concerning adaptation and health.

Recent research further underscores the importance and economic value of health sector adaptation investments. According to a comprehensive study evaluating 320 adaptation projects across multiple countries and sectors, health adaptation investments deliver exceptionally high returns, driven by avoided losses (particularly reductions in mortality and morbidity) and also substantial economic and social benefits[32]. Therefore, mainstreaming health into adaptation finance is not only essential for building climate resilience and safeguarding public health, but it also represents a highly effective and economically sound investment for the future.

29 Quadria Capital (2023): Financing the climate – health frontier. https://www.pwc.in/assets/pdfs/quadria-capitalfinancing-the-climate-health-frontierreport28-nov-2024.pdf

30 Government of South Africa (2021): NAP. https://unfccc.int/sites/default/files/resource/South-Africa_NAP.pdf

31 Government of South Africa (2014): National climate change and health adaptation plan. https://cdn.climatepolicyradar.org/navigator/ZAF/2014/national-climate-change-and-health-adaptation-plan-2014-2019_c205a5c05719adc52079347ea256d276.pdf

32 WRI (2025): Strengthening the investment case for climate adaptation: A triple dividend approach https://files.wri.org/d8/s3fs-public/2025-06/strengthening-investment-case-climate-adaptation.pdf?VersionId=een52ahEiIO4IaOA6e8ps4fQCN4xTtph

4 Gaps, opportunities and recommendations

Key observations from analysis: gaps and opportunities identified

There is still an insufficient alignment between multilateral climate-funded health initiatives and the health priorities identified in countries' existing strategies. Multilateral climate funds continue to fall short in ensuring that health-related projects are integrated with the health priorities defined in national strategies although recent developments give cause for cautious optimism. The recent trend has probably also been encouraged by guidelines from UNFCCC on HNAPs, which can help to support a stronger mainstreaming on adaptation and health finance – using also insights from most recent funding activities such as the projects approved by the GCF.

A remaining key challenge is the lack of transparency regarding data and information on financing the nexus of adaptation finance and health. As the recent Adaptation Gap Report 2025 outlines, more information on areas such as health is needed to improve the understanding of progress in adaptation implementation across all themes of the Global Goal on Adaptation (GGA). This can help to break information silos and ensure that key national climate strategies such as NDCs or NAPs can provide policy guidance. Currently, the adaptation and health nexus still lacks an institutionalised perspective but there are potential options to increase a stronger buy-in – specially from climate policy makers. To this end, the establishment of a central overview or publicly accessible database of submitted HNAPs, e.g. maintained by the UNFCCC, can offer a good starting point for ensuring more information and transparency[33]. Moreover, a climate-related information platform outlining relevant health programs or decisions can be another useful source to improve integrated adaptation and health activities[34]. Considering the recent developments in this field this is a missed opportunity to collect and share progress.

Lastly it is important to stress the fact that investment in the health-adaptation nexus is, beyond human necessity, an opportunity for society as a whole. As pointed in this briefing, investments in the health sector have exceptionally high investment returns.

Recommendations

Despite current geopolitical challenges affecting climate and health financing as well, further resource mobilization and efforts to scale financing for climate and health are crucial – not least as part of a broader approach to reform the global financial architecture to advance climate, health, and development goals. The BHAP can provide important momentum in this regard with a strong focus on priorities and measures – to achieve this, it should be equipped with meaningful financing capacities and/or quantified funding targets.

Against this backdrop, we make the following recommendations:

- **Improve delivery of and access to funding**: As countries develop their funding pipelines for adaptation and health, international funding mechanisms can play a greater role in improving access to climate and health finance. By clarifying investment priorities and facilitating more direct access to international funds, these mechanisms can encourage and support increased action at the national level, creating, public health systems adapted to the 21st Century and saving lives.
- **Channel funding to country priorities**: As country priorities are further defined and updated (e.g., through NDCs, NAPs and HNAPs), multilateral climate funds can work together to better integrate targeted investment on adaptation and health. As a starting point a priority could be to scale up the already existing grant-based finance that does not exacerbate the debt crisis and undermine the ability of the most impacted countries to invest in health, climate, and economic wellbeing.

[33] The only overview is hosted by the WHO hosted network ATACH (Alliance for Transformative Action on Climate and Health) https://www.atachcommunity.com/our-impact/progress-tracker/ (accessed 27th October 2025)

[34] The only space identified was outdated and still dedicate tot he Nairobi work program from 2005 https://www4.unfccc.int/sites/nwpstaging/Pages/Health-page.aspx (accessed 27th October 2025)

- **Intensifying cross-sectoral collaboration**: The nexus of adaptation and health finance needs to be addressed from both sides – the climate side as well as the health side. Intensifying cross-sectoral as well as cross-organisational collaboration could scale up investments as well as deepening the understanding of the interconnectedness and co-benefits of collaboration.
- **GGA indicators**: The proposed list of 100 GGA indicators published recently includes 10 indicators specifically on health appearing to be ambitious. Finalising those indicators and keeping the ambitious pathway at COP30 in November 2025 is key for scaling up adaptation and health finance now and in the near future towards the second Global Stocktake in 2028.