



## ADAPTATION FUND

AFB/PPRC.36/Inf.26  
15 September 2025

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Adaptation Fund Board  
Project and Programme Review Committee  
Thirty-sixth Meeting  
Bonn, Germany, 7-8 October 2025

### **PROPOSAL FOR CABO VERDE, COMOROS, SEYCHELLES**



ADAPTATION FUND

**ADAPTATION FUND BOARD SECRETARIAT TECHNICAL REVIEW  
OF PROJECT/PROGRAMME PROPOSAL**

PROJECT/PROGRAMME CATEGORY: Pre-Concept for a Regional Project

**Countries/Region:** Cabo Verde, Comoros and Seychelles

**Project Title:** Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States

**Thematic focal area:** Disaster risk reduction and early warning systems

**Implementing Entity:** World Health Organization (WHO) Regional Office for Africa

**Executing Entities:** Ministries of Health of Cabo Verde, Comoros and Seychelles

**AF Project ID:** AF00000433

**IE Project ID:**

**Requested Financing from Adaptation Fund (US Dollars):** 18,200,000

**Reviewer and contact person:** Estefanía Jiménez

**Co-reviewer(s):**

**IE Contact Person(s):**

<p><b>Technical Summary</b></p>	<p>The project “Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States” aims to promote integrated, inclusive, evidence-based and climate sensitive health interventions by strengthening countries’ capacities, governance, equity and partnerships in climate and health. This will be done through the five components below:</p> <p><u>Component 1:</u> Policy and Strategy Development (USD 1,080,645).</p> <p><u>Component 2:</u> Health Systems and infrastructure Strengthening (USD 9,000,000)</p> <p><u>Component 3:</u> Climate-Health Policy and Strategy Development (USD 1,400,000)</p> <p><u>Component 4:</u> Sustainable Financing and strategic partnerships for climate-resilient and sustainable health systems (USD 2,400,000)</p> <p><u>Component 5:</u> Climate-Health education (USD 1,300,000)</p> <p><u>Requested financing overview:</u>  Project/Programme Execution Cost: USD 1,593,548  Total Project/Programme Cost: USD USD 16,774,194  Implementing Fee: USD 1,425,806</p>
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	<p>Financing Requested: USD 18,200,00</p> <p>PFG requested: USD 30,000</p> <p>The initial technical review raises some issues, such as the need for more details about the components and the project's cost-effectiveness; and clarification on executing entities, as is discussed in the number of Clarification Requests (CRs) and Corrective Action Request (CAR) raised in the review.</p> <p>The second technical review raises some issues, such as adaptation rationale and clarification on the activities, as is discussed in the number of Clarification Requests (CRs) and Corrective Action Request (CAR) raised in the review.</p>
Date	June 25, 2025

Review Criteria	Questions	First Technical Review Comments May 1, 2025	Second Technical Review Comments June 25, 2025
Country Eligibility	1. Are all of the participating countries party to the Kyoto Protocol and/or the Paris Agreement?	<b>Yes</b>	-
	2. Are all of the participating countries developing countries particularly vulnerable to the adverse effects of climate change?	<b>Yes.</b> As per page 2, para 2: SIDS rank as part of the world's most vulnerable countries. The islands are highly exposed to extreme weather events, rising sea levels, and ecosystem disruptions and other risks due to climate change.	-
Project Eligibility	1. Have the designated government authorities for the Adaptation Fund from each of the participating countries endorsed the project/programme?	<b>Yes.</b> As per the Cabo Verde Endorsement letter dated March 7 <sup>th</sup> , 2025. As per the Comoros Endorsement letter dated April 8 <sup>th</sup> , 2025. As per the Seychelles Endorsement letter dated February 26 <sup>th</sup> , 2025.	-

	<p>2. Has the pre-concept provided necessary information on the problem the proposed project/programme is aiming to solve, including both the regional and the country perspective?</p>	<p><b>Yes.</b> <b>However, further information is needed.</b></p> <p>The project provides some information from a regional perspective but it's not clear what it is aimed at the regional level. There are some references to a few dependencies, but these are mainly socio-economic. The proposal needs to effectively demonstrate linkage between health and climate change for each country.</p> <p><b>CAR1:</b> Kindly provide clear linkage between the climate conditions affecting each country on health and the proposed solutions.</p>	<p><b>CAR1: Not cleared.</b></p> <ol style="list-style-type: none"> <li>1. The information should be structured and organized. Various effects of climate change such as displacement, droughts, vector-borne diseases, and cyclones are mentioned, please focus on the specific issue you aim to address with the project. Including a Theory of Change as an annex can help the narrative.</li> <li>2. Please ensure that the content does not exceed the limit of five pages. We seek information that is concise and of high quality, rather than an increased quantity.</li> </ol>
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	<p>3. Have the project/programme objectives, components and financing been clearly explained?</p>	<p><b>Yes.</b>  <b>However, further information is needed.</b></p> <p>The proposal provides an outline of the project's objectives, components and financing. However, components are not clearly explained.</p> <p><b>CR1:</b> Kindly provide brief but clear explanations for each component.</p> <p><b>CR2:</b> A reference to advocacy for Comoros participation in COP26 Health Programme was made, kindly clarify if this is part of the project objectives/activities. Please, reflect this clarification in the revised text as well.</p>	<p><b>CR1: Not cleared.</b></p> <ol style="list-style-type: none"> <li>1. It is not clear what are the tangible investments of Component 2. Please elaborate on the Early Warning Systems and their specific outputs, which entity will be responsible for executing these outputs?</li> <li>2. Please clarify what is meant by 'physical and systemic adaptation of health systems'?</li> <li>3. Please ensure that the information remains consistent throughout the document. For instance, Component 2 is referred to by two different names: Climate-Resilient Health Infrastructure and Systems and Health Systems and infrastructure Strengthening.</li> <li>4. In Component 3, please clarify what is meant by 'health service packages'?</li> <li>5. In Component 5, please clarify what is meant by 'ICT Technologies'?</li> <li>6. For future reviews, please specify the page and paragraph number where changes were made in the proposal. You can</li> </ol>
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			<p>include a brief explanation on the review sheet and indicate where this information is located within the project proposal for easy reference.</p> <p><b>CR2: Cleared</b> as per Output 1.4.</p>
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	<p>4. Has the project/programme been justified in terms of how:</p> <ul style="list-style-type: none"> <li>- it supports concrete adaptation actions?</li> <li>- it builds added value through the regional approach?</li> <li>- it promotes new and innovative solutions to climate change adaptation?</li> <li>- it is cost-effective?</li> <li>- it is consistent with applicable strategies and plans?</li> <li>- it incorporates learning and knowledge management?</li> <li>- it will be developed through a consultative process with particular reference to vulnerable groups, including gender considerations, in compliance with the Environmental and Social Policy of the Adaptation Fund?</li> <li>- it will take into account sustainability?</li> </ul>	<p><b>Yes.</b> <b>However, additional information is required.</b></p> <p>The project outlines concrete adaptation actions while adding value at the regional level; also contributes to the thematic focal area of Disaster risk reduction and early warning systems. However, there is no mention of cost-effectiveness or consultative process. Even though it includes a component of knowledge, its management is not clear. Please note that at subsequent stages the costs per country will have to be specified to the extent possible.</p> <p><b>CAR2:</b> Kindly provide details about the project's cost-effectiveness with reference to 'existing efforts' (pg.2, para. 4).</p> <p><b>CAR3:</b> Please provide information on the consultative process which led to the development of this pre-concept note.</p> <p><b>CAR4:</b> Please clarify sustainability beyond the life of the AF funded project.</p> <p><b>CR3:</b> Please update the narrative to reflect which key national policies and documents that the project is responsive to.</p> <p><b>CR4:</b> At Part II Project justification-please strengthen the climate adaptation rational of the proposed project.</p>	<p><b>CAR2: Not cleared.</b></p> <p>The proposal mentions alignment with the Comoros' Health and Climate Change Strategy, please provide alignment for the other two countries.</p> <p><b>CAR3: Not cleared.</b></p> <p>The proposal omits information about the consultative process, including considerations for vulnerable groups and gender, which are to be addressed in future stages of the project (i.e. concept note and full developed proposal). For the pre-concept note stage, please briefly explain how communities will participate in designing project activities.</p> <p><b>CAR4: Cleared</b> as per information provided on page 7.</p> <p><b>CR3: Cleared</b> as per information provided on page 7.</p> <p><b>CR4: Not cleared.</b></p> <p>The adaptation rationale is unclear. Refer also to CAR1. The specific climate change impact being addressed is not specified, and the project's scope appears broad. Page 7 mentions solar-powered cold chains, food safety, water access, waste management, and drainage improvements that were not</p>
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		<p><b>CR5:</b> On output 5.3: Please clarify what is meant by technologies leveraged.</p> <p><b>CR6:</b> On component 5, please include an activity that will also support learning and sharing for non-health practitioners. How will the general public benefit from the knowledge built through this project? Will the “digital project dashboard will provide real-time tracking of key indicators, ensuring accountability and transparency” be developed under this project. If so, under which output will this be developed?</p> <p><b>CR7:</b> Output 2.3: Please clarify if the output will include acquisition of equipment as well as management and maintenance. Or if it is just strengthening the system to facilitate this. If so, please justify the costs associated with the output.</p> <p><b>CR8:</b> Output 1.3: How will this activity be conducted? Will participation extend beyond the current three participating countries? Please clarify the participating countries.</p>	<p>previously mentioned. Please reframe the narrative to clarify the adaptation rationale.</p> <p><b>CR5: Not cleared.</b></p> <p>Please include the information provided in the review sheet within the proposal.</p> <p><b>CR6: Cleared</b> as per Output 5.4.</p> <p><b>CR7: Cleared</b> as per Output 2.3.</p> <p><b>CR8: Cleared</b> as per Output 1.3.</p> <p><b>CR1NEW:</b> Please briefly explain how the project promotes new and innovative solutions.</p>

	<p>5. Does the pre-concept briefly explain which organizations would be involved in the proposed regional project/programme at the regional and national/sub-national level, and how coordination would be arranged? Does it explain how national institutions, and when possible, national implementing entities (NIEs) would be involved as partners in the project?</p>	<p><b>Yes.</b> <b>However, further information is needed.</b></p> <p>For the Adaptation Fund the EE cannot serve as IE. The IE role is the role of WHO.</p> <p><b>CAR5:</b></p> <ol style="list-style-type: none"> <li>1. Please amend the sentence “The Ministries of Health (MoH) in the target countries will serve as the Executing Entities, <u>responsible for implementing</u> the project at national and subnational levels under WHO’s guidance and support.”</li> <li>2. Please amend the sentence “The World Health Organization (WHO) will take full responsibility for managing and overseeing the project, including financial, monitoring, and reporting functions, adhering to internationally accepted procurement principles, practices, and regulations.” To reflect the words “implementing entity” in the role of WHO.</li> </ol> <p><b>CAR6:</b> Kindly include the names of the respective EEs- “Ministries of Health (MoH)” on the cover page of the proposal instead of the current “government of</p>	<p><b>CAR5:</b></p> <ol style="list-style-type: none"> <li>1. <b>Not cleared.</b> The proposal still reads as ‘The Ministries of Health (MoH) in the target countries will serve as the Executing Entities, <u>responsible for implementing</u> the project at national and subnational levels under WHO’s guidance and support’. Please change the word ‘implementing’ as the implementing entity is WHO not the MoHs as per the Adaptation Fund guidelines.</li> <li>2. <b>Not cleared.</b> WHO was removed, but the comment intended to suggest specifying the role of WHO as the implementing entity. Please state that WHO will be the implementing entity.</li> </ol> <p><b>CAR6: Cleared</b> as per changes on cover page.</p>
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Resource Availability	6. Is the requested project / programme funding within the funding windows of the programme for regional projects/programmes?	<p><b>Yes.</b></p> <p>The requested financing from the Adaptation Fund is less than USD 30,000,000.</p> <p>Please note that as of AFB44 the project size for regional projects and programmes is US\$30M.</p>	-

	<p>7. Are the administrative costs (Implementing Entity Management Fee and Project/ Programme Execution Costs) at or below 10 per cent of the project/programme for implementing entity (IE) fees and at or below 10 per cent of the project/programme cost for the execution costs?</p>	<p><b>Yes.</b>  <b>However, amendment is required.</b>  All figures are added up across tables and components and are rounded to a whole number. However, there is a misunderstanding of the “Total project cost” concept.</p> <p><b>CAR7:</b> Kindly amend the <i>Total Project Cost</i> and the <i>Administrative Costs</i> on the table of “Project/Programme Components and Financing” according to the definitions in this website: <a href="https://www.adaptation-fund.org/generic/costs-and-fees/">https://www.adaptation-fund.org/generic/costs-and-fees/</a>.</p> <p>The cover page of the proposal indicates that a PFG in the US\$ 20,000 is being requested. However, the PFG form was not submitted.</p> <p><b>CAR8:</b> Please include the PFG Form along with the resubmission of the proposal. The form is available at</p> <ul style="list-style-type: none"> <li>• <a href="#">Request for Project Formulation Grant (PFG) (57 kB, DOC)</a></li> </ul> <p>Kindly note that the maximum PFG request allowed at Pre-concept stage for this proposal is \$33,000.</p>	<p><b>CAR7: Not cleared.</b></p> <ol style="list-style-type: none"> <li>1. Please review the financial table as the numbers don’t add up. As per the sum of activities and EE fee, the Total project cost should read as \$16,774,193 instead of \$16,774,194.</li> <li>2. Once corrected, ensure it is consistent with the other numbers.</li> <li>3. Please add a line with the Activities cost.</li> </ol> <p><b>CAR8: Not cleared.</b></p> <p>In the PFG Form;</p> <ol style="list-style-type: none"> <li>1. Please specify the executing entity.</li> <li>2. Also, please break down the budget at activity level.</li> <li>3. Include a budget line for the Implementing Entity management fee use.</li> </ol>
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Eligibility of IE	8. Is the project/programme submitted through an eligible Implementing Entity that has been accredited by the Board?	<b>Yes.</b> Accreditation Expiration Date: 24 November 2028.	-



## ADAPTATION FUND

# PRE-CONCEPT FOR A REGIONAL PROJECT/PROGRAMME

### PART I: PROJECT/PROGRAMME INFORMATION

**Title of Project/Programme:** Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States.

**Countries:** Cabo Verde, Comoros and Seychelles

**Thematic Focal Area<sup>1</sup>:** Disaster risk reduction and early warning systems

**Type of Implementing Entity:** Multilateral Implementing Entity

**Implementing Entity:** World Health Organization (WHO) Regional Office for Africa

**Executing Entities:** Ministries of Health of Cabo Verde, Comoros, and Seychelles

**Amount of Financing Requested:** 18,200,000. (in U.S Dollars Equivalent)

**Project Formulation Grant Request:** Yes  No

**Amount of Requested financing for PFG:** 30,000 (in U.S Dollars Equivalent)

**Letters of Endorsement (LOE) signed for all countries:** Yes  No

*NOTE: LOEs should be signed by the Designated Authority (DA). The signatory DA must be on file with the Adaptation Fund. To find the DA currently on file check this page: <https://www.adaptation-fund.org/apply-funding/designated-authorities>*

**Stage of Submission:**

- This pre-concept has been submitted before
- This is the first submission ever of the pre-concept

**Please note that pre-concept should not exceed 5 pages (in addition to this first cover page)**

<sup>1</sup> Thematic areas are: Food security; Disaster risk reduction and early warning systems; Transboundary water management; Innovation in adaptation finance.

## Project/Programme Background and Context

Climate-induced health problems, such as vector- and water-borne diseases and food insecurity, are on the rise globally and in the African region, putting millions of people at risk. Adverse climate events also have a disproportionate impact on the health of persons with disabilities, women, and children; they are often at greater risk of injury, death, and additional impairments in such events, exacerbating the existing inequities linked to poverty, discrimination, and stigma. Existing evidence points to critical weaknesses in health systems in responding to climate-related health emergencies. As such, strengthened leadership, capacities, equity, and partnerships for integrated health and climate actions are essential to build long-term resilience of health systems. Small island nations face climate-induced catastrophe<sup>2</sup>. Cyclone Kenneth (2019) displaced over 20,000 people in Comoros; Seychelles recorded a 60% increase in dengue cases between 2016 and 2021; Cabo Verde faced a 30% drop in crop yields due to drought, increasing food insecurity. WHO AFRO (2022) notes vector-borne diseases and malnutrition as rising regional threats. The IPCC warns of a 10–20% rise in climate-related health burdens by 2030 in SIDS.

Cabo Verde faces increasing temperatures, erratic rainfall, and prolonged droughts, leading to significant agricultural challenges. These climatic changes have resulted in reduced crop yields and heightened food insecurity. The scarcity of water resources and reliance on rain-fed agriculture exacerbate the vulnerability of the population to malnutrition and related health issues. Additionally, the changing climate conditions have created favorable environments for the proliferation of disease vectors, increasing the risk of vector-borne diseases such as dengue and malaria. In Cabo Verde, the project will support the integration of climate risk considerations into national health and nutrition policies, improve surveillance systems for climate-sensitive diseases, and enhance the resilience of primary healthcare infrastructure to heat and water stress. Solutions will include installing solar-powered cold chains for vaccines, strengthening food safety systems, and training health workers on climate-responsive care. Multi-sector collaboration with agriculture and water sectors will support early warning systems and improve community resilience.

In Comoros, evolving climate conditions—marked by rising temperatures, unpredictable rainfall, and more frequent extreme weather events like cyclones—pose serious public health risks. These changes create ideal conditions for the spread of vector-borne diseases such as malaria, dengue, and chikungunya, particularly during hot and humid seasons. Cyclone Kenneth in 2019 alone affected over 43% of the population, causing widespread displacement and damaging critical health infrastructure, which in turn led to increased risks of waterborne diseases due to compromised sanitation. Concurrently, prolonged droughts and heatwaves have worsened air quality and aggravated acute respiratory infections, especially among children and the elderly, with air pollution from solid fuel use and urban expansion compounding these effects. These overlapping climate-related health threats call for an integrated, adaptive response that strengthens health system resilience, prioritizes prevention, and enhances emergency preparedness. In Comoros, this project will prioritize upgrading and climate-proofing critical health facilities to withstand cyclones, improve emergency response capacity, and expand access to safe water and sanitation. It will also support the integration of climate resilience into health workforce training, introduce decentralized health surveillance using digital tools, and develop localized early warning systems. Cross-sectoral collaboration will be promoted to align health, disaster risk management, and environmental planning.

Seychelles experiences rising temperatures and sea levels, leading to increased incidences of vector-borne diseases like dengue fever. The country has reported a significant rise in dengue cases, correlating with climate-induced changes in mosquito breeding patterns<sup>4</sup>. Additionally, the archipelago faces challenges with waterborne diseases such as leptospirosis, particularly following heavy rainfall and flooding events. The health system is further strained by the need to relocate infrastructure due to coastal erosion and rising sea levels. In Seychelles, this project will focus on scaling up vector control interventions using climate-

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<sup>2</sup> The Guardian. (2024). Small island nations face climate-induced 'catastrophe', warn experts.

<sup>3</sup> WHO. (2020). How WHO restored healthcare services and safeguarded against diseases in the aftermath of Cyclone Kenneth.

<sup>4</sup> Seychelles News Agency. (2024). COP28: Seychelles launches first discussions on impact of climate change on health.

informed strategies, integrating health data with meteorological information for early warnings, and reinforcing coastal health facilities against flood risks. Investments will also support climate-smart waste management and water drainage systems to reduce breeding grounds for disease vectors. Health professionals will be trained in climate-health links, and partnerships with tourism and environmental sectors will help protect both public health and biodiversity.

This project addresses climate change impacts on public health in Cabo Verde, Comoros, and Seychelles—African SIDS facing sea level rise, extreme weather, and ecosystem disruption. The shared vulnerabilities among Cabo Verde, Comoros, and Seychelles necessitate a unified regional approach. By aligning with frameworks such as the Libreville Declaration and the SAMOA Pathway, the project aims to foster collaboration in developing climate-resilient health systems. This includes sharing best practices, harmonizing policies, and jointly mobilizing resources to address the health impacts of climate change effectively. Members of the WHO Alliance for Action on Climate Change and health (ATACH) initiative, Cabo Verde and Seychelles, have already committed to the COP26 Health Programme, while Comoros has yet to join—presenting a valuable opportunity to engage national stakeholders and advocate for their participation.

Guided by the Framework for Building Climate-Resilient and Sustainable Health Systems in the WHO African Region 2024–2033, the project aims to promote integrated, inclusive, evidence-based and climate-sensitive health interventions by strengthening countries' capacities, governance, equity, and partnerships in climate and health. A multi-sectoral participatory approach will be used, involving sectors beyond health, major donors, civil society organizations, communities, and private sector partners, to address the broader health impacts of climate change. Health systems will be strengthened by building national capacities for conducting vulnerability and adaptation assessments, developing and implementing Health National Adaptation Plans, improving climate-sensitive data systems, and enhancing primary health care. Unlike existing efforts that target specific sectors, this inclusive approach emphasizes holistic health and climate co-benefits, driving high-impact, scalable and sustainable health-climate solutions in Small Island Developing States highly vulnerable to climate change.

### **Project/Programme Objectives:**

**Overall objective:** *To build climate-resilient and sustainable health systems in African Small Island Developing States (SIDS).*

#### **Specific objectives**

1. *Strengthen the implementation of national climate and health policies and strategies based on climate vulnerability and adaptation assessments aligned with international and regional frameworks.*
2. *Enhance health infrastructure and systems for climate resilience, adopting regional standards, early warning systems, and advanced data analytics to address climate-related health risks.*
3. *Improve access to climate-sensitive primary healthcare services by harmonizing essential health service packages, training health workers in climate-responsive care, and addressing workforce capacity gaps through targeted education and digital technologies.*
4. *Strengthen strategic partnerships and financing mechanisms through national investment plans, policy dialogues, and frameworks for tracking health expenditures to ensure long-term sustainability.*
5. *Design and deliver Climate-Resilient Health Workforce Education.*

### **Project/Programme Components and Financing:**

#### **Component 1: Strengthening Climate and Health Policy and Strategy Implementation**

This component will directly support climate adaptation by enabling Cabo Verde, Comoros, and Seychelles to design and implement integrated national policies and strategies that reduce population vulnerability to climate-induced health risks. Through participatory climate change and health vulnerability and adaptation

assessments (V&As), countries will generate robust evidence to identify key climate-sensitive health risks and prioritize adaptive interventions. The component will ensure that international and regional frameworks (e.g., Libreville Declaration, WHO Regional Strategy 2024–2033, the Global Action Plan on Climate and Health) are translated into actionable national climate-health policies, strategies, and action plans. Emphasis will be placed on ensuring that existing national health policies and strategies are updated to explicitly incorporate climate change risks and adaptation measures, making them climate responsive. Furthermore, the project will foster cross-sectoral collaboration with non-health sectors such as environment, water, energy, and disaster risk management, critical for addressing the social and environmental determinants of health. A regional research agenda will be established to inform mutual integration of climate and health actions and support continuous policy improvement based on evidence. As part of strengthening the country's engagement in global climate-health platforms, the project will facilitate the training of health experts from Comoros, Seychelles, and Cabo Verde as climate change negotiators, thereby strengthening national capacities to influence adaptation and resilience agendas in alignment with the Paris Agreement.

### **Component 2: Climate-Resilient Health Infrastructure and Systems**

Component 2 will focus on physical and systemic adaptation of health systems to better withstand climate shocks such as cyclones, heatwaves, and flooding. It includes the development and dissemination of regional climate-resilient health infrastructure standards tailored to SIDS, and the reinforcement of extreme weather preparedness frameworks. Early warning systems will be strengthened to detect and respond to climate-sensitive disease outbreaks, while digital health and climate data systems will be integrated into public health risk assessments. Biomedical equipment procurement and maintenance systems will be climate-informed to ensure uninterrupted service delivery during climate events. These tangible investments will increase the climate-resilience of healthcare delivery points and frontline services.

### **Component 3: Climate-Informed Primary Health Care Delivery**

This component will implement on-the-ground service delivery interventions that embed climate adaptation into primary healthcare systems. The project will develop and roll out harmonized climate-informed essential service packages, including interventions for diseases exacerbated by climate change (e.g., vector-borne and respiratory diseases). Community health workers will receive capacity building to enhance local health system response to climate-related health risks. A climate-sensitive, people-centered care guide will be introduced and operationalized, ensuring that vulnerable groups, including women, children, and persons with disabilities, are protected from climate-driven health impacts. These measures will localize adaptation by integrating resilience directly into healthcare access and service delivery.

### **Component 4: Sustainable Financing and Strategic Partnerships for Climate-Resilient Health**

Component 4 aims to ensure that climate-resilient health systems are financially and institutionally sustainable. It will support the development of national investment plans aligned with Health National Adaptation Plans (HNAPs), helping countries unlock and track climate finance for health system resilience. Annual national and regional climate-health policy dialogues will foster political commitment, stakeholder engagement, and advocacy for increased investment. A harmonized monitoring framework will be developed to track adaptation finance for health, ensuring transparency, effectiveness, and long-term viability of investments in adaptation.

### **Component 5: Climate-Resilient Health Workforce Education**

Recognizing human capacity as a key pillar of climate adaptation, this component will realign health professional training with climate resilience imperatives. Countries will conduct diagnostics to identify gaps in workforce readiness and implement tailored capacity development plans. A regional pool of trainers will be established, and innovative digital platforms leveraged to scale training delivery. The focus will be on preparing health workers, particularly at the community level, to detect, manage, and prevent climate-sensitive health conditions. This will create a sustained pipeline of professionals equipped to lead health adaptation at all levels. This component will also include outreach activities such as public awareness

campaigns, citizen science tools, and inclusive training sessions to ensure knowledge transfer to non-health practitioners and communities. Outputs will include simplified knowledge products and climate-health toolkits accessible to the general public and a digital project dashboard will indeed be developed.

Project/Programme Components	Expected Outcomes	Expected Outputs	Countries	Amount (US\$)
<b>Component 1: Strengthening Climate and Health Policy and Strategy Implementation</b>	1. Countries have developed/reviewed and implemented national climate and health policies and strategies, informed by relevant assessments and research, in line with international and regional policy frameworks.	Output 1.1: Completed multi-sectoral climate change and health vulnerability and adaptation assessments, providing a comprehensive analysis of key risks and adaptation strategies.	Cabo Verde, Comoros and Seychelles	1,080,645
		Output 1.2: Global and Regional frameworks on climate change and health are translated into National policies, strategies, and action plans on climate change and health.		
		Output 1.3: A regional research agenda established to guide the mutual integration of climate and health actions.		
		Output 1.4: Enhanced capacity of health experts in the three countries to take part in global climate-health platforms such as UNFCCC COPs, Clim-Health, and ATACH.		
<b>Component 2: Health Systems and Infrastructure Strengthening</b>	2. Countries' climate-resilient health infrastructure and systems are strengthened through the adoption of regional standards and frameworks, and the establishment of early warning systems and data analytics.	Output 2.1: Regional standards for climate-resilient health infrastructure developed and disseminated.	Cabo Verde, Comoros and Seychelles	9,000,000
		Output 2.2: A regional framework for extreme event preparedness in SIDS established.		
		Output 2.3: Strengthened and harmonized mechanisms and practices for the acquisition, management, and maintenance of biomedical and hospital equipment.		
		Output 2.4: Strengthened early warning systems for epidemic preparedness and response to disease outbreaks and other public health threats.		
		Output 2.5: Mapping of cyclical patterns completed, with integration of climate data analytics into risk assessments and preparedness planning.		
<b>Component 3: Climate-Health Policy and Strategy Development</b>	3. The delivery of primary health care services is strengthened in the context of Health National Adaptation Plans through the harmonization of service packages and capacity building for service providers.	Output 3.1: Climate-Informed essential health service packages developed, harmonized regionally and adopted by countries.	Cabo Verde, Comoros and Seychelles	1,400,000
		Output 3.2: Capacity building provided to community health workers on monitoring and responding to climate-sensitive health service.		
		Output 3.3: A climate-sensitive, people-centered primary health care implementation guide developed and implemented.		
<b>Component 4: Sustainable Financing and strategic partnerships for climate-resilient and sustainable health systems</b>	4. Strategic partnerships and sustainable financing are strengthened through advocacy to support the effective implementation of the Health National Adaptation Plans.	Output 4.1: National investment plans for climate-resilient health systems developed.	Cabo Verde, Comoros and Seychelles	2,400,000
		Output 4.2: Annual climate-health policy dialogues convened to strengthen advocacy and raise awareness among stakeholders		
		Output 4.3: A harmonized framework for tracking climate change financing.		
<b>Component 5: Climate-Resilient Health Workforce Education</b>	5. Health professions education is updated and aligned to integrate climate resilience competencies, ensuring that current and future health workers are equipped to respond to climate-related health challenges.	Output 5.1: Climate-Resilient Health Workforce diagnostic report and capacity building roadmap developed.	Cabo Verde, Comoros and Seychelles	1,300,000
		Output 5.2: A pool of trainers established for workforce development.		
		Output 5.3: ICT Technologies leveraged to scale up health professional training.		
		Output 5.4: Public knowledge products and digital dashboard developed to enhance awareness, transparency, and accountability		
<b>Total project cost</b>				<b>16,774,194</b>
Executing fees (9.5 %)				1,593,548

Project/Programme Cycle Management Fee - Implementing Entity Fees (PSC 8.5%)	1,425,806
<b>Total Amount of Financing Requested</b>	<b>18,200,000</b>

**Project Duration:** 36 months

## PART II: PROJECT/PROGRAMME JUSTIFICATION

Climate change significantly threatens public health, especially in African Small Island Developing States (SIDS) like Comoros, Seychelles, and Cabo Verde. These islands face extreme weather events, rising sea levels, and ecosystem disruptions, exacerbating their vulnerability due to geographical isolation and reliance on climate-sensitive sectors such as tourism, fisheries, and agriculture. In Comoros, agriculture employs 40% of the workforce and contributes 19% of GDP, with crops like vanilla and ylang-ylang highly sensitive to weather changes. Seychelles relies heavily on tourism, which accounts for 25% of GDP and over 15% of direct employment, while fisheries contribute 20% of exports, making the economy vulnerable to rising sea levels and coral reef degradation. Cabo Verde's economy also depends on tourism (over 20% of GDP) and agriculture, despite frequent droughts.

These dependencies highlight the urgent need for climate-resilient health systems. Disruptions in these sectors directly impact public health and socio-economic stability, exacerbating health challenges such as vector- and water-borne diseases, food insecurity, and climate-induced health emergencies. Vulnerable populations, including persons with disabilities, women, and children, are disproportionately affected.

National health strategies often lack adequate climate adaptation measures, leading to fragmented public health responses, limited early warning systems, weak primary healthcare services, and insufficient strategic partnerships. Health professionals frequently lack the training and tools to respond effectively to climate-driven health challenges. Without robust adaptation measures, these weaknesses will worsen, increasing the burden on already strained healthcare systems.

This project aligns with the WHO Framework for Building Climate-Resilient and Sustainable Health Systems in the WHO African Region (2024–2033), emphasizing governance, infrastructure, workforce capacity, and partnerships to integrate climate and health actions, ensuring long-term resilience and sustainability. The project aims to enhance national capacities for climate vulnerability and adaptation assessments, develop Health National Adaptation Plans (HNAPs), and integrate climate-sensitive policies into health strategies. It focuses on sustainability and scalability by setting regional standards for climate-resilient health infrastructure, improving early warning systems, and fostering strategic partnerships. Strengthening local workforce capacity and using innovative digital tools will ensure ongoing adaptation of climate-health interventions. By investing in primary healthcare resilience, the project aims to reduce climate-sensitive diseases, enhance emergency preparedness, and promote sustainable health system transformation. WHO, in collaboration with government partners, civil society organizations, and private sector stakeholders, seeks to create a model for climate-health integration that can be expanded beyond the target countries. The project supports multiple Sustainable Development Goals (SDGs), including Good Health and Well-being (SDG 3), Climate Action (SDG 13), Gender Equality (SDG 5), and Partnerships for the Goals (SDG 17), ensuring resilient health systems for future generations.

The project promotes cost-effectiveness by aligning with existing initiatives, such as the WHO framework for climate-resilient health systems and the Comoros' Health and Climate Change Strategy. Through joint regional training, shared early warning systems, and standardized tools, it avoids duplication and enhances efficiency. A regional platform enables shared investments in digital tools and climate data, lowering country-level costs.

Developed through consultations led by WHO AFRO, national Ministries of Health, and Country Offices in Comoros, Seychelles, and Cabo Verde, the project reflects inputs from public health institutions, climate focal points, and NDAs. The process identified health vulnerabilities, aligned with national priorities (NAPs, NDCs), and validated key interventions, consultations will deepen at the Concept Note stage.

Sustainability is built through capacity-building, institutionalizing climate-resilient policies, and establishing financing strategies (Outputs 4.1 and 4.3) to mobilize resources. The project also integrates climate risk management into national health planning.

It aligns with national policy frameworks: Comoros' 2021 NDC, NAP, TNC, and UNICEF's 2022 Climate Landscape Analysis emphasize health sector vulnerability and rising disease risk. Cabo Verde's 2021 NDC, 2017 NAP, and Health Sector Plan stress resilient health infrastructure and early warning systems. Seychelles' Climate Strategy, 2019 Health Sector Plan, and 2021 NDC call for climate-proofing health services and protecting island populations. The project supports these goals with a unified, health-centered adaptation approach.

Focusing on African SIDS, the project tackles the health impacts of climate change, disease burden, extreme events, and weak infrastructure, through early warning systems, data analytics, and localized adaptation. It supports climate-smart health planning, disease surveillance, and resilient infrastructure. Solutions include solar-powered cold chains, food safety, and training. In Comoros, efforts will strengthen cyclone-resilient health facilities, water access, emergency response, and decentralized surveillance. In Cabo Verde, the project will expand vector control, integrate meteorological data for early warnings, and enhance coastal health system resilience. It also supports waste management, drainage improvements, and cross-sector partnerships to protect health and biodiversity.

### **PART III: IMPLEMENTATION ARRANGEMENTS**

The Implementing Entity will take full responsibility for overseeing the project, including financial, monitoring, and reporting functions, adhering to internationally accepted procurement principles, practices, and regulations. The Ministries of Health (MoH) in the target countries will serve as the Executing Entities, responsible for implementing the project at national and subnational levels under WHO's guidance and support. A Project Management Unit (PMU) will be jointly established by WHO and the MoHs. The project Management Unit will be hosted by the MoHs in the three countries. At the regional level, the WHO Regional Office for Africa will provide strategic guidance and oversight, technical support, and capacity-building assistance to ensure coherence across all three countries and alignment with global and regional strategies. WHO headquarters will offer specialized technical expertise and facilitate global knowledge-sharing and best practices.

The project will ensure national ownership and align with broader climate finance mechanisms for long-term sustainability. The World Meteorological Organization (WMO) will be a key partner, enhancing climate and health early warning systems, integrating meteorological and health data, and building capacity for national meteorological agencies. This partnership will improve climate risk monitoring and forecasting, enabling better preparedness and response. National steering committees, chaired by the Ministry of Health or a designated authority, will oversee project activities. These committees will include representatives from relevant ministries (environment, finance, agriculture, energy, education, and meteorological services), the national AF-accredited entity, academia, civil society, and private sector stakeholders, ensuring comprehensive oversight and collaboration.

A digital project dashboard will provide real-time tracking of key indicators, ensuring accountability and transparency. Findings and best practices will be documented and disseminated to support replication and scale-up in other countries facing similar climate-health challenges. Through these robust implementation arrangements, the project will deliver tangible improvements in climate-health integration, ensuring that health systems in Comoros, Seychelles, and Cabo Verde are better prepared to withstand climate-related health threats. The approach will create a lasting impact by fostering institutional capacity, strengthening governance, and embedding climate resilience into national health strategies, ultimately benefiting the most vulnerable populations and advancing global health equity.

### **PART IV: ENDORSEMENT BY GOVERNMENTS AND CERTIFICATION BY THE IMPLEMENTING ENTITY**

## A. Record of endorsement on behalf of the government<sup>5</sup>

<b>CABO VERDE</b> Mrs. Ester Araujo de Brito Executive Administrator, National Institute for Meteorology and Geophysics (INMG) Espargos CP 76, Ilha do Sal, Cabo Verde <a href="mailto:ester.brito@inmg.gov.cv">ester.brito@inmg.gov.cv</a> ;	Date : 07/03/2025
<b>COMOROS</b> Mr. Fawaz Mohamed Moumini Spécialiste négociations et financements climat (DGEF), Comoros <a href="mailto:fawaz.moumini@gmail.com">fawaz.moumini@gmail.com</a> ;	Date: 08/04/2025
<b>SEYCHELLES</b> Mr. Will Michel Agricole Technical Adviser, Climate Change and Energy, Ministry of Agriculture, Climate Change and Environment National Botanical Garden, PO Box 445, Mt Fleuri, Victoria, Mahe, Seychelles <a href="mailto:w.agricole@meteo.gov.sc">w.agricole@meteo.gov.sc</a> ;	Date: 26/02/2025

## B. Implementing Entity certification

I certify that this proposal has been prepared in accordance with guidelines provided by the Adaptation Fund Board, and prevailing National Development and Adaptation Plans in the Republics of Cabo Verde, Comoros and Seychelles and subject to the approval by the Adaptation Fund Board, <u>commit to implementing the project/programme in compliance with the Environmental and Social Policy of the Adaptation Fund</u> and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.	
<i>Dr Jeremiah MUSHOSHO, Team Lead – Climate Change, Health and Environment (WHO AFRO)</i> Implementing Entity Coordinator	
Date: 8 April 2025	Tel. and email: <a href="mailto:mushoshj@who.int">mushoshj@who.int</a>
Project Contact Person: Dr. Jeremiah MUSHOSHO, Team Lead – Climate Change, Health and Environment (WHO AFRO)	
Tel. And Email: <a href="mailto:mushoshj@who.int">mushoshj@who.int</a> , Tel +242 06 419 3924 or +263 772 326 001	

Each Party shall designate and communicate to the secretariat the authority that will endorse on behalf of the national government the projects and programmes proposed by the implementing entities.



**INMG**  
INSTITUTO NACIONAL DE  
METEOROLOGIA E GEOFÍSICA

DE: **Mrs. Ester Araujo de Brito**  
Executive Administrator,  
Espargos CP 76, Ilha do Sal  
Cabo Verde

A: **The Adaptation Fund Board**  
c/o Adaptation Fund Board Secretariat  
Secretariat@Adaptation-Fund.org

Sal island, march 07, 2025

N.Ref#024/GP.INMG/2025

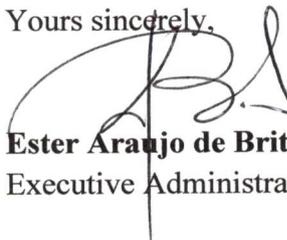
Dear Sir/Madam,

**RE: ENDORSEMENT OF THE PROJECT TITLED «BUILDING CLIMATE-RESILIENT AND SUSTAINABLE HEALTH SYSTEMS IN AFRICAN SMALL ISLAND DEVELOPING STATES: STRENGTHENING CAPACITIES, GOVERNANCE, EQUITY AND PARTNERSHIPS FOR INTEGRATED HEALTH AND CLIMATE SOLUTIONS ».**

As the designated authority for the Adaptation Fund in the Cabo Verde, I confirm that the regional project proposal titled "*building climate-resilient and sustainable health systems in african small island developing states: strengthening capacities, governance, equity and partnerships for integrated health and climate solutions*" is in line with the national priorities of the Government in implementing adaptation activities aimed at reducing the negative impacts and risks associated with climate change in the Cabo Verde.

Accordingly, I am pleased to endorse the aforementioned project proposal with the support of the Adaptation Fund. If approved, the project will be implemented by the WHO Regional Office for Africa and executed by the Ministry of Health of Cabo Verde and the Ministry of Health of the Federal Islamic Republic of the Comoros and the Republic of Seychelles.

Yours sincerely,

  
**Ester Araujo de Brito**  
Executive Administrator





Réf. N°025 - 02 /MET/DGEF

Date : Moroni, le 08/04/2025

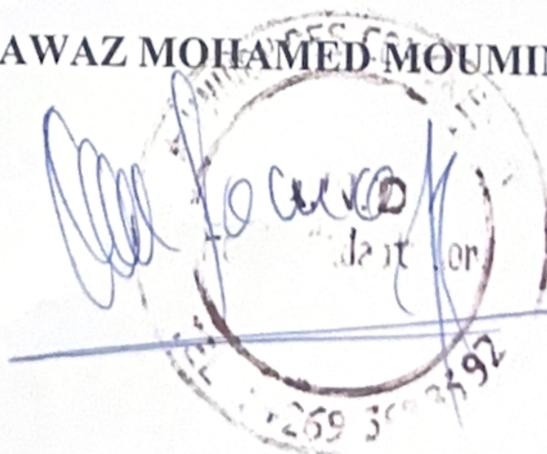
**Subject: Endorsement of the Project Titled "Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States: Strengthening Capacities, Governance, Equity, and Partnerships for Integrated Health and Climate Solutions"**

As the designated authority for the Adaptation Fund in the Union of the Comoros, I confirm that the regional project proposal titled "Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States: Strengthening Capacities, Governance, Equity, and Partnerships for Integrated Health and Climate Solutions" aligns with the national priorities of the Government in implementing adaptation activities aimed at reducing the negative impacts and risks associated with climate change in the Union of the Comoros.

Accordingly, I am pleased to endorse the aforementioned project proposal with the support of the Adaptation Fund. If approved, the project will be implemented by the WHO Regional Office for Africa and executed by the Ministry of Health of the Union of the Comoros, as well as the Ministries of Health of the Republic of Seychelles and Cabo Verde.

Yours sincerely,

**FAWAZ MOHAMED MOUMINI**



**MINISTRY OF AGRICULTURE, CLIMATE CHANGE & ENVIRONMENT  
CLIMATE CHANGE & ENERGY DEPARTMENT**



**Office of the Principal Secretary**

Unity House, Block A, 3<sup>rd</sup> Floor, P.O. Box 445, Victoria, Mahe, Republic of Seychelles

Tel. No. (+248) 4670504

Email: [pscce@gov.sc](mailto:pscce@gov.sc)

*Please address all correspondence to the Principal Secretary*

Date: - 26<sup>th</sup> February 2025

**The Adaptation Fund Board**

c/o Adaptation Fund Board Secretariat

Secretariat@Adaptation-Fund.org

Dear Sir/Madam,

**RE : ENDORSEMENT OF THE PROJECT TITLED «BUILDING CLIMATE-RESILIENT AND SUSTAINABLE HEALTH SYSTEMS IN AFRICAN SMALL ISLAND DEVELOPING STATES: STRENGTHENING CAPACITIES, GOVERNANCE, EQUITY AND PARTNERSHIPS FOR INTEGRATED HEALTH AND CLIMATE SOLUTIONS ».**

As the designated authority for the Adaptation Fund in the Republic of Seychelles, I confirm that the regional project proposal titled " *building climate-resilient and sustainable health systems in African small island developing states: strengthening capacities, governance, equity and partnerships for integrated health and climate solutions* " is in line with the national priorities of the Government in implementing adaptation activities aimed at reducing the negative impacts and risks associated with climate change in the Seychelles.

Accordingly, I am pleased to endorse the aforementioned project proposal with the support of the Adaptation Fund. If approved, the project will be implemented by the WHO Regional Office for Africa and executed by the Ministry of Health of the Republic of Seychelles and the Ministry of Health of the Federal Islamic Republic of the Comoros and Cabo Verde.

Yours sincerely,

Will Michel Agricole (Mr.)

**Technical Advisor for Climate Change & Energy**

**Adaptation Fund National Designated Authority For Seychelles**



**Revised PFG Submission Form<sup>1</sup> (additions in red)**

**Project Formulation Grant (PFG)**

**Submission Date:** 4 June 2025

**Adaptation Fund Project ID:**

**Country/ies:** Cabo Verde, Comoros and Seychelles.

**Title of Project/Programme:** Building Climate-Resilient and Sustainable Health Systems in African Small Island Developing States.

**Type of IE (NIE/RIE/MIE):** Multilateral Implementing Entity

**Implementing Entity:** World Health Organization (WHO)

**Executing Entity/ies:**

**A. Project Preparation Timeframe**

<b>Start date of PFG</b>	01 October 2025
<b>Completion date of PFG</b>	30 December 2025

**B. Proposed Project Preparation Activities (\$)**

<b>List of Proposed Project Preparation Activities</b>	<b>Output of the PFG Activities</b>	<b>US\$ Amount</b>	<b>Budget note<sup>2</sup></b>
Three (3) Country Missions to conduct stakeholder consultation meetings and Concept note drafting.	Agreed project outputs and outcomes and project development milestones.	US\$ 30,000	Cost for 3 missions to the 3 countries by WHO. These include flights, accommodation and meeting expenses.
<b>Total Project Formulation Grant</b>		<b>US\$ 30,000</b>	

Please describe below each of the PFG activities and provide justifications for their need and for the amount of funding required:

<sup>1</sup> As presented in AFB/PPRC.33/40 Annex 1.

<sup>2</sup> The proposal should include a detailed budget with budget notes indicating the break- down of costs at the activity level. It should also include a budget on the Implementing Entity management fee use.

The proposed country missions are essential to ensure a participatory and inclusive approach to project design, consistent with the Adaptation Fund's requirements. These missions will facilitate in-depth stakeholder consultations in each of the four participating countries, enabling the identification of country-specific climate vulnerabilities, adaptation priorities, and alignment with national strategies. The consultations will also ensure the meaningful involvement of vulnerable groups, including women and marginalized communities, and will contribute to the integration of gender-responsive and socially inclusive approaches. The missions will support the co-development of the project concept note through joint planning sessions with national counterparts, NDAs, NIEs and key sector stakeholders. The requested funding of US\$ 30,000 is a cost-efficient investment to cover essential travel, accommodation, translation services and meeting costs for WHO personnel, ensuring high-quality and contextually relevant project design with strong national ownership.

**For LLA Projects only:**

If requesting additional funding for LLA projects to enable devolving decision making to the local level, please specify the activities that would directly serve to enable devolving decision making to the lowest appropriate level and enable local actors to make informed decisions on how adaptation actions are defined, prioritized, designed, and implemented:

Please provide justifications for their need and for the amount of additional funding required:

**C. Implementing Entity**

This request has been prepared in accordance with the Adaptation Fund Board's procedures and meets the Adaptation Fund's criteria for project identification and formulation

Implementing Entity Coordinator, IE Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
VILLALOBOS PRATS, Elena <a href="mailto:villalobose@who.int">villalobose@who.int</a>  P.P. Jeremiah Mushosho		4 June 2025	Dr. Jeremiah Mushosho	+263772326001	<a href="mailto:mushoshoj@who.int">mushoshoj@who.int</a>