



GEF-6 PROJECT IDENTIFICATION FORM (PIF)

PROJECT TYPE: Full-sized Project

TYPE OF TRUST FUND: Least Developed Countries Fund

PART I: Project Information

Project Title:	Building Resilience of Health Systems in Pacific Island LDCs to Climate Change		
Country(ies):	Kiribati, Solomon Islands, Tuvalu, Vanuatu	GEF Project ID: ¹	8018
GEF Agency(ies):	UNDP	GEF Agency Project ID:	5396
Other Executing Partner(s):	WHO	Submission Date:	8 January 2015
GEF Focal Area(s):	Climate Change	Project Duration (Months)	60 months
Integrated Approach Pilot	IAP-Cities <input type="checkbox"/> IAP-Commodities <input type="checkbox"/> IAP-Food Security <input type="checkbox"/>	Corporate Program: SGP	<input type="checkbox"/>
Name of parent program:		Agency Fee (\$)	1,606,500

A. INDICATIVE FOCAL AREA STRATEGY FRAMEWORK AND OTHER PROGRAM STRATEGIES²

Objectives/Programs (Focal Areas, Integrated Approach Pilot, Corporate Programs)	Trust Fund	(in \$)	
		GEF Project Financing	Co-financing
CCA-1: Reduce vulnerability of people, livelihoods, physical assets and natural systems	LDCF	11,283,000	45,000,000
CCA-2: Strengthen institutional and technical capacities for effective CCA	LDCF	4,283,000	18,000,000
CCA-3: Integrate CCA into relevant policies, plans and associated processes	LDCF	2,284,000	13,000,000
Total Project Cost		17,850,000	76,000,000

B. INDICATIVE PROJECT DESCRIPTION SUMMARY

Project Objective: Enhance the capacity of national and local health system institutions, personnel, and local communities to manage health risks induced by climate variability and change						
Project Component	Financing Type ³	Project Outcomes	Trust Fund	(in \$)		
				GEF Project Financing (total 4 LDCs)	Co-financing (total)	
1. Governance and policies	TA	1. Governance of health system and institutional capacities strengthened by mainstreaming climate-related risk and resilience aspects into health policy frameworks	LDCF	2,000,000	9,000,000	
2. Health information and climate early warning systems	INV	2. Capacities of health system institutions and personnel strengthened in managing health information and weather/climate early warning systems	LDCF	2,000,000	9,000,000	
3. Service delivery	INV	3. Improved coverage and quality of health services addressing climate-related diseases, and reduced climate-induced disruptions in the function of health care facilities	LDCF	11,000,000	46,000,000	
4. Knowledge management and technical assistance - regional/international component	TA	4. Enhanced south-south cooperation fostering knowledge exchange, the provision of technical assistance and scientific advisory, and the integration of national health policy frames and related adaptation plans with ongoing NAP-related processes	LDCF	2,000,000	12,000,000	
Subtotal				17,000,000	76,000,000	
Project Management Cost (PMC) ⁴			LDCF	850,000		
Total Project Cost				LDCF	17,850,000	76,000,000

¹ Project ID number will be assigned by GEFSEC and to be entered by Agency in subsequent document submissions.

² When completing Table A, refer to the excerpts on [GEF 6 Results Frameworks for GETF, LDCF and SCCF](#).

³ Financing type can be either investment or technical assistance.

⁴ For GEF Project Financing up to \$2 million, PMC could be up to 10% of the subtotal; above \$2 million, PMC could be up to 5% of the subtotal. PMC should be charged proportionately to focal areas based on focal area project financing amount in Table D below.

If Multi-Trust Fund project :PMC in this table should be the total and enter trust fund PMC breakdown here ()

C. INDICATIVE SOURCES OF CO-FINANCING FOR THE PROJECT BY NAME AND BY TYPE, IF AVAILABLE

Sources of Co-financing	Name of Co-financier	Type of Co-financing	Amount (\$)
National Government	Government of Kiribati	Grant	14,000,000
National Government	Government of Solomon Islands	Grant	27,000,000
National Government	Government of Tuvalu	Grant	10,000,000
National Government	Government of Vanuatu	Grant	14,000,000
International Organization	WHO	Grant	7,000,000
International Organization	UNDP	Grant	4,000,000
Total Co-financing			76,000,000

D. INDICATIVE TRUST FUND RESOURCES REQUESTED BY AGENCY(IES), COUNTRY(IES) AND THE PROGRAMMING OF FUNDS ^{A)}

GEF Agency	Trust Fund	Country/ Regional/ Global	Focal Area	Programming of Funds	(in \$)		
					GEF Project Financing (a)	Agency Fee (b) ^{b)}	Total (c)=a+b
UNDP	LDCF	Kiribati	Climate Change	N/A	3,675,000	330,750	4,005,750
UNDP	LDCF	Solomon Islands	Climate Change	N/A	6,825,000	614,250	7,439,250
UNDP	LDCF	Tuvalu	Climate Change	N/A	2,625,000	236,250	2,861,250
UNDP	LDCF	Vanuatu	Climate Change	N/A	4,725,000	425,250	5,150,250
Total GEF Resources					17,850,000	1,606,500	19,456,500

a) No need to fill this table if it is a single agency, single trust fund, single focal area and single country project

b) Refer to the [Fee Policy for GEF Partner Agencies](#).

E. PROJECT PREPARATION GRANT (PPG)⁵

Is Project Preparation Grant requested? Yes No If no, skip item E.

PPG AMOUNT REQUESTED BY AGENCY(IES), TRUST FUND, COUNTRY(IES) AND THE PROGRAMMING OF FUNDS

Project Preparation Grant amount requested: \$300,000					PPG Agency Fee: \$27,000		
GEF Agency	Trust Fund	Country/ Regional/Global	Focal Area	Programming of Funds	(in \$)		
					PPG (a)	Agency Fee ⁶ (b)	Total c = a + b
UNDP	LDCF	Regional Pacific	Climate Change	N/A	300,000	27,000	327,000
Total PPG Amount					300,000	27,000	327,000

⁵ PPG requested amount is determined by the size of the GEF Project Financing (PF) as follows: Up to \$50k for PF upto \$1 mil; \$100k for PF up to \$3 mil; \$150k for PF up to \$6 mil; \$200k for PF up to \$10 mil; and \$300k for PF above \$10m. On an exceptional basis, PPG amount may differ upon detailed discussion and justification with the GEFSEC.

⁶ PPG fee percentage follows the percentage of the Agency fee over the GEF Project Financing amount requested.

F. PROJECT'S TARGET CONTRIBUTIONS TO GLOBAL ENVIRONMENTAL BENEFITS⁷

PART II: PROJECT JUSTIFICATION

Project Overview

A.1. Project Description.

The Problem, Root Causes and Barriers

Problem: The Pacific LDCs are among the countries most vulnerable to climate variability and change. A common problem is the triple burden of communicable diseases, non-communicable diseases, exacerbated by health impacts of climate change that causes high rates of morbidity and mortality.

Kiribati, Solomon Islands, Tuvalu, and Vanuatu developed National Climate Change and Health Action Plans (NCCHAPs) through WHO assistance. The vulnerability assessments in NCCHAPs highlighted the climate-sensitive health risks of vector/food/waterborne diseases, malnutrition, and non-communicable diseases. Their incidence, geographic distribution, and seasonality are affected by temperature, precipitation, and extreme weather events. The majority of populations and health care facilities (such as hospitals and community health centers) are located in close proximity to low-lying coastal areas and highly vulnerable to cyclones, floods, storm surges, sea level rise, and disturbances in water supply caused by drought or salination of aquifers. Damage to these facilities - buildings and essential supplies/amenities - affects their capacity to provide health services when they are most needed emergency situations. Due to the lack of capacity and resources in the health sector, the majority of health facilities are not resilient to climate induced pressures in terms of structural, non-structural, and functional safety.

The *long-term solution* for the governments of these Pacific LDCs would be to have enhanced national health systems and institutions with climate change risk and resilience aspects integrated into health governance, health information management, and the delivery of health services. These would enable to respond effectively to climate change impacts on morbidity and mortality in vulnerable population groups.

Barriers: Some of the barriers that hinder the long-term solution in the context of these countries, include:

- Limited awareness of health risks of climate change;
- Insufficient integration of climate and disaster risks into health sector policy, planning, and regulatory frames, as well as in disease control practices;
- Poor coordination across ministries and departments on climate change and health issues;
- Insufficient data and monitoring of climate-sensitive health risks and impacts, with fragmented data base systems and limited capacity to link environmental health surveillance with climate data and info;
- Limited technical capacity of public health staff; limited human and financial resources to assess risks and to design, implement, and monitor adaptation.
- Lack of information, and know-how on applying cost-effective techniques and technologies to avoid climate-induced disruptions in the functions, essential services and related supply need of primary health care facilities (such as coastal protection, water, sanitation, sewage, medical waste, energy, communication)

⁷ Provide those indicator values in this table to the extent applicable to your proposed project. Progress in programming against these targets for the projects per the *Corporate Results Framework* in the [GEF-6 Programming Directions](#), will be aggregated and reported during mid-term and at the conclusion of the replenishment period. There is no need to complete this table for climate adaptation projects financed solely through LDCF and/or SCCF.

Baseline Scenario, Alternative Scenario and Additional cost reasoning

Baseline Scenario

In the baseline scenario, health institutions and professionals will continue lacking adequate capacity to integrate climate risks into health governance, health information/surveillance, disease prevention/control practices and hospital safety. This will result in increasing the magnitude and severity of the burden of a variety of climate-related morbidity and mortality. The aggravation of the burden of climate-sensitive diseases in the most vulnerable populations in the Pacific will not only affect individuals and families, but also will increase the cost of public health and health care services, lower economic productivity, and result in significant damages from acute- and slow-onset events.

Kiribati: The NAPA 2007 indicates that all downstream effects of climate change would affect the health system. The population of the country will continue face burdens of high mortality and morbidity from communicable and non-communicable diseases (NCDs), including respiratory infections, diarrhoeal illness, eye and skin infections, dengue, ciguatera fish poisoning, and other water/food/vector-borne diseases, as key climate-sensitive diseases prioritized by the NCCHAP. Confounding factors include high-density housing in urban areas on South Tarawa that facilitates the transmission of infectious diseases. Inadequate water supplies, inadequate personal hygiene, and poor food handling and storage will continue to contribute to the high number of diarrhoeal, respiratory, eye and skin infections. WASH (water, sanitation and hygiene) is aggravated by chronic shortage of water resources in low-lying atoll islands, which will be further exacerbated by climate change without systematic adaptation linking with health care services. Kiribati has a network of 92 health centres and dispensaries supported by a referral hospital in South Tawara and hospitals in Kiritimati and North Tabiteuea Island. All facilities are located near-shore and highly exposed to climate induced impacts of sea-level rise and associated storm surges and extreme events, drought induced disturbances of water supply, and risk of pollution due to inadequate waste disposal and inundation risks, thus having much need for climate-proofing improvements.

Solomon Islands: The burden of NCDs will continue to increase, including key climate-sensitive diseases identified such as water/vectorborne diseases (e.g. diarrhea, malaria, dengue) and respiratory diseases. The MDG targets for improved water and sanitation will not be achieved in the Solomon Islands, leaving the population vulnerable to faecal-oral infections. There are 116 primary health care centres, 29 district-level referral hospitals, and 12 general hospitals in the country which will remain highly exposed to climate-induced extreme events, and will remain ill-prepared to prevent and respond to climate-induced disturbances in their essential functions. WASH programs are often either absent or partially or fully inoperable in most health facilities. A dengue outbreak in 2013 and a flash flooding in 2014 in Honiara illustrated the extreme weakness and vulnerability of health system and health facilities. Whenever there is an outbreak or a natural disaster, the already fragile health system is overwhelmed. Among the major adaptation problems is the high vulnerability of the National Referral Hospital – NRH (the only tertiary hospital in the capital); several buildings were recommended by WHO to be relocated in 2014. Many NRH facilities are located on the seashore without any seawall protection. If adaptation measures are not taken, the majority of NRH facilities will be inundated in the coming decade.

Tuvalu: The key climate-sensitive health issues identified in the NCCHAP are vector/waterborne diseases, ciguatera, respiratory diseases, and food security impacts on NCDs. The burden of NCDs is likely to increase because of decreasing local crops and increasing dependence on imported unhealthy foods. Being a low-lying atoll islands country, there is a limited supply of safe water. Groundwater is brackish and not generally considered safe for consumption. The majority of the population relies on rainwater harvest systems. Communicable diseases will remain also major cause of morbidity, with alarming numbers of acute respiratory infections, eye infections, and skin infections. The Princess Margaret Hospital is the only hospital in Tuvalu, and with eight (8) outer islands health centres. Most of the health facilities are located near the lagoon and ocean sides, at locations highly exposed to climatic events, due to scarcity of landmass. Without adaptation, climate change will remain a major threat to public health aggravated by the limited knowledge and expertise among existing health sector staff, including clinical senior managers.

Vanuatu: Key climate-sensitive health issues identified in the NCCHAP are vector/water/foodborne diseases and heat-related illnesses. The health system will remain very vulnerable to climate change impacts coupled with inadequate human resources, inadequate budgetary support, scattered and isolated populations, and weak infrastructures. In general, health institutions and professionals will continue to lack adequate capacities to integrate climate risk information into health surveillance, disaster risk management, and disease prevention/control practices. The major types of health facilities in Vanuatu (hospitals, health centres, dispensaries and aid posts) will remain in general ill-equipped to cope with climate-induced disturbances in main functions, coupled with fragmented health and climate information services and limited staff capacity to respond to such instances.

Proposed alternative scenario

The adaptation alternative scenario supported by the proposed project will achieve the objective of **enhancing the capacity of national and local health system institutions, personnel, and local communities to manage health risks induced by climate variability and change in four Pacific LDCs, (namely, Kiribati, Solomon Islands, Tuvalu and Vanuatu).** This objective will be achieved through on-the-ground interventions and policy-level actions, under 4 outcomes, as described below. *This project will be overseen by UNDP. Project components will be executed by WHO and UNDP, in cooperation with Ministries of Health and Medical Services (MoH/MHMS).*

Outcome 1. Governance of health system and institutional capacities strengthened by mainstreaming climate-related risk and resilience aspects into health policy frameworks

In the alternative adaptation scenario supported by the proposed project, health care institutions and health personnel will have the capacity to fully integrate climate risk and resilience considerations into national and subnational policies, plans and regulations, and cross-sectoral coordination mechanisms related to health care.

During initial consultations, countries specified the following priorities to be implemented under Component 1⁸:

Kiribati	Solomon Islands	Tuvalu	Vanuatu
<ul style="list-style-type: none"> - Revision of the National Health Strategic Plan (NHSP) 2011-2015 and development of a National Environmental Health Action Plan with climate risk and resilience aspects integrated - National standards, regulations and guidelines strengthened for monitoring the implementation of climate change and health policies - Inter-sectoral coordination of health and CC issues enhanced through capacity support to the Health Sector Coordination Committee aligned with the Kiribati National Expert Group on Climate Change and Disaster Risk Management (NKEG) - Capacity building of health decision-makers on integration of CC risks in health interventions 	<ul style="list-style-type: none"> - Revision of the National Health Strategic Plan (NHSP) 2011-2015, Operational Plans of respective Divisions in MHMS, the Disaster Risk Management for Health Action Plan, Environmental Health Act and Public Health Ordinance to factor climate change dimensions into health services - Capacity building of health decision-makers on integration of CC risks in health interventions 	<ul style="list-style-type: none"> - Development of a Climate and Environmental Health policy and related legislation - Update of the 2012 NCCHAP, aligned with the Strategic Health Plan 2009–2019, the National Climate Change Policy 2012-2021, the National Strategic Action Plan for Climate Change and Disaster Risk Management 2012-2016 - Enhanced coordination capacity of MoH with concerned ministries (i.e., Education, Home Affairs and Environment). - Capacity building of health decision-makers on integration of CC risks in health interventions 	<ul style="list-style-type: none"> - The Health Sector Strategy (HSS) 2010-2016 revised with climate risk and resilience aspects integrated. - Enhanced coordination capacity of MoH through establishing a Climate Change Technical Working Group (CCTWG), closely coordinated with the National Advisory Board on Climate Change and Disaster Risk Reduction (NAB) - Capacity building of health decision-makers on integration of CC risks in health interventions

⁸ These were only indicative outputs at initial consultations. Outputs and activities and their scope are subject to change during PPG phase after needs and gaps are identified and activities are costed.

Outcome 2. Capacities of health system institutions and personnel strengthened in managing health information and weather/climate early warning systems

In the alternative scenario, enhanced national health surveillance, information and early warning systems will be operated in collaboration with national meteorological services and line ministries, applying modern health surveillance and data base management techniques based on digitized medical records, with information overlaid with hydro-met, sectoral, and spatial data. Improved integrated surveillance and monitoring systems will be supported through training of health professionals to enable detecting trends in climate sensitive diseases and health impacts and for identifying outbreaks early enough for effective interventions. Surveillance systems with climate early warning functions integrated will serve for carrying out preventive measures impending health emergencies; documenting the results of intervention and for monitoring the epidemiology of health problems, which will be key to inform public health policies and strategies. These will be pursued through innovative approaches and the application of modern technologies, such as eHealth and telemedicine, suited in the setting of remote islands and communities of the participating Pacific LDCs.

During initial consultations, countries specified the following priorities to be implemented under Component 2⁹:

Kiribati	Solomon Islands	Tuvalu	Vanuatu
<p>-Integration of climate information and early warning processes and practices into the National Health Information Strategic Plan and Programme, the Health Information System (HIS) including surveillance procedures, through collaboration with the Kiribati Meteorological Service (KMS)</p> <p>-Training of health workers in applying climate early warning information for disease prevention and control functions</p>	<p>- Support the development and implementation of a National Health Information System Improvement roadmap, towards synchronizing healthcare information, public health information, environmental health, syndromic surveillance, climate information and early warning processes, through collaboration with the Solomon Islands Meteorological Service (SIMS)</p> <p>-Training of health workers in applying climate early warning information for disease prevention and control functions</p>	<p>-Develop a comprehensive national Health Information System incorporating clinical data, public and environmental health information, climate information and early warning processes, through collaboration with the Tuvalu Meteorological Service (TMS)</p> <p>-Training of health workers in applying climate early warning information for disease prevention and control functions</p>	<p>-Integration of climate information and early warning processes and practices into the national Health Information System, and the National Syndromic Surveillance System, through collaboration with the Vanuatu Meteorological Service (VMS)</p> <p>-Training of health workers in applying climate early warning information for disease prevention and control functions</p>

Outcome 3. Improved coverage and quality of health services addressing climate-related diseases, and reduced climate-induced disruptions in the function of health care facilities

This outcome will allow for more effective disease control practices (including disaster preparedness and response) at the community level. As expected result of the project, health services delivery will be enhanced in selected high risk communities, incorporating effective prevention and control of climate-related diseases, management of disaster risks, and environmental determinants of health (such as water and food supply). Supported by the proposed project, health care facilities (including national referral hospitals and health centres at vulnerable communities in outer islands), related infrastructure and services, and their personnel will be better equipped to cope with potential climate-induced hazards, undertaking preparedness and response measures. The project will provide technical assistance for detailed and site-specific vulnerability assessments and the establishment of technical design and

⁹ These were only indicative outputs at initial consultations. Outputs and activities and their scope are subject to change during PPG phase after needs and gaps are identified and activities are costed.

business/investment plans (involving cost benefit analysis¹⁰) for implementing ‘climate-proofing’ measures in order to reduce climate-induced disturbances in the function of health care facilities (e.g. flooding, strong winds, and storm surges affecting facilities, access, electricity and water supply functions; drought affecting water supply and quality; extreme events causing contamination through spreading inadequately disposed hospital waste). The WHO Safe Hospital Index (SFI)¹¹ will be used as a tool to assess the hazards, structural, non-structural, and functional safety of healthcare facilities. Climate-proofing measures will support the planning and installation of robust facility structural elements (e.g., roofs, doors, windows) and supportive elements (such as drainage and flood protection structures, water capture, storage and filters, water saving devices), as well as non-structural components (e.g., computers, diagnostic equipment, HVAC systems, back-up generators) to withstand extreme weather events such as high winds, intense precipitation, floods and droughts. A higher standard of design and construction as well as energy and water use and service delivery capacity will be established to help withstand expected climate variability and change. The above measures will be closely supported also by enhanced information services along with the strengthened enabling environment (policies, plans, regulations, guidelines) pursued under Components 1 and 2.

During initial consultations, countries specified the following priorities to be implemented under Component 3¹²:

Kiribati	Solomon Islands	Tuvalu	Vanuatu
<ul style="list-style-type: none"> - Strengthening the capacity of the Environmental Health Unit of MHMS for the prevention and treatment of climate-sensitive diseases, through the enhanced delivery of vector control, food and water safety programme and actions in highly vulnerable areas and communities. - Systematic assessment of health care facilities in outer islands and the Tungaru Central Hospital on climate risks and implementation of climate-proofing measures in selected high-risk facilities. - Training of healthcare personnel for awareness and competencies to diagnose and treat climate-sensitive diseases. 	<ul style="list-style-type: none"> - Integration of climate risks in operational plans of malaria control, vector-borne disease control, HIV/AIDS, eye, NCD, TB/Leprosy, maternal and child health, and health promotion and related food and water safety programmes in highly vulnerable areas and communities. - Strengthening the functions of the National Public Health Laboratory (NPHL) to support the above public health programmes in addressing climate risks. - Implementation of climate-proofing measures of the National Referral Hospital, based on the post 2014-flooding assessments. Further assessments and climate-proofing measures implemented at primary health care centres, district-level referral hospitals and, general hospitals in selected high-risk 	<ul style="list-style-type: none"> - Strengthening the capacity of the Environmental Health Unit of MoH for the prevention of climate-sensitive diseases, through the enhanced delivery of vector control, food and water safety programme and actions in highly vulnerable areas and communities. - Assessments and ground measures for further improvements of the Princess Margaret Hospital and health centres on outer islands to prevent climate-induced hazards and disturbances in their functions. - Training of healthcare personnel for awareness and competencies to diagnose and treat climate-sensitive diseases. 	<ul style="list-style-type: none"> - Integrating climate risks and adaptation measures into public health programmes, including malaria control, neglected tropical diseases, vector-borne disease control, immunization, non-communicable diseases control, health promotion, public health nutrition, maternal and child health, and environment health (including food and water safety measures), focusing on highly vulnerable areas and communities. - Further assessments and climate proofing measures implemented at selected hospitals, health centres, dispensaries, and aid posts focusing on outer island provinces and high risk areas, based on a provincial assets review (2013) - Training of healthcare personnel for awareness and competencies to diagnose and

¹⁰ The 4 LDCs form part of a regional partnership initiative building government’s capacity on economic and cost-benefit analysis (termed as P-CBA - <http://www.undp-alm.org/projects/ecca-pacific>), which will be also harnessed for this purpose.

¹¹ The Hospital Safety Index is a rapid, reliable, and low-cost diagnostic tool. It is easy to apply by a trained team of engineers, architects, and health professionals. It can help countries begin to prioritize investments in hospital safety to address growing risks from climate change.

¹² These were only indicative outputs at initial consultations. Outputs and activities and their scope are subject to change during PPG phase after needs and gaps are identified and activities are costed.

	provinces and areas. -Training of healthcare personnel for awareness and competencies to diagnose and treat climate-sensitive diseases.		treat climate-sensitive diseases.
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Outcome 4. Enhanced south-south cooperation fostering knowledge exchange, the provision of technical assistance and scientific advisory, and the integration of national health policy frames and related adaptation plans with ongoing NAP-related processes

The 3 first proposed components of the project will be supported by this regional component coordinated through WHO and UNDP. The facilitation of South-South exchange and harmonized technical assistance and scientific advisory will be coordinated by WHO to allow the effective uptake and replication of the latest techniques, technology, and good practices. UNDP will provide technical assistance to governments to ensure effective linkages between health sector climate change mainstreaming processes (under Component 1 and 2) and overall National Adaptation Planning (NAP) processes in the countries to ensure climate change is integrated into planning across economic sectors. Currently, UNDP is supporting LDCs in advancing their NAP processes through the ongoing NAP Global Support Programme for LDCs (jointly implemented with UNEP). UNDP is also supporting countries to access finance from vertical funds and other donors to implement NAP elements, as per the LEG guidelines. The proposed project will use UNDP’s technical expertise to build on capacity-building and awareness efforts on NAP as a “whole of government” process. This outcome will also ensure the continuity of South-South and triangular cooperation on advancing the National Adaptation Plan process in LDCs. This proposed project and its aim of linking health sector policies to broader NAP processes were also presented at a UNFCCC LEG-NAP workshop held in Port Vila, Vanuatu in November 2014, with participation of the 4 Pacific LDCs and also a range of non-LDC countries in the region, through WHO –UNDP collaborations. Support through this component will further build on this event and country needs expressed and analyzed there towards NAP formulation and implementation.

Under this component regional knowledge exchange (on technical issues related to interventions as well as integration of health sector climate change mainstreaming into ongoing NAP processes) is expected to result from different types of activities: i) definition of normative aspects related to climate-resilient health systems by developing regional-level guidelines, manuals, and other relevant technical documents in the priority areas of intervention, as determined by countries; ii) regional capacity-building events for technical aspects of components 1-3; and iii) systematization of regional experiences and promotion of North-South and South-South cooperation and knowledge exchange (which may include virtual communities of practice and platforms). This last point is particularly important as Pacific LDCs face similar climate risks and associated barriers of adaptation. They have also noted that they are keen on learning from each other and benefitting from real case studies to support institutional strengthening and on-the-ground implementation at health care facilities and vulnerable communities. Regional exchanges for project managers can also be considered. Further, it is expected that North and South cooperation events can also serve to create catalytic partnerships and shine a light on best practices from each country in order to mobilize additional sources of financing (domestic and international) for replication and sustainability.

Additional Cost Reasoning, Baseline projects and expected contributions from baseline

The proposed project and adaptation interventions will build upon ongoing efforts related to health sectors in Pacific LDCs to ensure that LDCF resources will cover the additional cost of incorporating climate change risks and opportunities and mainstreaming adaptation measures in baseline initiatives. It is important to note that during national consultations carried out in the PPG phase, an in-depth analysis of these and other initiatives will be conducted to fine-tune areas of LDCF intervention, that are additional to the baseline.

Kiribati: The proposed project will build on and further strengthen key government programmes through integrating climate risks and broadening the outreach and coverage of their national implementation. These are framed in the National Health Strategic Plan (NHSP) 2011- 2015 (aligned with the Kiribati Development Plan through the health development Key Policy Areas) which sets the direction for the Ministry of Health and Medical Services (MHMS) for the period 2012–2015. The strategic objectives are to: (i) increase access to and use of high quality, comprehensive family planning services; (ii) improve maternal, newborn and child health; (iii) prevent the introduction and spread of communicable diseases and prepare for any future outbreaks; (iv) reduce the prevalence of risk factors for NCDs, and reduce morbidity, disability and mortality from NCDs; (v) address gaps in health service delivery and strengthen the pillars of the health system; and (vi) improve access to health care services for victims of gender-based violence. The NHSP is implemented through the following programme relevant to the proposed project:

National Health Information Strategic Plan and Programme; the functions of a recently established formal Health Sector Coordination Committee; a Health Surveillance Programme supported through the Global Climate Change Alliance: Pacific Small Island States (GCCA: PSIS) – 2013-2015; an Expanded Programme on Immunization (EPI), child nutrition, HIV Prevention, and reproductive health – supported by UNESCO and UNFPA; the KIRIWATSAN (water and sanitation) programme being implemented in a pilot site at Buota village on Tarawa – supported by UNICEF; and a Tuberculosis programme – supported by the Secretariat of the Pacific Community (SPC).

The Kiribati Health Sector Coordination Committee is led by NHMS and involves key national partner agencies (as listed in section A 2) as well as WHO and other development partners in the health sector.

Expected co-financing from Govt of Kiribati: \$14,000,000

The proposed project will support the following additional interventions building on the above baseline initiatives in Kiribati: i) Revision of the National Health Strategic Plan (NHSP) 2011-2015 and development of a National Environmental Health Action Plan with climate risk and resilience aspects integrated; ii) National standards, regulations and guidelines strengthened for monitoring the implementation of climate change and health policies; iii) Inter-sectoral coordination of health and CC issues enhanced through capacity support to the Health Sector Coordination Committee; iv) Integration of climate information and early warning processes and practices into the National Health Information Strategic Plan and Programme and the Health Information System; v) Strengthening the capacity of the Environmental Health Unit of MHMS for the prevention and treatment of climate-sensitive diseases in highly vulnerable areas and communities; and vi) Systematic assessment of health care facilities in outer islands and the Tungaru Central Hospital on climate risks and implementation of climate-proofing measures in selected high-risk facilities, among others.

Solomon Islands: The proposed project will build on implementation process of the National Health Strategic Plan (NHSP) 2011-2015, and the current health information and syndromic surveillance system, currently lacking comprehensive integration of climate-related risks. The National Health Strategic Plan for 2011–2015 includes eight substantive and 14 organizational policies. The Plan has a focus on the following areas: (i) improving human resources and improving infrastructure; (ii) developing and supporting cost-effective interventions; and (iii) decentralization of decision-making processes to the provinces. NHSP is due to be reviewed during 2015, which is a good opportunity to factor climate change into the next period of planning and implementation. Through a Sector-wide Approach (SWAp) process, a joint coordination and review mechanism was developed between the Ministry of Health and Medical Services (MHMS) and donor partners for implementation support of NHSP. MHMS meets annually with donor partners to monitor progress at the Joint Annual Performance Review. MHMS support partners include WHO; the Australian government; the European Union; the Gave Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the Japanese International Cooperation Agency; New Zealand; Taiwan; China; SPC; and the World Bank. To strengthen the WASH Programme in the rural Solomon Islands, Rural WASH Policy (RWASH) was endorsed by the Cabinet outlining the standard technical design and community engagement strategy; though these do not include considerations of climate change. The Environmental Health Division (EHD) of MHMS is implementing RWASH with key stakeholders, such as World Vision, ADRA, Save the Children, Live and Learn, provincial authorities and communities, EU, Australian Gov.-DFAT, and UNICEF. A Food Safety Programme is

implemented by the Environmental Health Division (EHD), supported by WHO, DFAT, FFA, and PHAMA (Pacific Horticultural Agricultural Market Access. To support the public health programmes, there is a National Public Health Laboratory (NPHL) that provides services to government ministries and the public. Main areas of focus are water and food quality and safety. The budget allocation for NPHL (approximately US\$10,000 in 2014) is not adequate to keep the lab operational, during national emergencies, it is almost handicapped. The EU supported the lab by producing a road map for accreditation, however, there were no further actions after the project ended. WHO and the GeoHazards Institute provided support to the government in the post-2014 flooding recovery process by carrying out an assessment of the safety of the National Referral Hospital in Honiara.

Expected co-financing from Govt of Solomon Islands: \$27,000,000

The proposed project will support the following additional interventions building on the above baseline initiatives in Solomon Island: i) Revision of the National Health Strategic Plan (NHSP) 2011-2015, Operational Plans of respective Divisions in MHMS, the Disaster Risk Management for Health Action Plan, Environmental Health Act and Public Health Ordinance to factor climate change dimensions into health services; ii) Support the development and implementation of a National Health Information System Improvement roadmap, towards synchronizing healthcare information, public health information, environmental health, syndromic surveillance, climate information and early warning processes; iii) Integration of climate risks in operational plans of malaria control, vectorborne disease control, HIV/AIDS, eye, NCD, TB/Leprosy, maternal and child health, and health promotion and related food and water safety programmes in highly vulnerable areas and communities. iv) Strengthening the functions of the National Public Health Laboratory (NPHL) to support the above public health programmes addressing climate-sensitive diseases; v) Implementation of climate-proofing measures at the National Referral Hospital (based on the recent safety assessment), and further assessments and climate-proofing measures implemented at primary health care centres, district-level referral hospitals and, general hospitals in selected high-risk provinces and areas; among other capacity building interventions.

Tuvalu: The proposed project will build on key government health sector programmes and broader national policy frames and their implementation process, such as the Strategic Health Plan (SHP) 2009–2019, NCD Strategic Plan 2011-2015 focusing on food/nutrition and physical health, the National Climate Change Policy 2012-2021, the National Strategic Action Plan for Climate Change and Disaster Risk Management 2012-2016. The SHP aims at ensuring the highest attainable standard of health for all people of Tuvalu by: (i) ensuring legislative and budgetary support for efficient and effective health services; (ii) providing high-quality and cost-effective management of health services; (iii) improving the quality and cost effectiveness of curative medical services; and (iv) providing the MOH with the renewed aim to focus on primary health care and disease prevention. SHP implementation is supported by the Governments of Australia and New Zealand, SPC, UNICEF, UNFPA, and WHO. In 2013, outpatient records were digitised through assistance from the Taiwan Medical Programme, and are now linked to the HIS unit, laboratory and radiology departments. WHO supports Tuvalu's efforts to eradicate lymphatic filariasis through the Pacific Elimination of Lymphatic Filariasis (PacELF) program. Between 2007 and 2012, households on Funafuti were provided with large rainwater tanks through a project sponsored by the Australian Government and by the European Union respectively, but the effective maintenance of the tanks for drinking water quality is not ensured. Since 2008 Health Centres on the outer islands were improved with facilities for inpatient care at Vaitupu, Niutao, Nui, Nanumaga, and Nukulaelae with funding provided by the Japanese Government's Grassroots program.

Expected co-financing from Govt of Tuvalu: \$10,000,000

The proposed project will support the following additional interventions building on the above baseline initiatives in Tuvalu: i) Development of a Climate and Environmental Health policy and related legislation, update of the 2012 NCCHAP, aligned with the Strategic Health Plan 2009–2019 and related national CC and development policies; ii) Enhanced coordination capacity of MoH with concerned ministries through revision of institutional structures and capacity building of agencies involved; iii) Develop a comprehensive national Health Information System incorporating clinical data, public and environmental health information, climate information and early warning processes; iv) Strengthening the capacity of the Environmental Health Unit of MoH for the prevention and treatment of climate-sensitive diseases, through the enhanced delivery of vector control, food and water safety programme and

actions in highly vulnerable areas and communities; i) Assessments and ground measures for further improvements of the Princess Margaret Hospital and health centres on outer islands to prevent climate-induced hazards and disturbances in their functions ; among others

Vanuatu: Health Sector Strategy (HSS) 2010-2016 defines the government’s vision for health sector development to protect and promote healthy populations and is linked with the overarching national development plans. The HSS sets out a strategic framework and establishes the context to guide national efforts to achieve improved health through better access to quality services nationwide. The Ministry of Health’s vision is: “to have an integrated and decentralized health system that promotes an effective, efficient and equitable health services for the good health and general well-being of all people in Vanuatu”. The key elements of the Health Sector Strategy are to: (i) gather data and aim to reach the health-related MDGs; (ii) improve access to health care through primary care service; (iii) develop strategic and operational planning processes to support organizational restructuring and strengthening; (iv) prevention and treatment of NCDs; (v) improve coordination with partners. The HSS is due for review in 2015, which is an opportunity to refocus on investing in national health priorities in a more coordinated fashion integrating climate risk and resilience considerations, towards supporting improvements in health financing, human resources, health information, health services, medicines and supplies, good governance and leadership. The proposed project will build on and further strengthen the existing Health Information System, and the National Syndromic Surveillance System (reporting programme by Public Health Department from sentinel sites to the WHO regional system). A project was started with support from DFAT and WHO to re-establish a functional health information system, however, the system has yet to incorporate information related to climate risks or utilize climate data for early warning systems. A Provincial Assets Review Project identified the need to improve health infrastructure and basic supply items to support essential health services, but if the design aspects and implementation process do not factor in climate change related parameters, the longer term viability of these facilities can be at risk. Further baseline initiatives of the Ministry of Health (MoH) include a Neglected Tropical Diseases Programme targeting lymphatic filariasis, blinding trachoma, and yaws; Applied Public Health Programmes such as STEPwise¹³ Approach to Chronic Disease Risk Factor Surveillance (STEPS), NCD surveillance system, and the WHO Package of Essential NCD Interventions (PEN); National Vectorborne Diseases Control program; Preventive and curative services (Malaria, EPI, Primary health care). A WASH Programme is coordinated by Environmental Health Unit and funded by UNICEF and WHO, aiming at mainstreaming Water Safety Planning (WSP) measures to prevent waterborne diseases. A formalized joint partnership working group facilitates dialogue between MoH and development partners on health priorities and interventions. The Australian Government contributes the largest part of development assistance for health with additional support from WHO, JICA, SPC, embassies and other health partners including churches and NGOs.

Expected co-financing from Govt of Vanuatu: \$14,000,000

The proposed project will support the following additional interventions building on the above baseline initiatives in Vanuatu: i) The Health Sector Strategy (HSS) 2010-2016 revised with climate risk and resilience aspects integrated; ii) Enhanced coordination capacity of MoH through establishing a Climate Change Technical Working Group (CCTWG); iii) Integration of climate information and early warning processes and practices into the national Health Information System, and the National Syndromic Surveillance System; iv) Integrating climate risks and adaptation measures into public health programmes, including malaria control, neglected tropical diseases, vector-borne disease control, immunization, non-communicable diseases control, health promotion, public health nutrition, maternal and child health, and environment health (including food and water safety measures), focusing on highly vulnerable areas and communities; v) Further assessments and climate proofing measures implemented at selected hospitals, health centres, dispensaries, and aid posts focusing on outer island provinces and high risk areas, based on a provincial assets review (2013)

¹³ The WHO STEPwise approach to Surveillance (STEPS) is a simple, standardized method for collecting, analysing and disseminating data in WHO member countries. <http://www.who.int/chp/steps/en/>

UNDP and WHO co-financing initiatives

UNDP: The proposed project will be closely coordinated with the UNDP Asia-Pacific HIV, Health and Development team, supporting a range of national and regional initiatives to reduce vulnerability to HIV and mitigate its social and economic impacts, with a particular focus on promoting enabling legal environments, protecting human rights, reducing marginalization and advancing gender equality. The initiatives involve, among others, Asia-Pacific programmes on HIV HD & Mobility and HIV & Health (with a value of \$7.4 M funding). These efforts will be particularly synergized with this proposed project in the Pacific, considering the interface with broader socio-economic determinants of poor health, being addressed through facilitating South-South collaboration on universal health coverage and supporting multi-sectoral action to address the alarming burden of climate-sensitive diseases in the region.

WHO: WHO support will be provided through in-kind contributions of its Division of Pacific Technical Support – DPS (formed in 2010 under WHO Western Pacific Regional Office (WPRO), based in Suva, Fiji), and involving WHO offices and personnel based at the recipient countries of this project. WHO assistance will be aligned with the implementation process of the WHO Multi-Country Cooperation Strategy for the Pacific 2013–2017 (http://www.wpro.who.int/southpacific/who_pacific_mccs.pdf), along the “Healthy Islands” concept endorsed by Minters of Health in the Pacific. The budget allocation of WHO DPS designated to the 4 Pacific LDCs for the proposed project implementation period of 5 years will be around \$ 7 M, covering the work areas of health systems development, prevention of communicable and non-communicable diseases, emerging diseases and surveillance, environmental health, and disaster risk management for health. The project will also build on existing WHO guidelines and tools, such as the ones defined in the WHO Drinking Water Guidelines or the WHO Safe Hospital Initiative.

Adaptation benefits

It is expected the project will provide overall adaptation benefits through adjusting health systems and associated capacities of health professionals to incorporate climate risks and resilience into institutional frames in the operation of information and early warning services, enhancing the effectiveness of disease control practices, and reducing climate-induced disruptions in the function of primary health care facilities. It is expected that these in turn will reduce the occurrence and intensity of climate-sensitive disease outbreaks and their associated effects on communities and individuals. The revision of health strategies will not only help to build national capacities for analyzing climate-induced risks to health and identifying adaptive preventive and curative measures, but it will also support review of operational aspects, such as institutional structures and capacities, financial and budgetary planning processes for their implementation. This will ensure that sustainable human resources and budgetary allocations will be planned for the longer term through the governmental adoption of updated national health strategies, and linked with overall national development and financial planning processes. The programmatic approach to address barriers of tackling burdens of communicable and non-communicable diseases, will build climate resilience in vulnerable populations and communities, and in the health systems in LDCs, to better manage the health risks of climate variability and change.

Innovativeness, sustainability and potential for scaling up

The proposed project will build on adaptation efforts undertaken in related sectors, such as water and agriculture, to address health aspects of water and food security in an integrated way and through cross-agency collaborations. The project will pursue innovative approaches to enhancement of information and early warning capacities through the application of modern technologies, such as eHealth and telemedicine, reaching the communities of remote outer islands, focusing on distance-spanning solutions for health care and using electronic documentation of health services (including electronic medical records, home monitoring of vital parameters using mobile technology, and electronic health-surveillance systems). The sustainability and scaling up potential of this proposed project lies principally in the institutional strengthening measures under Component 1 and 2 aiming at enhanced governance and technical capacity of climate-resilient health systems. It is expected that the enhanced policy, planning, and

regulatory frames and information/early warning system will provide a solid enabling environment for the replication and upscaling of community-based diseases prevention and response measures. The development of climate proofing measures and disaster risk management for health in Component 3 at the national referral hospitals and selected community health centres is expected to provide a blueprint for further investments in a wider range of hospitals and clinics operating at national and subnational levels. Within the same component, the enhancement of health services addressing climate-related diseases at high-risk communities will be pursued through integrated approaches combining preventive and curative measures and addressing environmental determinants of health (such as food and water). Replication and upscaling will be supported by technology and technical capacity building in Component 4, ensuring the systematic capturing and dissemination of information on good practices and lessons learnt among the Pacific LDCs.

The regional approach will in itself ensure that catalytic partnerships across participating Pacific LDCs are developed and the regional-level systematization of lessons and best practices are compiled and analyzed to develop technical guidelines, manuals and tool-kits, thereby ensuring that these can be replicated and scaled-up across the region. Similarly, the project will serve to establish a network of skilled professionals and practitioners on adaptation and health, in the countries and partner agencies, forming a community of practice which can continue to engage, and provide support to other Pacific countries implementing similar projects to build health resilience and mainstream these into planning, through future programmes. The fact that climate risks are included into on-going climate-sensitive health programmes (e.g. vector control, water and sanitation, disaster risk reduction, and nutrition) rather than creating parallel interventions, will ensure that these programmes will become climate-resilient and that climate risks will continue being considered once the project is over. At the regional level, with the support of relevant technical experts, good practices on building climate resilience across different health programmes will be systematized and norms defined, so as to continue to support countries (and expand to others in the region) on building health resilience.

A.2. Stakeholders.

The stakeholders listed below will be involved in project preparation through in-country consultations (national and subnational workshops and individual meetings) and review of draft proposals and corresponding annexes. Consultations will be extended to community leaders and members, as well as personnel of local clinics and relevant civil society organizations of high health risk areas that will be identified for service delivery interventions and enhancements. Consultations will harness existing stakeholder engagement and institutional coordination processes provided through baseline and related initiatives, local governance, and traditional leadership mechanisms, as well as national coordination processes and bodies. In order to reach out to local communities, the consultations will engage sub-national government administrations at different levels (province, island, ward), sub-national offices and extension officers of line ministries based in target areas, as well as MoH and national health service staff based at hospitals and clinics in target areas who are in charge to assist local communities. Community-based Organizations (such as village councils, youth and women groups, church - as appropriate), as well as relevant international and national Civil Society Organizations (i.e. Red Cross, ADRA, Save the Children, Live and Learn) will be systematically engaged for effective and informed community participation.

Kiribati: Ministry of Health and Medical Services (NHMS), Public Health Division, Environmental Health Unit; Ministry of Environment, Lands and Agricultural Development (MELAD); Office of Te Beretitenti (President's Office); Ministry of Public Works and Utility; Ministry of Fisheries; KIRIWATSAN (UNICEF); Secretariat of the Pacific Community (SPC)

Solomon Islands: Ministry of Health and Medical Services (MHMS); Ministry of Environment Climate Change Disaster Management and Meteorology (MECDM); National Referral Hospital, Ministry of Infrastructure Development (MID); Ministry of Development, Planning, and AID Coordination; Honiara City Council (HCC); Guadalcanal Province (GP); Ministry of Lands and Housing; Ministry of Public Service (MPS), Ministry of Finance and Treasury (MOFT), ADRA, Save the Children, Live and Learn

Tuvalu: Ministry of Health, Department of Environment, Department of Planning and Budget; Department of Agriculture; Tuvalu Meteorological Service (TMS); Ministry of Home Affairs (Islands Kaupule or Town Council); Public Works Department (PWD); Department of Education; Fisheries Department; National Disaster Management Office (NDMO); Tuvalu Red Cross Society (TRCS); Tuvalu Association of NGOs (TANGO)

Vanuatu: Ministry of Health; Ministry of Climate Change Adaptation, Meteorology, Geo-Hazards, Environment, Energy and Disaster Management; Ministry Youth Development; Ministry of Education; Ministry of Infrastructure and Public Utilities; Vanuatu Humanitarian Team; National Advisory Board on Climate Change and Disaster Risk Reduction (NAB); 6 Provincial Government Authorities & 3 municipalities; UNICEF; Vanuatu Red Cross Society; ADRA; Live and Learn; Vanuatu Catholic Education Office

A.3. Gender Considerations.

Gender considerations will be mainstreamed by gender-sensitive assessments and gender-responsive interventions aiming at enhancing health and health equity and providing more effective climate change adaptation in the health sector. Data and information collected and analyzed will be gender-disaggregated for better understanding of the health implications of climate change and climate policies. Gender balance will be promoted when addressing capacity needs of health care professionals and personnel of health care facilities. Community consultations, trainings, and facilitation of surveillance, as well as preventive and curative adaptation responses will utilize and fully respect local governance mechanisms involving representation of village leaders, women groups, youth groups, as well as faith-based and civil society organizations. Gender-differentiated vulnerabilities and the role of the different vulnerable groups such as children and mothers, older adults, persons with disabilities, will be considered to manage the environmental determinants of health (e.g., food production, supply and nutrition, management of water resources). Gender aspects will be supported through the application of lessons and tools developed through regional processes, such as the WHO Guidance on Gender Climate Change and Health, and the Pacific Gender and Climate Change Toolkit developed through a regional partnership involving SPC/SOPAC, SPREP, FAO, GIZ, UNDP, and UN Women.

A.4 Risk.

Risk	Mitigation Measure
Climatic: Potential hazards caused by extreme climatic effects may harm adaptation efforts in target communities and health care facilities	Effectively harness the climate information and EWS to be strengthened for the design and scheduling of field interventions. Consider range of potential climate change scenarios and expected frequency and intensity of extreme weather events in the studies and plans to be developed for climate proofing of essential health facilities, as well as adjusting preparedness and contingency measures and associated regulatory and institutional frameworks and processes
Technical capacity: Stakeholders are not able to distinguish vulnerability to CC from baseline weaknesses in disease control practices and management of environmental determinants of health (especially related to food and water security)	Maintain proactive awareness raising and communication programmes, coupled with technical training and application of health information and early warnings to help differentiating climate and non-climate drivers for the implementation of integrated adaptation interventions
Institutional: Poor collaboration between national project partners delays project implementation, considering the cross-sectoral nature of health	Address institutional arrangements for cross-agency cooperation during project formulation and implementation inception phases, harness existing national and subnational coordination mechanisms

A.5. Coordination with other relevant GEF-financed and other initiatives:

The LDCF project will coordinate with ongoing government efforts (especially from MoH and MHMS), as well as initiatives from UNDP, WHO, CSOs and NGOs, and other development partner initiatives, at the national and regional levels, that aim at incorporating climate information into health intervention, to ensure that there is no duplication of efforts and that benefits of the proposed project are maximized. Other initiatives active on mainstreaming adaptation in policies, strengthening data and information on health, and health service delivery will also be taken into account. Coordination will also be ensured with ongoing global support programmes on NAPs (jointly implemented by UNDP and UNEP), as well as with GEF, LDCF, and AF-funded projects active on the ground (national and regional), including:

- Pacific Adaptation to Climate Change (PACC) – GEF/SCCF and Australian Government –UNDP and SPREP (active in the 4 LDCs)
- Solomon Island Water Sector Adaptation Project (SIWSAP) – GEF/LDCF and UNDP
- Enhancing resilience of communities in Solomon Islands to the adverse effects of climate change in agriculture and food security (SWoCK) – AF and UNDP
- Tuvalu NAPA I and II implementation projects – GEF/LDCF and UNDP
- Vanuatu Coastal Adaptation Programme V-CAP - GEF/LDCF and UNDP

Effective coordination with related initiatives will be ensured by establishing cross-sectoral and multi-agency Project Boards, harnessing existing national coordination mechanisms, such as:

Kiribati: Kiribati National Experts Group (KNEG) - overlooks all Climate Change Adaptation and Disaster Risk Management programmes under the Office of Te Beretitenti (the President).

Solomon Islands: National Climate Change Council and National Climate Change Working Group (Thematic Working Group on Health to be established).

Tuvalu: National Climate Change Advisory Council (NCCAC).

Vanuatu: National Advisory Board on Climate Change and Disaster Risk Reduction (NAB) - (Technical Working Group on Health to be established).

DESCRIPTION OF THE CONSISTENCY OF THE PROJECT WITH:

B.1 Consistency with the National strategies, plans, reports and assessments under relevant conventions

Health is a priority sector for adaptation in the 4 Pacific LDCs, as stated in their NAPAs. The NAPA reports also stress health aspects of climate change adaptation in related priority sectors and proposed interventions, especially the ones addressing food and water security. Concerns about the health impacts of climate variability and change were reinforced and extended in the National Climate Change and Health Action Plans for Pacific countries developed in 2010-2012 under the auspices of the World Health Organization (WHO) Western Pacific Region Office (WPRO) in Suva, Fiji. The Pacific Health Ministers specifically addressed the health risks of climate change at their biennial meetings in Madang, Papua New Guinea in 2009 and in Apia, Samoa in 2013, recommending adaptation activities to coordinate, implement, and strengthen health systems. In 2014, WHO WPRO endorsed the Regional Framework for Action for Disaster Risk Management for Health (DRM-H). As of 2014, the United Nations International Strategy for Disaster Reduction (UNISDR), the Secretariat of the Pacific Community (SPC) and the Secretariat of Pacific Regional Environment Programme (SPREP) are developing a Strategy for Climate and Disaster Resilient Development in the Pacific (SRDP) for the synergies of disaster risk management and climate change adaptation in the small island states of the Pacific, highly relevant to health sector interventions.


PART III: APPROVAL/ENDORSEMENT BY GEF OPERATIONAL FOCAL POINT(S) AND GEF AGENCY(IES)

A. RECORD OF ENDORSEMENT¹⁴ OF GEF OPERATIONAL FOCAL POINT (S) ON BEHALF OF THE GOVERNMENT(S): (Please attach the [Operational Focal Point endorsement letter\(s\)](#) with this template. For SGP, use this [SGP OFP endorsement letter](#)).

NAME	POSITION	MINISTRY	DATE (MM/dd/yyyy)
Ms. Taouea Reiher	Acting Director, Environment and Conservation Division (ECD)	MELAD, Kiribati	12/23/2014
Mr. Chanel Iroi	Undersecretary/Technical	MECDM, Solomon Islands	12/29/2014
Mr. Mataio Tekenene	Director of Environment	MFATTEL, Tuvalu	12/23/2014
Mr. Albert Williams	Acting Director of Environment	MCCEMGE, Vanuatu	12/23/2014

B. GEF AGENCY(IES) CERTIFICATION

This request has been prepared in accordance with GEF policies¹⁵ and procedures and meets the GEF criteria for project identification and preparation under GEF-6.
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Agency Coordinator, Agency name	Signature	Date (MM/dd/yyyy)	Project Contact Person	Telephone	Email
Adriana Dinu Executive Coordinator, UNDP/GEF		01/08/2015	Reis Lopez Rello	+662-304- 9100 ext. 5286	reis.lopez.relo@undp.org

C. ADDITIONAL GEF PROJECT AGENCY CERTIFICATION (APPLICABLE ONLY TO NEWLY ACCREDITED GEF PROJECT AGENCIES)

For newly accredited GEF Project Agencies, please download and fill up the required [GEF Project Agency Certification of Ceiling Information Template](#) to be attached as an annex to the PIF.

¹⁴ For regional and/or global projects in which participating countries are identified, OFP endorsement letters from these countries are required even though there may not be a STAR allocation associated with the project.

¹⁵ GEF policies encompass all managed trust funds, namely: GEFTF, LDCF, and SCCF