



| **GCF.10** |

| 10 YEARS OF CLIMATE IMPACT |

GCF SUB-REGIONAL DIALOGUE

with FRAGILE AND CONFLICT AFFECTED STATES IN THE MIDDLE EAST

Muscat, Oman
14–16 December 2025

Session 3.1

Public health and safety thought climate-resilient health systems in Lebanon

Roundtable discussion on the project idea 'Assessing and Enhancing the climate resilience of Lebanon's healthcare system'

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Health sector in GCF results areas



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

- limited awareness and information on health risks of climate change and benefits of adaptation
- Insufficient technical knowledge and capacity (Insufficient surveillance and monitoring of climate-sensitive health outcomes; Limited expertise in data management and analysis)
- Limited efforts to build partnership with local communities
- Insufficient collaborative mechanisms

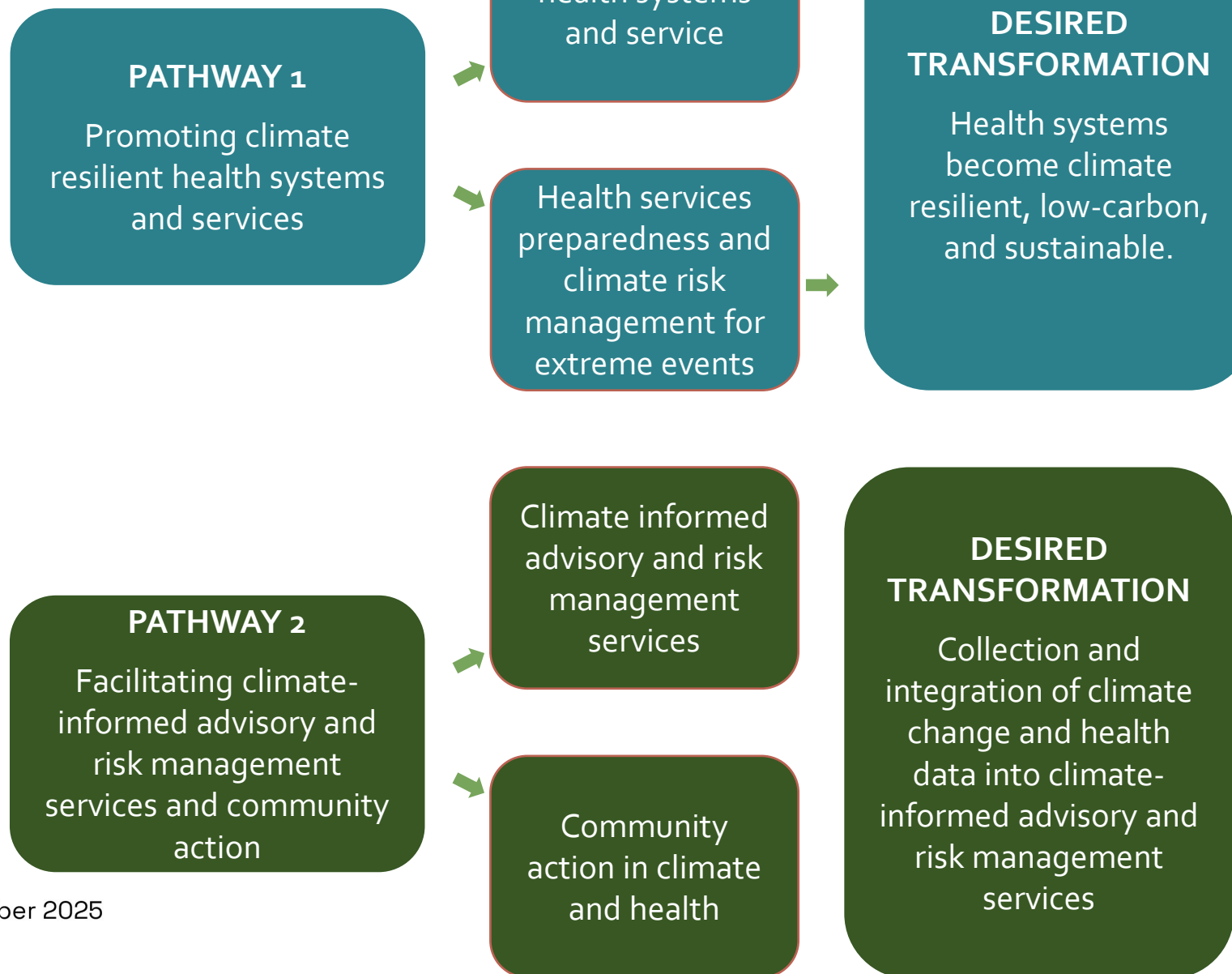
Financial Barriers in the Health and Wellbeing Sector:

- Existing domestic budget deficits and availability
- Market failures (barriers to private investment)
 - Lack of financial viability
- Access to finance at local levels and for most vulnerable

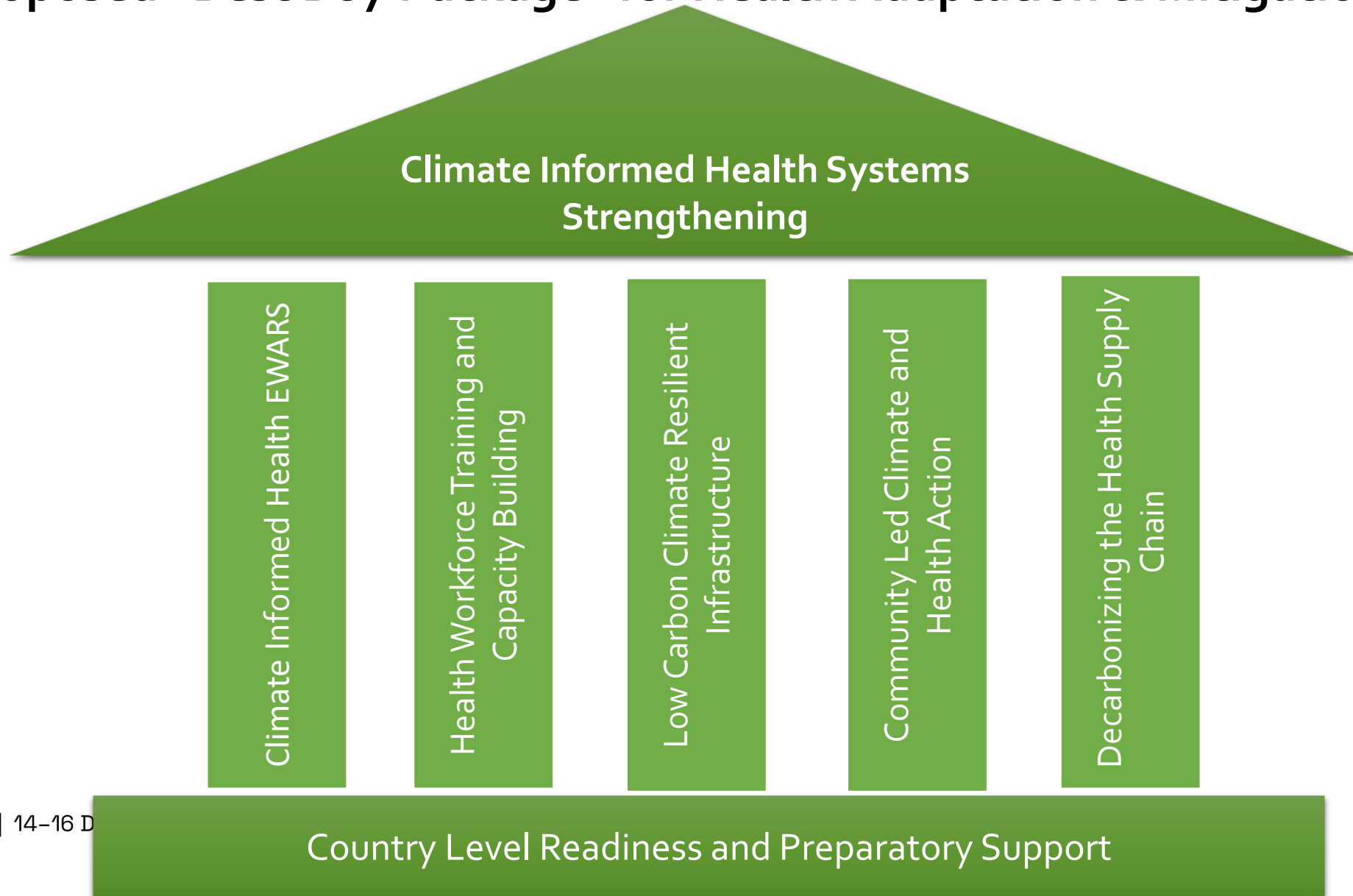
GCF's Response:

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Paradigm Shifting Pathways



GCF Proposed “Best Buy Package” for Health Adaptation & Mitigation GCF.10



Recommendations for concept note strengthening

General recommendations

- **Strengthen climate rational:**
 - ✓ Identify climate hazards and how they impact the health system in Lebanon/how they affect the communities
 - ✓ Identify the necessary adaptation interventions
 - ✓ Indicate locations/governorates targeted
- **Include Outcome 4 on the delivery of community level adaptation intervention**

Recommendations for concept note strengthening

Section A. Basic proposal data

- **For targets (T6, T7, T8, T9, T10)**, please make sure each checked target is **clearly evidenced** in the narrative
- **Estimated mitigation outcome:** 30% reduction in tCO₂eq over lifespan is targeted: include a short description of the main of emissions sources in the health sector targeted by the project; the indicative baseline and methodology that will be used at FP stage.
- **Estimated adaptation outcome:** please describe how these figures derive from (methodology) and how double counting will be avoided.

Recommendations for concept note strengthening GCF.10

Section C.1. Climate change context/climate rationale

- **Describe climate hazards and trends with specificity**, focusing on those that impact health (historical & projected trends for heatwaves, extreme temperatures etc., reference how these hazards have already disrupted health services).
- **Link hazards to clearly defined “climate impacts on health”** (increase in incidence/outbreaks of heat-related illness, water- and vector-borne diseases; damage and service disruption to health facilities due to XXX).
- **Distinguish climate versus non-climate drivers** (acknowledge economic crisis, governance challenges, refugee pressures etc and explain clearly how *climate hazards* interact with these to exacerbate health risks and stress the system).
- **Mitigation angle** (explain the health sector’s contribution to emissions; and how the project’s energy upgrades and sustainable waste management will reduce emissions relative to business-as-usual).

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Section C.2. Proposed project/programme

- **Project scope and scale:** number and types of facilities to be upgraded (indicatively), number of governorates targeted and criteria for selection, numbers of health workers and community members to be trained; how pilot areas/facilities were or will be selected.
- **Outcome 2:** describe more concretely the renewable energy technologies, the type of WASH and waste solutions. Further clarifications on how the mitigation interventions are justified by climate hazards and how they support adaptation first, with mitigation as a co-benefit.
- **Community component/Activity 3.2:** explain how communities, including women's groups, refugees, and marginalized residents, will participate in risk mapping and decision making.
- **Community component/Activity 3.2:** clarify whether any adaptation benefits will be directly funded/managed at municipal or community level (this will further support T9 "locally led climate action" claim/how local communities will be enabled).

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Section C.3. Country ownership and engagement with stakeholders

- Short summary of key stakeholder groups consulted (MoPH departments, CNRS-L, municipalities, facility managers, professional associations, WHO/UN partners, NGOs, refugee representatives, women's organizations).
- Short summary of how their feedback specifically influenced project design (stakeholder consultation led to prioritizing particular hazards, facility types, or community measures).
- For locally-led aspects of the project, highlights plans for establishing multi-stakeholder committees at governorate/facility level.

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Section C.4. Exit strategy and sustainability of impacts

- **Financial sustainability:** how operation and maintenance of infrastructure/technological upgrades will be financed (MoPH budget lines, municipal contributions).
- **Institutional sustainability:** clarify which units (within MoPH, CNRS-L, MoE) will host and maintain the upgraded surveillance and EWARS systems.
- **Scaling and replication:** how the pilots in selected governorates will be used to develop standard designs/protocols that can be replicated nationally; how evidence from this project could inform future AFD, GCF, or other investments in climate-resilient health.

Recommendations for concept note strengthening ^{GCF.10}

Section D.1. Total financing

- **Use of funds:** an indicative breakdown by component and cost category (Component 1 – Policy, HNAP; Component 2 – Facility upgrades).
- **Use of funds:** clarify the status of AFD's 15M co-financing (earmarked/approved, or subject to internal approvals? indicate expected timeline for confirmation).

Section D.3. Financial structure

- **Why a grant instrument is appropriate for this project?**
 - ✓ For example, Lebanon's severe fiscal constraints and debt situation;
 - ✓ Inability of health sector entities to service additional debt;
 - ✓ Absence of revenue streams that would allow cost-recovery on core public health adaptation functions

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Section D.4. Justification of GCF funding request

- Explicitly identifying **barriers** (lack of dedicated climate-health financing, lack of bankable pipeline in climate-resilient health infrastructure, high technical and upfront costs of integrating climate and health data).
- **GCF's added value** beyond funding (convening power to establish climate-health standards and models in MENA; contribution to global learning on climate-resilient health systems).
- Indicating how GCF support will **crowd in further resources** over time,

Section F. Risks

- Fiduciary/financial management risks, procurement risks, safeguards/gender/SEAH risks, technical risks, climate risks
- Indicate how risks will be monitored and updated during implementation (e.g. regular review by project steering committee).