

SAP030: Strengthening Climate Resilience of the Lao People's Democratic Republic (PDR) Health System by SCA

Access the funding proposal: <https://www.greenclimate.fund/document/gcf-b37-02-add01>

The GCF observer network strongly supports this proposal.

First, the project clearly shows why health systems need climate finance to address the health impacts of the worsening climate crisis. The climate crisis is a health crisis. The peoples and communities of Laos are already struggling with their current health systems and this will be exacerbated as the impacts of the climate crisis continue to worsen. The GCF should promote and support more projects with this key focus on health and health systems strengthening, an often overlooked or secondary focus of projects in this result area. We encourage health to be promoted as part of USP-2 as it overlaps with targeted results, including livelihoods.

Second, we believe that this project is well-written as it identifies all sub-activities and targeted beneficiaries and their respective needs clearly. This should be the gold standard when it comes to transparency and accountability in submitting projects, as well as in getting to know target beneficiaries and their needs.

Further, the project shows how locally-led, needs-based, and bottom-up programming can be achieved. As geography and economic conditions vary across the different institutions that will be targeted by the project, putting forward a framework that empowers them to access finance for this project based on their respective needs and considerations is a good example on how GCF resources are reasonably and efficiently used. This is in comparison to the large and so-called innovative multi-country programmatic approach projects that request huge funding amounts, but impose a top-down approach that places local needs and indigenous adaptation knowledge at a backfoot.

We appreciate the Gender Action Plan for its commitment to ambition and ensuring gender equality is promoted in processes in which the AE has the greatest control, specifically its hiring of women for 50% of staff positions and ensuring 50% women's leadership among staff, while recognizing the real challenges in other aspects of implementation. The explanatory provision of baseline data for targets that were set to achieve equal participation, the specific inclusion of women's organizations in structures and processes, and attention to and operationalization of intersectionality when it comes to gender and disability are very much appreciated. While the lack of promotion of sexual and reproductive health and rights in a comprehensive manner seemed particularly lacking throughout the

project, we hope the AE will consider how SRHR is both vital for adaptation and how SRHR services are often the first impacted by climate change.

Given the promise of this overall model, we are interested in how implementation can provide insights and improvements before the planned national roll-out, when Phase 2 funding from the GCF may be sought.

We urge the Board to approve this project. We hope to see more projects that focus on health, and with this level of quality and transparency.

###