

SAP051: Increasing resilience to the health risks of climate change in the Federated States of Micronesia

Access the document: <https://www.greenclimate.fund/document/gcf-b42-02-add02>

We appreciate this project and its essential recognition and targeted response to the climate-related health impacts on individuals and communities. We value the national-level coherence with operationalizing the National Climate Change and Health Action Plan and its evolution into the Health National Adaptation Plan.

We also appreciate that the project, by checking the gender co-benefit box, identifies that broad-based health interventions should be advancing gender equality. Yet it is concerning that the information contained in the gender assessment and gender action plan is not integrated into the primary proposal documentation, as we so often see across funding proposals. While considering how climate impacts increase food-borne, water-borne, and vector-borne diseases, and committing to a Health National Adaptation Plan that is more comprehensive, gender-differentiated impacts of climate change are not referenced, despite the interlinkages between climate, health, and gender detailed in the gender assessment.

We remind the Secretariat and AEs that the existence of a gender assessment is not an excuse to silo gender considerations, but instead an opportunity to unlock information and data to inform not only the specific activities outlined in the gender action plan, but also enhance an understanding of gendered dynamics that will strengthen the project design and its results. The Health National Adaptation Plan should address, for instance, the poor maternal and neonatal outcomes linked to maternal malaria, whose likelihood increases with increasing temperatures, as well as the particular risks for pregnant women, children, and people with chronic diseases of accessing contaminated water.

In this instance, ensuring a view of gender-health interlinkages beyond disease is critical as well, noting in the wake of climate disasters, the globally well-documented disruptions of sexual and reproductive health services, as well as the increased risk of gender-based violence, including in shelter spaces.

The recognition that additional data collection should include sex, age and disability status is a step to informing policymaking and program design that benefits everyone. Indeed, we generally appreciated the assessment's valuation of intersectionality and



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disability-inclusiveness, which seems to have emerged and been strengthened by consultations with women's groups. Unfortunately, we failed to see that fully translate into the GAP or the broader project plan.

As we look forward to seeing additional adaptation projects that recognize the diverse and differentiated impacts of climate on health across the life course, we also look forward to project implementation that draws from the full suite of tools designed to aid project design, from stakeholder consultations to gender assessments and gender action plans. Like gender as a co-benefit, these proposal elements should not be check-boxes, but leveraged to ensure effective and sustainable project impact through intentional design and implementation.