



GREEN
CLIMATE
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Response matrix for Health and wellbeing Sectoral Guide

Summary

The accompanying sector guide was released for consultation in November 2021 and the consultation was open until the end of March 2022 (extended) to provide sufficient time for stakeholder to provide inputs. Consultation was open to the Board, advisers, observers, NDAs, Direct and International Access Entities, Civil society, Private sector representatives, Partner institutions and sector experts. The Secretariat received more than 120 specific comments and feedback on this draft. These and the responses by the Secretariat sector experts on how these comments were considered in the updated version of the sector guide is contained in this document.

This feedback and response matrix has been prepared for information purposes only to share the different comments received by the organizations that submitted feedback to the GCF in response to the public consultation of the "Health and wellbeing Sectoral Guide" draft for consultation version 1.

The information and content in this document do not imply any judgment on the part of GCF concerning the legal status of any territory or any endorsement or acceptance of such boundaries.

Responses to feedback noted here are those of sector experts and may not necessarily be those of the GCF.

The mention of specific entities, including companies, does not necessarily imply that these have been endorsed or recommended by GCF.

For further inquiries regarding this feedback and response matrix please contact us via:
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Sectoral Guide Section	Feedback (verbatim)	Organization	Response from GCF/DMA sector specialists
General	Make an explicit reference to One Health approaches when referring to health and climate - and when appropriate position the biodiversity-climate-health nexus	Convention on Biological Diversity	References are made where relevant and appropriate
General	Add greater emphasis on the post COVID-19 recovery agenda and the need for a joint narrative for the health of the planet and the health of people	Convention on Biological Diversity	Thank you for the suggestion. Additional information is included in the global trends and discussions.
General	When talking about co-benefits for health and the climate, also refer to other environmental benefits (i.e. on land management and biodiversity – any positive outcomes will also be benefit human health and well-being)	Convention on Biological Diversity	Thank you for the suggestion. The cobenefits could be more than environmental cobenefits, and for the scope of this guide, we try to remain as concise as possible.
General	When referring to NAPs, also mention NBSAPs when relevant, and add a reference to the post-2020 GBF in addition to the Paris agreement and the SDGs agenda	Convention on Biological Diversity	Thank you for the suggestion. GCF provides its adaptation planning support including formulation of NAPs, therefore, there is a specific mention of NAPs across the document. The reference to NBSAPs is added in the guide where relevant.
General	When referring to 'climate resilience', also mention 'nature-positive'	Convention on Biological Diversity	This has been incorporated where relevant.
General	Common vocabulary should be used among organizations, such as between GCF/UNFCCC and WHO/CBD. The sectoral guide could use more similar language used within the WHO, to aid the development of more coherent policies.	Convention on Biological Diversity	Thank you for the comment.
General	The guide repeatedly refers to 'vulnerable communities' but never provides an elaboration of what this means or how vulnerability to the health impacts of climate change shifts through time and space - within and between communities. The guide should provide a clearer outline of what the GCF considers the determinants of vulnerable communities. Specific mention of people who are more vulnerable to the health impacts of climate change (children, pregnant women and new mothers, the elderly, people with a disability, people living in poverty, etc) to provide more nuance to the phrase 'vulnerable communities'. Additionally, the guide should note that not all members of vulnerable communities (however defined) are equally <u>vulnerable or equality resilient</u>	Save the Children Australia	Thank you for the comment. We have added indicative list of vulnerable groups in the guide as relevant. However, this guide does not aim to introduce determinants of vulnerable communities as these are context specific, and should not serve as a formal definition.
General	Overall there is a lack of acknowledgement of the role that gender and gender inequality play in climate change and resilience. Recommended to mainstream gender dimensions more fully overall throughout the document and particularly acknowledge gender discrimination as a key barrier.	Pathfinder International	Thank you for the feedback. We have reflected where relevant.

General	<p>Recommend acknowledging the impact of the climate crisis on young people and the role they have in improving the situation. I would recommend either weaving a few sentences within or a short section related to adolescents and youth. There is little mention of adolescents or youth (the word youth only shows up once) which is a significant oversight considering the fact that they are particularly vulnerable to the effects of climate change--due to the fact that the current impacts are happening at a critical point of their life-course (i.e. key moments of biological, emotional, and social development) and the increasing crisis burden will undoubtedly become more severe throughout their lifetime, without mitigation. In some contexts, the climate crisis significantly disrupts the stability of young people's enabling environment, which is critical at their stage of development (e.g disrupting social support of family, friends, community through forced migration, increased risk of displacement and injury, significant disruption to education and employment opportunities, etc.). Climate change also can affect the mental health of young people in complex and diverse ways, especially the most marginalized and vulnerable. Further, young people have an active role to play in promoting their own well-being and the well-being of their communities, including their sexual and reproductive health and rights. This extends to taking an active role in the response to the climate crisis. There are many opportunities for young people to take action (and they have demonstrated the capabilities to do so) on climate change through advocacy, implementing adaptation and mitigation activities, holding governments to account and engaging in policymaking processes. To successfully reach our global climate goals, young people must be recognized as equal partners and be involved in all climate-related mitigation, programming and policymaking processes that have an impact on their well-being, to ensure present and future generations are able to thrive within a safe and supportive environment.</p>	Pathfinder International	<p>Thank you for your feedback. Description of particular vulnerability for gender and youth have been added, and gender and youth consideration have been reflected where relevant.</p>
General	<p>The sectoral guide provides priorities for action and investment criteria to support developing countries in responding to climate change through programmes and projects focused on health, an area affected by climate change. This is a welcomed step as it facilitates the development of health-focussed adaptation and/or mitigation projects that can help close the climate-health planning and financing gap.</p>	Global Affairs Canada	<p>Thank you for your feedback.</p>
General	<p>The document may benefit by considering multidisciplinary and multisectoral approaches such as One Health and related concepts (e.g., Planetary Health, EcoHealth) which are based on the awareness that the connections between humans, animals, and the environment calls for collaboration among sectors to comprehensively understand and reduce risks and consequences on health and wellbeing. One Health approaches are increasingly emphasized for national and international plans and strategies related to zoonotic diseases, food safety, antimicrobial resistance, and climate change. Moreover, the One Health Approach is strongly supported and promoted within the UN system through the Tripartite Plus (FAO, WHO, OIE + UNEP).</p>	Italy	<p>Thank you for your feedback. Reference to One Health and related concepts are introduced where relevant.</p>
General	<p>We think that the topic addressed is relevant as health issues are increasingly important from a climate change perspective. Moreover, we find this sectorial guide:</p> <ul style="list-style-type: none"> -Well structured -Easy to read -Useful for organizations interested in designing projects focused on health and wellbeing using a paradigm shifting approach. 	Spain (Ministry of Environment)	<p>Thank you for your feedback.</p>
General	<p>This Guide aims to support stakeholders in developing robust funding proposals to GCF. To support this objective in an optimal manner, the Draft Sectoral Guidelines require a major and thorough review by a professional editor. The review should include clarification of contents as well as a simplification of the overall structure, style and language of the document. It should further address bringing text parts into a different, potentially more intuitive order and avoiding duplications.</p>	GIZ, KfW	<p>Thank you for your feedback. The draft sector guide has gone through editing. The structure of the guide is designed to be consistent throughout all sector guides, therefore the guide will not be restructured.</p>
General	<p>The document should show a stronger connection between the key topics of Health and well-being as well as access to safe and reliable water, sanitation and hygiene (WASH) services. It should further be embedded within the new, global paradigm of "One Health".</p>	GIZ, KfW	<p>Thank you for your feedback. One health approach is reflected in the guide where relevant and appropriate. The guide already mentions WASH in sentence 643 and the linkages to water security sector guide is included.</p>

General	<p>Gender: It is well recognized that climate change affects women and girls disproportionately compared to men and boys. The draft guide tends to address health and well-being from a gender-blind perspective, which is very concerning given the focus and not in line with GCF's Gender Policy. It does not recognize/mention the gendered nature of climate-change related health and well-being:</p> <ul style="list-style-type: none"> •No contextualization of access to healthcare as a basic human right (the term 'rights holders' is mentioned only once) •No mention of the gendered provision of healthcare/gender division of labor in healthcare work force, both formal and informal/care work burden, including the fact that in most households and communities in many developing countries healthcare is provided as part of the unpaid care responsibilities of women (in cases where public healthcare provision is insufficient, and given countries' fiscal space/indebtedness) •No mention of sexual and reproductive health and rights. This calls into question whether the GCF is indeed truly grappling with health as a sector? Given the evidence for how climate change is impacting women and girls (especially those who are pregnant and other maternal-related outcomes) and has restricted universal access to sexual and reproductive health care services (SDG3:Target 3.7). The case for the realization of SRHR as essential for adaptation and building resilience has never been stronger. References: https://womengenderclimate.org/wp-content/uploads/2021/10/WGC_IssueBrief_SRHR_EN-1.pdf; https://womendeliver.org/wp-content/uploads/2021/02/Climate-Change-Report.pdf; https://srhrforall.org/download/climate-change-is-a-sexual-and-reproductive-health-and-rights-issue/?wpdmdl=2949&refresh=6214f27a739411645539962 	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. We have reflected these comments where relevant and also included the source for citation
General	<p>Gender (continue): Some suggestions to improve this draft:</p> <ul style="list-style-type: none"> • Gender considerations in community action (Pathway 2) • Prioritise empowering women and their active participation in community action • Inclusion of "women" in coalitions and knowledge to scale up success (line 162) as women at the community level generally have barriers in accessing knowledge and data • Please see comment in No.14 on Figure 1 <p>In addition, the health needs of children, the elderly, those with disabilities, and climate induced migrants are diverse and should also be considered based on life cycle approach.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. We have reflected where relevant.
General	<p>Health system: The focus on improving and greening healthcare facilities (infrastructure) is valid in order to withstand extreme weather events and reduce GHG emissions. However, human resource (healthcare workers) is also equally important for without them a healthcare facility cannot function. The issues of the limited capacity and number of healthcare workers in developing countries needs to be addressed. We have seen this played out during the COVID-19 pandemic and should draw from the lessons learned.</p> <p>Another aspect of the health system that should also be prioritized for funding is "service delivery" (in terms of preventive, curative and palliative). In many developing countries, instead of the people going to the health facilities; the health services go to them (e.g. COVID-19 vaccination programme being held at community centers, public spaces, outreach from door-to-door etc). Community health outreach work is well-established and effectively carried out by healthcare workers, CSOs, and community members at remote areas (Examples of best practices: barefoot doctors in Asia, Posyandu in Indonesia, Flying Doctors of Malaysia, MSF, community midwives, etc), which is also workable in conflict, crisis-affected, and post-disaster settings.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. Healthcare workers and service delivery are part of health systems and are included in the relevant sections of the document.
General	<p>Financing: It is stated that "...climate adaptation to health are currently less than 1% of total international climate finance, despite health being a priority sector in 54% of NDCs featuring adaptation" (lines 320 -337).</p> <p>The draft has also suggested the mainstreaming of climate adaptation in development policy, medium term planning and budgetary cycles in the health sector (lines 700-701). This is a concern because in general the total health expenditure of a developing country is below what is recommended by the WHO; meaning under-funded. Therefore, to suggest that a developing country allocates funds from development to finance their mitigation and adaptation for health is spreading its development/health budget too thin.</p> <p>We also agree with the statement that "...while there is undoubtedly a need to leverage public domestic flows and private finance, there are broader political issues around international commitments for adaptation finance" (lines 753-755) thus resulting in the low international climate finance for climate adaptation to health (lines 320-337).</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your comments. The lines 700-701 refers to the opportunity where climate finance, including GCF finance can support unlocking the potential. It is indicating the opportunity to leverage development budgets through GCF financing, and this would be context specific.

General	<p>Pathway 2: We commend the incorporation of “community action in climate and health” (lines 95-99). We hope to see funding proposals that have components to build the capacity of communities to engage in community level climate-sensitive disease prevention and health promotion as well as facilitate communities’ engagement in climate resilient health promoting behaviours.</p> <p>We also commend the draft for highlighting that insufficient community engagement can reduce the effectiveness and success of a project. Therefore, the importance of community active participation/engagement and transparency throughout the project and listening to their needs and concerns (lines 360-366, 432-433).</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback.
General	<p>Privatization of health care: Health as a public good is essential in developing countries, in particular SIDS and LDCs. With GCF proposed finance portfolio (e.g., loans and PPP), this seems to encourage the privatization of healthcare services. The privatization of healthcare services is a false solution as it is known to prevent either the poor and vulnerable communities from accessing healthcare services due to the issue of affordability or cause them to remain in debt/poorer due to the out-of-pocket expenditure for healthcare services.</p> <p>GCF to prioritize funding public/national health service providers, in particular level healthcare--rather than private health care service providers--via DAE/enhanced direct access. The former is where the poor and vulnerable communities would usually go to seek healthcare services.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. GCF is striving to identify opportunities where local and global private sector to support climate mitigation and adaptation actions. GCF’s strength is in its use of different financial instrument, including loans. However, promoting the use of different instruments does not limit grants or public funding for the vulnerable communities.
General	<p>Coherence: While the sector guide analyzes in a separate section the links with the sector-specific application of the GCF investment criteria, it does not do anything similar in discussions on links pertaining to health-related analysis with GCF’s ESMS (the environmental and social management system), specifically its links with the Environmental and Social Policy, the Indigenous Peoples’ Policy, the Gender Policy, and its transparency and accountability provisions. This needs to be acknowledged as guiding financial approaches and investment decisions (so that risk is not just relegated to addressing financial barriers and risks).</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. We consider the suggestion to be outside of the scope of the guide.
General	<p>References to “SMEs”: While it is useful that the role of local/community-level operating private sector actors for the provision of healthcare services is mentioned, references in the text throughout to “SMEs” should be replaced by references to “MSMEs.” This not only acknowledges the fact healthcare service provision on the local level (including for elderly, children, caring for the sick) is predominantly done by women, but also the overrepresentation of women-owned or women-led entrepreneurs in the micro- and small-scale business segments. Gender responsive financial instruments, such as concessional small-scale loan facilities, need to target/facilitate access especially to those business segments.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. This has been reflected.
General	<p>Civil society: The role of civil society is sidelined in this draft. We believe that CSOs can play crucial roles in all the four drivers mentioned as well as Pathways 1 and 2. For example, as mentioned earlier, CSOs are well-experienced in community health outreach work and health service provision whether in normal, conflict, crisis-affected, or post-disaster settings.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. This has been reflected.
General	<p>Reference to “low- and middle-income countries”: In this and other draft sector guides, the strong and repeated references to “low- and middle-income countries” (a World Bank categorization) should be questioned, as this distinction is not relevant for health and wellbeing related climate-relevant financing through the GCF (which is under the UNFCCC); this also negates that individual and community vulnerability and need is worth support irrespective of the country classification. For the GCF financing context (also in terms of financial allocation), only the SIDS, LDCs and African states categorization of particularly vulnerable states should apply.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. We have revised where relevant.
General	<p>The guide did not in any way reference the role of traditional, complementary and alternative medicine (TCAM), which is a very important aspect of healthcare services and widely practiced by indigenous peoples in some developing countries. The financing mechanisms listed in the guide in most cases may not be applicable to TCAM. Nevertheless, GCF should consider funding TCAM.</p>	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the suggestion. The GCF will continue working on sector related guidance and investment opportunities. We will consider in our future works.

General	<p>Our focus on this article is to responds to two interrelated issues confronting humanity today: the health and well-being of populations and the state of the natural environment. Mental Health disorders are on the rise across the world. A report commissioned by Lancet in 2018 estimated that 1.1 billion people are currently affected by adverse mental health issues. At the same time, the planet is being pushed to its limits from the effects of climate change and there is an ongoing biological annihilation. The implications of these issues are not only financial; they threaten the future of human civilization itself as it depends upon the Earth's natural systems. It is now vital that governments, policy makers and practitioners across all sectors focus efforts on improving the human-nature relationship. Recognition of the importance of finding ways to improve the human relationship with the rest of nature for the well-being of people and the wider natural world is now international and reflected in responses to the United Nations Sustainable Development Goals.</p> <p>Some argue that globalization, the rise in technology, population growth, and the perceived diminution of nature's worth for human psychological, emotional and physical health has caused a disconnect between humanity and the rest of nature. As this disconnect continues and potentially grows, the prospects of achieving human well-being within the dominant economic development paradigm weakens. Vital alternative, sustainable, and integrated development paradigms are being developed that aim to re-address the balance between the human system and the Earth system. Fortunately, research in this area continues to grow and we know a great deal more about the human-nature relationship, its benefits and ways to improve it than we did just a few years ago. The articles in this special edition clearly demonstrate this and provide hope that we will find a better way to relate to the rest of the natural world and consequently to ourselves.</p> <p>It is now clear that the responsibility for mapping out the future for human health is not merely an issue for medicine and allied health. Perhaps more than any other issue affecting humanity, the future for the health of people and planet depends on multiple disciplines working together. This special edition reflects this notion with perspectives and evidence drawn from psychology, sport science, public health, environmental studies, biology, social science, forestry, education, occupational health, information technology, built environments, pharmaceutical and medical sciences, zoology, tourism, and philosophy. Despite the breadth of evidence, nature based solutions remain inexplicably</p>	ASABE SHEHU YAR'ADUA FOUNDATION	Thank you for your feedback. Reference to One Health and related concepts, including use of EbA are included in the guide.
	<p><i>(Continued)</i> absent from the dominant models of health, health behavior change and workplace well-being. Yet this special issue presents clear evidence of the benefits of human embeddedness within the natural world and the importance of moving forward with a multidisciplinary approach. Both these perspectives (embeddedness and multidisciplinary work) can be seen to underpin the benefits, for example, of nature-based exercise and engagement with nature's beauty. Research in this special edition demonstrates that the human-nature relationship as it pertains to health and well-being is clearly more nuanced than traditionally understood. How this relationship provides for such a broad impact on psychological health, including increased flourishing and decreases in a broad array of mental illness, needs further exploration. However, what seems clear is that much depends on understanding the relationship between activity, individual characteristics and environmental characteristics.</p> <p>There will always be a need for further research and understanding, but owing to the crises in well-being and biodiversity a new relationship with nature, where nature and well-being are central determinants of human development, is needed now. Therefore, the research in the special issue can be distilled into a number of recommendations that recognize the importance of human-nature relationships for both human and nature's well-being:</p> <ul style="list-style-type: none"> • Everyday experiences of nature matter. Provide green spaces, close to home and work, with opportunities and prompts for people across the lifespan to notice nature and its beauty. • Encourage a broader range of seasonal experiences in nature, of various durations, at various times and calling on insight from a range of approaches to human-nature relationships (e.g., Stoic and Buddhist Traditions; nature connectedness. • Provide habitats for a variety of wildlife. Biodiversity matters for human health. Micro-variables such as birds, plants, wildlife, and native species create a bond between people and natural places. • Activity in natural environments is good and better than in other environments. Provide opportunities to encourage walking and exercise in nature in residential and work contexts. Compared to indoor exercise there are additive benefits of a closer relationship with nature and reduced anxiety. • For those with limited access to nature, provide imagery and VR alternatives. 	ASABE SHEHU YAR'ADUA FOUNDATION	Thank you for your feedback. Reference to One Health and related concepts, including use of EbA are included in the guide.
Executive Summary	In the table it refers to: "climate resilient health systems and services (to extreme weather and climate events)"; however, climate resilience is not only to extreme events but also to the effects of slow-onset climate changes.	WHO	Thank you for the feedback. The text is revised where relevant.
Executive Summary	Include 'integrate climate and weather data in health surveillance systems' as an action in catalyzing climate innovation; mitigation actions in the health sector are not well represented in this table but discussed later in the document; include an action related to capacity building of the health workforce; include integrating health in NDCs and LT-LEDS	WHO	Thank you for the comment. Relevant information has been inserted in the text of the document where relevant.
Executive Summary	"organisation of people": are we referring to health professionals and healthcare workers?	Convention on Biological Diversity	Yes, that is correct.
Executive Summary	The document talks about 'making GCF operations more efficient and more effective' - how is this being measured?	Pathfinder International	This will align with the GCF's mandate and the strategic visions approved by the GCF Board.
Executive summary	Access to improved water supply sources as well as access to improved sanitation including handwashing facilities.	GIZ, KfW	Thank you for your comment. This has been added.

Executive summary	<p>Since the term is used frequently in this document: the concept of "food security" is quite mainstreamed. Nevertheless, there are important movements back by organisations such as the FAO pushing for "food sovereignty", which also emphasizes that beyond food availability, people have the right to access culturally appropriated food. This right is also basic to guarantee social cohesion and mental health. Besides, commonly, traditional food relies on ecosystem characteristics, which makes easier to have adapted ecosystem-based approaches and good agricultural practices (over, for example, "cost/effective" crops). We would recommend to at least mention this somewhere in a footnote.</p>	Germany BMZ	<p>The comment is well received. To include food sovereignty goes beyond the scope of the Health sectoral guide. The agriculture and food security sectoral guide is focusing on food security aspects and uses the FAO definition of food security. Food security is here defined "a situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life". This includes food security for rural communities producing food, as well as food security for those communities that depend on the food produced by farmers (https://doi.org/10.1007/978-94-007-0753-5_1073).</p>
Executive summary	Definitions that should be included	Germany BMZ	Thank you for the comment. Descriptions have been included.
Executive Summary	In addition to the mentioned threats to health and wellbeing from climate change, we suggest including a direct reference to "zoonotic epidemics" which are driven by altering host-pathogen interactions. This reference would be particularly significant due to the current situation the world is facing.	Italy	Thank you for the comment. Zoonotic diseases have been added.
Executive Summary	It may be worthy to also mention the indirect effect of climate change on health infrastructures. In fact, climate change could jeopardize critical infrastructure, destabilize various systems that maintain public health and represent a categorically distinct public health stressor. For example, the sanitation infrastructure under climatic change runs the risk of damage due extreme weather (e.g., storms followed by floods) and also due to impacts in coastal cities caused by sea level rise.	Italy	Thank you for the comment. This has been included in the guide.
Executive Summary	Important to recognise that impacts of climate on health are not evenly distributed. Women, girls, children, older people, people with disabilities, people living in poverty and other marginalised groups are generally most vulnerable	UK (Foreign, Commonwealth & Development Office)	Thank you for the feedback. This has been reflected.
Executive Summary	human institution mediated (under-nutrition, increase in gender-based violence or loss of sexual and reproductive rights).	UK (Foreign, Commonwealth & Development Office)	Thank you for the comment. This has been added.
Executive Summary	what is the assumption here?	Germany BMZ	Undernutrition is revised to malnutrition. IPCC AR5 report includes list of relevant information.
Executive Summary	Add a sentence to state about the indirect impact of climate change to health, i.e. to explain that climate change is driver of desertification and biodiversity loss, which have a negative impact on health and well-being.	Convention on Biological Diversity	Thank you for the comment. This has been included in the guide.
Executive summary	<p>The WHO definition of health systems includes more than the three elements listed:</p> <ul style="list-style-type: none"> •service delivery •health workforce •health information systems •access to essential medicines •financing •leadership/governance 	GIZ, KfW	Thank you. This has been included in the guide.
Executive summary	Very brief and little detail to understand for an uninitiated reader – what are NDCs? Action on what? Barriers for what? Lack of investment in what? Depending on the target group, this section could gain by a higher level of detail.	GIZ, KfW	Thank you for the feedback. The target group of this guide is our partners. The guide does not cover general guide of climate change and climate finance.

Executive summary	It would be recommended make reference and embed the guidelines into the "One Health" approach.	GIZ, KfW	Thank you for the comment. One health approach has been incorporated where relevant and appropriate.
Executive Summary	Suggestion to add a reference to One Health, which recognizes the indivisibility of the health of all living beings including humans and animals, and the health of the planet. One Health is critical to frame linkages between human health and environmental determinants (which include climate and biodiversity).	Convention on Biological Diversity	Thank you for the comment. One health approach has been incorporated where relevant and appropriate.
Executive summary	Very dense and complex text for an executive summary, . not easily understandable for non-expert readers Title: Paradigm shifting – from what to what? Pls provide more information	GIZ, KfW	Thank you for the feedback. The target group of this guide is our partners. The guide does not cover background information about GCF. Please refer to the GCF Governing instruments and other GCF related documents.
Executive Summary	The promotion of the two paradigm shifting pathways is useful. However, it is worth noting two points that may require further elaboration in the guide: 1) that it may be useful to separate these pathways from a guidance perspective, but that, in reality, they are interdependent. You can't have one without the other - in fact, pathway 2 could be seen as a pre-cursor to achievement of pathway 1. It would be worth highlighting this interdependency and interrelationship in the Guide. 2) While focusing on two specific (and interrelated) pathways to transformation helps keep the guide manageable and straightforward, it may have the unintended consequence of limiting the scope of interventions proposed by countries and AEs. It would be good for the guide to note that these pathways are critical, but that other pathways are possible and may be more desirable in some contexts; highlighting that the GCF will also consider other interventions so long as they are aligned with the investment criteria	Save the Children Australia	Thank you for the feedback. It is correct that two pathways are interconnected. The guide is not limiting the projects to either choose one of the paradigm shift pathways or only two pathways, but indicates that priority transformational pathways and possible actions.
Executive Summary	Paradigm shifting pathways should also address safe motherhood issues associated with climate change and disaster management	Pathfinder International	Thank you for the comment. Gender based violence and sexual reproductive health and rights have been added.
Executive Summary	Resilient health systems must be inclusive and accessible.	UK (Foreign, Commonwealth & Development Office)	Thank you for the comment. This has been added.
Executive Summary	in Calatyzing climate innovation: possibility to add green/sustainable procurement practices	Convention on Biological Diversity	Thank you. Sustainable is added to the text.
Executive Summary	Suggestion to add foster healthy environments including by leveraging biodiversity conservation, access to blue and green spaces.	Convention on Biological Diversity	Thank you for the suggestion. The specific inclusion would be limiting the meaning of the text.
Executive Summary	There is no reference to gender as a barrier/enabler to achieving a paradigm shift, which is a critical gap. Recommend a paragraph outlining how gender inequality impacts and is impacted by climate change. There are particular needs in the health and wellness sector that impact resilience to climate change that could be outlined here, such as the low number of women in leadership/decision-making positions, which contributes to resiliency gaps, as well as gaps in health system responsiveness to the needs of all genders, particularly women. Women and girls are uniquely impacted by climate stresses and strains that have consequences for healthy system resilience, particularly around Reproductive Health and Gender Based Violence.	Pathfinder International	Thank you for the feedback. The document was revised to include and discuss Gender across the document.
Executive Summary	It is important to include at the outset of this important document that the relationship between climate change and health is complex. It can be non-linear, involve time delays and feedback interactions among which amplify adverse effects (see, for example, Whitmee et al., 2015 [available at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60901-1/fulltext]). This complexity can lead to health outcomes which are hard to predict and result in unintended consequences, including disproportionate, adverse impacts on vulnerable groups such as children, women, people with disability and people who live in poverty. As a result, a multisectoral systems-based understanding and approach are needed to effectively address climate-sensitive health impacts. This has clear implications for the kinds of projects the GCF should look to finance and the ways in which they are developed/implemented.	Save the Children Australia	Thank you for the suggestion. This has been reflected in the guide.
Executive Summary	Strategies should also be there to ensure community development, efficient use of local resources, and climate change as cross cutting development agenda	Pathfinder International	Thank you for the feedback. It is outside the scope of the guide as the suggestions are aiming a higher level of objectives.

Executive Summary	what does this mean? Is this maybe connected to the lack of awareness?	Germany BMZ	That is correct. Limited awareness and limited capacity and human resources are the barriers.
Executive Summary	another factor that became evident during the corona pandemic in many countries is the divide between decision-maker and researchers/scientist/medical experts	Germany BMZ	The guide focuses on catalyzing climate innovation by supporting enabling environments. We consider the relevance of the comment to mitigation and adaptation measures is little in terms of the context of GCF support to health sector.
Executive Summary	Building inclusive and resilient health systems requires strong political vision and leadership to ensure rights and quality of care for all.	UK (Foreign, Commonwealth & Development Office)	Thank you. The basic building blocks referring to WHO definitions have been added in page 6 of sectoral guide.
Executive Summary	Mitigating and adapting to climate change can also be considered preventive measures and efforts can be made to reflect it in indicators (as much as possible). Measuring can help reinforce the importance of climate action.	Germany BMZ	Thank you for the feedback. Indicators are beyond the scope of this guide.
Executive Summary	There are some critical insights that are missing in the Executive Summary: (1) Climate change and health dynamics are affected by socioeconomic, energy, agricultural and other non-health sector activities – so, health and well-being will need to be addressed through multisectoral collaboration to reduce and prevent climate related risks to health and to help minimize unintended consequences which could ultimately undermine the health of communities. (2) Actions to reduce/prevent climate-sensitive health risks will not only come from within the health sector. Multisectoral collaboration between health and non-health sectors (which influence climate and affect health) is essential.	Save the Children Australia	Thank you. This is recognized across the document where relevant.
Executive Summary	We welcome GCF's priority on: <ul style="list-style-type: none"> •Conducting comprehensive and integrated HNAPs to identify adaptation and mitigation options •Linking HNAPs with other sectoral NAPs to deliver health co-benefits •Health adaptation to be mainstreamed at the community level (e.g., agriculture and food security projects) 	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback.
Executive Summary	Privatization of health services is a complex topic, especially in context of poverty. It is important to clarify to what extent private arrangements are desired and who is going to bear the costs. What would be position of the GCF and governments?	Germany BMZ	Thank you for the comments. Health services in many countries already engage private sector. So in this context, it is not privatization, but engagement of the existing private entities engaged in the health system. It is useful to engage them in a climate resilient and low emissions direction also, equally to the public health providers.
Executive Summary	In addition to "ensuring access to knowledge and data for vulnerable people... it is important to emphasize the importance of helping communities make sense of the data, or translating the knowledge/data into actionable/understandable information. Participatory approaches can give communities a voice in what information they need, be an important source of data/information, and inform what is missing/not meeting their needs. Learning approaches, human-centered design principles, and social & behavior change communication approaches are core to this.	Pathfinder International	Thank you for the feedback. The sector guide recognizes the importance of community actions. Specific guidance on communications systems and community engagement and knowledge platforms are covered in climate information services and early warning sector guide.
Executive Summary	Knowledge exchanged with developed countries can also be beneficial (under principles of respect of traditional practices). Include promotion of research activities on traditional health practices and nature-based approaches. Ecosystems and communities might hide effective approaches.	Germany BMZ	yes

Executive summary	The criteria should either here be explained with more detail (e.g. name the GCF objectives and result areas here, describe the paradigm shift (from were to were), how shall the recipients needs be described and quantified etc. OR include a cross-reference to chapter 6.	GIZ, KfW	Section 6 indicates the details and examples. We try to keep the guide as concise as possible.
Executive Summary	In Figure ES-1: Possible actions for each pathway following the four pillars of the GCF Strategic Plan, please include as part of "Transformational planning and programming", more details on the actions. For example, "Mainstream climate related policies in health systems and services through Health Impact Assessment process and Health in All Policies framework". These are already established and well-accepted process and framework, so it is helpful to make clear to the reader how the action can be carried out. As such, these details should also be included in Figure 6, Section 3.3. Line 553	Save the Children Australia	Thank you for the feedback, however, HiAP is not accepted in all countries.
Executive Summary	Mobilization of finance at scale: We are concerned with the issues on privacy and misuse of personal data/information, especially those from poor and vulnerable communities with regard to: •Private sector tele-health •Public and private health surveillance	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. We agree that with the importance of protecting privacy. This is included as a foot note.
Executive Summary	The focus on supporting community (financial) inclusion, including highlighting the role of access to devolved (such as EDA) financing approaches, and the role of participatory M&E and learning in one of the two identified pathways (Pathway 2 on "Facilitating climate-informed advisory, risk management services and community action") is welcome. However, it is not clear why this was not considered likewise relevant and a prerequisite for Pathway 1 ("Promoting climate resilient health system and services"). Indeed, bottom-up needs and capabilities assessment of community providers is important for HNAPs and the resiliency of health service provision and infrastructure. This would be also in line with the requirement for transformational planning and programming for health and wellbeing to be "ensuing transparency, access to information, participation, equity and sustainability, to guide and bring legitimacy to process" (lines 473-475).	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. The payways are not separate and do not indicate any sequence or prerequisite, nor restricts any access by communities.
Introduction	In the table it refers to: "climate resilient health systems and services (to extreme weather and climate events)"; however, climate resilience is not only to extreme events but also to the effects of slow-onset climate changes.	WHO	Thank you for the feedback. This is reflected where relevant.
1.1	As above, in addition to the mentioned threats to health and wellbeing from climate change, we suggest including a direct reference to "zoonotic epidemics" which are driven by altering host-pathogen interactions. This reference would be particularly significant due to the current situation the world is facing.	Italy	Thank you for the feedback. This is reflected where relevant.
1.1	As above, it may be worthy to also mention the indirect effect of climate change on health infrastructures. In fact, climate change could jeopardize critical infrastructure, destabilize various systems that maintain public health and represent a categorically distinct public health stressor. For example, the sanitation infrastructure under climatic change runs the risk of damage due extreme weather (e.g., storms followed by floods) and also due to impacts in coastal cities caused by sea level rise.	Italy	Thank you for the feedback. This is reflected where relevant.
Introduction	See comment for line 75	GIZ, KfW	Thank you for the feedback. The target group of this guide is our partners. The guide does not cover general guide of climate change and climate finance.
Introduction	Mention the "Health in all policies" concept?	GIZ, KfW	Health in all policies is familiar to health systems but not to upstream drivers of health, so concept is explained without being named.
Introduction	Suggest adding a Preface where the organization of the document is explained very early on in the text - or move 1.2 before 1.1. A preface should also contain information about who the target group for the publication is	GIZ, KfW	Thank you for your feedback. The format of the guidance document is consistent with documents for other sector guide.
Section 2	The overall global context does not take into account the gendered impact of the health risks to climate change, thereby missing out on the reproductive health impacts and outcomes. Would recommend an addition of a paragraph recognizing this issue, and outlining based on that a few points in the following possible actions within the pathway	Pathfinder International	Thank you for the feedback. We have included and discussed gender and relevant information across the document.

2. Global Context	The entire complex of effects of water scarcity/drought/flooding is not mentioned – significant impacts on health and wellbeing of people, including water, sanitation and hygiene are missed The next section 299-310 focuses on the impact on healthcare infrastructure and services, hence it would be good to include something on the impacts mentioned above on people	GIZ, KfW	The health outcomes through exposure pathway under water quality and quantity refers to this. WASH is also mentioned across the document.
Section 2	Under extreme weather conditions, need to consider unwanted pregnancies on the list	Pathfinder International	Sexual and reproductive rights are discussed across the document where relevant.
2.1	This figure does not take into account health risks that primarily affect women and girls. For example, maternal health, sexual and reproductive health (menstrual health, early marriage and early childbearing), and gender-based violence.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. The figure is from a cited source therefore revision would not be possible. Physical and mental health effects are comprehensive. Gender related discussions and information is included across the document.
2.1	The term exposure seems to differ from the IPCC report. The IPCC defines Exposure as: The presence of people; livelihoods; species or ecosystems; environmental functions, services, and resources; infrastructure; or economic, social, or cultural assets in places and settings that could be adversely affected.	GIZ	The exposure pathways are categorized to highlight how exposure to climate-related hazards can affect health systems.
2.1	Gendered discrimination and its intersectionalities need to be acknowledged as an important cross-cutting contributors to health risks associated with climate change for all “exposure pathways” and thus with fundamental follow-up requirement for actions related to each of these pathways (irrespective of whether health is addressed as a “co-benefit” or the main focus of a related GCF intervention). This applies also to the “gender-neutral” discussion in the guide on household air pollution (lines 401-408).	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. Gender related information and discussion is included across the document. This figure is from a cited source, therefore revision would not be possible.
2. Global context	Climate change affects women and girls differently than men and boys. Women and girls face more risks as they are more likely to be displaced and to experience poverty as a result of climate change, which also increases their odds of being killed during natural disasters in comparison to men and boys. In addition, women and girls face a greater risk of being subjected to sexual and gender-based violence; child, early and forced marriage; human trafficking, including forced prostitution; and modern slavery. This section needs to acknowledge the gendered impacts of climate change and elaborate on gender equity investment proposals in the health sector.	Global Affairs Canada	Thank you for the feedback. Gender related information and discussion is included across the document.
2.1	We suggest deleting Lines 265-268 and Table 2, considering the reference used is dated and thus cannot accurately reflect current global health conditions.	China	The AR6 reaches the same conclusions as lines 265-66. We take note that the table may not provide comprehensive information, however, this is illustrative and not limited.
2.1	Wild fires could be mentioned somewhere if not here, as it is causing deaths, injuries, lack of adequate housing, and health impacts from inhaling toxic emissions.	UNDP	there were insufficient numbers of projections for heat waves to construct burning embers; wildfires added else.
2.2	UNDP hosts a network of organizations under the name Sustainable Procurement in the Health Sector (SPHS) and also has a “Sustainable Health in Procurement Project” (SHiPP) that among other topics aims to reduce carbon emissions from the health sector. I’m not sure if this could be mentioned somewhere when speaking about ongoing work. Links: https://savinglivesustainably.org/ and https://savinglivesustainably.org/shipp/shipp.html	UNDP	Thank you for the comment. We can mention this in the coalition and partnership.
2.2	NDCs are mentioned for the first time. Pls add a very brief explanation on NDC, potentially also in the context of NAP.	GIZ, KfW	Thank you for the feedback. The target group of this guide is our partners. The guide does not cover general guide of climate change and climate finance.

2.2	Why is the Lancet Countdown mentioned here? This needs more context and logic connection	GIZ, KfW	Thank you for your comment. The results from the Lancet Countdown are reported in the following sentences.
2.2	add biodiversity to agriculture and water	Convention on Biological Diversity	This has been added.
2.2	Please explain, why GHG from the health sector are so high. Further, this section should be better connected with the previous or following sections...see lines 398-400	GIZ, KfW	Thank you for your feedback.
2.3	Figure 3 is complex to understand and needs an explanation.	GIZ, KfW	Thank you for your comment. The paragraph above explains figure 3.
2.3	The figure illustrates that residual risks are expected to continue even with adaptation: is the GCF addressing this in any way under its mandate for Loss and Damage? Linked to this point, it has been noted that low income countries are faced with underdeveloped social protection systems that negatively impacts access to health services, and therefore contributed to increased vulnerability to the impacts of climate change. This means that a focus on enhancing social protection instruments has the potential to increase the adaptive capacities of vulnerable groups to climate change. Can social protection be financed by the GCF and how could it be integrated into funding proposals?	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your comment. GCF already finances conditional cash transfers in its projects and looks forward to other potential social protection related activities as submitted by our partners.
2.3	It might be worth to note the mobilization of the health sector and health professionals in support of climate change (Race to zero efforts, commitments made at COP26, etc)	Convention on Biological Diversity	Thank you for the comment. Reference to international efforts are included in the document where relevant.
2.3	It would be important to specify that among the health benefits of mitigation policies there is also the prevention and reduction of malnutrition. Moreover, it should also be noticed that the subsequent dietary changes should also include the increased consumption of healthy and "safe" food, as mitigation policies should reduce the risk of foodborne zoonotic diseases and in general promote food safety.	Italy	Thank you for your feedback. Reflected in the document. Malnutrition and food security is also covered in relevance to the adaptation measures.
2.3	This would also have the co-benefit of reducing non-communicable diseases.	UNDP	Thank you for your comment. This is added.
2.3	For instance?	UNDP	Thank you for your comment. Revision is made to the text.
2.4	Another important barrier that is missing here is siloed interventions on climate with no or limited coordination or cooperation across relevant ministries and/or sectors. This is especially relevant for climate actions which affect health outcomes.	Save the Children Australia	Thank you for your comment. This is reflected.
2.4	Again, reference to the unique climate vulnerabilities exacerbated by gender inequality would be important to reference as a challenge for health adaptation. UNDP has done some thought work/publication on this topic, as has Promundo that could be reflected here. A specific challenge I recommend highlighting here is the gender disparity in the health workforce in leadership and decision-making positions. This disparity poses a challenge for the health sector to best respond to climate change and the unique ways it impacts women and girls in the health sector.	Pathfinder International	Thank you for your feedback. We included information and discussion related to gender across the document where relevant.
2.4	It would also be helpful if there was an equity lens, and one of the barriers could be access of marginalized communities to healthcare: women (and perhaps going beyond the binaries), children, the elderly, and people living with disabilities.	UNDP	Thank you for the feedback. This has been reflected.
2.4	Could add "Pre-existing inequalities in access to quality health care and rights" as a further bullet here, another key challenge to be overcome in this sector	UK (Foreign, Commonwealth & Development Office)	Thank you for the feedback. This has been reflected.
2.4	The text refers to specific pathways identified – these pathways need to be introduced and explained with more detail.	GIZ, KfW	Thank you for the feedback. This was relocated in more suitable section (in Table 3).
2. Global context	It could be emphasised here that the health sector can contribute to breaking down barriers/providing more rationale for mitigation actions by providing evidence on the health co-benefits (including economic gains) of some mitigation actions	WHO	Thank you for your feedback.

2.5	Title: "These targets" – which ones? No targets have been mentioned so far, pls specify for a reader who is new to GCF	GIZ, KfW	Thank you for your comment. This has been revised.
2.5	Recommend integrating women's economic empowerment efforts into transformational planning and programming. Specifically advocacy/development/implementation of policies and legal frameworks in the health sector that are pro-poor and gender responsive.	Pathfinder International	Thank you for the suggestion. The section referred to is on the costs for financing mitigation and adaptation activities in health sector. The gender discussion has been included in the document where relevant.
Section 2	Missing information. No amount given in USD billion/year.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback. The sentence is to indicate that the most estimates are in billions of USD, and not to indicate certain quantified figure. This has been revised.
3.1	Why only LMICs? This applies to all health systems, especially in the North where health systems are more sophisticated (more waste, more health centres, higher reliance on natural resources, etc)	Convention on Biological Diversity	Thank you for your feedback. This is noted and reflected.
3.1	It was noted earlier in the Executive Summary that it is important to mainstream climate-related policies and plan across health systems and linking HNAPSs with other sectoral NAPs to deliver health co-benefits. So, in Section 3.2, as part of "Transformational planning and programming", it would be helpful for the guide to be more specific about how to do so. For example, for climate compatible processes for planning and policy frameworks, include "for example, through Health Impact Assessment and Health in All Policies framework". As such, these details should be included in Figure ES-1: Possible actions for each pathway following the four pillars of the GCF Strategic Plan.	Save the Children Australia	Thank you for your feedback. However, not all countries accept HiAP.
3.2	The guide emphasises adaptation more so than mitigation. The health care industry is a carbon intensive sector, responsible for 4.4 % of worldwide greenhouse gas emissions. In the sectoral guide's paradigm shifting pathway 1, there is more of a focus on adaptation of health infrastructure and less so on greening. This has created an imbalance in prioritization. Mitigation strategies such as the use of renewable energy in the health sector, use of reusable health care products, choice of medicines (e.g. rational use of medicines that limit consumption volume of medicines, gas use for anaesthesia versus other means, choice between oral and IV formulation, bulk versus individual packaging, which affects production of biomedical wastes, etc.) and digitalization of information are equally important priorities for climate planning and financing. Mitigating the impacts of climate change on health also presents an opportunity to build on a One Health Approach, a collaborative, multisectoral and transdisciplinary approach to achieve optimal health outcomes recognizing the interconnection between people, animals and the planet. There is a significant knowledge gap in understanding the range of emerging infectious diseases and their prevention. Financing of the One Health Approach is clearly missing.	Global Affairs Canada	Thank you for the feedback. The guide recognizes that health sector as a significant GHG emitter. The case study also includes mitigation activities using solar panels for health infrastructure. The GCF results area indicates health and wellbeing as part of adaptation results area, but the guide has explicitly mentions the mitigation potential of the sector.
3.2	The issue of equitable access to medicine could be added to the list (i.e. vaccine inequities)	Convention on Biological Diversity	Thank you for your feedback. This is reflected.
3.2	Figure 5 also lists the 6 building blocks of healthcare systems as mentioned earlier – pls review the text accordingly. In addition, the interlinkages to natural resources and biodiversity could be added here. Particularly, the current pandemic showed the close interlinkages between human health and environmental health.	GIZ, KfW	Thank you for the feedback. The previous description was revised.
3.2	Table 3 Third barrier "siloed approaches" – please add an example for illustration, by e.g. referring to the water and sanitations sector / WASH. Second but last barrier: Please illustrate this through an example, by e.g. referring to the water and sanitations sector / WASH.	GIZ, KfW	Thank you for the feedback. There are more examples, and we think referring to one example would lead to more list. We try to keep the document as concise as possible.
3.2	Second but last barrier: Please illustrate this through an example, by e.g. referring to the water and sanitations sector / WASH	GIZ, KfW	Thank you for the feedback. There are more examples, and we think referring to one example would lead to more list. We try to keep the document as concise as possible.

3.2	We think that the paragraph "Siloed health solutions" does not take into account that Health Ministers made some attempts in the past to promote multisectoral solutions (e.g., implementation of the One Health Approach), but these have failed due to the resistance of Agriculture and Veterinary sector. It should be noted that most of the sectors involved, not only Health Ministers, tends to propose "siloed solutions"	Italy	Thank you for your feedback. This has been reflected.
3.2	Some of these barriers seem to be in many cases quite generic and not always based on any evidence of the specific contexts of developing countries and the specific sector. For example, the limited private investment and market failure barrier seems to be added to all sectors and it is unclear how this would apply to the health sector specifically.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. Noting that the contexts vary significantly, the barriers identified do not refer to specific examples or lists any cases. Financial barriers including limited private investment and market failure is described in Section 4 in more detail.
3.2	Competing health priorities that take up existing resources	UNDP	Thank you for your feedback.
3.2	How does this describe the barrier?	UNDP	Thank you for your feedback. This has been revised.
3.2	Also lack of sharing of technology, and innovations across countries.	UNDP	Thank you for your feedback. This has been reflected.
3.2	Here we advise to specifically mention lack of intersectoral collaboration, which would be an essential starting point for better responses.	UNDP	Thank you for your feedback. This has been reflected.
3.2	Before NHAPs and similar, there's a need for clear information on benefits (economic, social, health, environmental) at the national level on such actions: data, costs, savings	UNDP	Thank you for your feedback. This has been reflected.
3.2	Catalyzing climate innovation: The focus on data-driven technologies (internet of things, cloud computing, data partnerships) is presented without discussion of trade-offs/dangers, which include issues of: data security/privacy; accessibility and affordability of related services (such as telehealth) Mobilization of finance at scale: The GCF seems to have given no consideration to the potential of these types of suggested actions on the privatization of public health systems and services and its impact on access by the most vulnerable populations in developing countries, which are those in most need of interventions to reduce vulnerability and increase resilience.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the comments. Data privacy issue has been cautioned in the draft. On the privatization, Health services in many countries already engage private sector. So in this context, it is not privatization, but engagement of the existing private entities engaged in the health system. It is useful to engage them in a climate resilient and low emissions direction also, equally to the public health providers.
3.2	In Table 4, under 'Expansion and replication of knowledge' it is important to also highlight the need to share and exchange on what works and what doesn't. Transformation requires investment in monitoring, evaluation, learning and adaptive management.	Pathfinder International	Thank you for your feedback. This has been reflected.
3.2	Opportunity to position the biodiversity-climate-health nexus, by also adding biodiversity in data collection schemes	Convention on Biological Diversity	Thank you for the suggestion. We do not wish to indicate specifics in order to allow flexibility.
3.2	In transformational planning and programming suggest to include an action related to Health workforce capacity building; and health in LT-LEDS	WHO	Thank you for the feedback. The suggested actions are included across transformational programming and catalyzing climate innovation.
3.2	Alternative service delivery approach should also be considered on the list of priorities	Pathfinder International	Thank you for the feedback.
3.2	One of the barriers could be identified as a lack of national coordination mechanisms, and multi-sectoral collaboration. This has been mentioned before, so apologies for reiterating, but it is imperative for countries to set this up.	UNDP	Thank you for the comment. This is recognized across the document.
3.2	The promotion of "next generation technologies" included here should only be included when appropriate to the context. More than "next generation technologies", the guide should promote the most appropriate technologies, which might not always be the most recent or "next generation". Also, the focus on data-driven technologies (internet of things, cloud computing, data partnerships) is presented without discussion of trade-offs/dangers, which include issues of data security/privacy, and accessibility and affordability of related services (such as telehealth).	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the comment. The tradeoffs are recognized and reflected across the document.

3.3	Pls consider presenting section 3.3. (providing context and overview) before going into the details of the pathways	GIZ, KfW	Thank you for your comment. The structure of the sector guide is to remain consistent across all sector guides, therefore the guide will not be restructured.
3.3	As per Figure ES-1	WHO	Thank you for your feedback.
3.3	Also include: health workforce capacity building; integration of climate/weather data in health surveillance systems; health in NDCs and LT-LEDs; assessments of health co-benefits of mitigation (and adaptation) to drive climate action in other sectors	WHO	Thank you for the feedback. The suggested actions are included across transformational programming and catalyzing climate innovation
3.3	Health adaptation must recognize reproductive agency as a means of adaptation; would recommend adding in clarity on fostering positive community health outcomes to include strengthening reproductive rights taking a gender transformative approach to improving reproductive agency	Pathfinder International	Thank you for your comments. This is beyond the present scope of the guide.
3.3	“... and supporting communities to develop self-organised groups to finance local health programmes” For rural and marginalised communities, including the indigenous people, to empower them to develop self-organised groups to implement local health programmes would be most beneficial and effective in reaching out to their communities. However, to expect them to finance local health programmes would be equating to adding additional financial burden on their shoulders.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback. The text has been revised.
3.3	Recommend to add in undertaking gender analysis alongside feasibility assessments as a means of improvement of financing and investments, to reduce risks of failure	Pathfinder International	Thank you for the suggestion. Relevant information is included under catalyzing climate innovation where more deemed appropriate.
3.3	We think that the use of the “result-based grants” option proposed here should be carefully weighted in terms of where and for whom this financial instrument might be an option worth consideration. “Result-based grant” may not be suitable for financing public healthcare provision, if the application of the instruments requires proof of results achieved before payment. To require public service providers (i.e., the central, regional or local and municipal governments) to provide financing upfront when in fact the annual health budgets of most developing countries are under-funded would exacerbate the existing challenges faced by the central, regional or local and municipal governments to implement universal access to healthcare services as a public good, in particular at community/local level, due to the lack of liquid funding. As the example of inequities in the access to the Covid-19 vaccine shows, the unavailability of the vaccines is also due to many developing countries not having the funds to pay big pharmaceutical companies in advance for the vaccines. This option would be in particular effectively sanction the ability of non-profit civil society healthcare service providers to engage locally. Instead, the “result-based grants” financing approach may be more suitable for certain investments by private healthcare service providers, especially those targeted to inclusiveness and affordability of services provided for local populations to justify the receipt of GCF concessionality. For example, guarantees or equity investments could be tied to such service-delivery results achieved by the private providers; in such a context, the instrument could promote private sector accountability and public transparency for results achieved	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback.
Section 4	Opportunity to add the promotion of One Health approaches	Convention on Biological Diversity	This has been reflected where relevant.
Section 4	Important that the public goods characteristics of health and wellbeing are highlighted (line 653), however, the conclusion drawn from this are insufficient: •grant provision needs to focus on more than readiness, pipeline development and project preparation •grant financing, including full-cost grant financing (as the incremental cost determination for climate-change related healthcare provision would be impossible to determine) needs to remain as the main public financing too	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback. The conclusion does not limit the grant finance to readiness, pipeline development and project preparation, but these are priority activities that can be funded noting the low number of projects targeting health sectors in terms of GCF portfolio. Revision is made for clarity.

4.1	For this sub-section, all of them seem generic and it is unclear how they apply to the health sector, especially since, even the guide states that many of these services are public goods. The UNEP report mentioned does identify private sector possibilities for the health sector, but this should be more clearly specified in this guide, as well as when private sector finance makes sense and when it does not, so as not to open the door to a potential privatization of the healthcare systems in developing countries.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback. We take note of the concern and reflected where appropriate. However, the guide does not promote approaches such as privatization, but instead focusses on private sector engagement.
4.1	Why is existing public funding a barrier for financing by the private sector?	GIZ, KfW	Thank you for your feedback. The text has been revised.
4.2	It may be pointed out that it is possible to mainstream (integrate) climate adaptation also in health systems strengthening together with development policy, medium term planning and budgetary cycles in the health sector.	Italy	Thank you for your feedback. This has been reflected.
4.2	It might be good to clarify what kind of private sector investments and financing is being considered by the GCF. Are they referring to NGOs/INGOs as private sector - or corporates?	Pathfinder International	It's mainly focussing on MSMEs and other corporations.
4.2	Public private partnerships (PPPs) for health are presented as opportunities, without acknowledging/problematising existing problems under health infrastructure/health services related PPPs, including full-cost recovery efforts impeding accessibility and affordability and the long-term fiscal liabilities of already debt-strapped developing countries; these approaches also lack transparency (of contractual provision) and thus public accountability.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback. We consider PPP as an area of exploration for technical capacity development and sharing, information sharing.
4.2	Questioning the suitability of climate-health bonds as potential way to mobilize finance, as those are debt-creating (thus dependent on significant return on investment); and given the increased levels of indebtedness of many developing countries, especially LDCs and SIDS in the aftermath of the Covid pandemic. However, debt-for-climate/debt-for-climate-health swaps could potentially be further explored in this context.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback.
4.2.2	It may be useful to specify that Gavi issues vaccine bonds through the International Finance Facility for Immunisation (IFFIm) tool, as it is an innovative powerful and award-winning financial tool that could be used as a blueprint for bonds for climate-sensitive health concerns.	Italy	Thank you for the feedback.
4.2	The Gavi mechanism is called IFFIm, also opportunity to refer to air-ticket levies for global health	Convention on Biological Diversity	Thank you for the feedback. Air-ticket levies is not included as the examples noted are not comprehensive and only serve as examples.
4.3	NBSAPs (national biodiversity strategies and action plans) could be added to the list, according to the decisions of the COP to the Convention of Biological diversity, there is also a need to further mainstream health considerations in NBSAPs	Convention on Biological Diversity	Thank you for the feedback. This has been reflected.
4.3	Opportunity to add a reference to the One Health agenda - note that MDBs are also looking at investing in One Health	Convention on Biological Diversity	Thank you for the feedback. This has been reflected where relevant.
4.4	We welcome the focus on: •EDA small grants facilities for community organizations (and small loan facilities for MSMEs) and "bottom of the pyramid" organizations •addressing "climate risks" or "climate proofing" for PPPs as a GCF contribution is ill-advised in the sector given the fundamental existing problems with PPPs in the health sector, which are glossed over in the draft sector guide.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for the feedback.
5. Case Studies	We find that the examples shown in the case studies are mainly focused on the decarbonization of the health system and the synergies of health in the adoption of improved use of energy (new cook stoves). There is only one case of study focused on "Improving food and water security, enhancing disaster risk reduction and recovery, and building local adaptive capacity to respond to climate change. From our point of view, adaptation initiatives in response to new or increased health dangers related to climate change are not well represented in the case study section. For that reason, we suggest adding one or two more case studies related to projects having as a main objective reducing vulnerability on health aspects related to climate change (for example plans to address the impacts on health of heat extremes, the expansion of vector borne diseases, etc.)	Spain (Ministry of Environment)	Thank you for your feedback. In GCF portfolio and pipeline, there are limited number of projects targeting health sectors with adaptation measures in particular at this moment, and the overall objective of the guide is to support pipeline development to address vulnerabilities identified.
5.4	It would be desirable to have the same level of details of the other cases and to include also "barriers addressed" and "Approach to paradigm shift."	Italy	Thank you for the feedback. Some of the projects are currently in development phase and have not reached implementation, so some information are limited.

Section 6	The six investment criteria developed by GCF are confusing. It is not clear what makes a proposal "acceptable" or "unacceptable". In addition, there is a lack of key performance indicators for results. There appears to be no guidelines for research on the health impacts of climate change and/or operations research that could help strengthen the evidence base for GCF investments.	Global Affairs Canada	Thank you for the feedback. The guide does not aim to introduce any targets or indicators for performances. Comments are duly noted for the future works.
Section 6	Include in impact section WASH in Healthcare as an investment area that needs to be climate resilient (e.g. against climate shocks and risks such as droughts or flooding).	GIZ, KfW	The table does not aim to include all possible examples, therefore, revision is not made.
6.1	Possibility to add a reference to ecosystem restoration and ecosystem based approaches which also catalyze positive health outcomes	Convention on Biological Diversity	Thank you for the suggestion. The text has been revised.
6.1	Environmental co-benefits would include outcomes for biodiversity, land management, mitigation of pollution, etc (to address the triple planetary crisis)	Convention on Biological Diversity	Thank you for the suggestions. The text has been revised and suggestion is reflected.
6.5	Add legal aspect under "Country Pwnership": "Meanwhile, when it comes to project evaluation and approval, it is important to take into account projects'compliance with related international laws, national laws and regulations."	China	Thank you for the feedback. This has been reflected.
6.5	It is a task of country to push forward projects. Nevertheless, the GCF can use capacity building and communication strategies to at least have more health projects in priority regions, e.g. regions with high potential (or track record) of epidemics, hurricanes and droughts.	Germany BMZ	Thank you for the feedback. The guide acknowledges the role that GCF can play in terms of capacity building to develop pipeline, including providing support to V&A assessments and knowledge platforms to help identify the health risks of countries/regions and develop project pipeline. The Secretariat is engaging with partners to explore opportunities.
6.5	Section 6.5 (not available in Dropdown menu): also all countries that submitted a NAP to the UNFCCC by Dec 2020 identified health as a priority sector (https://www.who.int/publications/i/item/review-of-health-in-national-adaptation-plans). This may also be relevant in earlier sections	WHO	Thank you for the additional source of information. This has been included.
6.6	In the discussion, effectiveness of health service provision is equated with "cost effectiveness"; the "cost per beneficiary" cannot be an indicator/marker for the efficiency and effectiveness of health and wellbeing provision and services. We want to point out that the cost effectiveness calculation according to the GCF investment framework is only supposed to be applied to mitigation measures and not applicable for adaptation measures (line 956). Also, the example provided, i.e. "direct impacts on health and wellbeing (e.g. reduction of disease outbreak)" may not be a good example because firstly, it cannot be measured in the medium term and needs long-term trend analysis, and secondly, there are also other key drivers involved.	GCF Observer Network of Civil Society Organizations, Indigenous Peoples and Local Communities (GCF Observer Network)	Thank you for your feedback, and the information has been revised and corrected.
6.6	Other indicator could be the environmental burden of disease, or air pollution	Convention on Biological Diversity	The sentence was deleted in the process of revision.
6.7	Line 975 mentions: "When enhancing complementarity and coherence, it remains important to avoid top heavy coalitions that may not represent Indigenous peoples and women, and reflect their experiences, knowledge, and priorities." This is one of the only places where the guide talks about women. However, we know that women and girls are more affected by climate change, environmental deterioration and indoor pollution than men, given the duties they perform for their family and their dependence on natural resources (agriculture, water, energy for cooking and heating) which are affected by climate change. Women are also, most of the time, the only people responsible for the health of the family. However, women and girls can also be effective agents of change in relation to both mitigation and adaptation to climate change with links related to health. Women's responsibilities within the household and in their communities positions them to contribute to these issues. The voice of women should always be considered to inform policy and programming. And at a project level, (e.g. when a woman goes to the clinic, there is an opportunity to raise awareness about climate change, the exposure to pesticides, the effects of air pollution on their health of newborns, etc). This guide would therefore benefit from a feminist lens. We also recommend that a greater focus on the contributions that Indigenous knowledge can bring to a program or project at the nexus of health and climate change be mainstreamed across the guide.	Global Affairs Canada	Thank you for your feedback. The guide has been updated with more information on women and girls, other vulnerable groups; in terms of their vulnerabilities and roles they can play.

7. Conclusion	Opportunity to add the post-2020 global biodiversity framework (once adopted) whose vision is to live in harmony with nature by 2050	Convention on Biological Diversity	Thank you for your suggestion. We have added in the text.
7. Conclusion	It would be important also to consider the importance of strengthening regional and international institutional capacity in addition to local, subnational, and national levels, due the "across-border" nature of climate and health threats.	Italy	Thank you for your feedback. The importance of collaborative spaces including coalitions are one of the key message of the sector guide.
7. Conclusion	We fully agree with the main conclusions reported in the guide, including the need to remove barriers relating to knowledge and capacities, risks, and financing in other to promote a paradigm shift as stated in the guide "Transformative pathways require climate compatible policy frameworks and strengthening of institutional capacity across local, subnational, and national levels, and actors, including different sectoral ministries, the private sector, and civil society".	Spain (Ministry of Environment)	Thank you for your feedback.