WEBINAR ON TRANSFORMING HEALTH SYSTEMS FOR CLIMATE RESILIENCE: DESIGNING TYPE 2B PROJECTS

DEFINING TRANSFORMATIONAL CLIMATE CHANGE ADAPTATION PROJECTS IN THE HEALTH SECTOR

13 JANUARY 2026

CASE FOR CLIMATE ADAPTATION AND RESILIENCE

- Climate change is already causing widespread and, in some cases, irreversible harm to human health, food systems, water security, and infrastructure.
- Vulnerable populations and health systems are disproportionately affected due to limited capacity and socioeconomic exposure.
- Adaptation actions deliver clear benefits, including loss avoidance, economic activity, and social and environmental co-benefits.
- Current adaptation finance falls far short of needs — developing countries require US$310–365 billion annually by 2035, while only about US$26 billion was provided in 2023 (*Adaptation Gap Report 2025, UNEP*).

Sources:

- Principles Of Climate Risk Management For Climate Proofing Projects (2020)
- Guidance Note on Developing Projects that Support Climate Adaptation and Resilience Outcomes (2023)

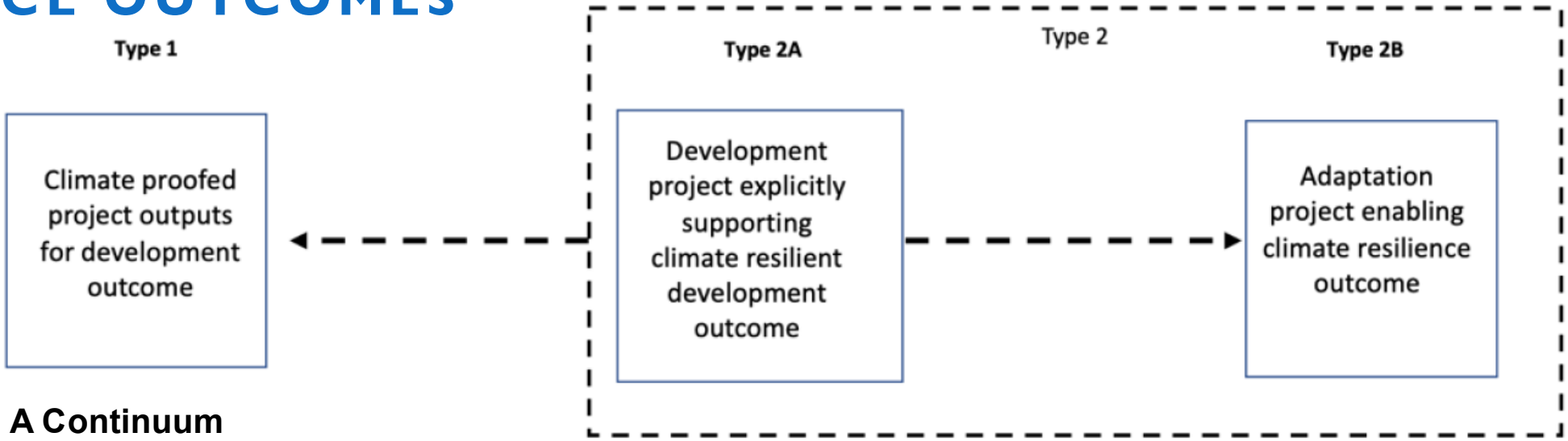
KEY CONCEPTS


Photo: ADB@flickr.com

- Adaptation
  - Incremental
  - Transformational
- Resilience
- System


Photo: ADB@flickr.com

DEFINING PROJECTS THAT SUPPORT CLIMATE ADAPTATION AND RESILIENCE OUTCOMES



Adaptation & Development: A Continuum

- Development strengthens adaptive capacity — but **does not automatically reduce climate vulnerability**
- Explicit adaptation intent is needed to build **long-term system resilience**

Three Types of Adaptation Activities

- **Type 1 – Climate-proofed development:** Protects assets and activities from climate risks
- **Type 2A – Development with resilience outcomes:** Development explicitly designed to reduce system-wide climate vulnerability
- **Type 2B – Adaptation-driven projects:** Adaptation is the primary objective, aligned with national priorities

Key Principle

- Project intent — not labeling — determines the type
- Projects may combine Type 1, 2A, and 2B elements

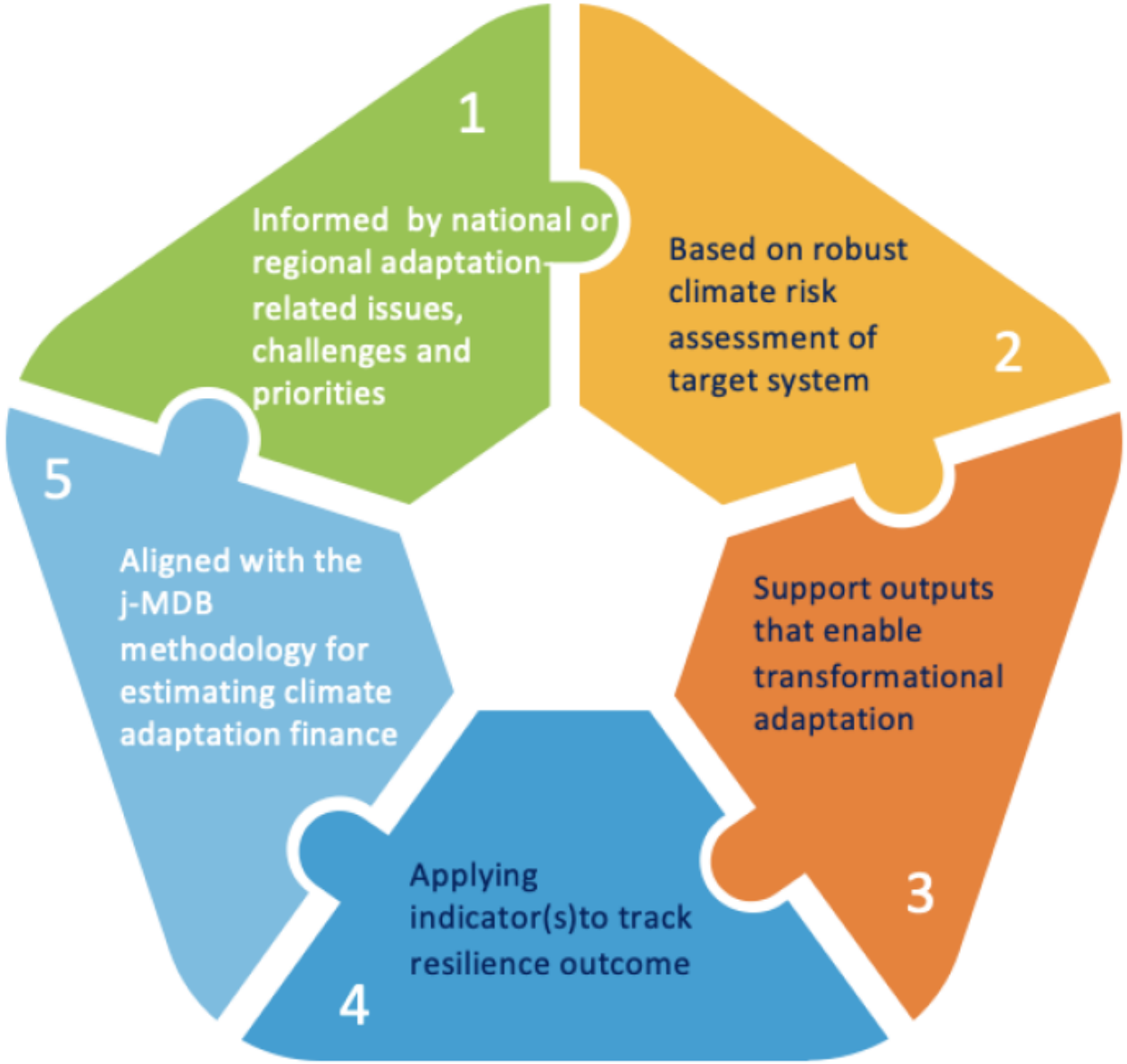
SAME HEALTH PROJECT, DIFFERENT ADAPTATION TYPES

Example: Strengthening Primary Health Care under Climate Stress

Dimension	Type 1 – Climate-proofed	Type 2A – Resilience-oriented	Type 2B – Adaptation-driven
Primary intent	Protect health assets	Build health system resilience	Reduce climate-related health risks
Scope of risk assessment	Individual facilities	Entire health service delivery system	High-risk populations & national priorities
Typical outputs	Elevated clinics, heat-resilient design, backup power	Climate-informed planning, surveillance, trained workforce, resilient facilities	Early warning systems, climate-sensitive disease control, institutional reform
Level of action	Asset level	System level	Sector / population level
Role of adaptation	Protective	Explicit objective	Primary objective
Main outcome	Facilities stay operational	Health system anticipates & adapts	Climate vulnerability is reduced

Important: Classification depends on **intent and design**, not the sector or investment type.

PRINCIPLES FOR IDENTIFYING AND DEVELOPING TYPE 2 PROJECTS



PRINCIPLE 1:
ALIGN WITH NATIONAL AND SECTOR ADAPTATION PRIORITIES

Photo: ADB@flickr.com

- Projects should address **national, subnational, sectoral, and regional** health adaptation priorities.
- Use **NDCs**, **NAPs**, and sector policies to identify priority climate-related health risks.
- Consider **regional and transboundary health issues**, such as disease outbreaks or waterborne hazards.
- Engage **vulnerable populations**, including women, to understand local barriers and needs.
- Leverage lessons from **post-disaster assessments, past TA projects, and research reports**.
- Align projects with existing **ADB pipeline** to maximize synergies and co-financing opportunities.

PRINCIPLE 2:
BASE PROJECTS ON CLIMATE RISK ASSESSMENTS OF THE TARGET SYSTEM


Photo: ADB@flickr.com

- Assess climate hazards, exposure, and vulnerabilities affecting health systems (facilities, workforce, supply chains, populations).
- Combine bottom-up (vulnerability-led) and top-down (hazard-led) approaches to capture local and systemic risks.
- Consider short-, medium-, and long-term climate impacts to inform sustainable health interventions.
- Use climate risk assessments to define project objectives, outputs, and monitoring indicators.
- Leverage existing data, post-disaster assessments, past TA projects, and stakeholder consultations to understand risks and residual vulnerabilities.
- Ensure assessments align with global good practice and support climate finance eligibility (e.g., GCF, MDB adaptation finance).

PRINCIPLE 3:
SUPPORT OUTPUTS THAT ENABLE TRANSFORMATIONAL ADAPTATION

Photo: ADB@flickr.com

- Projects should aim for **transformational adaptation**, not just incremental changes, in health systems.
- Identify **barriers to transformation** (institutional, financial, technological, behavioral) and address them through project outputs.
- Design outputs to **reduce vulnerability, exposure, and build adaptive capacity** of health facilities, communities, and workforce.
- Include a **portfolio of interventions**: no-regret, low-regret, and transformational measures.
- Consider trad**e-offs, maladaptation risks, and acceptable residual risks**, and integrate **learning and adaptive management**.

PRINCIPLE 4:
APPLYING INDICATOR(S) TO TRACK RESILIENCE OUTCOMES


Photo: ADB@flickr.com

- Define output and outcome indicators to measure how the project reduces climate risks and builds resilience in health systems.
- Establish baselines and assumptions to track changes, guide adaptive management, and inform decision-making.
- Use indicators to demonstrate results, support learning, and mobilize cofinancing from global climate funds.

Dimensions	People	Planet	Economy
Thematic Results Area	**Indicator**		
Health Considers the healthcare sector as well as the health-related outcomes of improved climate resilience.	People with strengthened capacity to prevent, detect and respond to climate-related health emergencies [Number]		

PRINCIPLE 5:
ESTIMATING CLIMATE ADAPTATION FINANCE FOR TYPE 2 PROJECTS


Photo: ADB@flickr.com

- **100% adaptation finance for Type 2B projects**: All outputs explicitly address climate risks, reducing exposure and vulnerability, and building long-term resilience in health systems.
- Follow the three-step MDB methodology:
  - State the climate vulnerability context (e.g., health system risks from floods, heatwaves, or disease outbreaks).
  - Provide a statement of intent (project's primary goal is to strengthen resilience).
  - Link project activities to identified climate vulnerabilities (e.g., retrofitting clinics, early warning for vector-borne diseases).
- **Document and justify finance allocation** in concept papers, RRP, DMF, and linked climate risk assessments.
- **Enhances credibility and cofinancing opportunities**: Transparent estimation aligns with global good practice and supports financing from funds like GCF.

ADB'S CLIMATE RISK MANAGEMENT FRAMEWORK

Country Programming

Initial Climate Risk Assessment (scoping)

Based on national/local/sectoral climate risk assessments or NAPs/NDCs

Identify Opportunities for Adaptation

Preliminary Identification of Climate Adaptation Activities

Concept Development Phase

Climate Risk Screening

No or low risk

End

Expert judgment

Moderate or high risk

Preparation Phase

Type1 Climate-proofed Development Projects

Eligibility Criteria

Eligible

Light-touch CRA

Not Eligible for light-touch CRA

Type2a & 2b Climate Adaptation Projects

Climate Risk and Adaptation Assessment (CRA)

Outputs

Climate Risk Screening Report (Climate Risk Rating)

CRA Report (CCA Annex)

Implementation Phase

Implementation and Monitoring of Climate Adaptation and Resilience Measures