PRE-CONCEPT FOR A REGIONAL PROJECT/PROGRAMME

PART I: PROJECT/PROGRAMME INFORMATION

Title of Project/Programme:	Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon
Countries:	Iraq and Lebanon
Thematic Focal Area[1]:	Disaster risk reduction and early warning systems
Type of Implementing Entity:	Multilateral Implementing Entity
Implementing Entity:	World Health Organization
Executing Entities:	Ministry of Health Iraq and Ministry of Public Health Lebanon
Amount of Financing Requested:	29,944,000 (in U.S Dollars Equivalent)
Project Formulation Grant Request:	Yes ☒ No ☐
Amount of Requested financing for PFG:	30,000 (in U.S Dollars Equivalent)
Letters of Endorsement (LOE) signed for all countries:	Yes ☒ No ☐

NOTE: LOEs should be signed by the Designated Authority (DA). The signatory DA must be on file with the Adaptation Fund. To find the DA currently on file check this page: https://www.adaptation-fund.org/apply-funding/designated-authorities

Stage of Submission:

☒This pre-concept has been submitted before

☐ This is the first submission ever of the pre-concept

In case of a resubmission, please indicate the last submission date: 8/14/2026

Please note that pre-concept should not exceed 5 pages (in addition to this first cover page)

[1] Thematic areas are: Food security; Disaster risk reduction and early warning systems; Transboundary water management; Innovation in adaptation finance.

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Project/Programme Background and Context:

Climate change is intensifying human mobility and climate-sensitive health risks for migrants, internally displaced persons (IDPs), returnees and host communities, particularly where health systems are weak, as in much of the Eastern Mediterranean Region (EMR). In climate-fragile and mobility-prone settings, the health system is a frontline buffer against climate shocks, yet it is often overstretched, under-resourced and not adequately equipped to manage growing climate-sensitive health risks.

In Iraq and Lebanon, climate change compounds protracted humanitarian, economic and political crises. Iraq ranks as the fifth most susceptible nation to climate disruption, facing extreme heat, decreasing and inconsistent rainfall, worsening droughts and water shortages, frequent sand and dust storms, and periodic flooding. These challenges are intensified by water management decisions in neighboring countries, which have reduced Iraq's essential water supplies. Additionally, rapid population growth, increased urbanization, and inefficient water consumption in agriculture and industry are driving up water demand. Without adequate planning and preparation, the environmental changes could be catastrophic, potentially forcing Iraqis to move to survive. Climate-induced migration is currently underway, evidenced by approximately 140 000 IDPs. Prolonged conflict, with over a million-remaining displaced, and environmental degradation have contributed to rural-to-urban migration and internal displacement, resulting in increased health risks and pressure on facilities within affected regions.

A quarter of the Lebanese population are migrants due to the protracted emergencies that surrounded the small nation. Lebanon faces climate stressors on top of ongoing economic and political crises, damaged infrastructure from conflict that has displaced hundreds of thousands, energy shortages, and interruptions in supply. This combination creates frequent climate-related disruptions for health facilities serving vulnerable groups, including refugees and IDPs, especially in areas with heightened risk, threatening their ability to provide consistent care. Climate predictions show Lebanon's average temperature could go up by 1.6–2.2°C around mid-century, while rainfall may drop by 4–11%, increasing drought and straining water and energy resources.

Along Lebanon's coast, sea levels have been rising consistently and are expected to climb by another 30 to 60 centimeters over the next thirty years. This puts the vast coastal region, home to 70% of Lebanon's population, at risk of erosion or even complete flooding. Important sandy beaches and nature reserves, including Palm Island and Tyre, will face inundation as sections of the coast disappear. The rising sea threatens economic activity—like fishing, farming, industry, and tourism—with the added danger of seawater seeping into freshwater aquifers, making them salty. Drought, storms, disease, malnutrition, and higher seas caused by climate change could push already vulnerable Lebanese families to move elsewhere.

As a result, both countries face heightened challenges in protecting vulnerable populations, including migrants, IDPs, returnees, and host communities, who are often concentrated in high-risk areas with limited resources. The health systems in Iraq and Lebanon are particularly vulnerable to climate impacts due to chronic underfunding, infrastructure damage, and concurrent humanitarian, economic, and political crises. These systems are frequently overstretched and lack the capacity to absorb additional burdens caused by climate-sensitive health risks, such as respiratory and cardiovascular diseases, water- and vector-borne illnesses, and disruptions to essential health services.

These overlapping pressures create a critical climate–health–migration–disaster risk reduction (DRR) nexus across the two countries. Climate change amplifies existing disease burdens, disrupts essential services and heightens the risk of health emergencies triggered by slow-onset processes (drought, water scarcity, loss of livelihoods) and sudden-onset events (floods, storms, conflict escalations). Yet climate and mobility considerations are not systematically integrated into health sector risk assessments, planning, DRR strategies or early warning and response systems, particularly at primary healthcare and community levels in migrant-hosting settings. This has left migrant-hosting settings ill-equipped to respond to escalating climate threats.

This regional pre-concept note responds to these gaps by placing health systems at the center of climate adaptation and DRR efforts in migrant-hosting areas of Iraq and Lebanon. Building on the Migration- Multi Partner Trust Fund programme "Harnessing synergies between Climate Change Adaptation and Risk Reduction in Migrant-Inclusive Health System Responses" (ending January 2026), which has generated tools, evidence and partnerships but with limited coverage and duration, the proposed Adaptation Fund project will: (i) embed climate and migration considerations into health and DRR governance; (ii) strengthen the climate resilience, environmental sustainability and inclusiveness of health facilities and services in migrant-hosting communities; and (iii) invest in evidence generation, knowledge management and regional

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cooperation on the climate–health–migration–DRR nexus. The regional approach will foster joint risk analysis and priority-setting, harmonized tools and protocols, cross-border early warning and South–South learning, creating a coherent resilience model for Iraq and Lebanon aligned with National Adaptation Plans and health sector plans, the Sendai Framework, the Paris Agreement and WHO strategies on climate change and health and on the health of vulnerable communities migrants and internally displaced persons, as well as Climate change and health: vulnerability and adaptation assessment and WHO guidance to protect health from climate change through health adaptation planning.

Project/Programme Objectives:

The project aims to strengthen climate-resilient, migrant-inclusive health systems in Iraq and Lebanon, protecting vulnerable groups from climate-related health risks. Health system assessments will use the WHO refugee and migrant health system review tool, along with Lebanon's climate resilience tool, to identify gaps needing improvement. Interventions will target areas requiring climate adaptation or experiencing migration and displacement. These interventions will include:

- Upgrading infrastructure (water, sanitation, energy) for reliable operation during climate events.
- Integrating climate and health data into early warning systems for preparedness actions.
- Enhancing supply chain resilience by improving cold-chain management and procurement.
- Adapting service delivery for high-risk areas through mobile services and tailored referral pathways.
- Training health workers on climate health risks and emergency response.

The most effective entry point to target is primary healthcare, so this proposal will primarily concentrate on that level.

This objective will be achieved by:

- Strengthening institutional and technical capacities to integrate climate change, migration and DRR considerations into health policies, planning, monitoring and service delivery, with a focus on high-risk, migrant-hosting communities;
- Enhancing climate resilience, environmental sustainability and migrant/IDPs inclusiveness of health facilities and community-based services through investments in climate-resilient infrastructure, renewable energy, WASH and health-care waste management, mobile and digital health solutions, and climate-informed surveillance, preparedness planning and early warning; and
- Generating and using evidence, lessons learned and regional cooperation mechanisms to inform adaptive, locally relevant interventions and promote replication and scaling of successful approaches across the EMR.

Project/Programme Components and Financing:

Put budget	Expected Outcomes	Expected Outputs	Countries	Amount (US$)
1. Capacity building and institutional strengthening	1.1 strengthened institutional and personal capacities to develop and deliver climate resilient, migrant inclusive policies and health services in climate vulnerable, migrants' hosting communities	1.1.1 Disaster risk management policies and climate change adaptation plans revised to explicitly integrate migration and climate-health considerations, with updated policy documents and planning guidelines produced and disseminated.	Iraq, Lebanon Region	800,000
		1.1.2 Regional and national frameworks of action on climate-health-migration nexus governance developed and formally adopted, including the publication of operational manuals and implementation protocols.		600,000

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		1.1.3 Training sessions conducted, outreach campaigns launched, and educational materials produced and distributed to promote climate-sensitive, migrant-inclusive health and community services.		700,000
		1.1.4 Series of national and regional training workshops, utilizing WHO training modules, held to build the capacities of health workers, policy makers, and community leaders, with measurable increases in the number of individuals equipped to deliver equitable and responsive services in climate-affected migrant and host communities.		900,000
Project/Programme Component 1: Capacity building and institutional strengthening				**3,000,000**
2. Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations	2.1 Enhanced climate resilience sustainability, migrant inclusion, and preparedness planning in health care facilities and communities in, service delivery, and surveillance.	2.1.1 Vulnerability assessments of health facilities and communities in migrant-hosting areas are conducted using a multi-partner adapted assessment tools to identify climate hazards and health systems gaps.	Iraq, Lebanon	1,500,000
		2.1.2. Preparedness strategies and protocols are developed and implemented, including training sessions for healthcare workers to strengthen anticipatory response capacity.		2,000,000
		2.1.3 Solar energy systems are installed, climate-resilient WASH (including Healthcare Waste Management) services are upgraded, and climate-resilient infrastructure is established or refurbished in health facilities, focusing on primary healthcare level, within migrant-hosting communities.		10,000,000
		2.1.4 Mobile health and telemedicine units, and/or ambulances are deployed or refurnished in hard-to-reach migrant and displaced populations.		2,500,000
		2.1.5 Climate-informed, migrant-inclusive WHO Early Warning, Alert and Response System (EWARS) is technically set up and operationalized in selected settings, with staff trained and the system integrated into existing public health programmes and actions.		2,000,000
Project/Programme Component 2: Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations				**18,000,0000**
3. Evidence generation, knowledge management, and regional	3.1 Enhanced evidence-based decision making and knowledge exchange across	3.1.1 Operational research studies conducted on adaptive, local, and innovative interventions and solutions addressing the climate-health-migration nexus (e.g., research reports, policy briefs, data sets produced).	Iraq, Lebanon Region	1,200,000

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cross-sectoral collaboration.	countries and at regional level.	3.1.2 Regional cross-sectoral knowledge and collaboration hub/network on climate-health-migration-disaster risk reduction nexus established (e.g., online platform launched, membership list created, regular meetings organized).		800,000
		3.1.3 South-South experience and knowledge exchange activities implemented, including regional and country visits and workshops (e.g., number of workshops held, participants trained, exchange visit reports).		800,000
		3.1.4 Lessons learned, best practices, and project outcomes documented and disseminated via a dedicated dashboard/toolbox (e.g., dashboard launched, resources uploaded, usage statistics).		700,000
Project/Programme Component 3: Evidence generation, knowledge management, and regional cross-sectoral collaboration				**3,500,000**

Sub-Total for Programme Component 2: Capacity Building and Institutional Strengthening	3,000,000
Sub-Total for Programme Component 1: Climate resilient health systems and facilities in hosting communities of migrants, IDPs and other mobile populations.	18,000,000
Sub-Total for Programme Component 3: Evidence generation, knowledge management, and regional cross-sectoral collaboration.	3,500,000
Total Component Cost	24,500,000
Project/Programme Execution cost (10%)	2,722,000
Total Project/Programme Cost	27,222,000
Project/Programme Cycle Management Fee charged by the Implementing Entity (10%)	2,722,000
Amount of Financing Requested	**29,944,000**

Project Duration: *4 years*

PART II: PROJECT/PROGRAMME JUSTIFICATION

This regional initiative, spanning Iraq and Lebanon, adopts an integrated approach to enhance climate resilience and migrant inclusion within health systems. By focusing on capacity building, climate-resilient infrastructure, and cross-country knowledge exchange, the project delivers substantial benefits that extend beyond isolated national efforts. The regional strategy creates synergies, enabling each country to better anticipate, withstand, and recover from climate-health-migration challenges, thus safeguarding vulnerable and migrant populations while at the same time creating a regional space for common threats, risks, roster of experts and cross-country exchange that will enable regional adoption of best practices at lower costs.

The project distinguishes between innovative and scaled practices by introducing pilot initiatives that represent new models for climate-resilient and environmentally sustainable health facilities within the region. These pilots will be implemented in Iraq and Lebanon, where such approaches have not previously been adopted at scale. Specifically, the project will test the deployment of mobile and digital health tools customized for the needs of migrant, IDP, and other mobile populations—solutions that are considered innovative for the local context but have demonstrated success in other global settings, such as low-resource and high-mobility environments. The project will also introduce novel governance mechanisms, such as migration- and climate-sensitive risk assessments integrated into health planning and disaster risk reduction (DRR) strategies, and establish a regional, cross-sectoral hub for collaboration and knowledge exchange focused on the climate–health–migration–DRR nexus. To mitigate potential risks and protect the overall success of the project, the pilots will be carefully monitored, and lessons learned will be systematically captured and shared through the regional platform.

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Cost-effectiveness will be achieved through shared resources, joint capacity building, and coordinated procurement, reducing duplication and enabling economies of scale. Regional frameworks, such as a knowledge hub and harmonised training materials, further enhance efficiency and impact, while infrastructure investments are optimised for lower costs and sustainability. Evidence for cost-effectiveness will be demonstrated using a combination of quantitative and qualitative methodologies. This includes conducting comparative cost-benefit analyses to measure the value of shared procurement and joint capacity building versus individual country approaches. Efficiency gains from harmonised training and regional knowledge exchange will be tracked through performance indicators such as reduced per-unit infrastructure costs, increased uptake of best practices, and lower operational expenses.

The project objectives are in line with Lebanon National Adaptation Plan (NAP) which was adopted in 2025.The project's focus on strengthening climate-resilient, migrant-inclusive health systems directly supports the NAP's strategic priorities of building adaptive capacity in the health sector, safeguarding vulnerable populations, and integrating climate change considerations into health governance and service delivery. By utilising tools such as health system assessments, infrastructure upgrades, early warning systems, and capacity building specifically tailored for climate adaptation and migration challenges, the project aligns with the NAP's goals to enhance climate resilience, environmental sustainability, and equitable access to health services. It should be noted that as part of this project a Health National Adaptation Plan (HNAP) will be developed by the MOPH Lebanon with the support of WHO.

Iraq began developing its National Adaptation Plan (NAP) in 2020, and work is ongoing. The plan is still being prepared as stakeholders continue consultations and technical evaluations to identify key areas for sectoral adaptation. With support from WHO and IOM through the M-MPTF project, Iraq's Ministries of Health and Environment developed the Health National Adaptation Plan (HNAP) in 2025, based on findings from the health Vulnerability and Adaptation (V&A) assessment. This initiative aligns with Iraq's HNAP recommendations: incorporating climate change into national health strategies, enhancing capacities for climate-resilient health planning at all levels, obtaining dedicated resources for HNAP implementation, and promoting intersectoral governance and better data sharing.

The project is fully consistent with relevant national, regional and global climate, health and disaster risk reduction frameworks in Iraq and Lebanon.

The project is also aligned with national disaster risk reduction frameworks and health sector strategies implemented by the Ministries of Health in both countries. At the regional and global level, the initiative contributes to the objectives of the Paris Agreement, the Sendai Framework for Disaster Risk Reduction, and the Sustainable Development Goals, particularly SDG 3 (health), SDG 10 (reducing inequalities) and SDG 13 (climate action). It further supports regional priorities under the WHO Eastern Mediterranean climate and health agenda and WHO's Alliance for Transformative Action on Climate and Health, of which both countries are members, promoting climate-resilient and environmentally sustainable health systems.

Learning and knowledge management are central to project design. Evidence, lessons learned and good practices from pilot interventions and national implementation will be systematically captured, analyzed and shared through the regional platform, technical working groups, South–South exchanges and regional workshops. This will support adaptive management within the project and facilitate replication and scaling in other EMR countries facing similar challenges.

The project will be designed and implemented in line with the Adaptation Fund Environmental and Social Policy, using a gender-responsive and human-rights-based approach. The consultative process during preparation will engage vulnerable groups, including migrants, IDPs, returnees, women, children, older persons and people with disabilities, alongside national and local authorities, civil society and professional associations. Attention will be given to barriers faced by women and girls in accessing climate-resilient health services and information.

Sustainability is ensured by integrating tools and strategies into national systems, building lasting institutional capacity, and linking infrastructure investment with ongoing training and resource mobilization. Environmental sustainability will be promoted using renewable energy, resource-efficient WASH and health-care waste management systems, while community ownership and awareness among migrants and IDPs will be strengthened through inclusive engagement, risk communication and participation in the design and uptake of locally appropriate health adaptation measures.

Project outputs will be embedded in policies, plans, budgets, and information systems, adopted and maintained by Ministries of Health in Iraq and Lebanon through official directives and inclusion in work programmes. A dedicated unit within each ministry, focusing on the nexus, will oversee project resources to ensure continuity. Partnerships with government, international organizations, academia, and civil society

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support knowledge sharing and best practice dissemination. Coordination structures, like regional knowledge hubs and technical groups, will facilitate post-project collaboration and accountability.
Long-term sustainability will rely on strategic budgeting and leveraging domestic and public-private funds for recurring costs. Financial planning will include audits and cost-benefit analyses for sustained investment. Skilled personnel retention is prioritized through targeted training, competitive compensation, and clear career progression, with contingency plans for conflict-prone areas, including digital platforms and remote support. Monitoring uses integrated evaluation systems measuring institutionalization, partnership effectiveness, budget adequacy, and staff retention, with regular reviews and shared lessons via regional platforms for improvement and scalability.
The project will generate significant economic, social and environmental benefits, particularly for vulnerable communities in climate-affected and migrant-hosting areas. Economically, strengthening climate-resilient primary health facilities and early warning systems will reduce the costs associated with climate-related health emergencies, service disruptions and disease outbreaks, while lowering operational expenses through energy-efficient infrastructure such as solar power systems. Socially, the project will improve equitable access to essential health services for migrants, internally displaced persons, returnees and host communities, enhance community preparedness for climate-related health risks, and strengthen the capacity of local health workers and institutions. Environmentally, investments in renewable energy, climate-resilient water, sanitation and healthcare waste management systems will reduce the environmental footprint of health facilities while improving resilience to climate shocks. By prioritizing high-risk and underserved areas, the project will help protect the health, livelihoods and wellbeing of the most vulnerable populations while contributing to sustainable and inclusive climate adaptation.
Strict compliance with national technical standards and environmental policies is assured, with transparent procurement and adherence to health and building codes. The project mitigates environmental and social risks through assessments and ongoing monitoring, promoting inclusion and equity.
The programme fills current funding gaps by addressing the climate-health-migration nexus, with minimal risk of overlap with existing UN initiatives due to its unique integrated and regional approach. Coordination with other donors and stakeholders is emphasised to maximise impact and minimise redundancy.
The requested approximately US$30 million is justified to address urgent adaptation needs, given the compounded vulnerabilities across the two countries. This financing envelope is expected to be sufficient to cover the full costs required to climate-proof targeted health facilities and implement the proposed adaptation measures, and the project is therefore not expected to require additional funds to achieve its adaptation objectives. As the requested funds are aligned with the budgeted cost of each expected outcome and no financing gap has been identified for achieving the required goals.

PART III: IMPLEMENTATION ARRANGEMENTS

The World Health Organization (WHO) will oversee and manage the project, handling financial management, monitoring, and reporting duties in accordance with globally recognized procurement principles and regulations. In the countries where the project is implemented, the Ministries of Health (MoH) will act as Executing Entities, responsible for carrying out activities at national and subnational levels under WHO's direction and support. A Project Management Unit (PMU), established by WHO, International Organization for Migration (IOM), United Nations Disaster Risk Reduction (UNDRR), and the MoHs, will include staff embedded within the MoHs as well as regional personnel to implement the project. National and regional staff will coordinate activities, ensuring adherence to WHO and Adaptation Fund policies for procurement and financial management.
A Project Board/Steering Committee, led jointly by WHO and each country's Ministry of Health, will meet annually at the regional level and twice a year nationally to review progress and make key strategic decisions. The committee will comprise representatives from government ministries, all National Designated Authorities (NDAs), National Implementing Entities (NIEs), IOM, UNDRR, and other stakeholders from the health and WASH sectors. Additionally, a Technical Working Group (TWG)—made up of experts from government, civil society, research institutions, and the private sector—will provide technical guidance and recommendations to the committee.

A regional platform will be created as a cross-sectoral hub for knowledge and collaboration on the climate-health-migration-disaster risk reduction nexus. This initiative is unprecedented and aims to advocate and promote targeted empirical research that provides evidence and guidance for Iraq,

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Lebanon, and other countries in the region. Dedicated knowledge management staff will be hired to support this effort.

The project's governance structure, including the PMU, is designed to minimize governance-related risks. Led by a Project Manager based in the MoH offices of the two countries and supported by a Project Coordinator in WHO country offices, the PMU will handle daily management, coordination, reporting, and monitoring and evaluation. This approach ensures accountability and transparency throughout the project. All procurement will follow WHO's policies to maintain fairness and openness, and regular audits will be conducted according to WHO standards to prevent fraud and corruption. Financial information will be shared as needed to strengthen accountability. This inclusive governance model supports integration with national climate frameworks, encourages active participation by local governments in decision-making, and facilitates effective monitoring, reporting, and compliance with the Adaptation Fund's requirements.

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PART IV: ENDORSEMENT BY GOVERNMENTS AND CERTIFICATION BY THE IMPLEMENTING ENTITY

A. Record of endorsement on behalf of the government[2] *Provide the name and position of the government official and indicate date of endorsement for each country participating in the proposed project/programme. Add more lines as necessary. The endorsement letters should be attached as annexes to the project/programme proposal.*

H.E. Dr Hallo Al Askari, Minister of Environment, Iraq	Date*: February 2, 2026*
H.E. Dr Tamara El-Zein, Minister of Environment, Lebanon	Date*: January 12, 2025*

B. Implementing Entity certification *Provide the name and signature of the Implementing Entity Coordinator and the date of signature. Provide also the project/programme contact person's name, telephone number and email address*

I certify that this proposal has been prepared in accordance with guidelines provided by the Adaptation Fund Board, and prevailing National Development and Adaptation Plans for Iraq and Lebanon and subject to the approval by the Adaptation Fund Board, commit to implementing the project/programme in compliance with the Environmental and Social Policy of the Adaptation Fund and on the understanding that the Implementing Entity will be fully (legally and financially) responsible for the implementation of this project/programme.	
 Ms Elena Villalobos Prats Technical Officer, WHO/HQ/HEP/ECH/CCH	
Date: August 12, 2026	Tel. And Email: +41792510315 and villalobose@who.int
Project Contact Person: Dr Tonia Rifaey Technical Officer for Refugee and Migrant Health Health Financing and Governance Department Health System and Life Course World Health Organization Regional Office for Eastern Mediterranean	
Tel. And Email:+201005305828, rifaeyt@who.int	

Each Party shall designate and communicate to the secretariat the authority that will endorse on behalf of the national government the projects and programmes proposed by the implementing entities.

كۆماري عيراق
وەزارەتى ژينگە
نوسينگەى وەزير

Republic Of Iraq
Ministry Of Environment
Minister's Office

ADAPTATION FUND

جمهورية العراق
وزارة البيئة
مكتب الوزير

العدد: م.و/١٩٤/١
التاريخ: ٢/٢/٢٠٢٦

الصادر
جمهورية العراق
وزارة البيئة
مكتب الوزير

Letter of Endorsement by Government

To: The Adaptation Fund Board
c/o Adaptation Fund Board Secretariat
Email: Secretariat@Adaptation-Fund.org
Fax: 202 522 3240/5

Subject: Endorsement for Building climate- Resilient, Migrant- Inclusive Health systems in Iraq , Jordan and Lebanon

In my capacity as designated authority for the Adaptation Fund in _IRAQ____, I confirm that the above regional grant proposal is in accordance with the government's national priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in __IRAQ_____.

Accordingly, I am pleased to endorse the above grant proposal with support from the Adaptation Fund. If approved, the project will be implemented by the World Health Organization and executed by the Ministry of Health of Iraq

Please accept the assurance of our highest consideration,

Dr. Hallo Al Askari
Minister of Environment
Designated National Authority
Feb. , 2 ,2026

نسخة منه الى
- مكتب الوزير / للتفضل بالاطلاع ... مع التقدير
- قسم علاقات البيئة الدولية / شعبة اتفاقية تغير المناخ والاوزون / للمتابعة مع الأوليات ... لطفا

minister.office@moen.gov.iq
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REPUBLIC OF LEBANON
MINISTRY OF ENVIRONMENT

THE MINISTER

Beirut, 12/1/2026
Ref.: 5335/ B[2025]

The Adaptation Fund Board
c/o Adaptation Fund Board Secretariat
Email: Secretariat@Adaptation-Fund.org
Fax: 202 522 3240/5

Subject: Endorsement for " Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq, Jordan, and Lebanon" project

In my capacity as designated authority for the Adaptation Fund in Lebanon, I confirm that the above national grant proposal is in accordance with the government's national priorities in implementing adaptation activities to reduce adverse impacts of, and risks, posed by climate change in Lebanon.

Accordingly, I am pleased to endorsed the above grant proposal with support from the Adaptation Fund. If approved, the project will be implemented by the World Health Organization (WHO) and executed by the Ministry of Publich Health in Lebanon.

Notwithstanding the foregoing, the Ministry of Environment expects that during the preparation of the full funding proposal, the Ministry of Public Heath and the WHO will work closely with the Ministry's team to ensure that the proposal includes activities and budget directly related to the mandate and scope of work of the Ministy of Environment, hence supporting the Ministry in ensuring sustainable environmental impact of the project. In addition, the Ministry of Environment expects the Ministry of Public Heath and the WHO to take the necessary measures to ensure that the full project will be implemented in a manner consistent with applicable national laws, and in line with the strategic vision of the Ministry of Environment.

Sincerely,

Minister of Environment
Tamara El-Zein, PhD

Republic of Lebanon
Ministry of Environment

Cc: – *Ministry of Public Health*
– *WHO Country Office – Beirut*
– *MoE - Service of Environmental Technology – Department of Air Quality*
– *MoE - Climate Change Projects*

Revised PFG Submission Form[1]

Project Formulation Grant (PFG)

Submission Date: August 12, 2026

Adaptation Fund Project ID:
Country/ies: Iraq and Lebanon
Title of Project/Programme: Building Climate-Resilient, Migrant-Inclusive Health Systems in Iraq and Lebanon
Type of IE (NIE/RIE/MIE): Multilateral Implementing Entity
Implementing Entity: World Health Organization (WHO)
Executing Entity/ies: World Health Organization (WHO)

A. Project Preparation Timeframe

Start date of PFG	1 October 2026
Completion date of PFG	1 December 2026

B. Proposed Project Preparation Activities ($)

List of Proposed Project Preparation Activities	Output of the PFG Activities	US$ Amount	Budget note[2]
Two (2) Country Missions to conduct stakeholder consultation meetings and proposal drafting.	Agreed project outputs and outcomes and project development milestones.	USD 27,280	Cost for 2 missions to the 2 countries by WHO/IOM/UNDRR. These include flights, accommodation and meeting expenses and ensuring ample representations from affected governorates Consultation reports; validated problem statements.
IE fee (10%)		USD 2,720	IE fee (10%)

[1] As presented in AFB/PPRC.33/40 Annex 1.
[2] The proposal should include a detailed budget with budget notes indicating the break- down of costs at the activity level. It should also include a budget on the Implementing Entity management fee use.

Total Project Formulation Grant		**USD 30,000**	

Please describe below each of the PFG activities and provide justifications for their need and for the amount of funding required:

The proposed country missions are essential to ensure a participatory and inclusive approach to project design, consistent with the Adaptation Fund's requirements. These missions will facilitate in-depth stakeholder consultations in each of the three participating countries, enabling the identification of country-specific migration and climate vulnerabilities, adaptation priorities, and alignment with national strategies. The consultations will also ensure the meaningful involvement of vulnerable groups, including women and marginalized communities, and will contribute to the integration of gender-responsive and socially inclusive approaches. The missions will support the development of the project proposal through joint planning sessions with national counterparts, IOM, UNDRR, NDAs, NIEs and key sector stakeholders. The requested funding of US$ 30,000 is a cost-efficient investment to cover essential travel, accommodation, and meeting costs for WHO personnel, ensuring high-quality and contextually relevant project design with strong national ownership.

For LLA Projects only:

If requesting additional funding for LLA projects to enable devolving decision making to the local level, please specify the activities that would directly serve to enable devolving decision making to the lowest appropriate level and enable local actors to make informed decisions on how adaptation actions are defined, prioritized, designed, and implemented:

Please provide justifications for their need and for the amount of additional funding required:

C. Implementing Entity

This request has been prepared in accordance with the Adaptation Fund Board's procedures and meets the Adaptation Fund's criteria for project identification and formulation

Implementing Entity Coordinator, IE Name	Signature	Date (Month, day, year)	Project Contact Person	Telephone	Email Address
Ms Elena Villalobos Prats Technical Officer, WHO/HQ/HEP/ECH/CCH Tel. And Email: +41792510315 and villalobose@who.int		Augsut 12, 2026	Dr Tonia Rifaey	+201005305828	Rifaeyt@who.int