


An aerial photograph of a health facility in a rural, arid setting. In the foreground, there is a large array of solar panels mounted on a metal frame. Behind the solar panels is a long, single-story building with a dark roof, likely a health center. The facility is surrounded by dry, dusty ground and sparse vegetation. In the background, there is a dense line of trees under a clear sky. The entire image is overlaid with a semi-transparent teal filter.

Pathways⁺ Health

De-risking climate finance for health systems

A photograph of a hospital hallway that is completely flooded with murky brown water. The water reflects the overhead lights and the red exit sign at the end of the corridor. Medical equipment, including gurneys and a wheelchair, is partially submerged. The walls are white with some staining near the floor.

“When the floods came, we lost power for 3 days. We had to evacuate 47 patients, including 12 newborns. Two didn’t make it.”

— District Health Officer, Mozambique, 2024

1 in 3 healthcare facilities in climate-vulnerable regions experienced climate-related disruption in 2024. (Source: WHO Climate & Health Survey)

The Human and Economic Cost of a System at Risk



**2.2 Billion
People**

Served by climate-vulnerable healthcare facilities worldwide, highlighting the massive scale of exposure. (Source: WHO, 2023)



**4.5x Higher
Risk**

Healthcare facilities in Low- and Middle-Income Countries (LMICs) face significantly greater climate disruption risk compared to those in high-income countries.



**\$43 Billion
Annual Loss**

The direct cost in health outcomes attributable to climate-damaged infrastructure, underscoring the severe economic toll.

The Critical Gap Blocking Climate Finance

"We know facilities are vulnerable. What we don't have is standardized, comparable data to justify investments."

Known Vulnerabilities

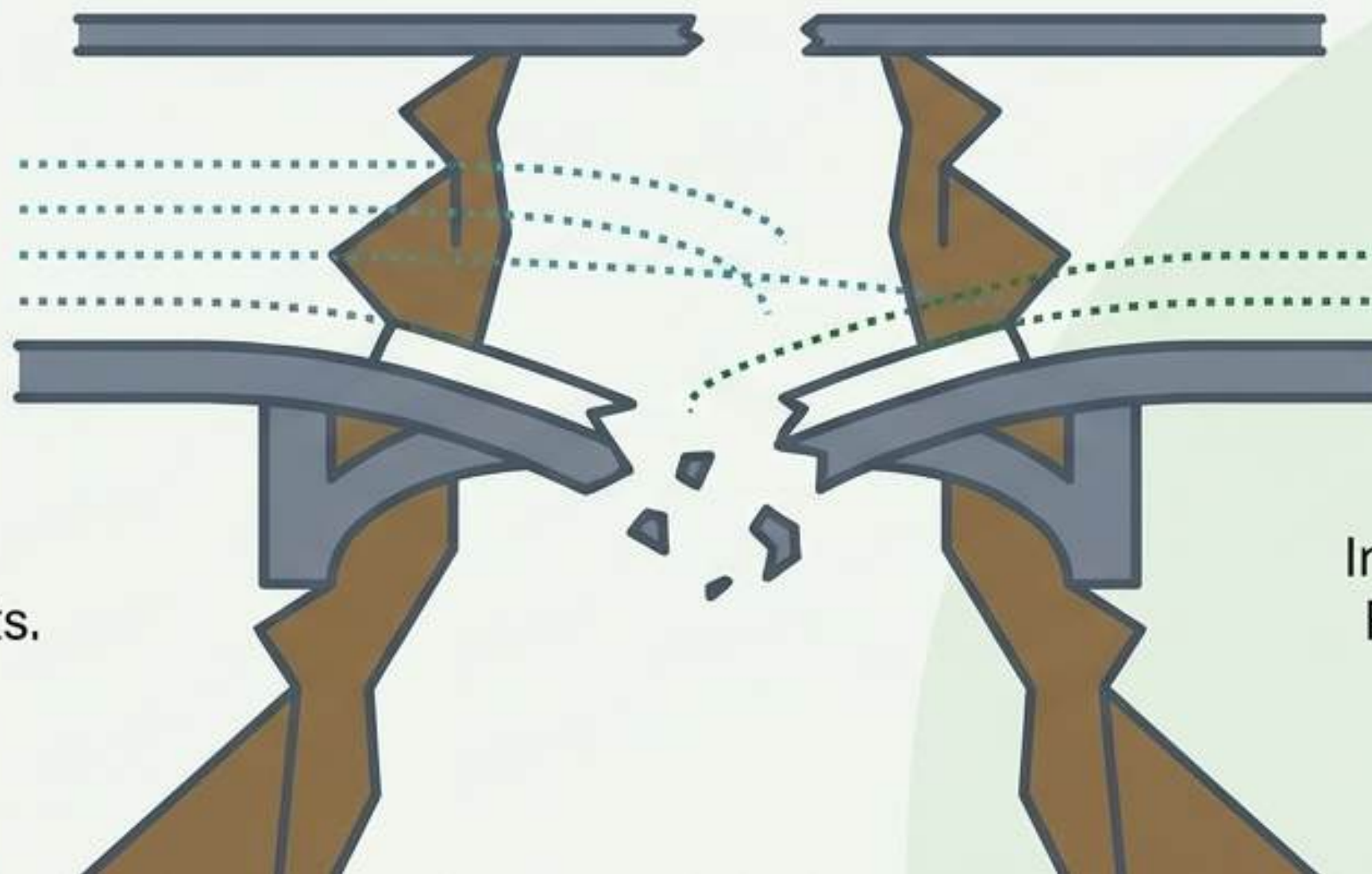


Costly, slow, and inconsistent assessments.
Inconsistent data.

Climate Finance



Investment decisions stalled.
Funds remain inaccessible.
Risk is unquantified.

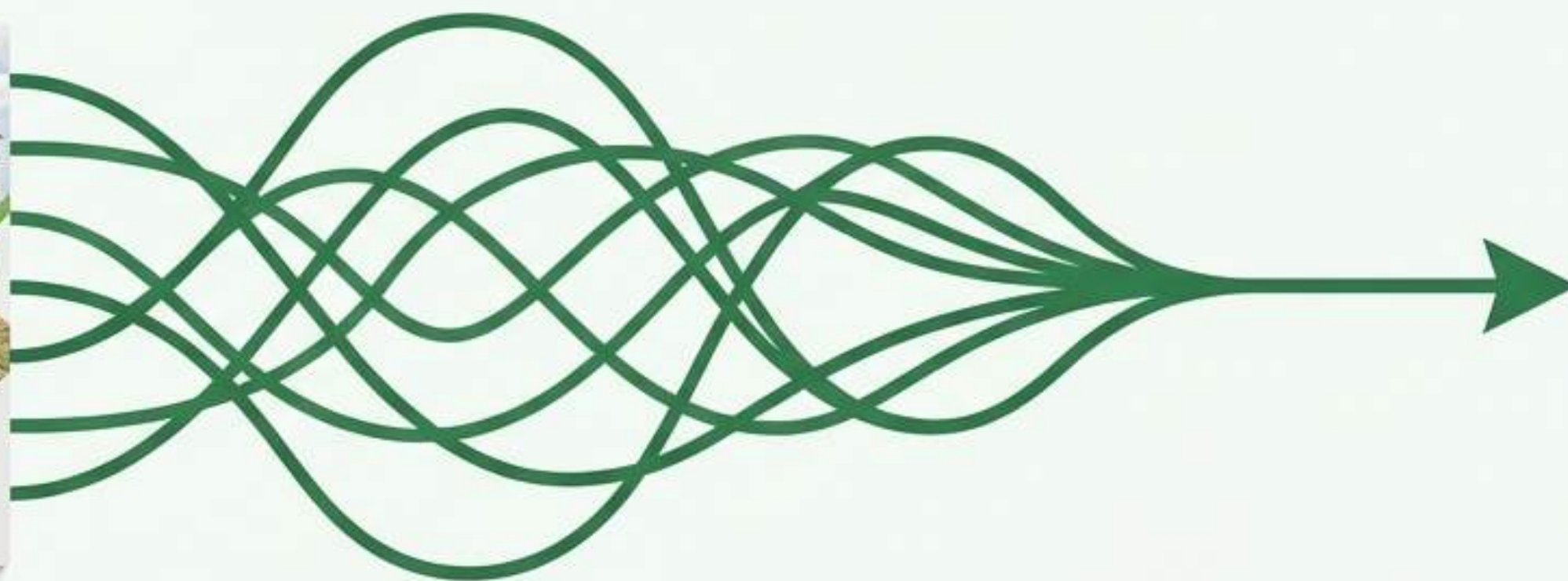


From Guidance to Action: A Standardized Framework for Resilience

To bridge the financing gap, health systems need a universal standard for measuring climate risk and resilience. We have operationalized the WHO's global guidance into an actionable assessment framework.



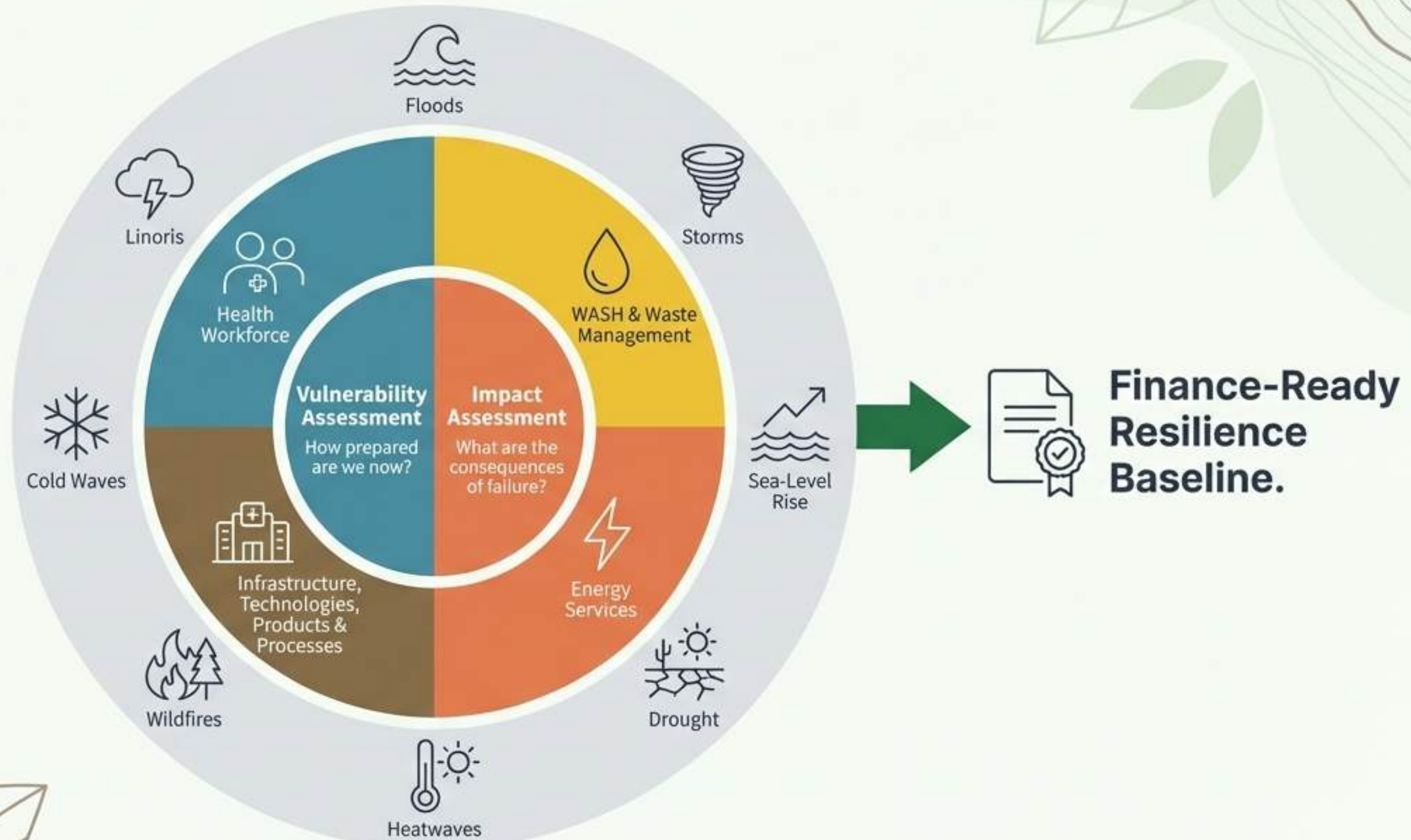
**Built upon the WHO Guidance
for climate-resilient and
environmentally sustainable
health care facilities (ERESHCF).**



**Pathways
Health**

**An Actionable,
Finance-Ready
Framework.**

One Framework to Assess, Measure, and Act



The 7 Climate Hazards (Inputs)

A Holistic View: The Four Pillars of a Resilient Health Facility



Workforce Capacity

Ensuring a sufficient number of skilled health workers are empowered and operating in safe conditions to respond to climate challenges.



WASH & Waste Management

Strengthening the capacity of facilities to manage risks to water, sanitation, and waste systems, ensuring services are sustainable and climate-resilient.



Energy Services

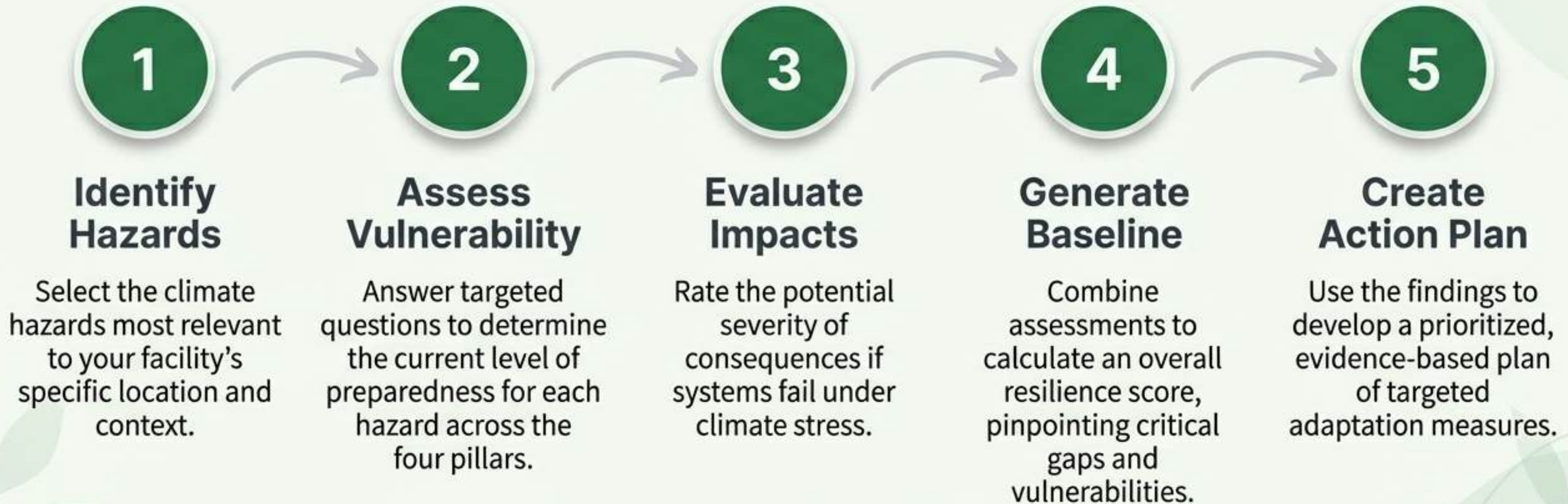
Managing energy-related risks to workers and patients by ensuring reliable, sustainable, and climate-resilient energy systems.



Infrastructure & Operations

Adapting buildings, technologies, and supply chains to ensure they are climate-resilient and support enhanced health service delivery.

A Clear Path from Assessment to Action



Two Lenses for a Complete Picture: Vulnerability and Impact

Vulnerability Checklists

How prepared is the facility to respond?



High Vulnerability: Unprepared; unable to respond. (Higher Risk)



Medium Vulnerability: Basic or incomplete preparation. (Medium Risk)



Low Vulnerability: Prepared; able to respond. (Lower Risk)

Impact Checklists

What is the severity of the consequences?



MAJOR: Severe consequence or widespread disruption.



MODERATE: Significant consequence, localized disruption.



MINOR: Minimal consequence, localized disruption.

“This dual approach allows for a risk matrix analysis, prioritizing actions where high vulnerability meets major potential impact.”

The Framework in Practice: Assessing Flood Resilience



Workforce

Is the health workforce equipped with an emergency plan for shift relay or replacement to ensure staff get adequate rest?



WASH

Does the facility have nonreturn valves installed on water supply pipes to prevent backflows?



Energy

Does the facility have an emergency backup generator (including fuel) located in a secure, elevated place protected from flood waters?



Infrastructure

Are critical services and equipment located safely above projected flood levels?

Hundreds of such targeted questions provide a granular, actionable baseline for each of the seven major climate hazards.

From Months to Hours, From Ambiguity to Actionable Data

Traditional Assessment



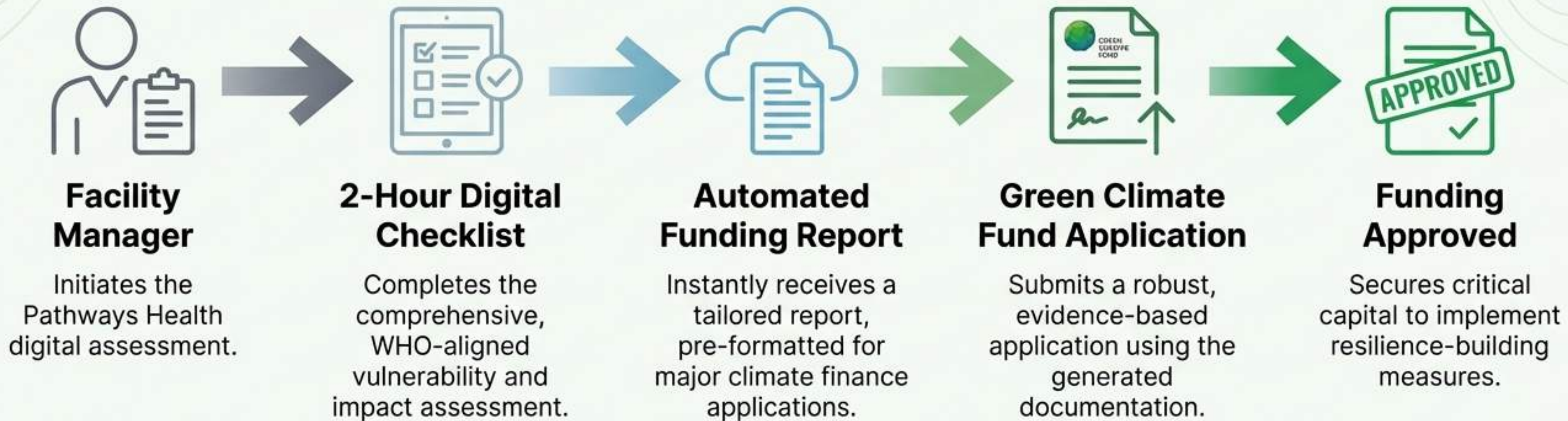
- **Time:** 3–6 months per facility
- **Cost:** €500–€1000+ per assessment
- **Output:** Inconsistent, non-standard reports. Hard to compare or aggregate.

Standardized Framework



- **Time:** **2-4 hours** per facility
- **Cost:** Drastically reduced through digital self-assessment.
- **Output:** **Standardized, finance-ready documentation.** Immediately comparable across facilities, regions, and countries.

The End-to-End Journey: From Assessment to Approved Funding



“Standardizing the data is the fastest path to unlocking the funds.”

A Proven Multiplier for Climate Health Investment

**Every €1 spent on resilience assessment enables
€15-20 in climate financing applications.**

By providing standardized, credible, and verifiable data, the framework de-risks investment for climate funds and development banks. It transforms vulnerability from an unquantifiable risk into a financeable portfolio of adaptation projects.



For Health Systems

Unlocks access to previously unattainable funding.



For Funders

Provides the data needed for due diligence and impact measurement.



For Governments

Strengthens national health security and supports NDC commitments.

The Path to a Global Standard for Health System Resilience





“Health systems are the first responders to climate change—yet they’re often the first casualties.”

— Dr. Maria Neira, WHO Director of Environment,
Climate Change and Health

Health systems cannot protect people if they cannot protect themselves. Let’s build the infrastructure to ensure they can.

From guidance to funded, measurable resilience.

Team



Wanjiru Kamau

Co-Founder / Partnerships & Finance

Building a vision to **safeguard quality care** for all by removing the financial barriers to climate resilience. WK is a health financing specialist, managing, securing, and critical climate-health funding in LMIC contexts.



Robin Kiplangat

Co-Founder / Data & Tech

Dedicated to ensuring that tech serves those most at risk, building solutions across Africa. As a Data and AI technologist, RK is leading participatory AI governance and specializes in resilient adaptation.

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