



PROJECT DANDELION

CLIMATE · HEALTH · GENDER COMPACT

Strategy Brief

The solutions needed for climate adaptation across health and gender equity exist — but remain fragmented and unable to accelerate at the pace the moment requires. The CHG Compact works to advance interoperability and sequencing across capital, policy, and delivery systems so initiatives reinforce rather than duplicate, moving proven solutions to durable scale.

CURRENT LANDSCAPE AT A GLANCE

Bold and transformative solutions to the climate crisis are taking shape at the critical intersection of health and gender equity. Women, frontline workers, and Indigenous communities are leading many of these adaptation and resilience efforts, bringing frontline knowledge and lived experience to some of today's most urgent challenges.

<p> VANUATU</p> <p>National Climate-Health Action Plan Adopted</p> <p><i>Vanuatu has integrated disaster response and climate-health planning into its operational framework — including emergency preparedness for cyclones and climate-sensitive disease outbreaks.</i></p>	<p> INDIA</p> <p>Women Equipped with Heat & Parametric Insurance</p> <p><i>SEWA partners with climate organizations to provide members with heat insurance, cool roof technology, and passive cooling solutions — protecting women workers in extreme heat.</i></p>	<p> KENYA</p> <p>First African Country to Approve a National Policy on Care (2024)</p> <p><i>Kenya's historic policy recognizes unpaid care work and the disproportionate burden on women — with an opportunity to integrate climate adaptation as a core dimension.</i></p>
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At the same time, extraordinary momentum across multilateral commitments and global investment — particularly in healthcare and extreme heat — is creating a historic opportunity to accelerate and scale this work.

\$300M

COMMITTED BY INTERNATIONAL PHILANTHROPIES

Major funders have pledged \$300M toward climate and health solutions, catalyzing system-level change and accelerating equity-driven responses.

70+

COUNTRIES SIGNED THE GLOBAL COOLING PLEDGE

Over 70 nations have committed to reducing cooling-related emissions by nearly 70%, addressing one of the fastest-growing sources of energy demand.

WHO

ALLIANCE FOR TRANSFORMATIVE ACTION ON CLIMATE & HEALTH

WHO's ATACH coordinates global commitments on climate-resilient health systems, national adaptation plans, and climate funding access.

WHAT IS NEEDED TO ACCELERATE & SCALE?

The Project Dandelion Climate-Health-Gender (CHG) Compact is grounded in a simple reality: many of the solutions needed for climate adaptation across health and gender equity exist — yet despite unprecedented global momentum, they remain fragmented and unable to accelerate at the pace the moment requires.



With health as an entry point, the CHG Compact works to advance interoperability and sequencing across capital, policy, and delivery systems to ensure initiatives reinforce rather than duplicate, moving existing solutions to durable scale.

<p>01 Turning fragmentation into coordination.</p> <p>The solutions exist. What's missing is architecture. The Compact aligns capital, policy, and delivery systems so parallel initiatives reinforce rather than duplicate, and proven pilots can move to durable, system-level scale.</p>	<p>02 Reframing women as architects of resilience.</p> <p>Women and frontline communities are leading the most effective climate adaptation work — yet their contributions remain invisible and underfunded. The Compact shifts this, positioning women as risk mitigators and system stabilizers whose leadership must drive financing decisions and health system design.</p>	<p>03 Converting momentum into outcomes.</p> <p>The Compact uses convenings and global policy moments not as events, but as working platforms — translating evidence and political commitments into aligned capital flows and embedded health system change at exactly the moments when influence is highest.</p>
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Through these efforts: parallel initiatives become coordinated pathways; effective innovations become system acceleration; risk awareness leads to adaptation finance; and political commitments are embedded into health system planning.

RE-THINKING RISK

Re-Thinking Risk

Climate risk is no longer a project-level issue; it is a systemic failure across health, gender, and finance. We shift climate risk from reactive crisis response to proactive system design, aligning around prevention, women as agents of resilience and system stabilizers, and coordinating capital flow.

We focus on two core issue areas and one cross-cutting, foundational enabler where the climate–health–gender intersection is most acute and where coordinated action can unlock the greatest impact:

<p>Access to Care</p> <p>Climate shocks disrupt routine and emergency care first, placing disproportionate burdens on women as caregivers and frontline professionals. Community health workers, midwives, nurses, and OB/GYNs are essential to climate resilience, yet care systems are rarely designed or financed with this reality in mind. We treat access to care as essential infrastructure — not a social service.</p>	<p>Extreme Heat</p> <p>2.4 billion people face heat stress in outdoor or poorly ventilated spaces. Rural women face compounded burdens: working across food systems, unpaid care work, pregnancy risks, and limited access to water and health services. Less than 1% of climate funding reaches gender-focused work. We make the economic and human case for preventive investment before crises occur.</p>
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Cross Cutting Enabler:

Maternal Health: Entry Point Across Both Issue Areas

Maternal, newborn, and child health (MNCH) is the thread that runs through both Access to Care and Extreme Heat. Pregnancy and the postpartum period represent the highest-risk window in the climate–health–gender nexus: the moment when women are most physiologically vulnerable, most dependent on functioning health systems, and most exposed to the compounding effects of climate disruption. A **system that cannot protect pregnant women is not a resilient system**. We treat MNCH as a leading indicator of climate adaptation readiness, not a downstream health outcome.

In Access to Care

Climate shocks disrupt care systems at exactly the moments when pregnant women and newborns need them most. Midwives and community health workers are not only caregivers. They are the first and often only line of resilience. When a climate event overwhelms a health system, it is maternal and newborn survival that reveals whether that system was built to last.

Key implications:

- * MNCH outcomes (maternal mortality, newborn survival) as the primary metric of care system resilience under climate stress
- * Midwives and CHWs as climate-resilience infrastructure — not social service delivery
- * Women in informal sectors must be able to safely stop working during pregnancy without risking their families' survival
- * Bundled MNCH + climate adaptation financing models as a priority investable opportunity

In Extreme Heat

Heat exposure during pregnancy increases risk of preterm birth, low birth weight, and maternal mortality. Yet MNCH is almost entirely absent from heat adaptation financing and national climate plans. Our Dandelion Dialogues have called explicitly for more evidence on heat's causal effects on maternal and child health, particularly in under-studied regions including Southern Africa.

Key implications:

- * Preterm birth and maternal mortality rates as indicators in national heat-health data systems and adaptation planning
- * Parametric and blended finance insurance models that explicitly cover pregnancy and newborn risk under heat exposure (building on SEWA/HERA models)
- * Heat-stable medicines and resilient supply chains as maternal health adaptation infrastructure
- * Increased research investment on heat–maternal health causality, particularly in Southern Africa and other under-studied regions

“Champion heat and pregnancy as a leading indicator of climate adaptation readiness. A system unable to protect pregnant women from extreme heat is not prepared for a warming world.”

— Dandelion Dialogue: Women, Heat, and the Future of Care | Melbourne, April 2026



INVESTMENT AREAS

01

Accelerated Action

Deliberate coordination turns fragmented actors into a convergent force

We will help shape, coordinate, and collaborate around the moments that make accelerated action and investment possible — driving convenings that function as instruments of coordination, a listening initiative ensuring women's priorities shape strategy, and a matchmaking platform connecting NGOs, funders, and policymakers around shared demands.

02

Visibility as Leverage

Shared narratives & data shift discourse and unlock investment

We translate climate threats into the language health, finance, and policy leaders actually use, pairing frontline worker stories with decision-grade data. We develop a Shared Narrative Framework, co-created impact stories, targeted advocacy explainers, and messaging tailored for finance ministries, government decision-makers, and regional banks.

03

Capital Realignment

Repricing risk & aligning funders around prevention and gender equity

Climate risks — heat and care disruption — are systematically underpriced. We create assets, tools, and moments to change that: advocating to embed care and heat priorities into national adaptation plans, crowding-in philanthropic, public, and impact capital, and curating investable case studies and insurance pilots.

04

Durability & Scale

Embedding solutions into policy & financing that outlast any grant

Durable climate resilience requires systems built to last. We create roadmaps, bridge data gaps, and develop Implementation Gap Briefs and Policy-Finance Translation Tables — positioning women as risk mitigators, integrating climate vulnerability screening into routine care, and engaging DFIs and regional financing processes.

ISSUE AREAS & KEY ACTIVITIES

Access to Care

- * Sequence convenings (Skoll → Nairobi → WHA → COP) into a 24-month acceleration arc
- * Listening initiative + matchmaking platform connecting NGOs, funders & policymakers
- * "Care as Climate Infrastructure" narrative framework; 6–8 flagship CHW stories
- * Targeted messaging for finance ministries & central banks
- * Annual funder roundtables; embed care, MNCH, & heat priorities into NAPs

Extreme Heat

- * Catalytic design labs on heat-health; cross-sector partners at key policy moments
- * Cross-ministry health/finance/climate roundtables; shared heat integration roadmap
- * Social behavior change narrative testing in 1–2 contexts; amplify women as stabilizers
- * Insurance Design Sprints; 2–3 insurance-ready models; investor-ready briefs
- * Policy-Finance Translation Tables bridging commitments and capital deployment



<ul style="list-style-type: none"> * South-South HAP mentorship (Vanuatu model); System Transition Roadmaps * Gender-responsive adaptation in policy tools; frontline women's governance representation * Engage partners around climate-induced air pollution with health impacts - public explainers on AQ impacts on MNCH & productivity; reframe as public health duty * "Climate-Smart MNCH" narrative framework: position maternal and newborn survival as a leading indicator of system resilience * Amplify midwives and CHWs as a core lever in care and humanitarian/climate disaster response * Identify and curate 3-5 investable models where MNCH and climate adaptation financing can be bundled; facilitate impact investor introductions * Unify cross-sector partners behind MNCH and climate efforts; amplify and support existing work, avoiding duplication 	<ul style="list-style-type: none"> * Curate 3 investable proof-point models; facilitate impact investor introductions * Technical support: integrate heat/AQ indicators into national planning & standards * Partner with Our Common Air, Clean Air Fund & media at Global Cooling Pledge moments * Integrate maternal and newborn health indicators (preterm birth, maternal mortality) into heat-health data systems and national adaptation planning * Develop insurance and parametric finance models that explicitly cover pregnancy and newborn risk under heat exposure
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SYSTEM-LEVEL OUTCOMES

Parallel Initiatives → Coordinated Pathways

Cross-sector actors aligned around shared demands, reducing duplication and amplifying impact.

Risk Awareness → Adaptation Finance

Climate risks repriced; capital coordinated around shared prevention frameworks and gender equity.

Commitments → Embedded in Health Systems

Proof-point models become replicable, investable — with women positioned as architects, not beneficiaries.

THE ASK

The PD CHG Compact is a 3–5 year strategy (2026–2031) with a clear theory of change, defined interventions, and measurable outcomes across three Issue Areas where the need is urgent and the opportunity for impact is real: access to care and extreme heat.

We are looking for partners who:

- * See health as the most credible, least polarized entry point for climate action and understand its deep connections to food systems, gender inequity, and economic resilience
- * Are ready to move beyond project-level, siloed funding toward coordinated, systems-level investment that builds coherence across actors and sectors
- * Recognize women not as beneficiaries of climate solutions, but as their architects — and are prepared to finance them accordingly
- * Want their capital to shift systems, reprice risk, and unlock investment that outlasts any single grant



What we are asking for from funders:

We are seeking both anchor and co-investment funding to support the four core workstreams of the Compact — Accelerated Action, Visibility as Leverage, Capital Realignment, and Durability & Scale — as well as the convening infrastructure and coordination capacity needed to make them work together.

Funding can enter at the workstream level or in support of the Compact's overall coordination function.

To learn more, explore a partnership conversation, or discuss investment entry points:

Contact the Project Dandelion team at Ronda@projectdandelion.com