



QUICK TIPS

ACTIVITIES THAT QUALIFY FOR RIO MARKERS IN THE HEALTH SECTOR

The NDICI Global Europe Regulation established a target to dedicate at least 30% of the instrument's budget to support climate objectives in the period 2021-2027. It also specifies that the NDICI Global Europe will contribute to the ambition of providing 7.5% of annual spending in 2024 and 10% in 2026 and 2027 towards biodiversity objectives.

The President of the European Commission, in her 2021 State of the Union speech, pledged an additional four billion euro towards climate goals. A pledge was also made to double the EU's external funding for biodiversity, compared to 2014-2020, in particular for the most vulnerable countries.

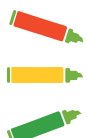
These renewed targets significantly raise the EU ambition on climate and biodiversity finance to partner countries, reflecting the urgency called upon by the scientific

community to address the climate and biodiversity crises and the ambition of the European Green Deal.

Four 'Rio markers' were developed by the OECD Development Assistance Committee (DAC) to identify the contribution of actions to the objectives of UN Rio Conventions (two markers related to the Framework Convention on Climate Change, one to the Convention on Biological Diversity and one to the Convention to Combat Desertification and Land Degradation). The Rio markers are used by DG INTPA to keep track of financial contributions to the Rio themes. In line with a methodology adopted by the OECD DAC, there are three possible scores (0, 1 and 2) for Rio markers. DG INTPA assesses that a certain percentage of an action's budget can be considered to contribute to a Rio theme, based on the score of the corresponding Rio marker, as follows:



**if Biodiversity,
Desertification
or Climate Change**



IS NOT TARGETED

RM=0

0% BUDGET

IS A SIGNIFICANT OBJECTIVE

RM=1

40% BUDGET

IS A PRINCIPAL OBJECTIVE

RM=2

100% BUDGET

The scoring must be carried out in accordance with the corresponding [OECD DAC directives](#).¹

An activity can be marked as "principal" when the objective (biodiversity, combating desertification, climate change mitigation, climate change adaptation) is explicitly stated as fundamental in the design of, or the motivation for, the activity. To be marked "significant", the objective must be explicitly stated but is not a fundamental driver or motivation for undertaking and designing the activity.

¹ [OECD DAC \(2018\) Converged Statistical Reporting Directives for the Creditor Reporting System \(CRS\) and the Annual DAC Questionnaire, Annexes – modules D and E \(Annex 18 – Rio markers\). DCD/DAC/STAT\(2018\)9/ADD2/FINAL](#)



Biodiversity

An activity should be classified as biodiversity-related if it promotes at least one of the three objectives of the Convention on Biological Diversity: (1) the conservation of biodiversity; (2) sustainable use of its components (ecosystems, species or genetic resources); or (3) fair and equitable sharing of the benefits of the utilisation of genetic resources.

Eligibility criteria are as follows:

The activity contributes to:

- a) Protection or enhancement of ecosystems, species or genetic resources through in-situ or ex-situ conservation, or remedying existing environmental damage; **or**
- b) Integration of biodiversity and ecosystem services concerns within recipient countries' development objectives and economic decision-making, through institution building, capacity development, strengthening the regulatory and policy framework, or research; **or**
- c) Developing countries' efforts to meet their obligations under the Convention.

The activity will be scored '**principal objective**' (i.e. RM2) if it directly and explicitly aims to achieve one or more of the above three criteria.

Typical activities in the health sector that can qualify for the Biodiversity Rio marker include:

- ▶ Promoting awareness and training around the role of biodiversity (e.g. ecosystems, natural assets and biodiversity assessment) and its interaction with human activities (e.g. disturbance of structure and functions of ecosystems which alter native biodiversity, reduce the abundance of organisms, modify organisms and their physical and chemical environments);
- ▶ Promoting activities which seek to address new patterns of infectious diseases due to disturbance of biodiversity (deforestation, land-use change, water management, resistance to pesticide chemicals, accidental or intentional human introduction of pathogens);
- ▶ Supporting the importance of biodiversity for health research and traditional medicine (medicinal plant use is an important common medication tool in traditional medicine and complementary medicine worldwide – many communities rely on natural products collected from ecosystems for medicinal and cultural products);
- ▶ Enhancing the role of biodiversity for human nutrition and its influence on global food systems, e.g. by ensuring the sustainable productivity of soils, providing genetic resources for crops, livestock and marine species, etc. (intensified food production through irrigation, use of fertilizers and pesticides or the introduction of crop varieties and cropping patterns affect biodiversity and thus impact global nutritional status and human health);
- ▶ Promoting activities that tackle air, land and water pollution and address their impact on biodiversity loss which has a deleterious effect on health;
- ▶ Supporting the One Health approach where biodiversity and ecosystems are an explicit focus.



Combating Desertification

An activity should be classified as desertification-related if it aims at combating desertification or mitigating the effects of drought in arid, semi-arid and dry sub-humid areas through prevention and/or reduction of land degradation, rehabilitation of partly degraded land, or reclamation of desertified land.

Eligibility criteria are as follows:

The activity contributes to:

- a) Protecting or enhancing dryland ecosystems or remedying existing environmental damage; **or**
- b) Integrating desertification concerns in recipient countries' development objectives through institution building, capacity development, strengthening the regulatory and policy framework, or research; **or**
- c) Developing countries' efforts to meet their obligations under the United Nations Convention to Combat Desertification.

The activity will be scored '**principal objective**' (i.e. RM2) if it directly and explicitly aims to achieve one or more of the above criteria, including in the context of the realisation of national, sub-regional or regional action programmes.

Typical activities in the health sector that can qualify for the Desertification Rio marker include:

- ▶ Supporting awareness activities regarding the health impacts of environmental changes in arid, semi-arid and dry sub-humid areas leading to desertification and drought (e.g. direct link to food and water shortages, migration and limited access to health care).
- ▶ Promoting continuity of healthcare services in areas affected by dryland degradation and drought;
- ▶ Supporting coordination of national health and anti-desertification policies.
- ▶ Protecting wild plants, bush meat and vegetables as sources of nutrition from the impacts of increasing desertification and destruction of dry forest and woodland habitat.



Climate Change Mitigation

An activity should be classified as climate change mitigation-related if it contributes to the objective of stabilising greenhouse gas (GHG) concentrations in the atmosphere at a level that would prevent dangerous anthropogenic interference with the climate system by promoting efforts to reduce or limit GHG emissions or enhance GHG sequestration.

Eligibility criteria are the following:

The activity contributes to:

- a) The mitigation of climate change by limiting anthropogenic emissions of GHGs, including gases regulated by the Montreal Protocol; **or**
- c) The protection and/or enhancement of GHG sinks and reservoirs; or
- d) The integration of climate change concerns with the recipient countries' development objectives through institution building, capacity development, strengthening the regulatory and policy framework, or research; **or**

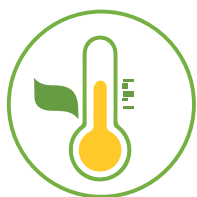
Developing countries' efforts to meet their obligations under the United Nations Framework Convention on Climate Change.

The activity will be scored '**principal objective**' (i.e. RM2) if it directly and explicitly aims to achieve one or more of the above four criteria.

Typical activities in the health sector that can qualify for the Climate Change Mitigation Rio marker include:

- ▶ Supporting projects that systematically integrate climate change and promote low-carbon health systems;
- ▶ Promoting energy efficient health infrastructure that lead to significant savings in energy consumption;
- ▶ Supporting off grid energy access of health facilities and developing sustainable health care facilities (e.g. using natural ventilation for cooling);
- ▶ Promoting the use of solar panels in health care facilities (including for activities such as heating water);
- ▶ Supporting and promoting efficient and sustainable waste management practices in health care facilities (including biomedical and hazardous waste);
- ▶ Raising awareness around the proper use of health products and ensuring proper disposal of medical masks and gowns (to reduce (micro) plastic pollution);
- ▶ Supporting partner countries in adhering to WHO standards such as the prequalification process for vaccines, which requires manufactures to adhere to Good Manufacturing Practices including maintenance of environmental controls, prevention of contamination and disposal of hazardous waste. Manufacturers' corporate environmental management systems should comply with national and global commercial standards for environmental performance. Inefficient supply chains in countries can contribute to overconsumption of energy and production of unnecessary waste.

- ▶ Supporting efficient and low-carbon immunisation supply chains (transport of vaccines and better cold-chain equipment and storage)
- ▶ Promoting initiatives such as Gavi's Cold Chain Equipment Optimisation Platform 5 which supports countries to upgrade to energy-efficient cold chain equipment, such as solar refrigeration, which reduces reliance on greenhouse-gas-emitting fuels such as kerosene;



Climate Change Adaptation

An activity should be classified as climate change adaptation-related if it intends to reduce the vulnerability of human or natural systems to the current and expected impacts of climate change, including climate variability, by maintaining or increasing resilience, through increased ability to adapt to, or absorb, climate change stresses, shocks and variability and/or by helping reduce exposure to them.

This encompasses a range of activities from information and knowledge generation to capacity development, planning and the implementation of climate change adaptation actions.

Eligibility criteria are the following:

An activity is eligible for the climate change adaptation marker if:

- a) The climate change adaptation objective is explicitly indicated in the activity documentation; **and**
- b) The activity contains specific measures targeting the definition above.

To guide scoring, a three-step approach is recommended as a 'best practice', in particular to justify a Rio Marker 2 score:

- ▶ **Setting out the context of risks, vulnerabilities and impacts related to climate variability and climate change:** for a project to be considered as one that contributed to adaptation to climate change, the context of climate vulnerability should be set out clearly using a robust evidence base. This could take a variety of forms, including use of material from existing analyses and reports, or original, bespoke climate vulnerability assessment analysis carried out as part of the preparation of a project.
- ▶ **Stating the intent to address the identified risks, vulnerabilities and impacts in project documentation:** the project should set out how it intends to address the context- and location-specific climate change vulnerabilities, as set out in existing analyses, reports or the project's climate vulnerability assessment.
- ▶ **Demonstrating a clear and direct link between the identified risks, vulnerabilities and impacts and the specific project activities:** the project should explicitly address risk and vulnerabilities under current and future climate change as identified in the project documentation.

Typical activities in the health sector that can qualify for the Climate Change Adaptation Rio marker include:²

- Promoting health programmes to adapt to climate change, such as the implementation of measures to control heat stress or malaria in areas threatened by increased incidence of diseases due to climate change;
- Strengthening health science and technology to include attention to changing disease patterns due to current and future impacts of climate change as well as the (potential) emergence of new diseases;
- Activities that monitor the impact of climate variability as part of broader risk assessments to determine how vaccines should be deployed, monitoring environmental risks within countries, and strengthening vaccine-preventable disease surveillance capacity regionally and in countries;
- Supporting the construction of health care facilities which are climate resilient: capable to withstand the impacts of extreme weather (prolonged drought, erratic floods, etc.);
- Strengthening food safety regulations, notably in terms of microbiological quality, avoidance of contact with pest species, in areas affected by higher temperatures;
- Enhancing regulatory capabilities of the Regulatory Authority to deal with the impacts of climate change;
- Supporting programmes that build leadership and entrepreneurship skills for effective local action in health, agriculture and nutrition in a changing climate and environment.

In addition, for activities in the WASH sector, please see the following annex: [Activities that qualify for Rio markers in water, sanitation and hygiene \(WASH\) | Capacity4dev \(europa.eu\)](#)

² OECD DAC Rio Markers for Climate Handbook