Climate change, like other environmental determinants of health, disproportionately affects low-income communities and vulnerable groups, worldwide.

The WHO emphasizes the importance of efforts to address the health risks to, and role of, vulnerable groups in climate change mitigation and adaptation. This includes indigenous peoples, people with disabilities, LGBTI people and communities, young and elderly people, women, girls, and other traditionally marginalized or excluded groups.

Reducing vulnerability and building adaptive capacity are essential strategies to addressing the health impacts of climate change.\(^1\)

We note that although all populations are exposed to the adverse health effects from climate change, these impacts are mediated by gender roles, norms and relations and other social and environmental factors that determine vulnerability to the health risks from climate change.\(^1,2\)

Figure 1: Vulnerability factors to the health impacts of climate change

Moreover, sex and gender are important determinants of health. Both influence the exposure of men and women to the risk factors for ill-health, access to health information and services, health-seeking
behaviour, treatment options, and experience in health-care settings. These factors in turn can lead to differences in health outcomes for women and men, boys and girls.3

Preventive approaches, and responses to, climate change need to be sensitive to gender dimensions of health (including mental health) and health-seeking behaviours. The WHO supports strengthening information gathering on the health risks and outcomes incurred by women due to climate change and other environmental crises and promotes the use of both quantitative and qualitative data.

Gender-transformative implementation of health promoting interventions includes strengthening the use of sex-disaggregated data (and data disaggregated by other relevant stratifiers (e.g. age)) and gender analyses for both mitigation and adaptation activities in the health and health-determining sectors (e.g. water, sanitation, food and agriculture, energy, transport).

WHO encourages that climate change and health vulnerability and adaptation assessments incorporate disaggregated health data, gender analyses, and climate-sensitive women’s health issues (e.g. maternal and new born health, sexual and reproductive health and rights, adolescent health, nutrition, infectious diseases, mental health). These assessments should assess: a) the vulnerability of populations to the health impacts of climate change, b) the effect of climate change on health systems and health facilities and their capacity to continue providing safe care, and c) assess the capacity of health systems to respond to the increased health risks and disease burden brought on by climate changes, including for vulnerable populations. The evidence gathered with these assessments will then be used to inform and develop gender-responsive, Health National Adaptation Plans (HNAPs).

Within the climate change and health vulnerability and adaptation assessment, the WHO supports gender analyses that:3:

- considers both sex (biological) and gender (social norms, roles and relations that determine different exposure to health risks as well as health-seeking behaviour);
- considers socio-economic vulnerability factors such as culture, age, poverty and employment status and geographical factors (e.g. disaster-prone area, rural versus urban, highlands);
- considers that policies and programmes do not affect men and women, girls and boys in the same way;
- obtains a variety of evidence gathered from multiple sources on how gender operates as a social determinant of health;
- uses quantitative and qualitative methods and includes disaggregated data on other social stratifiers such as age, ethnicity and employment status; and
- highlights any existing differences in access to and control over essential resources that prevent diseases and support adaptation to climate change, such as safe water, energy, health services, education, transportation and information or skills required to survive in cases of extreme weather events, such as swimming in response to floods;
- calls attention to differences in decision-making processes related to health and the organization of health systems.

In addition, the WHO recognizes the important role that women, who comprise the majority of the health workforce, play a leadership role as positive agents of change. Furthermore, WHO recognizes the role women play as caregivers and heads of households, and as environmental stewards and traditional knowledge holders, worldwide. Integrating women and marginalized groups into decision-making at all levels would help to improve both mitigation and adaptation policies.
The WHO supports efforts to empower women to contribute in meaningful ways to environmental-decision making to address climate change and other environmental crises. To that end, the WHO commends the two decades of work to strengthen the participation of women in UNFCCC negotiations and UNFCCC outcomes.5,6

The WHO acknowledges the 94 national gender and climate change focal points under the UNFCCC7 and welcomes their establishment as a means to enhance and strengthen implementation of climate change policies as a component to public health strategy.

1 WHO Mainstreaming Gender and Health Adaptation to Climate Change Programmes, See https://www.who.int/docs/default-source/climate-change/mainstreaming-gender-in-health-adaptation-to-climate-change-programmes.pdf?sfvrsn=f111a40b_1
2 IPCC WG II AR6, See https://www.ipcc.ch/report/ar6/wg2/
3 WHO Mainstreaming Gender and Health Adaptation to Climate Change Programmes, See https://www.who.int/docs/default-source/climate-change/mainstreaming-gender-in-health-adaptation-to-climate-change-programmes.pdf?sfvrsn=f111a40b_1
4 WHO Gender, Climate Change, and Health, See https://www.who.int/publications/i/item/9789241508186
6 IISD Health in the Global Environmental Agenda, See https://www.iisd.org/health-environment
7 See https://unfccc.int/topics/gender/resources/list-of-gender-focal-points-under-the-unfccc