



HEALTH

FACTSHEET FOR THE SYSTEMATIC INTEGRATION OF THE GENDER AND ENVIRONMENT/CLIMATE NEXUS

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WHY INTEGRATE GENDER AND ENVIRONMENT AND CLIMATE CHANGE INTO THE HEALTH FIELD?

Health policies are often gender-neutral: they are addressed to a country's population without taking into account the different health needs and attitudes of men and women. For example, even though it is a matter of record that women in rural areas usually access health services as a last resort when their husbands have agreed to the expenditure, men, because of norms around masculinity, make less use of health services than women. Reproductive health matters are often taboo and family planning is considered to be the responsibility of women. In addition, women lack information, freedom of choice and the means to travel to health centres. It is necessary to involve men, as well as religious leaders, mothers, mothers-in-law and traditional health workers. For this reason, gender analysis is a fundamental step in, at least, understanding the behaviour of men and women, and how this combines with other factors such as economic standing or social status, as well as how the health services offered are determined by gender. Table 1 below shows some examples of how gender influences health and well-being, drawing a distinction between two aspects¹: (1) "The determinants of health linked to gender, namely the norms, expectations and social roles which, depending on gender criteria, determine exposure rates and vulnerability to health risks or, conversely, protection factors" and (2) "An analysis of specificities linked to gender that highlights the consequences of gender-determined norms (and the power relations that reinforce them) for health and health systems".

Additionally, pressures on natural environments have adverse effects on human health. The loss of biodiversity, the degradation of ecosystems and the disruption of their functionalities threaten the provision of ecosystem services essential for human health and well-being, such as the regulation of air and water



quality, protection from natural hazards, food supply, energy resources, genetic resources for medicine, and so forth. They may also facilitate the emergence of infectious diseases (such as COVID-19 or avian influenza). The World Health Organization (WHO) also reports 7 million deaths per year from exposure to ambient and domestic air pollution, the latter being linked to the use of polluting fuels and technologies for cooking, to which women are more exposed. Climate change is exacerbating these pressures and is already impacting health in many ways. It is causing deaths and diseases as a result of increasingly frequent extreme weather events, such as heat waves, storms and floods, disruptions in food systems, increases in zoonotic diseases, food-borne illnesses and water- and vector-borne diseases. Climate change also undermines many of the social determinants of good health, such as livelihoods, equality and access to health care and social support structures. According to the WHO, climate change could cause an additional 250 000 deaths each year from 2030 due to malnutrition, malaria, diarrhoea and heat waves. These climate-sensitive health risks have a disproportionate impact on the most vulnerable and disadvantaged, including women, children, ethnic minorities, poor communities, migrants or displaced persons, elderly populations and people with underlying conditions (WHO).

¹ <https://www.who.int/fr/news-room/fact-sheets/detail/gender>



HOW CAN CROSS-CUTTING THEMES BE BETTER INTEGRATED INTO HEALTH PROJECTS?

Some indicative avenues of good practice that can feed into reflection about the integration of gender and env/CC when selecting or formulating projects in the health sector:



— Gender

- Differentiate the needs, constraints and preferences of men and women in terms of health and access to care, in line with local contexts.
- Ensure that both men and women participate at all stages of health projects. Separate consultation or information sessions (focus groups) for men and women, followed by joint sessions, may be organised so that everyone can express themselves and be informed.
- Collect, analyse and use sex-disaggregated data concerning demand for health services, willingness and ability to pay, and health service users.
- In the context of the relationship between health workers and those receiving care, raise awareness and support of health actors: on taking into account and adapting to gender issues among patients/health service users; examples: power relations restricting women's access to care, gender-specific relationships to disease, pathologies specific to women and to men, etc.; on combating gender inequality and any form of discrimination (e.g. disability, religion, etc.) by putting appropriate measures in place.
- Within relationships between male and female health workers (relationships between colleagues/caregivers): strengthen the skills of caregivers and policies to take into account gender dynamics that influence the attitudes, beliefs and practices of individual caregivers.

— Environment and climate change

- Recognise, monitor and prevent health risks from environmental degradation and climate change in intervention contexts, and identify those population groups who are most exposed to these risks and most vulnerable to them.
- Collect, analyse and use data on environmental and climate risks and epidemiological trends, considering data on current and projected (future) climate conditions to better anticipate the emergence or spread of climate-sensitive diseases.
- Pay particular attention to vector-borne diseases (such as dengue fever, malaria and the chikungunya virus) and, more broadly, to zoonotic diseases (animal-borne diseases such as Rift Valley fever, Ebola, SARS, avian influenza and malaria), the majority of which affect developing countries and are increasingly frequent due to climate change (precipitation, humidity, temperature, duration of seasons) and increased interactions between humans and their environment.
- Promote participation, dialogue and the exchange of information with civil society and communities to enable them to become the main actors in the process of preparedness and response to extreme weather events (identifying risks, preventing exposure to hazards and taking action to save lives).
- Analyse the adaptability (in terms of size, equipment and training of health workers) of health infrastructure to meet increasing demands, due to an increase in diseases and injuries linked to climate change.
- Analyse the potentially negative side effects on the natural and human environment of support to the health sector, taking into account both “upstream” and “downstream” effects (for example, if an increase in medical waste is not taken into account in a programme to support the sector).
- If support to the health sector includes the construction or rehabilitation of infrastructure (such as hospitals or health centres), ensure that the constructions are sustainable (for example, through the use of local materials or bioclimatic architecture).
- Establish an environmental management system within health centres and hospitals.

For more information on the links between health and cross-cutting themes:

- [AFD Toolbox on Gender and Health](#)
- [WHO publications](#) (including health and climate change country profiles)
- [WHO Operational framework for building climate resilient health systems](#)
- [Online training on the health effects of climate change \(Harvard\)](#)



Table 1: **Examples of gender-related determinants of health and gendered health behaviours, and impact on achieving Sustainable Development Goal 3 targets**

Sustainable Development Goal 3 targets	Gender-related determinants of health	Gendered health behaviours
3.1 Maternal mortality	Girls who have little autonomy are sometimes forced to leave school, marry early and have children while they are still teenagers, which is associated with an increased risk of maternal death.	Lack of access to financial or other resources sometimes prevents some women from seeing a health professional, leading to delays in obstetric care.
3.2 Preventable deaths of newborns and children under age five	Women's influence on decision-making in the household and their control over resources determine the resources that are allocated to children's nutrition and well-being.	When their children are sick, parents sometimes prefer to have boys treated, so girls are less likely to receive the care they need.
3.3 AIDS epidemic, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases and other communicable diseases	Through their work, men may be more exposed to mosquitoes (for example, through working outdoors). Women who perform domestic tasks (such as fetching water) may also be more exposed.	Men may have difficulty in accessing health care facilities when the opening hours are not compatible with their work obligations, or they may have limited access to interventions such as HIV testing and treatment. These are often provided by reproductive health services, which are mainly attended by women.
3.6 Road accidents	Occupations deemed culturally and socially "acceptable" (such as bus, lorry or taxi driver) cause higher exposure rates in men.	Young men sometimes engage in dangerous behaviours dictated by the norms and expectations of masculinity, especially when driving.
3.7 Access to sexual and reproductive health care services for all	Adolescent girls living in disaster-affected areas have a high pregnancy rate, and child marriage and violence against women are common.	In some countries, women need permission from a man to access contraception.
3.9 Environmental pollution and contamination	Types of activity (whether outdoors or at home) affect the type of risk exposure and its intensity. Thus, men are generally more exposed to air pollution caused by car traffic, and women to cooking fumes.	The higher frequency of smoking among men, combined with exposure to air pollutants, can further accentuate the imbalance between men and women.



Examples of integrating the cross-cutting themes into health projects in line with the DAC/OECD markers

Gender

	DAC Gender 0 Project	DAC Gender 1 Project	DAC Gender 2 Project
Objectives	<p>The project seeks to reduce infant mortality through a vaccination campaign.</p> <p><i>No distinction is drawn between boys and girls, but it is implicitly understood that vaccination is for all children of a certain age group. However, this approach does not take into account the potential risk that families (for various reasons) may choose to have their son vaccinated as a priority.</i></p>	<p>The project aims to promote access to free primary health care for populations, taking into account differentiated needs and impacts for men and women.</p> <p><i>The project states that it is gender sensitive and will therefore have to implement a number of activities (targeted gender awareness campaigns, single-sex discussion groups) to ensure that men and women can benefit from services appropriate to their needs.</i></p>	<p>The project seeks to promote women's empowerment by developing the female medical workforce in primary health care to meet the specific needs of women, particularly in support of victims of violence against women.</p> <p><i>The aim is to develop a health service that will be specifically designed to meet the needs of women and help them to make autonomous decisions, rather than to develop a health service for all that will make efforts to encourage access by women.</i></p>
Monitoring indicators	<ul style="list-style-type: none"> • % of girls and boys on the lists • Number of vaccination awareness-raising activities • Incorporation of gender data into the beneficiary database <p><i>Including gendered outcome indicators is also important for a DAC 0 project to ensure that the intervention does not have negative effects on women, reinforcing inequalities. For example, it would be unacceptable to prioritise vaccinations for boys or girls because of their gender. Care should therefore be taken to ensure that the procedures put in place in a vaccination campaign have an equitable impact on all children, in the knowledge that in some communities the preference given to boys can result in girls being neglected when medical teams come through. However, these indicators will be less ambitious than for DAC 1 or 2 projects, since they do not aim to measure changes in power relations between genders but to avoid worsening them.</i></p>	<ul style="list-style-type: none"> • Whether or not amounts are specifically earmarked for gender actions (e.g. targeted vaccination awareness activities for men and women) • Number of people (men and women) in the project who received gender awareness training in health • Incorporation of gender data into the beneficiary database • % of men and women using health services 	<ul style="list-style-type: none"> • % of women participating in decision-making (male to female ratio) • % of men in community health worker positions targeting awareness-raising among men • % of amounts specifically earmarked for actions to raise awareness among men and women on gender-specific needs • Perception of the changing place of women in the health system by male health workers and managers • % of female victims of violence against women who access the service



Env/CC

	DAC Rio 0 Project	DAC Rio Adaptation 1 project	DAC Rio Adaptation 2 project
Objectives	<p>The project seeks to strengthen the various components of a health system by strengthening human resources and rehabilitating urban and rural health facilities in priority areas to improve access to care for vulnerable populations.</p> <p><i>This project does not seek to address the environmental/climate change risks to populations or the level of incidence of diseases.</i></p>	<p>The project seeks to strengthen the various components of a health system, including specific malaria control measures in areas at threat of an increased incidence linked to climate change.</p> <p><i>The project's main objective is to improve the health system, but it includes a component linked to climate change.</i></p>	<p>The project seeks to strengthen the resilience of the health system to the impacts of climate change, in particular by developing a sectoral adaptation strategy, introducing tools for the early detection of climate-sensitive diseases and by strengthening the capacities of health workers on these issues and the resilience of health infrastructure to climate risks.</p> <p><i>The main concern of the DAC 2 objective is to adapt the health system to climate change.</i></p>
Monitoring indicators	<p><i>A DAC 0 project may include env/CC indicators to ensure that the intervention does not have adverse impacts on the environment and climate.</i></p> <ul style="list-style-type: none"> Level of implementation of possible actions identified at the design stage to limit the environmental impacts linked to the construction and operation of infrastructure/equipment of health centres (management of medical waste, insulation and heating system, etc.) 	<ul style="list-style-type: none"> Integration of env/CC data into epidemiological incidence information systems (malaria) Mapping of health vulnerabilities and risks linked to climate change Number of vulnerable people (men and women) targeted by malaria control measures Changes to the incidence rate of malaria (or another disease identified as a good proxy indicator) 	<ul style="list-style-type: none"> Existence of climate change adaptation programmes/strategies in the health sector, with an action plan, budgeted measures and a system for monitoring their implementation Incidence rate of climate-sensitive diseases Existence/quality of epidemiological surveillance systems that include env/CC risks % of health workers (men and women) who have received climate risks and issues awareness-raising and training Number of risk management plans produced (by health facilities) % of climate-related disruptions/interruptions in health facilities

