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Moving as One: Integrating the Health and Climate Agendas for Planetary Health in a Post-Pandemic World



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Summary

Against the backdrop of the COVID-19 pandemic, health is receiving unprecedented public and political attention. Yet the fact that climate change also presents us with a health crisis deserves further recognition. From more deaths due to heat stress to increased transmission of infectious diseases, climate change affects the social and environmental determinants of health in ways that are profound and far-reaching. The fundamental interdependency of human health and the health of the environment is encapsulated in the concept of planetary health, a scientific field and social movement that has been gaining force since the 2015 publication of the Rockefeller Foundation-Lancet Commission report “Safeguarding human health in the Anthropocene epoch”.

We see an urgent need for strategic communication to raise awareness of climate-health synergies in order to overcome the misperception that climate and health are two independent agendas. The fragmented and sector-focused nature of thinking and action remains a significant barrier to integrating health considerations into climate planning and project development. Inevitably, collaboration across sectors requires a community of practice. Despite recent efforts focused on the climate-health nexus, much work remains to be done to translate scientific findings for policymakers, mobilise climate financing resources in support of health co-benefits, and promote gender-just solutions within climate change projects.

With this in mind, we make the following recommendations for integrating health and climate and achieving better outcomes in both arenas. They are based on in-depth qualitative interviews with experts in this field, an updated literature review, and participant observation by the authors in the policy sphere. This policy brief is a concrete step towards bridging the gap between science and policymakers in an area where there is much room for improvement.

■ Recommendation 1: Health professionals should engage strategically with climate planning processes.

Although it is generally acknowledged that climate change will have wide-ranging effects on human health, health has not yet made its way to the centre of climate politics. We argue that strengthening the health perspective at all levels of climate policy, from the United Nations Framework Convention on Climate Change (UNFCCC) to city-led climate action, has the potential to broaden support for ambitious climate action and lead to better health outcomes.

■ Recommendation 2: Use climate finance to unleash health co-benefits of climate action.

Countries can take the lead by including public health considerations in Nationally Determined Contributions (NDCs) and associated plans and programmes. At the same time, funds should support this effort by providing structural guidelines and incentives for countries to incorporate health benefits, as well as mechanisms to monitor their achievement, into project proposals.

■ Recommendation 3: Scale up gender-just solutions as a lever to implement the Paris Agreement and the SDGs.

Gender and other social inequalities lower the capacity of communities to cope with climate-related health challenges and dangerous environmental degradation. We recommend scaling up gender-just policies in the NDCs and other climate strategies as a way to synergistically advance the UN Sustainable Development Goals.

Climate and health: Two sides of the same coin

The year 2019 was marked by increased awareness of the climate crisis, driven in part by youth movements around the world. Yet while this urgency was reflected in the language of many politicians, it did not translate into concrete action. The UN Climate Summit in Madrid (COP25) exposed the huge disparity between growing societal demands for strong climate action and official outcomes driven by the diplomatic communities responsible for crafting global rules under the Paris Agreement. Considered “disappointing” by UN Secretary-General Antonio Guterres, COP25 did not deliver.

The year 2020 has been marked by a new global crisis, the COVID-19 pandemic, which has focused public and political attention on health like never before. And although they have not yet been foregrounded in climate discourse or action, the health impacts of climate change are also profound and far-reaching. From food security problems to increased spread of vector-borne diseases and higher heat-related mortality, these health risks deserve to be elevated within the climate community.

The COVID-19 virus – which is thought to have crossed over from wild animals to humans, as is the case for 75% of all emerging infectious diseases (Taylor et al., 2001) – clearly illustrates the urgency of uniting the health and environmental policy agendas to bring the world on a path towards sustainability. This idea is embodied in the concept of planetary health, which emphasises that the health of the planet and the humans that inhabit it are inextricably linked.

Planetary health is both a growing scientific field and a social movement (Horton et al., 2014). It is underpinned by the principle that humans will only stay healthy if they conduct their economic activities within the physical limits that ensure the health of ecosystems.

Since its foundation in 2016, the Planetary Health Alliance¹ has attracted a diverse community of academics and practitioners, including public health professionals. While some of its members are already engaged in climate diplomacy, we see far greater potential for the planetary health community to bolster public support for climate action and to inspire transformative policies, in part because health is a topic that everybody can relate to. At the same time, we observe a need for further strategic engagement to ensure that the momentum behind the planetary health movement can have an impact on decision-making centres, especially in the context of multilateral negotiations (Fotiou and de Paula, 2020).

Although the concept of planetary health encompasses far more than just climate and health, this policy brief specifically addresses the need for further co-operation between health practitioners and climate change experts, particularly within the multilateral setting of the UNFCCC.

¹See <https://www.planetaryhealthalliance.org>

Explaining the links between climate change and health

Climate change affects both the environmental and social determinants of health.

Increased temperatures, particularly when experienced in the form of longer and more severe heat waves, pose a health threat on their own. Given Europe's aging population and the prevalence of heart disease and diabetes, Europeans are particularly vulnerable to the consequences of extreme heat, a phenomenon with which they are already familiar: The record-breaking summer of 2003 led to 70,000 premature deaths across the continent (Robine et al., 2008).

Extreme weather events destroy homes, medical facilities, and other key infrastructure, and their frequency and intensity is expected to increase under climate change. Hurricane Katrina in 2005 left New Orleans residents with a lack of water, food, shelter, and sanitation facilities.

Climate change will shift and potentially expand the geographic zones that are favourable for the transmission of **vector-borne diseases**, such as dengue and Zika. The species of mosquito responsible for transmitting the Zika virus has already been discovered in Canada (CBC News, 2017).

Climate change also **endangers food security and access to clean drinking water**. Increased temperatures and changes in precipitation patterns are likely to reduce the production of staple foods in many of the poorest regions of the world, increasing the incidence of malnutrition and undernutrition – which already contribute to 3.1 million premature deaths each year.

Air pollution is not a climate change impact but rather a co-harm of burning fossil fuels, and is the leading environmental cause of death worldwide. Reducing air pollution as a co-benefit of climate mitigation improves the health of populations today and increases their resilience in the face of other stressors, including pandemics and climate change.

Social, economic, and gender inequalities make it difficult for communities to deal with climate-related health impacts. Unsurprisingly, such impacts tend to affect the most vulnerable first. Without assistance to prepare and respond, regions with weak health infrastructure – mostly in developing countries – will be the least able to cope.

Source:

WHO Climate Change and Health Fact Sheet, <https://www.who.int/newsroom/fact-sheets/detail/climate-change-and-health>

1. Health professionals should engage strategically with climate planning processes

Although it is clear that climate change will have far-reaching effects on human health, the issue of health has yet to play a central role in climate politics or policies. One of the difficulties of integrating the climate and health agendas stems from the fact that their synergies are often overlooked by policymakers and practitioners (Interview M. Herrmann). Given the urgency of climate action for human health specifically, and planetary health more broadly, there is a need for communication tools and strategies that effectively demonstrate climate-health synergies, challenging the misperception that climate and health are two independent problems. Efforts to raise awareness of these synergies should focus on climate planning processes, particularly within the formal processes related to the implementation of the Paris Agreement, in which health has played only a minor role to date. Air pollution has been the most prominent health topic within the COP setting. And while reducing air pollution is an urgent public health need, the relationship between climate change and health is multifaceted and should be addressed in a more holistic way.

Despite the proliferation of innovative transnational and non-state climate initiatives since the failed Copenhagen summit in 2009 (COP15), international climate policy is still centred on the UNFCCC. UNFCCC negotiations on the final rules under the Paris Agreement are scheduled to come to a close at COP26 in 2021 after a postponement due to the Covid-19 pandemic. Thus, the UNFCCC is reaching a critical juncture as the focus of the organisation shifts from negotiation to implementation. For broad and ambitious climate action, implementation of the Paris Agreement will necessarily include many stakeholders that have been under-represented at the negotiating table – and here there is significant potential to

scale up the mobilisation of the healthcare sector and the planetary health community. Engagement with the large governance framework of the UNFCCC is one way to open the gates to expertise, technical exchange, and, critically, financing.²

Given the approaching completion of most of the negotiation work under the UNFCCC, one of the most accessible entry points for health within the Paris Agreement framework is the Nationally Determined Contributions (NDCs). The form and content of these bottom-up commitments are largely left to the countries themselves, leaving them free to include the aspects they want to prioritise, including health. In fact, the WHO reported that as of 2019, public health considerations were included in most NDCs (WHO, 2019). However, the same report found that health was typically mentioned in general and descriptive terms within these NDCs, without naming or tracking the health co-benefits of climate action or connecting health considerations to national laws or policies.

To strengthen health within their NDCs, the WHO recommends that countries identify, measure, and monitor the health co-benefits of climate mitigation and adaptation actions and make sure these co-benefits are considered in the cost-benefit analyses used in policymaking processes (ibid.). As Green Climate Fund health specialist Johannah Wegerdt puts it, “if a project considers health, it makes the project more ambitious, more sustainable, more effective, and more efficient.”

The development of NDCs by national governments should ideally be supported by an inclusive planning process and the engagement of diverse stakeholders

² This was cited, for instance, as a reason to bring the agricultural sector into the UNFCCC negotiations (Interview I. Bacudo).

(NDC Partnership, 2019). The involvement of the health sector in this process would not only encourage meaningful communication and cross-pollination between the health and climate communities, but also has the potential to broaden the societal support base for climate action as a result of the engagement of the health community itself and possible positive “spillover” effects due to public trust in doctors and nurses.³ Having the health sector actively engaged in reducing its own carbon footprint would also have mitigation benefits⁴ and could raise awareness of climate change impacts on health within the medical community (The Lancet Countdown on Health and Climate Change, 2019). Several initiatives are already working in this area, including the Sustainable Health in Procurement Project⁵ and the GREEN AND CLEAN hospitals initiative in Thailand.⁶

Climate action plans are also developed at the sub-national level. One leader in this area is the C40 Cities partnership, which has asked all of its member cities to develop a climate action plan that aligns with the objectives of the Paris Agreement to limit global warming to 1.5 degrees, with a net-zero emissions target by 2050. In its framework for climate action planning, C40 stresses the importance of setting goals and targets for wider benefits, including health, as a

way to embed climate action as an integrated agenda within city priorities (C40 Cities, 2020). Some C40 cities are already integrating health stakeholders into their planning processes. Simply getting health data from a health department, e.g. for a health impact assessment, is a meaningful first step that brings them into the climate planning process (Interview J. Kheirbek). City leadership can therefore be an important building block in the development of national climate strategies and plans.

In summary, targeting climate planning processes at all levels is an important opportunity for the health community. This would not only raise the profile of health within the climate policy arena, but also enhance ambition and anchor support for climate action in the context of other societal priorities. Integration of health considerations within climate planning should also lead to improved health outcomes, particularly when it comes to preparing for the health impacts of a changing climate. Good health is something that is valued at both an individual and societal level; this has only been underscored by the recent Covid-19 pandemic. The current heightened attention on health is an opportunity to highlight the importance of climate action for health and ensure that this is reflected in the implementation of climate plans.



The Ultra Low Emission Zone (ULEZ) in Central London has set a new global benchmark for ambitious climate and air quality policies.

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Alena Veasey

³For instance, a 2019 survey of British citizens revealed that nurses and doctors were the two professions that enjoyed the greatest level of public trust (Ipsos MORI Veracity Index 2019).

⁴The health sector itself accounts for approximately 4% of global greenhouse gas emissions.

⁵Led by a partnership of United Nations Development Programme (UNDP) and Health Care Without Harm (HCWH); see <https://savinglivesustainably.org/news/92>

⁶Part of Green and Healthy Hospitals, a Project of Health Care Without Harm; see <https://www.greenhospitals.net/thailand-hospitals-implement-green-practices/>

2. Use climate finance to unleash health co-benefits of climate action

The task of decarbonising the world is neither easy nor inexpensive. Estimates of the investment required to achieve a low-carbon transition range from \$1.6 trillion to \$3.8 trillion annually between 2016 and 2050 (Climate and Clean Air Coalition, 2020). Within the Global Climate Fund (GCF), developed countries have pledged to provide \$100 billion annually to developing countries from 2020 on for climate change adaptation and mitigation. In the GCF, states define the guidelines and priorities for funding. So far, little action has been taken on health, despite the acknowledgement of its importance. An assessment of 102 approved adaptation proposals within the GCF showed that only 19 have health as an activity and an outcome, representing just 0.1% of all GCF beneficiaries and 3% of total funding. To date, no GCF project has had health and well-being as a primary objective (Interview J. Wegerdt). With this as a starting point, we urge global funds, including the GCF, to step up their commitments to the health sector, and examine potential avenues for this.

The fact that the GCF is a country-driven organisation presents a significant opportunity: Country-led demand for more health funding as part of climate finance could help to put health higher on the Fund's agenda. Requests for project funding with a health component would in turn be supported by the inclusion of public health considerations in NDCs, National Adaptation Plans (NAPs), and associated country strategies and plans. GCF Health Specialist Johannah Wegerdt suggests, for example, that all mitigation projects proposed for funding would be enhanced by monitoring and reporting mechanisms for health co-benefits, and that this "add-on" would represent only

a small additional cost.⁷ The WHO is supporting this approach with a new initiative that offers technical support to countries in the task of including health in their NDCs, specifically by quantifying the health co-benefits of climate mitigation commitments.⁸

The role of development banks

Beyond "bottom-up" action on the part of countries demanding more climate finance in support of health, development banks should also take steps to integrate health considerations into their climate and development project portfolios. One organisation that has taken concrete steps in this regard is the Asian Development Bank (ADB) with its *Operational Plan for Health, 2015–2020* (Asian Development Bank, 2015). This plan outlines ADB priorities for investing in health infrastructure, health governance, and health financing, and includes provisions for increased health sector investments (as a fraction of the total investment portfolio) over this time period.

Another conceivable approach would be for funds to make a health impact assessment a requirement of any project of a certain size, similar to the approach to gender-mainstreaming taken by the GCF (Interview J. Wegerdt). Indeed, we see such approaches as opportunities to integrate social considerations more actively into the world of climate finance. As GCF Health Specialist Johannah Wegerdt puts it, "We are doing climate change mitigation and adaptation for humans; it doesn't make sense that humans aren't appearing in the finance."

⁷ Given that the minimum project size to be funded within the GCF is \$10 million (Interview J. Wegerdt).

⁸ Financial support is offered in the amount of \$50,000 per country, see <https://www.who.int/news-room/articles-detail/who-initiative-on-assessing-health-co-benefits-of-nationally-determined-contributions>

Covid-19 and development finance

Looking at the landscape of climate and development finance more broadly, one cannot ignore the COVID-19 pandemic, which will inevitably disrupt our economies and cause development setbacks. According to the Asian Development Bank, the global costs of the pandemic could range from \$2.0 trillion to \$4.1 trillion, equivalent to a loss of between 2.3% and 4.8% of global gross domestic product (Asian Development Bank, 2020). This disruption is both a risk and an opportunity for climate action (de Paula, 2020). No economy has been left untouched, but the impact of this pandemic could drive more inclusive growth and sustainable development. In April 2020, the EU Commission launched a public consultation on its “Renewed Sustainable Finance Strategy”, part of a €1 trillion package to make the European economy greener by 2030. Informed by a growing awareness that health must be connected to climate and biodiversity protection, “green finance” is becoming broader in scope (Simon, 2020).

In sum, there is an opportunity to unleash significant health co-benefits through ambitious climate action – for both mitigation and adaptation – and these co-benefits should be incorporated into climate finance. The fragmented and sector-focused thinking evidenced in the development of projects with a single “output” (e.g. emissions reductions) has been identified as a major barrier to integrating health considerations into climate finance (Interview J. Wegerdt). Here, too, there is a need to overcome the misperception that climate and health are two distinct agendas (de Paula & Mar, 2020). As a concrete step, we find that the identification, quantification and monitoring of health co-benefits should be prioritised by countries, funds, and multilateral development banks when developing NDCs and projects for climate financing.

In the end, the task of financing climate mitigation and safeguarding human health must go beyond governments and development banks and involve the private sector more broadly. At COP25 in Madrid, a group of 177 companies, with a combined market capitalisation of \$2.8 trillion, pledged to cut emissions in line with the 1.5-degree target (UNFCCC, 2019a). Initiatives like this are a step in the right direction.

Climate mitigation and adaptation efforts will have to be adjusted to cope with the realities of the COVID-19 disruption, and it is critical that investments in the economic recovery are in line with the SDGs. This pandemic has demonstrated the fragility of our economic systems and serves as an unwanted reminder that good health is the foundation of everything we do, including our economic activities. We should ensure that the increased public focus on health permeates decision-making on climate, including climate financing.

3. Scale up gender-just solutions as a lever to implement the Paris Agreement and the SDGs

The WHO defines gender as “the roles, behaviours, activities, attributes and opportunities that any society considers appropriate for boys and girls, and men and women.” Gender interacts with, but is different from, the binary categories of biological sex. Gender norms and values are not fixed: they can vary substantially in different contexts and cultures and can evolve over time. Thus, consequences resulting from gender differences and gender inequalities are not static. They can be changed (Manandhar et al., 2018).

Climate change has a predominantly negative effect on the social determinants of health, including gender,⁹ and impacts the lives of women disproportionately (Green Climate Fund, 2017). This is because entrenched discriminatory social and cultural norms alienate women from decision-making processes, while concentrating unpaid domestic and care work in their hands. Women are, therefore, more vulnerable to the negative health and economic effects of climate change (Watts et al., 2015). Climate-related disasters, such as floods, droughts and wildfires, can drive them even further into impoverishment. And their health is more likely to suffer from unsustainable practices. In developing countries, for example, it is women who are most exposed to indoor pollution from traditional cooking stoves and heating systems (van Daalen et al., 2020). This increases their risk of suffering from cardiovascular and respiratory diseases (Martin et al., 2013). Thus, in a vicious circle, climate change can compound existing gender inequalities manifested in an unfair division of labour, lack of access to and control over land and other assets, political under-representation, and unobserved legal rights (Green Climate Fund, 2017).

Multi-solving in the SDGs

Alongside the goals of *Good health and well-being* (SDG3) and *Climate action* (SDG13), gender equality is a cross-cutting societal objective embodied in SDG5: *Achieve gender equality and empower all women and girls*. As the SDGs make clear, the path towards sustainability encompasses many goals, with action required across all sectors of the economy and society. Given the enormity of this challenge, it is inefficient, and even counterproductive, to consider these goals in isolation. Here, the concept of “multi-solving” is appropriate: We need to design interventions that solve multiple problems at once. On a planet whose natural resources are increasingly under pressure from a human population of almost 8 billion, we don’t have the luxury of addressing one crisis at a time.

Beyond the normative goal of gender equality and the pragmatic case for “multi-solving” approaches to address our biggest sustainability challenges, gender-just solutions can and should harness the potential of women to make economic contributions if decision-making processes were more equitable. A McKinsey study suggests that advancing gender equality could add \$12 trillion, or 11 per cent in annual GDP, to the global economy by 2025 (Woetzel et al., 2015).

⁹ Gender is one of several social determinants (including economic status, ethnicity and disability) that interact to influence health and well-being.

Women as change agents

The framing of this topic must transcend the narrative of women as victims and also portray them as solution-oriented stakeholders, who can contribute to more holistic mitigation and adaptation measures

that promote planetary health. Given the opportunity, women can be change agents who invest in climate-smart agriculture and sustainable energy solutions for home and work, advocate for more ambitious climate action, and demonstrate the links to health.



In Rwanda, a woman welcomes local people and collects payments for water, money that is reinvested in the community.

© Nicole de Paula

How do I know if a project is gender-just?

The Women and Gender Constituency (WGC), one of the nine stakeholder groups at the UNFCCC, offers a set of criteria for climate change projects that deserve to be highlighted (Baaki et al., 2019). Among other things, good-practice examples of gender-just and equitable climate projects should:

1. Provide equal access to benefits for women, men and youth;
2. Aim to alleviate and/or not add additional burden to women's workload;
3. Promote women's democratic rights and participation; and
4. Produce results that can be shared, spread and scaled up.

Against this background, we argue for the scaling up of gender-just solutions for climate and health. Gender equitable policies should be expanded within the NDCs and in the climate strategies of businesses, local authorities, academic institutions and others. This can take many forms: knowledge management and

capacity building; finance mobilisation; land tenure legislation that empowers women in rural areas; and technical climate solutions for adaptation purposes. Table 1 gives four concrete examples of how gender-just interventions can be designed for health and climate.

Climate-related risk or harm	Gender dimensions (context-specific)	Potential gender-just mitigation and adaptation solutions
Lack of access to clean water¹⁰ Climate change is expected to affect the world's supply of fresh water: Changing rainfall patterns can lead to drought and famine, and floods and extreme precipitation events contaminate freshwater supplies. Currently, around 1.2 billion people, or almost one fifth of the world's population, live in areas of scarcity. Another 1.6 billion people, or almost one quarter of the world's population, already face economic water shortage.	The poor, and especially youth and women are likely to be the most vulnerable to water scarcity. Women and girls are expected to travel long distances to fetch water, increasing their burden of work and decreasing their access to education and economic resources. In areas of water scarcity, there is evidence of increased migration flows of males, leaving women behind.	Ensure that projects on water security include strategies that empower women to take leading roles in creating access to and managing water and sanitation facilities. This could take the form of: construction of rainwater harvesting tanks and community wells;¹¹ access to microfinance; attention to social norms trapping women in traditional roles, such as cooking and nutrition provision.
Lack of access to clean cooking technologies 40 % of the world's population rely on inefficient and dirty cooking stoves whose emissions of CO₂ and black carbon cause climate harm. The stoves are also a significant source of indoor air pollution.	In developing countries, rural women and children have the highest exposure to indoor air pollution, increasing their health risks. Lack of access to cooking fuel forces women to spend many hours gathering fuel, increasing their burden of work and decreasing their access to education and economic resources.	Empower women to be entrepreneurs in the household energy sector. Given their responsibility for managing household energy and cooking, women play a crucial role in developing and implementing solutions.¹² Ultimately, there is a need to invest in dialogues that can reshape cultural norms and values.

Table:
Gender-just interventions for health and climate. Adapted in part from the *WHO Gender, Climate Change and Health Report*

Source:
World Health Organization, 2014

¹⁰ See Water Scarcity Facts from UN Water: <https://www.unwater.org/water-facts/scarcity/>

¹¹ See, e.g., activities of the Women for Water Partnership: <https://www.womenforwater.org/uganda-fisher-women-lead-access-to-water-and-sanitation.html>.

¹² Solutions that do not meet the needs of women will not be used; see the Clean Cooking Alliance: <https://www.cleancookingalliance.org/impact-areas/women/index.html>

Climate-related risk or harm	Gender dimensions (context-specific)	Potential gender-just mitigation and adaptation solutions
Increase in infectious diseases Climate change is expected to affect the patterns, occurrence, and transmission of infectious disease.	It is mainly women who take care of the sick, both as household caregivers and as front-line health workers. Due to cultural norms and differences in socio-economic status, women have less access to health services. Men are less likely to seek healthcare.	Support outreach activities using gender-sensitive communication strategies and materials for advocacy and training, including related to reproductive and sexual rights. Promote childcare facilities and other approaches to support women's caregiving role, while striving to transform gendered roles and norms.
Disaster preparedness Climate change is expected to increase the occurrence of weather-related natural disasters, including floods and storms.	Due to gendered differences in roles, habits, and access to information, the mortality rates for women in the aftermath of a disaster can be much higher than those for men. For example, women represented an estimated 70% of fatalities after the 2004 Indian Ocean Tsunami in Banda Aceh, and 91% of fatalities after the 1991 Cyclone Gorky in Bangladesh.¹³	Ensure that both women and men are consulted on all emergency preparedness planning and infrastructure, and represented on all local emergency preparedness committees.¹⁴ Ensure that both boys and girls are educated about disaster risk prevention and response and instructed in key skills like swimming.

¹³ See The World Bank (2012).

¹⁴ In Bangladesh, for instance, women have avoided using cyclone shelters because of poor sanitary and security conditions. After Cyclone Sidr in 2007, the government changed the design criteria for cyclone shelters in a gender-sensitive way, including improved sanitation and separate spaces for women and children (Cities Alliance, 2019).

Gender in Climate Policy: Progress and Challenges

Significant efforts have been made at the local and global levels to mainstream gender solutions to development in general and climate action in particular (UN Women, 2015).

One prominent example of this is the revised UNFCCC Gender Action Plan (GAP), which was one of the few success stories of COP25 in Madrid in 2019. After protracted negotiations, the final outcome was praised by many stakeholders for taking account of human rights and other key values. The GAP recommends that the following key areas inform strategies to systematically integrate gender considerations into climate policy and action:

- capacity building, knowledge management and communication;
- gender balance, participation and women's leadership;
- coherence across entities and stakeholders;
- gender-responsive implementation and means of implementation; and
- monitoring and reporting (UNFCCC, 2019b).

While the new GAP is a positive development, it still lacks precise indicators and targets for measuring progress and will only have an impact on the ground if accompanied by meaningful national strategies that can be monitored.

Lack of financing remains a major barrier to gender-just policy implementation, but in this regard the Green Climate Fund (GCF) has taken a positive step forward. Together with UN Women, GCF has published a toolkit that reviews the GCF Gender Policy and related programming provisions, including readiness support that can encourage gender-responsive climate projects (Green Climate Fund, 2017). In concrete terms, this means that projects submitted to the GCF must consider gender issues in their environmental and social impact assessment, and the study team must include a gender expert. Sex-disaggregated data also has to be collected before the project is implemented. In theory, gender mainstreaming is perceived as fundamental to any project intervention and should “not necessarily signify additional costs, but makes climate interventions more effective and efficient.”¹⁵ Yet, in practice, only a very small number of climate projects are gender-sensitive. This shows the disparity between policy decisions and the resources to implement them.

The concept of “gender mainstreaming” – which aims to promote gender equality by assessing the implications of any planned policy for men and women – has been embraced by many international organisations. But it will take further efforts to ensure that these policies are applied as a matter of course. Gender-just solutions must be seen as far more than an anti-discrimination measure: They are a practical and effective way to advance all of the UN SDGs in a synergistic manner.

¹⁵ <https://www.greenclimate.fund/story/women-climate-change>

Conclusion and Outlook

The urgency to integrate health into the climate agenda has never been greater. In a world struggling with the devastating effects of the COVID-19 pandemic, it is more important than ever to examine the deep and complex links between human health and the health of our environment and social systems, including our economy. In our analysis we highlighted three recommendations for integrating the climate and health agendas and achieving the goals of both communities: awareness-raising and constructive engagement, leverage of resources, and knowledge implementation and gender empowerment. Inevitably, collaboration across sectors requires a community of practice.

This will only emerge if we break down disciplinary barriers in our thinking and institutional structures and invest in the cross-pollination of knowledge. Indeed, we need to move beyond the belief that health-care solutions are only found within hospitals, or the healthcare system itself. While building robust health systems and supporting health workers is essential, it is not enough to ensure collective, long-term human health. True resilience results from investing in the social and environmental determinants of health, among other things by limiting and preparing for climate change, reducing pollution, and minimising social inequality. ■

About the authors



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In August 2019, the IASS hosted a workshop on “Planetary Health: Scoping the German Research Landscape”, thereby establishing itself as a player in the German planetary health community.

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Iyad Kheirbek, Head of Air Quality, C40 Cities (April 2, 2020)

Seblewongel Negussie, Gender and Social Specialist, Green Climate Fund (May 1, 2020)

Johannah Wegerdt, Health Specialist, Green Climate Fund (March 19, 2020)



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