



Prioritizing women's, children's and adolescents' health in the climate crisis

Background

Climate change is one of the **biggest global health threats** and **intergenerational injustices** of the 21st century, affecting every country across the globe and disrupting livelihoods and national economies, particularly of countries least able to cope. Climate change **affects people's physical and psychological health** through direct exposure to extreme weather events (e.g., heatwaves, storms, and floods), air pollution, food-, water- and vector-borne diseases, and disruptions to food systems, water security, health-care and social protection services.

Women, children, and adolescents, especially those living in humanitarian settings, marginalized conditions or suffering discrimination, continue to bear the **most severe consequences**. Climate change acts as a **"threat multiplier"** to their health vulnerabilities by escalating social, political, and economic tensions and inequalities.

Building on the **WHO-UNICEF-UNFPA Call to Action on climate change and maternal, newborn and child health**, evidence shows that pregnant and lactating women, newborns, children, and adolescents are particularly vulnerable to climate change due to their unique stages in the life course (Figure 1 on the next page). Despite contributing the least to greenhouse gas emissions, newborns, children, and adolescents today and future generations **will bear the worst consequences** during their lifetime. Newborns and younger children, including those unborn, are **uniquely at risk** because they breathe faster, have higher metabolic rates, and are developing their immune systems, amongst other physiological, developmental, and behavioural vulnerabilities.



Purpose:

This brief outlines specific recommendations for PMNCH constituencies to address climate change as part of interventions for women's, children's and adolescents' health (WCAH) and accelerate climate policies, financing and programmes that integrate the needs of women, children and adolescents.

Climate hazards also have macro-economic consequences, increasing inequities, reducing **growth and tax revenue**, diminishing **total government resources**, including for WCAH services, and, consequently, increasing **household out-of-pocket payments** for health care.

Current climate mitigation commitments set the world for a **2.4-2.6°C warming** by the end of this century, rapidly closing the window to reaching the Paris Agreement goals. **National health and climate adaptation planning and responses** are inadequate, with health-care system emissions accounting for **around 5% of global greenhouse gas emissions**.

These worrying trends threaten the achievement of the Sustainable Development Goals and the targets set in the **Global Strategy for WCAH**. However, there are multiple opportunities for win-win policies and investments that will help make the world more resilient to climate change, reduce emerging pandemic threats, and be better equipped to reach WCAH targets.

Policies and investments in climate change mitigation and adaptation must prioritize WCAH by recognizing their unique stages and needs in the life course and placing women, children, and adolescents at the centre of climate adaptation and disaster risk reduction strategies. Reducing greenhouse gas emissions, for example, will improve the health and life chances of children and adolescents, with long-term benefits for societies.

At current rates those born in 2020



will experience up to

7 X

more extreme weather events



than those born in 1960

Figure 1

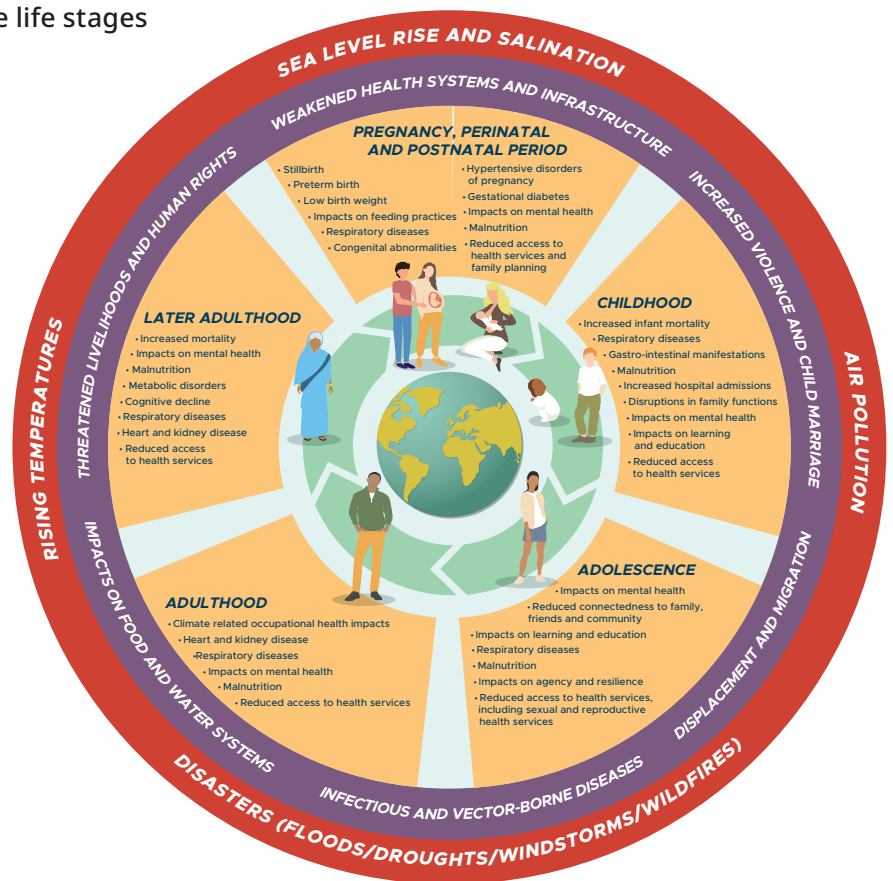
Impacts of climate change across the life stages

- Climate hazards/risks
- Direct and indirect impacts
- Health outcomes

VULNERABILITY FACTORS

- Biological factors and health status
- Socio-political factors
- Geographical factors
- Socio-economic factors
- Intersecting inequalities

The framework provides an overview of health outcomes that have been associated to climate hazards/risks; the list is to be interpreted as indicative and non-exhaustive, subject to revision and update as the evidence base is strengthened. Etzel RA, Weimann E, Homer C et al. The impacts of climate change across the life course. Unpublished.



Why and How urgent action is needed?

Opportunities for mainstreaming WCAH in climate policies and financing, and vice versa

Prioritizing and investing in WCAH in climate responses is critical to increasing women’s, children’s, and adolescents’ resilience to climate shocks and building resilient health systems responsive to people’s unique needs throughout the life course.

- Estimates show that **investing US\$1.8 trillion between 2020 and 2030 could generate US\$7.1 trillion in total net benefits in five areas** – including early warning systems, climate-resilient infrastructure, improved dryland agriculture crop protection, global mangrove protection, and more resilient water resources - and **save countless lives and livelihoods**.
- For every \$1 dollar spent, society would **gain almost nine dollars** in economic and social benefits as a result of lower morbidity and mortality by 2035. As many as 147 child deaths, 32 million stillbirths, and five million maternal deaths **can be avoided** within a generation.
- Aligning these investments with climate adaptation strategies would ensure **the resilience of health systems and health interventions to climate shocks**.

In addition, evidence shows that poorer countries will be forced to bear **a more significant financial burden** from climate adaptation, given their lower capacity to adapt. Investing in women’s, children’s,

and adolescents’ adaptation and resilience to climate change, especially in low- and middle-income countries (LMICs), is therefore critical to ensuring the hard-won advances of the past decades for maternal, newborn, and child survival and well-being are not lost.

Mainstreaming WCAH in climate responses and strategically mobilizing new and existing funds to enhance the climate resilience of the health sector and beyond, with specific allocations to WCAH, are critical opportunities for cost-effective and equitable climate adaptation.

However, WCAH is still not mainstreamed in climate policies and financing, and health financing does not integrate climate change goals.

- Out of 119 **Nationally Determined Contributions (NDCs)** submitted between 2020 and August 2022, **only 38 countries directly referenced sexual and reproductive health and rights**.
- Only **34% of 103 countries** with new or revised NDCs in 2021 were classified as child-sensitive.
- **Less than 7%** of bilateral health official development assistance is marked as a contributor to climate adaptation and **less than 1%** as a contributor to climate mitigation.

- **Less than 5%** of global climate adaptation spending targets health. Only **2.4% of climate financing** from multilateral climate funds supports projects incorporating child-responsive activities. Data on the number of projects targeting maternal and newborn health is not available.

To overcome the lack of integration of WCAH in climate policies and financing, and vice versa, action is needed to:

- Break **siloes** between ministries and sectors and promote comprehensive, whole-of-government approaches.
- Ensure climate adaptation and disaster risk reduction policies and financing address WCAH,

for instance, through implementing adaptive social protection schemes to effectively protect women, children, and adolescents from climate shocks.

- Build **capacity** for integrating climate mitigation and adaptation into health sector plans and budgets to address the current resource gap for climate adaptation in the health sector, especially in LMICs.
- Measure the WCAH co-benefits of climate mitigation and promote actions that reduce greenhouse gas emissions.
- Ensure health organizations are **accredited to multilateral climate funds** to access climate financing for health.

Box 1. Adaptive social protection

Social protection, including safety nets, cash transfers, and insurance, safeguards households and the most vulnerable, such as women, children, and adolescents, from health and economic shocks. It supports their access to essential health services and can also **address climate risks** (adaptive social protection) by expanding coverage in response to climate shocks or broadening the range of covered services. For example, cash transfers have incentivized climate mitigation strategies

(e.g., installing solar panels) in Australia, China, India, Japan, and the United Kingdom, and adaptation (e.g., water-preserving strategies) in China, with **health co-benefits**. Cash transfers can also encourage **care uptake** among women, children, and adolescents after a hazard providing a financial cushion. In Kenya, **cash transfers were provided** to orphans and vulnerable children to attend school and health check-ups after droughts, reducing the proportion of children aged 6-13 in paid and unpaid work by 4% and 10%, respectively.

Women, children, and adolescents pioneering climate action

Women, children, and adolescents play a crucial role in climate action and must be meaningfully engaged in decision-making processes.

Worldwide, children, adolescents and young people are **pioneering a human rights-based approach to climate action** by taking to the streets and using climate litigation to hold governments accountable for their climate pledges and carbon emissions, calling for meaningful inclusion in climate decision-making and demanding climate education programmes in curricula.

Women-led businesses are more likely to **adopt sustainable environmental practices**, including energy efficiency. The world's **most sustainable cities** are led by women. Women and young girls are also critical in sustaining communities and **managing the earth's biodiversity and natural resources**. Women farmers account for **60-80%** of all food production in LMICs and have unique knowledge about plants, animals, agricultural systems, and family care that are critical for developing **one health** strategies to adapt to climate change. Women also account for over **70% of the health workforce** and are responsible for over **70% of global caregiving hours**, which makes them critical in shaping the health response to climate change.

However, **women** and **young people** are often excluded from leadership positions and decision-making processes, affecting their lives and well-being. Promoting meaningful engagement and leadership of women and young people is critical to achieving gender and intergenerational justice in climate responses.

Box 2: Young people leading climate action

- In 2018, 25 children and youth, supported by Dejusticia, **sued the Colombian government** for the deforestation of the Amazon. They argued that deforestation of the Amazon led to higher temperatures, endangering their rights to life, health, food, and water. The Supreme Court **sided** with the young plaintiffs, stating that the government's failure to curb deforestation violated the rights to life of present and future generations.
- In March 2023, following the **World's Youth for Climate Justice campaign** led by the **Pacific Island Students Fighting Climate Change**, the UN General Assembly **approved a landmark resolution** requesting an advisory opinion by the International Court of Justice on States' obligations concerning climate change.

Who should address these issues at hand?

To tackle the impacts of climate change on WCAH, we need inclusive, cross-sectoral responses, whole-of-government and whole-of-community strategies. Every stakeholder has a role in ensuring WCAH is safeguarded and promoted in the face of the rapidly accelerating climate crisis.

STAKEHOLDERS	RECOMMENDED ACTIONS
Governments and Parliamentarians	<ul style="list-style-type: none"> Integrate WCAH in climate policies and budgets, address climate change in WCAH policies and budgets, and implement new financing for climate and WCAH (e.g. mainstreaming WCAH in Nationally Determined Contributions and National Adaptation Plans). Build climate resilient and low carbon health systems to ensure the regular functioning of WCAH facilities and services during climate emergencies and reduce health-care systems' greenhouse gas emissions. Promote adaptive social protection, targeting climate risks and WCAH, to strengthen resilience to shocks and reduce out-of-pocket payments to access essential services. Develop funding proposals and projects for climate funds (e.g., Green Climate Fund) that address the impacts of climate change on WCAH. Meaningfully engage women, children, and adolescents in climate change and health policy-making processes.
Global Financing Mechanisms and Donors and Foundations	<ul style="list-style-type: none"> Increase funding for programming to address the impacts of climate change on WCAH, including through existing initiatives such as the Global Financing Facility for Women, Children, and Adolescents, the Green Climate Fund, and the Loss and Damage Fund. Support piloting and evaluating health and climate co-financing initiatives (cash transfers, contingency funds, taxes) to maximize synergies and document distributional effects for WCAH. Maximize the potential for Official Development Assistance loans, grants, equity, or guarantees being channelled to climate-related action for WCAH, leveraging on and expanding government health budgets to increase resource availability and concessionality. Ensure health, gender, education and youth ministries are involved in project proposals to climate funds.
Private Sector	<ul style="list-style-type: none"> Scale up public-private partnerships to increase policies, investments, and services for gender- and age-sensitive climate adaptation responses and rapid climate mitigation. Invest and scale up innovations in climate and WCAH that can strengthen climate resilient and low carbon health systems and community resilience to climate change. Encourage health insurance companies to make climate-friendly investments linking health financing to climate goals (e.g., climate adaptation for women, children, and adolescents).
United Nations Agencies	<ul style="list-style-type: none"> Ensure robust and timely monitoring and accountability of climate adaptation and mitigation responses and finances that integrate WCAH indicators and WCAH policies and finances. Promote cross-agency and multi-sectoral collaboration to develop guidance and technical tools on climate change and WCAH by sharing best practices and facilitating knowledge, technology and expertise sharing.
Health-care Professional Associations	<ul style="list-style-type: none"> Collect data and measure the impacts of climate change on WCAH. Raise awareness of the impacts of climate change on WCAH and hold the fossil fuel industry, governments, and other stakeholders accountable for their emissions and climate commitments. Promote health workforce's training on responding to climate emergencies, including by making climate change mandatory in health professional education curricula. Work with governments and other stakeholders to reduce health-care system emissions and provide mental health services in climate responses, especially for young people.
Civil Society Organizations	<ul style="list-style-type: none"> Hold the fossil fuel industry and other stakeholders accountable for their emissions and commitments (e.g., through climate litigation, social media, and advocacy in the national and international arenas). Amplify women's, children's and adolescents' lived experiences and voices in the climate crisis. Strengthen community awareness of the impacts of climate change on WCAH and the responses to build climate resilience and adaptation measures in primary health-care and community settings (including rehydration/first aid stations, ventilation systems, clean cooking, water storage, and other measures targeted for WCAH). Apply to achieve accreditation as health implementing partners to climate funds (such as the Green Climate Fund).
Academic, Research and Training Institutes	<ul style="list-style-type: none"> Advance research on the intersectional impacts of climate change on women, children, and adolescents, especially in LMICs, and the health co-benefits of climate mitigation and adaptation, specifically for WCAH. Increase interdisciplinary research on tailored WCAH climate adaptation approaches to inform policy making. Ensure climate change is included in all school, university, and WCAH professional training curricula.
Adolescents and Youth	<ul style="list-style-type: none"> Join the 1.8 Billion Young People for Change campaign to mobilize actionable political and financial commitments for adolescents' well-being and intergenerational justice. Increase awareness amongst youth groups outside the health sector on the intersection of climate and WCAH. Hold the fossil fuel industry and other stakeholders accountable for their emissions and commitments (e.g., through climate litigation, social media, and advocacy in national and international arenas).

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