Australian
Women's
Health Alliance

Position Paper

Towards Climate, Health and Gender Justice: Addressing the Intersecting Impacts of Climate Change

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Towards Climate, Health and Gender Justice: Addressing the Intersecting Impacts of Climate Change

A publication of the Australian Women's Health Alliance

We acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.

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Acronym list

AIHW:	Australian Institute of Health and Welfare
COVID:	Coronavirus Disease
GADAus:	Gender and Disaster Australia
HIV:	Human Immunodeficiency Virus
LGBTQIA:	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual
NHCS:	National Health and Climate Strategy
NPHS:	National Preventive Health Strategy 2021-2030
NWHS:	National Women's Health Strategy 2020-2030
SARS:	Severe Acute Respiratory Syndrome
SDGs:	Sustainable Development Goals
UN:	United Nations
UNHCR:	United Nations High Commissioner for Refugees
UNICEF:	United Nations Children's Fund
WCC:	Women's Climate Congress
WD:	Women Deliver
WELA:	Women's Environmental Leadership Australia

About Australian Women's Health Alliance

The [Australian Women's Health Alliance](#) is the national voice on women's health. We aim to achieve gender equity in health for all women.

We do this:
- by highlighting how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental and political factors
- by drawing attention to the issues, often far reaching, that impact women's health
- as a national health peak body, by working closely with our members, partners and government to effect change.

The Alliance is a national leader in developing, advancing, and responding to public policy and practice as it impacts women's health. We provide independent, evidence-based advice to promote a gendered approach to women's health care.

This publication is available free to download at the [Women's Health Hub](#): [AustralianWomensHealth.Org](#)
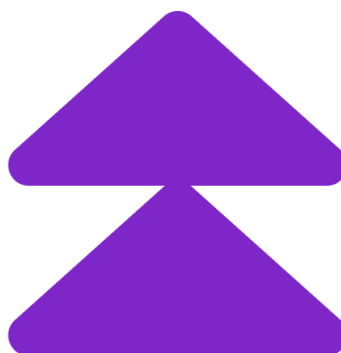
Preface

The 2030 Agenda for Sustainable Development centres the principles of equality and non-discrimination, with a commitment to 'leave no one behind'. The 17 Sustainable Development Goals (SDGs) recognise strategies that improve health and reduce inequality while tackling climate change.

Women's health is affected by the impacts of climate change, through bushfires, cyclones and drought, heatwaves, domestic violence, poverty, injury and death.

It is essential to address the impacts of climate change on women's health. This paper reflects our ongoing commitment to intersectional and gender-responsive approaches to health and prevention. It builds on previous work by Australian Women's Health Alliance, for example, 'The impact on women's health of climatic and economic disaster' position paper (2014) and supports the broader climate justice movement to streamline messaging and actions.

Women are working together as a collective. They are not invisible. Their voices, issues and knowledge are important to challenge the way climate change and health is addressed domestically and globally. Rather than looking at women as 'just' a gender, viewing the whole intersectional picture of who women are can address interlocking systems of disadvantage. Women need to be included to lead the design and implementation of informed work and responses to climate change and its health impacts.

This paper contributes to the field of climate change and health for all women and gender diverse people.

Sandra Creamer AM
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Australian Women's Health Alliance
June 2025

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Executive summary

Climate change is a public health crisis with deeply gendered impacts. This position paper analyses the intersection of climate change, gender equality and healthcare, highlighting how existing inequalities are magnified for women and gender diverse people. It presents a comprehensive, intersectional and gender-responsive framework for understanding and addressing these challenges.

Women and gender diverse people are disproportionately affected by climate-related health impacts, including increased exposure to heat-related illnesses, food and water insecurity, mental health challenges, gender-based violence and disrupted access to sexual and reproductive healthcare. These impacts are exacerbated for priority populations such as First Nations women, women with disability, migrant and refugee women, rural and remote women and LGBTQIA+ communities.

Building on national strategies including the National Health and Climate Strategy and National Women's Health Strategy 2020-2030, this paper:
- analyses the gendered health impacts of climate change, including through poverty, housing insecurity, chronic conditions and disaster response
- draws on conceptual frameworks to inform gender-responsive and intersectional approaches to climate and health policy
- aligns women's health movements with climate justice movements to streamline messaging and promote shared outcomes
- provides practical recommendations for policy, research and practice, including to position Australia well in meeting international obligations
- imagines a sustainable gender-responsive health system that is resilient and adaptable to a changing climate.

We must strengthen collective action that is gender responsive across climate, health and gender justice movements. This paper calls for urgent, coordinated action across all levels of government, health and social service providers, researchers and civil society. The recommendations in this paper expand on existing policy reforms and advocacy to amplify women's climate leadership and strengthen cross collaboration. The legacy of today's policies on the planet also impacts young people and will be inherited by future generations.

The implementation of these recommendations must consider the disproportionate impacts felt today and on future generations of women and gender diverse people from diverse backgrounds.

The health of our planet and the health of women and gender diverse people are inseparable. Gender-responsive approaches are not only just, but they are also essential for building a climate-resilient health system that leaves no one behind.

Recommendations

That all stakeholders, including the Australian Government, state/territory and local governments, health and social service providers, researchers, civil society and advocates:

- address the unequal impacts of climate and environmental issues on women and gender diverse people in Australia through gender-responsive climate and environmental policy making (WELA, WCC Charter for Change)
- adopt a Health in All Policies Approach which integrates gender-responsive health into policies and programs in all sectors, including climate related action[1]
- address and consider the compounding discrimination and distress caused by climate change in communities and groups facing other forms of discrimination, particularly when implementing health policies and strategies (WD outcomes)
- acknowledge and address the impact of colonisation on First Nations health processes, land management and other community led climate responses by committing to structural reform which centres First Nations leadership and self-determination (Wiyi Yani U Thangani Report)
- platform work and advocacy by First Nations leaders working on climate change, land management, disaster resilience and health
- support and remunerate more women and gender diverse people into gender, climate and health system leadership and decision-making positions across government, industry, and not-for-profit sectors, including women from diverse cultural and community backgrounds (WELA, WCC Charter for Change)
- acknowledge and support the role of women and gender diverse people as leaders and caregivers (including in family settings) during climate change induced disasters. Prioritise tailored, culturally appropriate and accessible information during emergency/disaster response in collaboration with women and gender diverse leaders, to ensure effective messaging and distribution of public health advice and community led measures in sustainable practices (adapted from NPHS)

- consider their role in Australia's obligations to the global community, with a focus on how Australia's policy actions affect Pacific Island Countries and Territories for whom climate change is an existential threat through sea level rises, salinification of arable land, more frequent and intense disasters and vector-borne diseases
- balance the impact of proposed policies, legislation, frameworks or other actions with their future impact and avoid harm on future generations
- ensure young women and gender diverse people are consulted, and their recommendations meaningfully implemented, when addressing climate health actions.
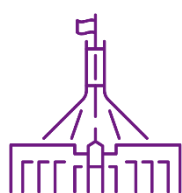
That the Australian Government:

1. centres international human rights obligations and the Sustainable Development Goals (SDGs) in all climate change prevention, mitigation and adaptation planning, implementation and reporting, ensuring that Australia meets its international legal obligations, reporting requirements and further obligations to implement gender action plans (WELA)
2. mandates that all government institutions address the SDGs in policy and strategy planning, implementation and reporting on issues that intersect with climate justice, including housing, healthcare, sanitation, energy security, and water
3. enables First Nations women leadership and collaboration in initiatives towards net zero emissions, such as through the implementation of the First Nation Energy Strategy
4. develops and implements evidence-based approaches in collaboration with communities to address and mitigate the impacts of climate change on the health system (adapted from NPHS)
5. leverages existing climate change policies and strategies to address the impact of climate anxiety, emergencies and disasters on mental health and wellbeing, particularly in communities that are already impacted by multiple forms of discrimination
6. develops a national food security strategy that ensures access to safe, high quality, affordable and nutritious food in a changing climate, and considers the disproportionate impact on rural and remote communities
7. reviews disaster grant funding to ensure women and gender diverse people receive equitable benefits

8. homogenise standards for community and rental housing across the country and include minimum requirements for insulation, heating, cooling, and installation of solar panels

9. resource Gender and Disaster Australia (GADAus) to continue to translate community experiences into research, and research into best practice frameworks and guidelines to support change across all organisations and sectors involved in disaster risk reduction and resilience activity in all levels of government, the business and corporate sectors, and the non-government and community sectors. (GADAus)

That state and territory governments:

10. mandate that state and territory government institutions address the SDGs in policy and strategy planning, implementation and reporting on issues that intersect with climate justice, including housing, healthcare, sanitation, energy security, and water

11. ensure their healthcare workforce is resourced and restructured to support climate disasters and impacts, while considering existing capability and capacity (adapted from NPHS)

12. acknowledge and support the role of women and gender diverse people as leaders and caregivers (including in family settings) during climate change induced disasters. Prioritise tailored, culturally appropriate and accessible information during emergency/disaster response and adaptation in collaboration with women and gender diverse leaders, to ensure effective messaging and distribution of public health advice and community led measures in sustainable practices (adapted from NPHS)

13. resource and implement policy that prevents, mitigates and effectively responds to climate change, in addition to addressing health priorities like physical activity, access to the natural environment, nutrition, gender-based violence prevention, and mental health

14. build a sustainable, high quality, net zero health system (from NHCS)

15. enable First Nations women leadership and collaboration in initiatives towards net zero emissions, such as through implementation of the First Nation Energy Strategy.

That local governments:

16. support healthy, climate-resilient and sustainable communities through whole-of-government action which recognises the relationship between health and climate outcomes (from NHCS)
17. review disaster grant funding to ensure women and gender diverse people receive equitable benefits.

That health and social service providers:

18. access and implement sector-wide training in gender-responsive approaches to health and prevention, including healthcare, disaster response, and gender-based violence
19. incorporate sector-wide education and training on the health impacts of climate change, including mental health and wellbeing.

That researchers:

20. conduct further research into the gendered nature of the economic and social impacts of climate change, and the most effective way to fund gender-responsive resilience, response and recovery efforts (adapted from WELA)
21. ensure the research, knowledge translation and design of solutions amplify the voices of First Nations women, women of colour, women with disability and LGBTQIA+ communities in Australia within climate and environmental policy and investment decisions, underpinned by genuine collaboration and engagement with more diverse perspectives (WELA, WCC Charter for Change).

Introduction

Women disproportionately carry the burden of managing the impacts of climate change within households and communities and also bear the brunt of climate change impacts globally.[2][3] This is because existing inequalities are magnified in the context of the climate crisis, leading to gendered public health issues such as ill-health among women and heightened rates of gender-based violence in the aftermath of disasters.[4][5] Women and gender diverse people are often leaders (especially in a family setting) during climate changed induced natural disasters. When empowered, they can improve community resilience and recovery, drawing on diverse experiences and backgrounds during times of heightened uncertainty. [6][7][8][9] Women also make up 67% of the health and social care workforce globally, and almost 80% in Australia, often in frontline caring roles.[10][11][12] There is a clear need and opportunity to support women leading at the intersection of climate and health movements.

This position paper analyses how gendered inequalities intersect with climate justice and healthcare, and identifies research, policy and practice opportunities for prevention, harm minimisation and response.

Building on national strategies including the National Health and Climate Strategy and National Women's Health Strategy 2020-2030, this paper:

- draws on conceptual frameworks to better understand and inform responses to gendered climate-induced health impacts
- provides practical recommendations for policy, research and practice
- aligns women's health movements with climate justice movements to streamline messaging and promote shared outcomes
- imagines a sustainable gender-responsive health system that is resilient and adaptable to a changing climate.
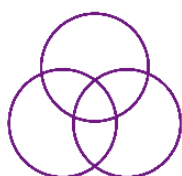
This paper explores the intersection between climate change, gender and health. While we acknowledge there are unique experiences within different parts of Australia and Pacific Island Countries and Territories, this paper focuses on challenges and opportunities in the broader national context.

This paper was developed by policy advisors with professional expertise and lived experience navigating the health system, as well as a deep understanding of climate-related health impacts. It was peer reviewed by experts in gender equity, women's leadership, and climate and health. We work alongside these organisations and individuals as part of broader movements advancing gender justice, climate justice and health equity. Their contributions reflect a shared commitment to evidence-informed policy grounded in intersectional advocacy, working together towards a more climate-resilient and gender-responsive health system.

Snapshot

Exacerbating inequalities
The climate crisis magnifies existing inequalities such as poverty and chronic conditions, both which disproportionately impact women.[13] [14]

Deadly heat
Heatwaves result in more deaths among women than men.[15] [16]

Rising violence rates
Gender-based violence increases following climate disasters like bushfire and floods.[17] [18]

Pandemic pressures
Climate change increases the risk of pandemics, which have greater caring and economic impacts on women.[19]

Mental health impacts
Young women report the highest levels of climate anxiety.[20]

Food insecurity
Climate change drives food insecurity, which disproportionately impacts women and children.[21] [22]

Health system strains
Climate change-induced disasters put pressure on social security and healthcare systems that continue to require more gender-responsive approaches to support women adequately.[23] [24]

Reproductive health impacts
Disasters interrupt access to menstrual supplies and reproductive healthcare.[25]

Rural risk
Rural and remote communities are particularly vulnerable to climate disaster.

Climate change exacerbates many existing gender-based inequalities and highlights the prevalence of particular social issues. This leads to situations where women are more likely to be injured by, and less likely to survive, climate-related disaster because of barriers to equal access to information, transport/evacuation, decision making and resources.[26]

Climate change also surfaces tensions around human rights, quality of life, access to emerging technology, migration, healthcare, and safety from disasters such as bushfire, floods and communicable disease outbreaks.

As a country whose industries make it the third biggest fossil fuel exporter globally, Australia has a moral and legal obligation to First Nations communities, non-Indigenous populations and neighbouring Pacific Island Countries and Territories to address the impacts of climate change. This has been cemented in Australia's legislated commitment to a 43% reduction in greenhouse gas emissions from 2005 levels by 2030.[27] Our high carbon footprint per person also demonstrates both our responsibility and power to lead sustainable practices personally and collectively.
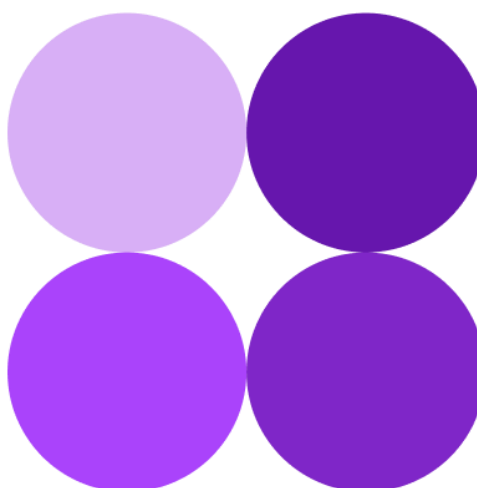
Australia's obligations to First Peoples in a changing climate

First Nations communities have adapted to changing climates in Australia for tens of thousands of years, sustainably managing natural resources and protecting Country. Colonisation, through dispossession, genocide and fracturing family connections, attempted to suppress Aboriginal and Torres Strait Islander culture and traditional knowledge, including land management. Through resistance and continued deep connection to Country, First Nations leadership continues in land, water and fire management. It is critical that this leadership and knowledge is recognised, celebrated and resourced, as a central part of our efforts to prevent, prepare for, respond to and recover from climate disaster. This supports self-determination and protection of traditional lands, as outlined in article 29 of the United Nations Declaration of the Rights of Indigenous Peoples.

In particular, First Nations knowledge systems (which deeply understand the connection between different parts of our ecology, as well as links between planetary, physical, spiritual and mental health) underpin best practice approaches to complex policy issues like the climate change and health nexus. While recognised in the National Health and Climate Strategy, and increasingly operationalised through practices including shared land management between Traditional Owners and state/territory government rangers/biodiversity practitioners, we still have a way to go with embedding First Nations leadership and self-determination in climate and health policy. It is critical that self-government, local knowledge, and the ability to protect land and culture are central to our climate change prevention, mitigation and adaptation efforts.

Climate change has been driven by colonisation globally: of people, and of nature. As a colonised nation, it is critical that Australia recognises the expertise and stewardship of First Peoples in caring for Country and finding ways to lessen the impacts of climate change. However, acknowledging First Nations leadership and skills does not mean that the wider community can step away from its responsibility to deal with the impacts of colonisation-driven environmental degradation and ecosystem collapse.

Protection of the rights of First Nations people, outlined in the United Nations Declaration on the Rights of Indigenous Peoples, which Australia has endorsed, though not ratified, must be central to our climate change response. First Nations peoples have shown consistent leadership and stewardship and are the keepers of vital traditional knowledge, which must be recognised, celebrated and resourced.

Policy context

Australia has obligations enforceable under international law through our commitment to human rights treaties, the Sustainable Development Goals (SDGs) and Sendai Framework. This includes the responsibility to protect life, ensure an adequate standard of living, address climate change and embed gender equality in disaster risk reduction efforts. Our obligations under each agreement must be translated into domestic policy, strategy and resourcing.

International

Human rights treaties

Australia is signatory (in full or in part) to several relevant human rights treaties, which means it has a legal obligation to translate the articles of these treaties into domestic law and policy. The protection and promotion of human rights and equality must be central to all our efforts to adapt to climate change, to ensure that existing inequities are not magnified, and that no person or community is left behind. This includes current and future generations, as well as communities that face multiple forms of discrimination.

Examples of human rights treaties
- *International Covenant on Economic, Social and Cultural Rights*:
  Outlines fundamental human rights including self-determination, anti-discrimination, remuneration for work, support for birthing parents, an adequate standard of living, medical care, disease control and education.

- *International Covenant on Civil and Political Rights*:
  Offers protections on the basis of anti-discrimination, gender equality, legal equality and transparency, right to life, freedom from torture and slavery, liberty and security, age (protection of children), freedom of movement, freedom of expression (except inciting hatred) and association and peaceful assembly.

Examples of human rights treaties continued

- _United Nations Declaration on the Rights of Indigenous Peoples_:
  Provides First Nations peoples with access to human rights outlined in other charters, and additionally legal equality, self-determination, self-government, maintenance of political, economic, social and cultural institutions and customs, nationality, freedom and security, the protection of their culture (and against assimilation and dispossession), restitution/compensation, repatriation and control of cultural objects and sites, language, dignity, religion, and freedom from discrimination. Australia has operationalised this through policy and strategy including the Closing the Gap Agreement and Racial Discrimination Act 1975.

- _Convention on the Elimination of All Forms of Discrimination against Women_:
  Outlines the need to prevent 'any distinction, exclusion or restriction on the basis of sex… irrespective of their marital status… and [ensuring] fundamental freedoms in the political, economic, social, cultural, civil or any other field'.

Sustainable Development Goals

In 2012, the United Nations produced 17 universal goals that meet the urgent economic, social, political and environmental goals facing our world:

Australia is signatory to the SDGs, adopting the 2030 Agenda for Sustainable Development along with 192 other UN member states and delivering its first Voluntary National Review reporting on progress in 2018.[28] This means the Australian Government is required to implement domestic policy that is consistent with the SDGs. Businesses can also use the SDGs to signal their 'responsible business practices'.

Sendai Framework for Disaster Risk Reduction 2015-2030

Australia has ratified the Sendai Framework, which guides efforts to reduce disaster-related risk, and protect lived, health and livelihoods, as well as economic, physical, social, cultural and environmental assets.

The Sendai Framework Midterm Review in 2023 noted some efforts in Australia, including increased efforts to prioritise and account for gender in disaster preparedness.[29] However, it also noted that further progress is needed on the collection and use of disaggregated data related to disaster risk reduction.[30] Shortfalls included a lack of consistent, standardised data, impact on risk understanding and policy and gaps in national reporting. The review strongly encouraged Australia to invest in standardising the collection of disaster data across jurisdictions, embedding disaggregated data requirements into national systems.

There is an accompanying Sendai Gender Action Plan that is designed to reduce the negative impacts of gender inequality and discrimination in disasters. This action plan provides specific and clear actionable steps that can be implemented into national strategies and frameworks. Partnerships with local governments, community organisations and researchers must be strengthened to ensure diverse lived experiences are embedded.

National

National Preventive Health Strategy 2021-2030 (NPHS)

Climate change and extreme weather events are recognised as an environmental determinant of health. Protective measures to mitigate the impact of climate change on health include renewable energy sources, removing greenhouse gases from the atmosphere, preparedness for extreme weather events, heatwave response planning, and sustainable food systems. The strategy also notes links between climate change and

other determinants of health such as biodiversity loss, vector borne disease, antimicrobial resistance, and inadequate transport. Rural and remote communities, and First Peoples, are noted to experience disproportionate impacts.

The strategy lists a number of policy recommendations to anticipate and respond to the impact of climate change on health systems. However, the NPHS ignores the gendered nature of, and disparities in, health experiences, outcomes and prevention opportunities, which influence the effectiveness of preventive health initiatives. Notably, women are not identified as a priority population.

[National Women's Health Strategy 2020-2030](#) (NWHS)
The National Women's Health Strategy does not feature climate change or disaster response, however, it does list some relevant actions, such as addressing discrimination in information provision, service delivery and other social determinants such as the impact on mental health and preventing and responding to gender-based violence. The intersection between these actions and impacts across climate, gender and health could be more strongly emphasised in policy and implementation.

[National Health and Climate Strategy](#) 2023
Australia's first National Health and Climate Strategy has a vision for 'healthy, climate-resilient communities, and a sustainable, resilient, high-quality, net zero health system'. The gender-responsive strategy takes an intersectional, cross-portfolio approach to health and climate change, considering a broad range of determinants and policy responses across social, environmental, structural, economic, cultural, commercial, digital and biomedical domains. The strategy highlights the importance of First Nations leadership and self-determination in addressing the climate and health nexus and recognises the role of a robust healthcare system (both prevention and response) in mitigating the impacts of climate change.

[Working for Women: A Strategy for Gender Equality](#) 2024
While climate change is not addressed directly, the Working for Women Strategy highlights 'Gender equity in healthcare access and outcomes' as a key priority, as well as 'End violence against women' and 'Close leadership and representation gaps', all of which are relevant in the context of climate change and disaster. The strategy calls out gender inequality, including rigid adherence to stereotypes, as a key driver of the inequalities that it is trying to address. These inequalities are important to address to effectively implement gender-responsive measures that deal with the health impacts of climate change.

National disaster related frameworks

- [Australian Disaster Preparedness Framework 2018](#): outlines a national, over-arching approach to emergency management. The framework highlights a need to apply a gender lens to evacuation support and social recovery.
- [National Disaster Risk Reduction Framework 2019](#): provides a national, coordinated approach to proactively reduce disaster risk and limit the impact of disasters. It outlines 4 key priorities (understanding disaster risk, making accountable decisions, enhancing investment, and improving governance), however it does not take a gendered approach. A gender lens is necessary to effective implement key priorities.
- [National Disaster Mental Health and Wellbeing Framework](#): provides a coordinated, trauma-informed approach to supporting the mental health and wellbeing of Australians before, during, and after disasters. Its emphasis on equity, trauma-informed care and inclusive service delivery provide opportunities to strengthen gender-responsive approaches to mental health and wellbeing.

[National Housing and Homelessness Plan](#)

The National Housing and Homelessness Plan will cover agreements between the Commonwealth, state and territory governments on how they will provide social and affordable housing, support renters, and encourage private investment and development. There are a range of issues at the intersection of housing, climate, health and gender that must be addressed through the development of this plan including: thermal efficiency and heating/cooling of social and affordable housing, similar regulation for rental properties, allowing renters to use renewable energy such as solar panels, ensuring clean water and adequate sanitation and, protecting unhoused people during extreme weather events and climate disaster.

State and territory governments[31]

State and territory governments operationalise national strategies and guidelines through healthcare, housing, emergency management and other systems. Part of this work is localising health system strategies. Australia has very different climatic regions, which means social and community infrastructure experience the impacts of climate change differently. State and territory governments support households and communities to develop climate resilience, for example through energy efficiency initiatives, and are responsible for ensuring priority populations are included in preparedness, response and recovery efforts.

They are also leading place-based approaches to industry transitions aimed at preventing and mitigating the effects of climate change, for example, away from coal-fired power and towards renewable energy.

Local governments

Local governments coordinate and maintain physical, governance and social infrastructure that is integral to community resilience and disaster response and recovery. This includes:

- maintaining 'vulnerable person' registers
- bringing together emergency services to coordinate responses
- supporting community/social infrastructure to return to normal quickly and safely after disaster, to minimise disruption to people's day to day lives
- operating evacuation/resource centres
- coordinating grant dispersal
- managing clean up and waste disposal services
- ensuring climate-sensitive design is used in public spaces, for example reducing hot spots by ensuring trees are planted, designing free temperature-controlled public spaces to help people get through extreme weather events.

Health impacts of climate change

Climate change causes significant and unpredictable changes in weather and ecosystems, including heatwaves, bushfires, rising sea levels, and changes to rainfall (droughts, floods, storms). This exposes the community to a range of hazards such as altered vector-borne disease patterns as tropical insects move further south, biodiversity loss, and food and water insecurity due to crop failure and pollution. Each of these has the potential to impact health, including mental health, infectious disease, chronic disease, injury, malnutrition, heat-related illness and death.

Many of the health impacts of climate change are exacerbations of pre-existing and/or chronic conditions.[32] The gendered nature of chronic conditions means women experience chronic health issues at higher rates and face more challenges to diagnosis and treatment, making the health impacts of climate change gendered as well.[33]

Poverty and the social determinants

A World Bank report estimated that an extra 68-135 million people globally will be pushed into poverty by 2030 because of climate change.[34] Climate change exacerbates poverty and inequality partly because it impacts agrarian and under-resourced communities the hardest, and partly because it limits people's access to the social determinants of health such as food, housing and healthcare.[35] [36]

Communities experiencing poverty can remain stuck in a cycle where climate change, health and poverty become deeply interconnected. Climate change causes poverty and resource scarcity, which increases the likelihood that a person's health will be compromised by climate change, as it limits access to health system infrastructure such as heating, cooling, transport, sanitation, refrigeration and clean water. Disasters further exacerbate these issues, when communities are unable to work for long periods or lose income opportunities. The health of those experiencing poverty is the most compromised by the impacts of climate change, despite being the community who contributes the least to carbon emissions.[37] [38] As poverty disproportionately impacts women, women are bearing double the impacts of this cycle.

Education also impacts economic and health and wellbeing outcomes, particularly for young women and girls.[39] Globally, an estimated one billion children are considered extremely susceptible to the impacts of climate change. [40] Climate-induced shocks and stresses impact infrastructure including schools and roads, which often restrict girls'

rights and access to education, increase girls' domestic responsibilities over studies, and increase the risk of gender-based violence amongst adolescent girls and young women.[41] [42] In Australia, young people in rural and remote communities face additional barriers to education and have lower educational attainment rates compared to those in metropolitan areas.[43] [44] Investing in girls' education is an effective, yet often overlooked, lever to improving a country's climate resilience.[45]

Addressing poverty, economic and education inequities to ensure a fair distribution of essential resources will reduce the overall impacts of climate change. To achieve this, we also need an adequate and non-punitive social safety net. This includes social security, but also infrastructure: low quality or overcrowded housing and poorly designed community infrastructure leave people more vulnerable to climate change impacts.

Housing insecurity and displacement

Climate change is intensifying housing insecurity and displacement among women and gender diverse people and magnifies inequity. The United Nations estimates that 80% of people displaced by climate-related disasters globally are women[46] yet policies on planned relocation and migration are often insufficiently gender-responsive, failing to account for the unique needs and experiences of women and girls.[47]

In Australia, women and gender diverse people are at higher risk of homelessness due to intersecting factors such as low income, insecure employment and the impact of gender-based violence on safe housing, with older women being particularly vulnerable.[48] [49] [50] Women who rely on social security nets such as older women and women with disability, or those experiencing poverty, are more likely to reside in low-cost housing with poor thermal efficiency and overcrowding, increasing their exposure to extreme heat, cold, and related health risks. As climate events displace more communities, these risks are compounded, highlighting the urgent need for inclusive, gender-responsive housing and climate resilience policies.

Food and water insecurity

Clean water and nutritious food are the basic building blocks of wellbeing, and the SDGs. Water is critical for drinking, for hygiene, for growing food and for the health of the environment. Healthy food supports children's growth and development.[51] Access to clean water and adequate food and nutrition are basic human rights.[52] When adults experience food insecurity, they are vulnerable to a range of acute and chronic conditions, including diabetes and heart disease, as well as disengagement from education and work. Food system instability and poverty are key determinants of health, affecting people's vulnerability to acute and chronic conditions.

There are links between climate change, disease and global food system stability. Climate change and changed weather patterns, transport disruption and rising agricultural input prices create significant risk of crop failure and hunger.[53] Already precarious, production and distribution of nutritious food is further disrupted by climate-related pandemics, resulting in supply chain disintegration and increased food insecurity.

In 2024, one in 3 Australian households, and one in 2 low-income households, experienced food insecurity in the previous 12 months.[54] This means they did not always have enough to eat or know where their next meal would come from. Like other issues driven by poverty, food insecurity disproportionately impacts women and children globally and in Australia.[55]

While supermarkets are generally associated with improved access to nutritious food, behaviour during and following the COVID-19 pandemic shows that the duopoly model of supermarkets exploits employees, farmers and consumers for profit, compounding the risk of food insecurity.[56] There are also well documented examples of suppliers charging significantly more for food in remote communities, which leaves families without the essentials, and with no access to alternatives.[57]

Heat impacts

A range of chronic health conditions that disproportionately impact women are associated with heat intolerance, such as trachoma,[58] multiple sclerosis,[59] thyroid conditions,[60] and dysautonomia.[61] [62] Women also live longer than men, with ageing impacting people's ability to self-regulate their body temperature. Women experience higher rates of poverty and are more reliant on social security, which means they often live in cheaper housing with poor thermal efficiency, overcrowding, a lack of insulation and inadequate heating and cooling, or rentals with no ability to install solar panels to ensure access to heating/cooling, water and sanitation.[63] Variations in building codes among jurisdictions perpetuate inconsistencies between what renters and people in community housing can expect. Women also rely more on public transport and places, meaning they may have less access to air conditioning and relevant services during extreme weather.[64] These factors contribute to the particular harms faced by women.

Women are also at higher risk during extreme weather events, with heatwaves resulting in more deaths among women than men,[65] [66] and an increase in pre-term births.[67] As the healthcare system does not yet adequately diagnose, treat and support women and gender diverse people with chronic health conditions, this places women at additional risk when healthcare systems are under pressure due to an emergency or climate change induced disaster.

Mental health

Young women[68] and gender diverse people[69] report higher levels of climate anxiety than young men, as do people with existing mental health conditions and people living in remote areas.[70] The wellbeing of Country and the effects of climate change also impact the mental, physical and spiritual health of First Nations people.[71] Mental health services are widely reported to be inadequate due to wait times, number of sessions available, cultural safety and cost, making it difficult to access diagnosis and support when needed.[72] As the mental and spiritual health impacts of climate change increase, it is critical that our mental healthcare system is strengthened to provide timely, safe and appropriate care. Broader social and cultural determinants, such as connection to Country, language and traditional knowledges, family, kinship and community, must be considered as part of the process.

Communicable disease

Climate change increases the risk of animal-borne and vector-borne disease, including COVID-19, Malaria, HIV, SARS, Ebola and Japanese Encephalitis.[73] This is partly driven by animals living closer to human populations due to habitat loss, from deliberate destruction and climate-induced ecological collapse, and because changing weather patterns are pushing animals and insects that spread disease into new areas.[74] Climate change also increases the risk of antimicrobial resistance, which reduces our capacity to treat infectious disease, increasing the potential for serious illness, long-term complications and death.[75] Additional monitoring of disease spread and research into prevention and treatment would better prepare our health system and communities for changes ahead.

Sexual and reproductive health and rights

Climate change is also impacting sexual and reproductive health services and rights. The National Women's Health Strategy stipulates the right of women to access sexual reproductive health care, including menstruation and abortion health services.[76] However, the increasing prevalence of disasters, is creating barriers that are persistent and wide-ranging. Care for menstruation, pregnancy, birth and termination is often constrained during and following disasters.[77] Menstruation is still not adequately supported in emergency response settings,[78] and when healthcare systems are reoriented towards emergency response, this reduces their capacity to offer routine care for menstruation, pregnancy and termination. Better centring human rights and the elimination of sex-based discrimination in healthcare system and disaster response planning, will ensure that reproductive healthcare is resourced. This can include the provision of comprehensive sexuality education to expanding affordable, accessible and culturally responsive abortion care.

Impacts of climate change are further intensified for communities that already face discrimination and limited access to sexual and reproductive health services, such as the LGBTQIA+ community. During times of heightened stress on health systems, such as during climate-related disasters, LGBTQIA+ individuals encounter greater barriers to accessing safe, gender-affirming care. Additionally, they often have fewer resources and

support systems available to aid in recovery, leaving them more vulnerable to the long-term consequences of climate change.[79]

Gender-based violence

Gender-based violence is a major contributor to ill health in women[80] causing physical injuries, psychological trauma,[81] [82] [83] brain injuries,[84] [85] pregnancy loss, alcohol and other drug use, and self-injury.[86] [87] Research in communities following bushfire and COVID-19 in Australia shows that there is an increase in first-time violence and an increase in the severity of violence following climate disaster.[88] [89] [90]

This violence is thought to be linked to the gendered dynamics of emergency response, increased stress and trauma, and norms and expectations around men's mental health. While trauma from the disaster is undoubtedly a factor in exacerbating violence following disaster events, the patterns of perpetration and victimisation remain distinctly gendered. It is important to address the entrenched dismissal and excusal of gender-based violence, rigid adherence to gender stereotypes (including who takes on 'carer' and 'hero' roles), normalisation of male violence, and men's control of decision making within families and communities to effectively prevent violence following disaster.[91] This can be done at a broad community level, and within resilience building and emergency response systems.

Primary prevention of gender-based violence and actions that address the underlying, gendered drivers to stop violence before it happens are important public health measures.[92] For example, embedding comprehensive sexuality education, including sexual health, consent education and respectful relationships in schools and community settings can address harmful gender norms and instil bodily autonomy principles across the life course. This helps build new social norms unconstrained by rigid gender stereotypes (for example, caring as part of shared roles for people of all genders), promote women's decision-making and leadership alongside men, normalise gender equality in public and private life, and strengthen positive, equal and respectful relationships[93] before community disasters and throughout disaster recovery and management.

Gender-responsive climate and health policy

Climate change and health system resiliency

Strong health systems are critical for delivering on the SDGs and our human rights obligations. The depletion of our healthcare system through resource constraints, inadequate staffing levels/ratios, non-competitive wages and a lack of psychological safety has created vulnerability that is compounded during times of crisis. This is particularly true in rural and remote areas, which have long had insufficient healthcare. The impacts of climate change will only increase demand on health services due to injury and illness, damaged health and social infrastructure during extreme weather events, and disrupted delivery of healthcare services.[94] The effect of COVID-19 on Australia's health system, including critical workforce shortages, indicates that it is not resilient enough to withstand sustained pressure.[95]

Women are the vast majority of registered nurses and staff in other parts of the healthcare system that are 'frontline' during emergencies.[96] [97] This puts women at greater risk of contracting climate-related communicable disease, and it also often makes them the first population within which prevention and response treatments (including vaccines and anti-viral drugs) are rolled out, before long-term side effects are known.[98] This is a particular risk because many clinical trials do not include women, or women of child-bearing age, as participants.[99]

These challenges present a critical opportunity to strengthen the health system through gender-responsive approaches to health and climate change. Investing in the health workforce, particularly in the recruitment, retention and leadership development of women and gender diverse people, can enhance system resilience and improve health outcomes.

Planning that considers and addresses existing gendered disparities can improve emergency preparedness, infrastructure design and service delivery to better respond to the needs of all populations, especially those most affected by climate change.

Building a climate-resilient and gender-responsive health system requires:
- further research that is inclusive of women and gender diverse people to address research gaps, which considers sex, gender, variations of sex characteristics and sexual orientation at all stages of research projects[100]
- investment in sex and gender-disaggregated data systems to inform equitable policy and resource allocation
- integrated gender analysis in climate-health risk assessments, policy planning and implementation
- continuity of essential services, including sexual and reproductive health, during climate shocks
- inclusive early warning systems and communication strategies that reach diverse populations
- community-based initiatives that empower women as leaders and agents of change.

Embedding gender equity into climate and health policy is an important measure to both address existing disparities and build a more robust, inclusive and future-ready health system.

Disaster preparedness, response and recovery to support health

Existing gaps in access to safety, economic resources, and healthcare are often replicated and magnified during disaster preparedness and response. As a result, women face disproportionate risks, not only from the immediate impacts of disasters (including higher mortality rates), but also from cascading effects such as increased family violence, caregiving burdens, and reduced access to healthcare.

Disaster preparedness is about building capabilities in our systems and communities to prevent, plan for, respond to and recover from disaster.[101] It broadly includes governance, systems, processes, resources, personnel and leadership. While in the past, emergency response was seen as an event-oriented system, there is increasing acknowledgement that as climate disasters become more frequent, severe and unpredictable, the traditional 'planning-to-recovery' journey is no longer realistic. The community and our emergency response systems need a high level of preparedness and resilience at all times, and to be inclusive and actively address injustice and human rights.

A gender-responsive approach to disaster preparedness is a strategic opportunity to improve health system equity and effectiveness. Women, particularly women with disability, those with caring responsibilities, or living in rural and remote areas, bring critical lived experience and expertise that can shape more inclusive and practical emergency responses. Co-designing disaster plans with these groups ensures that no one is left behind and that services are accessible, culturally responsive and consider diverse needs.[102]

For example:
- Physical demands of flood response (such as sandbagging) may be inaccessible to people with chronic conditions, disability, or who are parents and carers, yet alternative roles and supports are rarely planned for.
- In families where men are deployed as emergency responders (such as during bushfires), evacuation and sheltering often fall to women, placing them under immense pressure to safely manage dependents, pets or farm animals and property with limited support. While men's frontline roles are celebrated, the many and varied roles that women play can often be invisible and impact their physical and mental health, as they are expected to prioritise caring for families and community before their own needs.[103]
- Crisis shelters and temporary housing are often not designed with accessibility, privacy, or family needs in mind, yet may often be relied on long after a disaster.

By including women, and women with disability, in response and recovery planning, it is more likely that what is provided will be accessible and keep the diversity of people in our communities safe.[104] Embedding gender equity into disaster planning can lead to:
- healthier, safer emergency shelters that accommodate families, people with disability and diverse cultural needs
- integrated violence prevention strategies as part of disaster response, community resilience and recovery efforts, recognising the spike in gender-based violence following climate disasters
- transforming unequal power relations by promoting participation of women and gender diverse people from diverse backgrounds in decision-making[105]
- stronger community health systems that are prepared to deliver essential services, including mental health and reproductive care, during and after emergencies.

Taking gender–responsive actions for climate and health

Embedding gender-responsive approaches into health system planning and across society is key to strengthening climate resilience. The Gendered Framework for Action on Prevention and Healthcare can be used to identify opportunities to embed gender-responsive action across 7 key areas:

1. Strengthening research, evidence and information
2. Addressing structural and intersecting barriers to universal access
3. Eliminating gendered discrimination in healthcare
4. Rebalancing care, work and health
5. Evolving models of gender-responsive prevention and healthcare
6. Addressing the gendered nature of violence and its health impacts
7. Addressing the gendered nature of violence and its health impacts

Example gender–responsive actions

Strengthening research, evidence and information
- Provide accurate information about disaster preparedness, response and recovery in a range of formats, languages, and community spaces. Ensure this information is co-designed with women from priority populations.
- Use gender and social characteristic disaggregated data for analysis, reporting, and program development.
- Develop and communicate standardised, evidence-based tools for identifying and addressing climate-related health vulnerabilities in various communities, including rural, remote, and marginalised populations.

Addressing structural and intersecting barriers to universal access
- Investigate the demographics and characteristics of the community you serve, and partner with the community and/or community-controlled organisations to inform resilience, response and recovery planning.
- Ensure emergency and healthcare practitioners do training in anti-discrimination and gender-responsive approaches to healthcare.
- Incorporate best practice for priority populations into climate related policies and responses.
- Work with specialist organisations to develop or support gender-specific programs or groups in the emergency relief and recovery period that serve priority populations.

Eliminating gendered discrimination in healthcare
- Undertake professional development to improve understanding and implementation of gender-responsive approaches to health and prevention.
- Identify ways for health settings and professionals to address existing barriers to diagnosis, treatment and recovery for women, to reduce the risk of climate-related impacts exacerbating chronic health issues.
- Ensure healthcare practitioners in evacuation centres are trained to support breast-/chest-feeding parents, and that facilities are available to feed, express, store milk and prepare formula.
- Provide menstrual supplies and disposal facilities in evacuation centres and public buildings/spaces.

Rebalancing care, work and health
- Identify ways to redistribute and resource the role of caring during disasters, to ensure gender equality in unpaid work.
- Implement local and state/territory government policies to ensure fast re-establishment of paid community-based caring services as part of disaster response and recovery.
- Provide disaster-related leave provisions and inclusive HR policies in workplaces, including leave required to support unpaid care work.

Evolving models of gender-responsive prevention and healthcare
- Provide education and training in health and social care settings that is gender-responsive, trauma-informed and climate-specific.
- Recruit and retain a skilled health workforce that can provide gender-responsive healthcare and that is resilient in the face of climate change.
- Review workplace policies to be adaptable and flexible in responding to climate-related events.
- Ensure people with disability, elderly people and children are planned for within disaster recovery efforts.
- Resource and fund alternative support networks that can step in to support those with higher needs at times of crises. Ensure this support is culturally appropriate and fits into already established models of community care.
- Identify and address emerging mental health challenges related to the impacts of climate change, including climate grief and eco-anxiety, mental health impacts on young people and mental health support during disaster recovery.

Addressing the gendered nature of violence and its health impacts

- Roll out mandatory training to ensure health professionals and programs in place to respond to the impacts of climate disaster/change are aware of the risk, prevalence and dynamics of gender-based violence following disaster.
- Ensure trauma-informed debriefing and care is provided to first responders and does not dismiss or excuse gender-based violence as a 'response to stress'.
- Ensure evacuation centres have domestic, family and sexual violence and intervention order protocols, so that people who experience and use violence can be identified to staff and supported safely and separately.
- Ensure domestic, family and sexual violence prevention and response practitioners are involved in emergency/disaster planning, implementation and evaluation and available at evacuation centres.

Enabling agency

- Learn about and support First Nations women-led climate action initiatives and platform their work and advocacy.
- Platform young women and gender diverse leaders in climate activism, ensuring they are adequately supported and given the space to pursue stable, long term and safe climate advocacy.
- Listen to local communities of women and gender diverse people when engaging with them to establish specific responses and local resilience. Remunerate women and gender diverse people, including those from diverse backgrounds in advisory roles and during consultations. Implement local and specific recommendations for addressing climate related health injustices.

Conclusion

The health of our planet and the health of women and gender diverse people are inseparable. Climate change is not only an environmental crisis, it is a public health emergency that deepens existing inequalities and disproportionately affects those already facing systemic disadvantage. The policies and actions we take today will shape the future of both our climate and our health systems, with consequences that will be felt for generations.

Here lies an opportunity to reimagine our systems to embed equity at every level. Building a sustainable gender-responsive health system is imperative to ensure people of all genders, as well as our planet, can thrive. Achieving this requires strong movements across gender and health justice, that are well aligned with existing climate justice movements. This paper represents the Alliance's commitment to being a national leader at the nexus of health and climate and to working alongside other groups and organisations to progress shared outcomes.

While intersecting forms of disadvantage magnify the impacts of climate change on the health of women there are opportunities through research, policy and practice for prevention, harm minimisation and response. By embedding gender equity, diverse women's leadership and decision making into climate action, we can create a healthier, more just and sustainable future for all.

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