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A planetary health blind spot: the untapped potential of women to safeguard nature and human resilience in LMICs

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A planetary health blind spot: the untapped potential of women to safeguard nature and human resilience in LMICs



Against the backdrop of civic engagement, such as the Fridays For Future movement, expectations were high for 2020 to be a year of accelerating commitment to climate, biodiversity, and women's rights; marked by plans for the UN Climate Summit, the Convention on Biological Diversity Summit, and the 25th anniversary of the Beijing Declaration on women's rights. Instead, the political agenda was defined by COVID-19, which has served as an unwelcome, although timely, reminder of the fundamental interconnectedness of environmental, social, and economic systems. True recovery and a transition to a more resilient global society can be achieved by adopting an approach based on planetary health with a core focus on reducing social inequalities. This focus is necessary because the most vulnerable people globally are also the least represented in powerful positions in government and industry.

As with the COVID-19 pandemic, environmental degradation disproportionately affects the most vulnerable people in society—notably, populations from low-income settings and women worldwide. In the case of low-income and middle-income countries (LMICs), this impact is due to the combination of unfavourable geography, with regard to climate change impacts, and a relatively precarious socioeconomic situation. Consequently, people in LMICs are less able to prepare for and adapt to the effects of climate change than are those in high-income countries. For instance, food insecurity is a greater threat in these regions, where more people rely on small-scale agriculture, making them vulnerable to droughts, flooding, and extreme weather.¹ Climate change and pollution also affect the lives of women disproportionately, largely owing to socially entrenched differences in their roles and responsibilities. For example, women and children have the highest exposure to indoor air pollution from traditional cooking and heating, increasing their burden of disease. Women also have a higher mortality rate from climate-related disasters than do men.²

Despite bearing the brunt of these impacts, the voices of women, especially those from LMICs, are systematically under-represented at all levels of decision making. The COVID-19 pandemic is just one

illustration of this; a mere 3.5% of COVID-19 expert taskforces showed gender parity in their membership.³ This picture is similar to that in the world of climate policy. At the UN Climate Change Conference 2019, only 41 (21%) of the 196 delegations were led by women.⁴ Voices from the most vulnerable countries are also severely under-represented in general global matters, and the field of planetary health is no exception.⁵ A 2020 study showed that only 34 (17%) of the 200 leaders at prominent global health organisations were nationals from LMICs.⁶ The same study found that a mere ten leaders (5%) in global health were women from LMICs.

We stress that dismantling outdated social barriers can reverse this bleak scenario. To build a healthy future for people and the planet, we need to redesign existing decision making structures to ensure the representation of the communities they serve. This step is about more than fairness and equity; it is an opportunity to tap into the intellectual and economic potential of more than half of the planet, for whom the doors to decision making and economic activity are so often barred. It has been estimated that advancing gender equality could add \$12 trillion to the global economy.⁷

We represent the Women Leaders for Planetary Health, a social enterprise that addresses these needs by focusing on supporting women from LMICs. To equip young female professionals with new skills, knowledge, and networks, we have created a mentorship programme, with mentees from over 20 different countries. This programme is complemented by lectures on planetary health topics, soft skills trainings, and one-on-one guidance. This approach has been shown to be particularly valuable for women in helping to overcome the additional barriers to career advancement that they encounter.^{8,9} This enterprise is one step in the right direction, yet more needs to be done to change mindsets in societies and governance circles.

Although we are working on overcoming the barriers that some women face in their professional lives, we are well aware of the structural and societal barriers that remain, as well as of our own advantages given that not all of us are from a LMIC. Thus, we recognise these asymmetrical power relations and encourage

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the planetary health community to empower women, especially those from LMICs, to be transformative agents in health, the environment, and human rights. Therefore, we call for further commitment from global health organisations to have equal representation of women from both high-income countries and LMICs. Supporting future change makers within planetary health will need more attention to the disruption of outdated systemic biases and prejudices that hinder women's leadership, especially in the most vulnerable countries. This untapped potential of women in LMICs can safeguard nature and improve human resilience, both of which are fundamental goals of the planetary health community.

SG currently works as student assistant at the German Climate Change & Health Alliance. All other authors declare no competing interests.

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