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entitled “Women 2000: gender equality, development and
peace for the twenty-first century”**

Statement submitted by International Federation of Medical Students’ Associations, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

The International Federation of Medical Students' Associations emphasizes the importance of addressing intersecting issues of climate change, gender and health, especially among vulnerable populations. We believe that empowerment and gender equality can be achieved in many dimensions and reducing health inequalities, exacerbated by climate change, is one of them.

In 2020, 30 million people were displaced as a result of weather conditions. Between 2018 and 2050 this number will rise by 163 million if climate inaction continues. It is prominent that migration will soon be one of the climate-related challenges that the global community will need to address. One of the most climate-sensitive sectors is the healthcare system which will need to respond to the specific needs. Migrants are often denied basic human rights, including access to social and health services. This will put women in an even more vulnerable position as women constitute 80 per cent of people displaced by climate change.

Climate migrants are also different from political migrants. A study in Bangladesh has shown that environmental displacement resulted in poorer living conditions and sanitation compared to those displaced for political reasons. During climate change, we observe an increase in international migration but also migration from rural to urban areas. Both of them pose challenges and health outcomes specific to this phenomenon. Migration to urban centers will result in increased rates of non-communicable diseases (attributed to food insecurity, dietary transition, economic marginalization and poor living conditions) as well as infectious diseases in the displaced populations (attributed to inefficient management of water and sewage systems and living in crowded spaces). A notable point is the rise of human immunodeficiency virus (HIV) infections during climate migration as a result of transactional sex, which again puts women at a higher risk due to the social perception of their gender role. In international migration, the pattern is similar as people are exposed to threats during migration such as injuries, food scarcity, discontinuity of healthcare and violence, particularly sexual violence. Unequal access to healthcare and considerable differences in living conditions are documented to be significant contributors to health disparities between host and migrant populations.

Migrants' mental health remains jeopardized as they lose their social ties, live in shelters in dehumanizing conditions and are exposed to xenophobic attitudes.

All aforementioned factors can be considered social determinants of health. Gender inequity is included in the social determinants of health, and gender-based social exclusion and discrimination also have direct adverse effects on physical, social, and psychological health. Improving gender equity in health is therefore one of the most direct and potent ways to reduce health inequalities and ensure effective use of health resources. While this is true for most of the social determinants of health alone cannot be held accountable for the existence of health inequities, some factors are rooted within societies contributing to the unequal exercise of the right to health. Taking all of these factors into consideration, mitigation of health inequities is not possible until greater political interventions are taken in recognizing the complex way in which history, culture, social factors, politics and policy collectively influence health.

Climate migrants cannot enjoy the same access to healthcare as citizens of the particular place as some obstacles regard economic hardship but also language barriers and lack of information. Sexual and reproductive health and rights are particularly affected as growing health needs limit the capacity of healthcare systems, in many cases leading to underfunding of sexual and reproductive health and rights services. Climate change in the current inadequate response will lead to a global crisis

which - as shown during the pandemic - will have a tremendous impact on sexual and reproductive health and rights. During the pandemic other health services were carried on at the expense of sexual and reproductive health and rights services, lockdown created transportation barriers to access clinics, sexual education was suspended and policies hindering access to abortion and contraception were more willingly implemented. If the pattern from the pandemic crisis will be reflected in the climate crisis this will have an appalling effect on women, girls, people able to get pregnant, people with a uterus and all people in need of sexual and reproductive health and rights services. Migrant populations will be more affected as the challenges in accessing healthcare will remain untackled. Inequalities are also prominent in social determinants of health, where poor sanitation impedes menstrual health management or hygiene maintenance during pregnancy or childbirth. As sexual and reproductive health and rights services are crucial to achieve gender equality and create an empowering environment, we should be mindful of the lurking danger of climate change that will affect its availability and accessibility. Gender equity as an essential factor to ensure the human right to health: this includes one's freedom to control one's health, body and the entitlement to a health system that protects and grants equal opportunities to everyone, including migrant women and girls. As future healthcare providers, we are committed to supporting gender equity within and outside of medicine, as it is a prerequisite to fulfilling The Universal Declaration of Human Rights. Sexual and reproductive rights were recognized as human rights during the International Conference on Population and Development 1994 and in Beijing Platform, and thus, fostering equal access to sexual and reproductive health and rights services supports the protection of human rights, promotes body autonomy, enables women's growth and draws us forward gender equality.

To answer the growing health gaps, gender-sensitive approaches are needed, especially in the area of health, in particular, sexual and reproductive health and rights to prevent the services scarcity in times of crisis, to strengthen universal health coverage to migrants and to ensure inclusive services to all vulnerable populations that will be affected by climate change.

However, to implement these policies, we need data-driven assessment. We are saddened to see little research done on the effect of climate-induced migration, gender and health. Having little information makes it impossible to propose inclusive, comprehensive and effective responses to climate change and its impact on gender.

The International Federation of Medical Students' Associations recognizes the global burden of disasters and emergencies, and their impact. Hence, we reaffirm that gender equity should continue to be recognised as a priority in times of global crises, in sustaining the implementation of empowerment and equity strategies and responding to these crises.

The International Federation of Medical Students' Associations calls on member states to:

- Acknowledge the intersectional nature of gender;
- Invest in research on the impact of climate change and natural disasters on gender;
- Develop and ensure gender-sensitive response and recovery plans and to ensure gender-diverse engagement in decision making and shaping such plans;
- Ensure access to dignified and acceptable healthcare services in times of crisis, including sexual and reproductive health services;

- Ensure gender representation in the decision-making and policy development and in leadership positions when developing climate action and disaster risk reduction strategies;
 - To adopt community-based health approaches in climate action, disaster preparedness and health emergency management, ensuring the inclusion of women and girls.
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