



# Women and climate: Unpacking the intersection of climate, health and gender

ESG voices podcast series

## Presenter:

*Hello, and welcome to another episode of ESG Voices. This podcast series addresses the opportunities and challenges within ESG through interviews with ESG specialists from KPMG and beyond.*

*Throughout this series, we will discuss a broad range of environmental, social, and governance issues, aiming to support governments, businesses, and communities in creating an equitable and prosperous future.*

In today's special edition podcast, I'll be handing over the mic to Avery Johnstone, Associate, Global Decarbonization Hub, and Global Chair of Leaders 2050, KPMG International, a KPMG-led, external facing network for young professionals interested in climate, energy transition and ESG.

Avery will be sitting down with Dr. Anna van Poucke, Global Head of Healthcare, KPMG International, and Healthcare Senior Partner, KPMG in the Netherlands, to discuss the impact of climate on women's health in jurisdictions globally, and unpack the challenges and opportunities of gender just climate action as we chart the course for a more inclusive transition.

There's a lot to cover on the topic, so without further ado, over to you Avery.

## Avery Johnstone:

Anna, thank you so much for joining us on this special edition of the ESG Voices podcast. I'm really looking forward to hearing your insights today and really appreciate you taking the time to chat. Can I start by asking you any overarching trends that you've seen globally? As it relates to the intersection of climate, health and gender?

## Dr. Anna van Poucke:

Yeah, it's great to share that. And Avery, let's be very clear. What we are starting to see more and more is the awareness and actually the appearance of the effects of

climate change and health. And to be honest, I mean, I've been in the sector for over 30 years. What we are starting to see is quite hefty, quite a heavy burden that climate change will have on health care systems that are already pretty fragile and where we are already having a crisis.

The good news is that with the effects of climate change on health that we're starting to see, there's also more attention for the subject. So there's a little bit of a silver lining in that cloud. Now, if I sort of boil it down to what we're seeing in the field of climate change, and health and gender and gender equity, the most general finding there is that, yes, climate change is starting to have very adverse effects on health, but it's starting to have even more adverse effects on health where it comes to women in society.

And it's threefold. The World Health Organization recently did research and they're showing that 3.6 billion people on this globe are living in areas that are very susceptible to climate change.<sup>1</sup> So think hurricanes, droughts, floodings, things like that. So that's already a pretty devastating number, 3.6 billion. But the facts are that women are much more susceptible to these effects of climate change than men are. And why is it it's due to the fact of where are they living? It's due to the fact that if a crisis occurs, they are more often than not, they are the caregivers for their whole family. So they need to start giving care in situations that are very, very dire. And then, you know, they have roles like, you know, collecting food, collecting water, and that makes it very hard for them. So they are more vulnerable to disasters due to climate change.

The second one is the effects of climate change on the health care infrastructure. And I just need to think back of the story of Hurricane Dorian or Hurricane Irma. I mean, we had so many by now in the Caribbean, and I was visiting the Bahamas a couple of months ago and the Bahamas, I mean, I really it's actually their our whole health care system is led by females and a really strong and very impressive.

<sup>1</sup> <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health#Key percent20Facts>

But they told me the story about the northern Bahamas, where they had a hospital which was serving a whole area. Then Hurricane Dorian happened and their whole health care infrastructure was devastated and was just destroyed. And it was inoperable for nearly 12 months. Now, that is, of course, a huge burden for the population as a total. However, if you look at the needs that women have in terms of accessibility to healthcare, and I'm thinking about, you know, family planning, reproductive health care, but especially maternal care and paediatric care, if you don't have facilities that operate, if you don't have facilities within a certain reach, it means that you are really going to endanger these women in a very already a very fragile situation.

Another point is, when it comes to the effects of lots and hurricanes and other natural disasters, is that a research by the National Library of Medicine in 2016 shows that if crisis situations emerge, we see a rise in discrimination.<sup>2</sup> We see a rise in gender based violence. And so what we're seeing is that if there is a crisis and the situation get worse for the population, or if we see emigration patterns, refugees, women are in a more vulnerable position. They are more vulnerable to violence. And especially if it you know, if it comes down to refugees, the situation for females, and especially if they're single females in refugee camps, is a very hard one. Now, the last one is the fact that we see that food insecurity and malnutrition due to climate change is also is disproportionately impacting women and children.<sup>3</sup>

And that's because women have to take care of their whole family. It's because they are living more in marginalized communities. And so it is a three fold effect of natural disasters happening, destroying of healthcare infrastructure and the fact that, you know, refugee problems and violence problems and then the last one, it's famine and it's not being able to take care of your family, which definitely burdens women more, men are also burdened let's be very clear about it but the burden for women is more, more visible, more dire, heavier.

### **Avery Johnstone:**

Thank you so much for setting that up, Anna. And I think that piece around that recognition of the disproportionate impacts on women and as you say, these emerging trends are evolving so quickly, both that climate change is evolving so quickly and climate disaster continues to grow in importance and in severity, but also that our data collection around a lot of these pieces around health care is starting to be sex disaggregated. And so we have this much clearer picture now these days, especially in relation to climate change, on what those differences are. Those gender differences are across men and women. And as you say, it's women who are impacted by climate change, but also the resilience of those health care systems typically run by women. We know that women are disproportionately represented in kind of nursing and caregiving professions. The resilience of those systems to climate change, to then serve women's specific health needs and those differentiated health needs. So it's there's almost kind of negative feedback loop or a vicious cycle of one system impacting another, which continues to perpetuate further

<sup>2</sup><https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8112410/>

<sup>3</sup><https://www.wfp.org/news/climate-crisis-threatens-food-security-women-and-girls>

<sup>4</sup><https://www.thelancet.com/journals/lanplh/article/PIIS2542-51962100132-7/fulltext>

<sup>5</sup><https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

inequalities and economic disempowerment for women and their access, which is hugely challenging. So we have a massive, massively complex challenge in front of us and one to talk about on this podcast today. As climate change intensifies can you outline some of the kind of climate change related health issues that might disproportionately impact women? I know you've alluded to maternal health in particular. Can you expand on that a little bit and share with this audience, you know, where that very particular gendered experience lives?

### **Dr. Anna van Poucke:**

Yeah, there's a there's a number of examples to give. I was in Uganda a couple of months ago and I was really shocked by the fact that due to climate change, they had years of prevention campaigns for malaria, due to climate change, they're back to square one. So the numbers, the cases of malaria are just as high or even higher than they were before all the prevention campaigns. It's getting harder to do prevention. The part from that, apart from the fact that in areas that were already affected, what we see is that diseases, vector born diseases like malaria, Zika and dengue are spreading to new regions of the world. So Lancet, in 2021 said that 4.7 billion people may be at risk of vector borne diseases.<sup>4</sup> And what we're actually seeing at this moment, we are seeing the first cases of malaria and dengue in places like France, Spain, the UK, California.

We used to see these cases, but they were related to people traveling. Now they're originating from these areas, meaning that the mosquitoes that spread to diseases are just present in these areas. Now, what's the difference in effect, they're all males and females. What we see that especially diseases like dengue and Zika have a very adverse effect on women that are pregnant. And so they will endanger these women, but they will also endanger their children, getting complications, low birth weight, stillbirth, complications. So that that's one. The second one, which I haven't realized myself, but which is which is evident from research, is that women, due to their physiology, women suffer from heat more than men do. So what we're starting to see is that due to the extreme hot summers and years that we had recently, we see the number of deaths increasing very much.

And so women are starting to suffer more from the extreme heat, are starting to suffer more from extreme hot cities. So that's the second one. Related to that, and that's a little bit of an extra role. We see that very often women at a certain age start having a sort of three fold role. They work because they need economic independency. They have a larger role in caring for their siblings. And then the third one is that they very often also care for other relatives that are dependent on them. Now, due to the increasing heat and heat waves, we see that the number of death, heat related deaths in the over seventies have risen by 70 percent.<sup>5</sup> And so that means that there's a much higher burden in women in terms of taking care of relatives, taking care of them during heat waves, taking care that they stay hydrated, they stay cool. So there are a number of effects that we are seeing that are affecting women pretty severely in this climate change and climate crisis.

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**Avery Johnstone:**

So, Anna, we've talked a bit about the physiological impacts of climate change on women and women's experiences in the health care system. And we've talked a little about those kind of economic points. I want to dive a bit more deeply into the mental health impacts of climate change. This is an increasingly important topic across the global north and south. Can you talk to us a bit about what you're seeing around mental health, climate change and gender?

**Dr. Anna van Poucke:**

If I look at what happened after Hurricane Dorian, so you have the first effect, which are mostly the physiological effects, but what they saw that a lot of to survive was starting to suffer from depression. They had anxieties, they had post-traumatic stress disorder, which is, by the way, not only the case, you know, during Dorian, but that's the case very often after having natural disasters happen. And so there were a lot of mental health problems. Now, what was the special effect on women? And we see that in a little bit of a wider sense, because women in these situations like you've lost your house, you've lost your access to food, to water and things like that, they at that moment have to take care not only of themselves, but they also have to take care of their families. And so what you're seeing is that they are at a higher risk of also mental health issues because that burden is so huge. Actually when we talk about the sandwich generation, that same thing goes as well, having a heavier burden because you have to take care for your dependents who suffer from heat increases a stress that's already there. Women will get more overburdened, more burnout, more depression, more anxieties. So, yeah, there is definitely an effect of climate change on mental health. That's what we're seeing from research more and more. And it does affect women more than it would affect males in society.

**Avery Johnstone:**

And to build on that as well, I think that intersection around mental health and climate is also something we're seeing be very prominent in young people. You know, we have only ever lived in an era of climate change and climate disaster as opposed to those who are older than us who have seen this change over a longer period of time. So that piece around climate anxiety and that fear almost for the future is going to look like is really, really critical for young people. You know, what is my world going to look like? What kind of world might bringing a family into? These are all relevant questions that young people are asking themselves. So there's also that lens of youth that we can add to that intersection.

**Dr. Anna van Poucke:**

Yes, certainly. Certainly. And it did affect my generation has given your generation a huge first legacy, and I can fully see why it stresses young people much more. You know, it's a little bit of a bleak future they have in front of them when you consider climate change, it's awful, to be honest.

**Avery Johnstone:**

So just to recap, it's not just the physiology of women, but bringing back some of those earlier points that we discussed around displacement, the economic impacts. And as you've so rightly kind of pointed out here, the caregiving burden that women face is really perpetuating this system of gender inequality around this topic of climate change. And so building on that, how can we address these gender disparities in health care as a result of climate change? And probably quite a difficult question to answer. Where do you see the starting point for us?

**Dr. Anna van Poucke:**

I think there's a few starting points. I mean, sometimes solutions start by the fact that you just recognized and you identified a problem. The first and very important step is that we acknowledge that. I mean, we're starting to acknowledge that climate change is having a huge effect on health and healthcare systems. Now, the next step is to acknowledge that women are just affected more, and we need to be more aware of that.

We need to be more preventative on that. And we need to be, you know, just reaching out far more and see what we can do by doing things like making access for women to health care systems easier, reaching out to areas where they are recognizing distress they might have by having this triple burden and helping them on things like that.

So first of all, it's acknowledging it. The second one for me, and that's a personal one that's a bit becoming more and more a bit of my personal quest in this world. It's about economic independence. For me first and foremost is how can we give females, women much more economic independence so that when a disaster strikes, they're more able to feel they can get back to the roles and, independence in an easier way. I always think of the image that I had is I was in South Africa, I was there and you see that a people who don't have real fixed jobs, they work to the corners of streets to find jobs in the morning. And I saw these young girls working there and they had little baby children wrapped on the back by the blankets. And that made me realize, gosh, so what do I have to do? They have to find a job. They have to not only feed themselves, but they have to feed their children as well. And they have to find a job while at the same time they need to take care of the children. So as a society we need to think much more structurally, how can we make women much more economically independent so that they're less vulnerable and they have some savings or they have a fallback system? So that's for me, as is the second one.

And the third one is that we need to empower women and involve them as decision makers. And I think we need to do that in a two way. First of all, while we work with communities and we work with communities, especially in these areas that are very vulnerable to disasters due to climate change, we need to involve them much more. And what are we going to do? What do we need to safeguard here? How are we going to do that? How are we going to somehow take care that after a disaster happens, we can get back to normal and be self-sufficient as quickly as possible? That also helps in economic independence.

And the other one is that research has shown that boards with organizations with more diverse boards, with more women on board, have a stronger commitment to tackling the effects of climate change and tackling climate change. And they reached two goals much easier. So that's once again, another call for more gender equity and more gender diversity on boards.

#### **Avery Johnstone:**

And that brings us really helpfully to kind of this next question that I have. We're talking about this, and I think when we talk about global health care, it's so easy sometimes to default to it's a policy issue and it's a government issue. And that kind of has to set in one sector perhaps. How can organizations across both public and private sector really contribute to making a difference on this transition to gender equality and climate action kind of in parallel as opposed to two separate silos?

#### **Dr. Anna van Poucke:**

It's like when we're saying one health, one planet, we need to think of it as one big theme where we work on different sides to get somewhere. So like I said, what do we need to do with society? We need to think, we need to identify where are women living, how vulnerable are they?

What can we do to prevent that? How can we involved then, how can we as a society be much more proactive in taking care of economic independence? And that ranges from hiring women in jobs. It ranges from training young girls, giving them a proper education, child care, so that they can go and look for a job, not having to take care of the baby at the same time. And at the same time when it comes to the health care side, it needs to have that awareness, need to think about preventative. How are we going to guarantee services to women when we have disasters happening? Do we have fallback options? I know that the Caribbean are thinking very, very creatively, very well about that. It's also like, how can we make health care services more accessible to women in remote areas, both in maternal and paediatric stages, but more in general?

And then another element which we haven't touched upon, and that's the whole issue of gender inequality in health care in itself, not only related to climate change. All R&D bases from pharmaceutical industries, all research, all medical research is based on predominantly white males. There is a huge inequality when it comes to data in big data banks and DNA banks, in block banks, whatever there is.

So we need to be much more aware of the fact that gender has an effect in how health care systems show themselves, what sort of diseases you're going to get. And there's an important role for government, but also for providers and research institutes to change that, to include more women in research data banks, to have much more research focused at specific female problems. The other day, someone who launched a program on prevention or menopausal issues said that yes they raised money, but they didn't raise the amount of money at all that they raised when it was something like a more male

or not gender related issue. So we need to be aware of that. And then we need to be training healthcare workers much more to recognize symptoms that, typically female symptoms and diseases like heart attacks, which are very cardiovascular problems, are very often not recognized in females because their symptoms are different and they're being sent home saying that they have a mental health problem and then a couple of weeks later they die from a heart attack.

We need to be training our caregivers much more to be aware of that. So economic independence, looking at the areas where vulnerability is happening and how we can prevent it, giving them much more of a say and making our healthcare systems in the wide sense of the word much more available and accessible for women and much more adapted and geared towards specific female problems.

#### **Avery Johnstone:**

And you've touched on two of my favourite topics in your answer there. One being that kind of data driven design approach of, you know, our current understanding of our health care systems is so male dominated because that's the way the industry has existed and everything from research to the way that hospitals are led from a leadership perspective has there's so much interesting emerging research on this now. And if I may shout out, there's an incredible book called Invisible Women by a researcher called Dr. Caroline CRIADO Perez, which has an entire chapter on health care and the kind of sex disaggregated nature of the way our decisions and health care systems work. And the second point that you picked up on that I'm so interested in is that piece around caregiving as an enabler or care systems as an enabler to women's economic empowerment.

If women are stuck in their homes because they don't have adequate, safe, fair and accessible childcare services or support for aging parents, I know many, many women are in what's called a sandwich generation now. They're not able to access their full economic contributions, and that's not necessarily just in the formal workforce, but also in informal roles in the gig economy and in education.

I certainly saw this when I was working in global health, living down in Guyana, working on a peer-to-peer education project, and one of my students had a child, and so she would regularly not come to class. And I didn't know that she had a child until someone told me. And so we had then communicated with her that she could bring her child to class, but she couldn't write while holding him. And so I ended up teaching while holding him for a couple of months to make sure to contribute fully to the experience. And that she was able to get the most from from that project. And so it's one of those things that not only resonates with me on a personal level, having seen and kind of experienced it, but also from a wider conceptual piece, it's hugely impactful. It's way that we create systems to enable women's contributions rather than continue to perpetuate systems that further marginalize an entire gender.



**Dr. Anna van Poucke:**

Yeah, and I'm totally with you there. So a little bit on that data and female based healthcare systems. We know and it's a good thing that AI is going to be more and more important in health care and that we will get into much more data driven health care system, which is good because it's going to solve part of the crisis.

However, if these data are all predominantly based on males, we are going to have a huge issue and we are not empowering our health care systems, but we are impoverishing our health care systems, which is something that we don't want. And I fully with you all that caregiving and having to combine a number of roles. For me, economic independence in women is such a key to being able to take care of yourself, but also to get a position where as a female you can influence and where you do have power and where you can start to change for the other females in your surrounding.

And I think it is a responsibility for the KPMG's of this world, but also for the other corporates of this world to really think very hard and work very hard at what their role is going to be in creating that economic independence for women. We need to do that.

**Avery Johnstone:**

Absolutely. I'm 100 percent with you on that. I think it's not only that moral imperative to create the future that we want to live in. We want our children and our future generations to live in, but also that economic imperative. We know that, you know, when women are misdiagnosed, for example, they end up using more health care resources than if we just did it right the first time.

And so there's this really interesting opportunity there to also demonstrate that this is not only good for the planet, good for us as people, good for society, but very good for business.

The last question that I have, Ana, is do you see there being any policies or interventions that you think could help mitigate those gendered health impacts of climate change? And perhaps where have you seen this be successful in practice?

**Dr. Anna van Poucke:**

I think there's some pieces of good news there, so let's not try to make this the too dystopic because there's very great inroads in how we can start making change. So first of all, since 2012, there's more attention for gender and climate change and COP 28 I wasn't there, but if you look at all the materials, COP 28 really highlighted the issue. So like I said earlier, the only fact that, you know, you start drawing attention to something and make people aware with it is a first in road into change. Although we are not there yet, when major corporations stop making their plans and are pledging to reach net zero emissions, they need to take that gender issue more into account.

So what are they going to do? How is it going to affect people? And if they make these net zero emissions, what can they do to make life and to make things just that little bit easier for women and not sort of drive them into that poverty trap? And then in general, and that comes back to the economic independence again. I think it is it's a couple of things there. It is economic independence. It's all the policies that we're seeing. And I know that, you know, the W.H.O., the U.N. and other organizations are working very hard on creating economic independence. I know of a number of programs in Africa where they really work very hard on giving women, you know, training them, educating them, giving them secondments so they can get jobs and they can get that structural income. So we need to play into this as well. And then, like we just said, having universities and their awareness that's starting to come, that we need to have a much more, much stronger awareness of the differences that we have now in research and training and education and starting to work on that. If I'm really honest, if I look at what's happening in this world, I see more of this happening in the ethnic, racial field, black, white, different populations then in the gender diversity field. So I think we need to widen that. So yes, we see a number of things happening. We see more awareness. Is it enough yet? I don't think so. So we need to step up our game there.

**Avery Johnstone:**

Definitely. And as you say, there is some research being done at different intersections of this and maybe deepening those intersections. So we have a greater understanding of how all of these various kind of identity pieces impact women's access to health and women's experiences and also how we respond to those in light of climate change. Anna this is a conversation I could have all day, all day and night at this rate, But I want to give an opportunity for kind of any last, final thoughts.

**Dr. Anna van Poucke:**

I think we just end up with a few, you know, concluding points. Be aware of the fact that climate change is not only happening something far away, but it's happening close to us everywhere in this world, from the increased malaria and droughts in the southern hemisphere to heat wave heat related stress in the northern hemisphere affecting all of us.

So first of all, not even taking gender inequalities in account. We need to start working on climate change and preventing it because it's going to be a huge burden on health and health care systems. The second one is when we are aware of that, when we're developing programs, we need to take into account that females are much more affected by that.

So we need to give them better access to healthcare. We need to take that into account much more when we're developing programs. That second point is all about

that economic inequality and making women much more independent, taking care of themselves, being more resilient, being much better able to take care of themselves when disaster strike. And then it's also effect of in our health care systems having much more of a representative view on female, on gender and how we can weave that in, I think to be very direct and bringing back the economic conditions that you were relating to before Avery, the W.H.O. has estimated that by 2030, if we don't do anything, the direct damage cost to health can be between 2 and 4 billion per year<sup>6</sup>. That's a huge amount of money. That's something that we do prevent, that we are able to prevent. And we need to unite to tackle climate change. But I think we also need to unite to tackle the crisis in health care and take these things hand in hand.

And last but certainly not least, when we work on all of these items, let's take care that we give women a very strong voice. We listen to them, we empower them, and we don't make them the victims of climate change, but we make them the agents of change in climate change.

**Avery Johnstone:**

Anna I thank you so much for this thoughtful conversation. We are so glad to have you on this ESG Voices podcast, and we really appreciate you taking the time to dive into this intersection with us today.

**Dr. Anna van Poucke:**

Thanks a lot. Great to do this.

**Presenter:**

Anna and Avery, thank you for taking the time to join us today for this fantastic discussion. You've certainly given our listeners a lot to think about.

Join us again next time for more insights from ESG leaders and innovators. You can also find the latest KPMG insights covering a range of ESG topics by visiting [kpmg.com/ESG](https://kpmg.com/ESG).

Thanks for listening!

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<sup>6</sup><https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>

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