



Study brief

Global Inclusive Health
and Protection division

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Inclusive Planetary Health: Centring Women with Disabilities in the Climate-Health Nexus



Humanity & Inclusion (HI)

HI works in around sixty countries in situations of poverty and exclusion, conflict and disaster since 1982 alongside vulnerable populations and persons with disabilities.

Making It Work Gender & Disability, is an HI feminist and anti-ableist project, allied with African women and girls with disabilities.

This study has been conducted with the support of Institute of Tropical Medicine (ITM) Antwerp.

Study Overview:

The qualitative scoping study 'Planetary Health and Women with Disabilities' lived experiences of climate impact on health equity in Kenya and Uganda' was conducted by **Humanity & Inclusion (HI)** in partnership with two **women-led Organizations of Persons with Disabilities (OPDs): Women Challenged to Challenge (WCC)** in Kenya and **Lira District Disabled Women's Association (LIDDWA)** in Uganda.

Adopting a **participatory and transformative approach**, the research co-designed its tools with OPDs in line with the "nothing without us" motto. The study interviewed **34 women with diverse impairments** from urban and rural areas, including 2 refugee women and several single mothers.

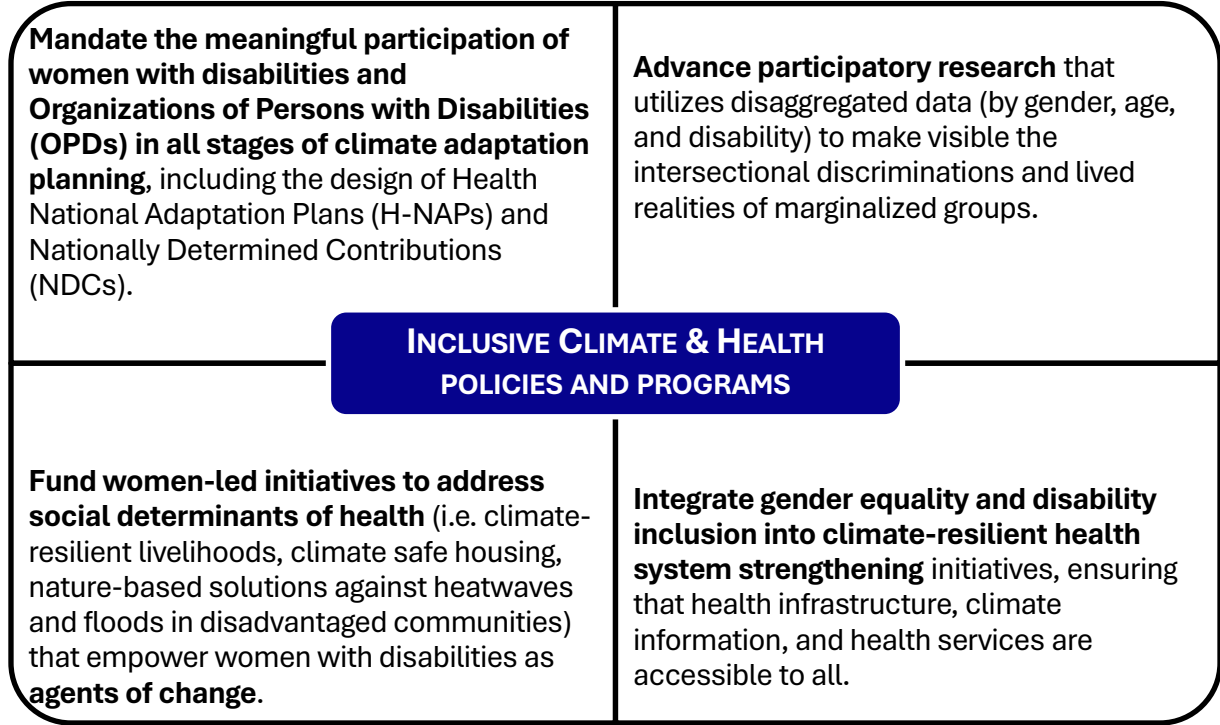
A key innovation was the use of **21 AI-generated visual prompt cards**, designed as discussion triggers to make abstract climate–health concepts more concrete, relatable, and accessible—especially for participants with limited literacy.

ShortURL: bit.ly/ClimateHealthWomenWithDisabilities

"I was sleeping when I was woken up by water entering the house. I didn't realize it was raining so heavily. Soon, the water level rose, and I had to go outside, but everywhere was flooded. I couldn't run, so I had to move slowly and carefully to reach safety before the water carried me away. When you only have one leg, it's a big risk—you can fall and be swept away."

A woman with a disability, Uganda

Ensure an equitable and effective response to the triple planetary crisis



Bridging climate and health at the intersection of gender and disability



Climate change is not a neutral threat; it amplifies existing health inequities for the 1.3 billion persons with disabilities worldwide, particularly women in the Global South where one in five women lives with a disability.

While the **UNFCCC COP28 Declaration on Climate and Health** committed to "maximize health gains" through partnerships with vulnerable populations, disability remains largely invisible in research and policy.

Research on climate and health overlooks how diverse persons with disabilities face disproportionate health risks from floods, heatwaves, and disrupted services. This brief, informed by a qualitative study in Kenya and Uganda, brings the voices of women with disabilities to the forefront of global negotiations.

Key findings



9 Injuries, impairments

Climate Impact on Health: Women reported direct injuries from floods and physiological stressors such as pneumonia from extreme cold and respiratory infections from dust. For women with albinism, intensifying heat led to severe sunburns, chronic pain, and a heightened fear of skin cancer. Stagnant floodwaters were linked to malaria spikes and waterborne diseases like cholera and malaria.



13 Arguing in the community, conflicts, harsh discussion, violence

Climate Impact on Protection, GBV, and Conflict: Climate stressors act as catalysts for violence. Financial strain and confinement during long rains were linked to increased **domestic violence**. Muddy or flooded roads exposed women to **sexual harassment and abuse** from those offering "assistance". Resource scarcity led to **violent conflicts at water points**, where women with disabilities were physically threatened.



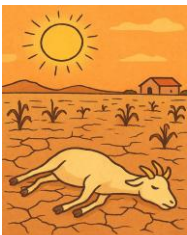
12 Isolation, GBV, violence, exclusion

Climate Impact on Mental Health: Participants described a pervasive "emotional landscape" of **anxiety, shock, and grief** over lost homes and livelihoods. Isolation during extreme weather led to deep feelings of loneliness and depression, while the unpredictability of seasons triggered a sense of powerlessness and "giving up".



7 Health centres disruption or interruption

Climate Impact on Health Centres and Services: Extreme events caused water or power outages, and structural damage to clinics. Access was further barred by **slippery roads and high transport costs**, which made reaching pharmacies or doctors impossible for those with mobility impairments. Critically, a lack of **sign language interpreters** and accessible weather warnings left many women "trapped" and uninformed during disasters.



15 Wild animals or livestock or fish sick or died because of climate

Climate Impact on Livelihood and Income: Heat and drought caused catastrophic **crop failure and livestock death**, forcing small-scale farmers into debt. Small business owners reported lost income when equipment overheated or customers could not reach them through floods. Negative attitudes toward disability further excluded these women from alternative casual labour.



20 Food price and availability, difficulties in business and jobs

Climate Impact on Everyday Life: Housing often became a **"trap" rather than a shield**; poorly ventilated iron-sheet homes reached unbearable temperatures during heatwaves. Water scarcity increased the physical and financial burden of **daily hygiene and caregiving chores**, often requiring women to pay for water that was frequently contaminated.

Policy makers

UNFCCC parties and negotiators must practice a more proactive and inclusive governance for climate and health

Start a dialogue with the Disability Caucus at the UNFCCC COP as representative of persons with disabilities in global climate negotiations.

Mainstream Inclusion in H-NAPs: Ensure that Health National Adaptation Plans specifically address the needs of women and men with disabilities, as mandated by Article 25 of the Convention of the rights of persons with disabilities (CRPD).

Climate Justice in Practice: Allocate dedicated space and funding to facilitate meaningful participation of women with disabilities and other multi-marginalized individuals in decision-making.



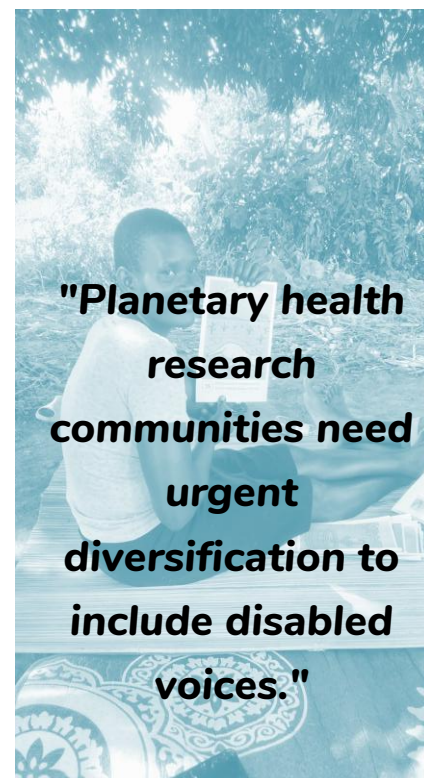
Researchers

Reorient knowledge production by shifting power toward the most affected communities, adopting a decolonial approach that recognizes them not as subjects of study but as central producers of knowledge

Diversify Research Actors: Actively include researchers with disabilities and prioritize partnerships with OPDs in line with "nothing without us" motto.

Apply an intersectional lens to capture how intersecting factors—such as gender, age, disability, and poverty—drive differences in health outcomes and protection risks.

Prioritize qualitative evidence and the lived experiences recognizing stories, emotions, relationships, and care as legitimate forms of knowledge to inform policy-making grounded in feminist decolonial and climate justice principles.



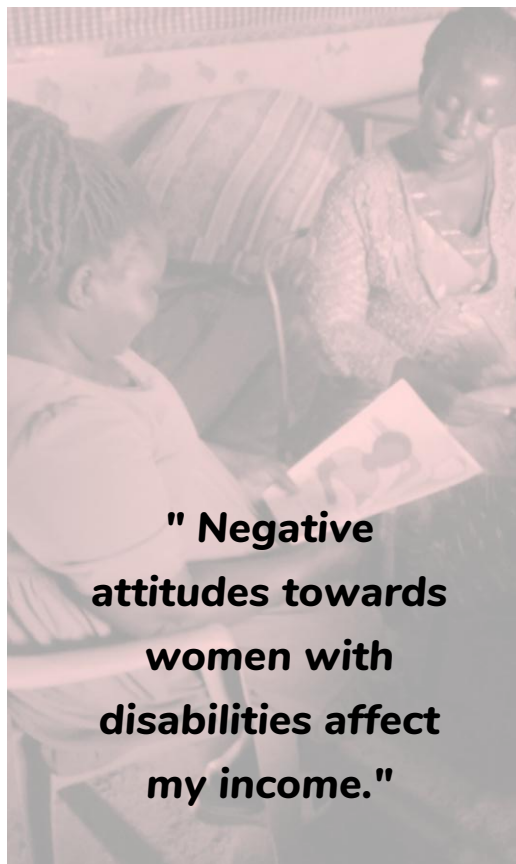
Donors

Flexible, direct, and gender-sensitive disability-inclusive financing is essential for climate resilience

Fund Inclusive Nature-Based Solutions: Prioritize investments in NbS (e.g., accessible shaded green spaces in Urban Heat Islands in marginalized areas) and provide flexible funding directly to women-led OPDs to implement locally-led climate-health actions.

Climate-Resilient Livelihood Financing: Offer financial and technical support for women with disabilities to develop businesses that can withstand climate shocks, such as resilient agriculture or green technology.

Universal Health Coverage (UHC): Support the expansion of UHC to ensure that climate-sensitive health needs (e.g. dermatology care for women with albinism) are covered and affordable.



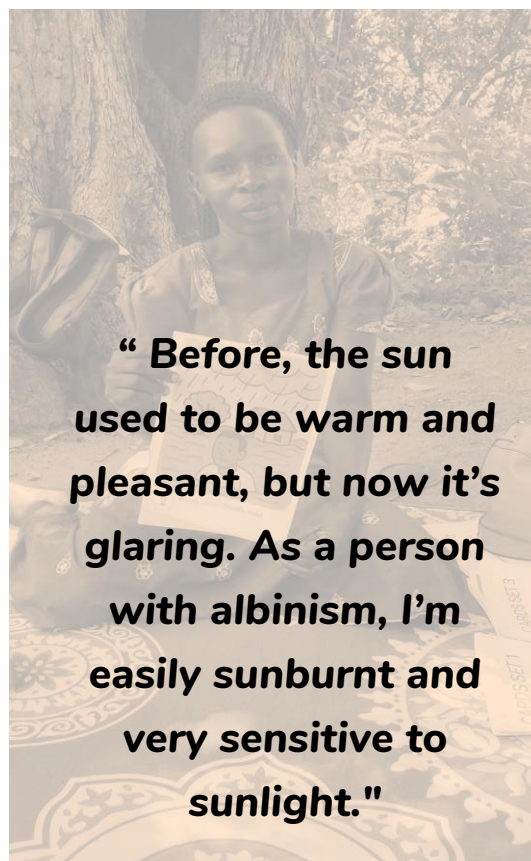
NGOs and CSOs

Climate action implementation must prioritize inclusion, health and protection, and community agency.

Accessible Climate-Health Information: Develop and disseminate early warnings and health advice in accessible formats (audio, sign language, easy-read, braille)

Empower Women as Agents of Change: Resource women with disabilities and work on transforming existing power dynamics so that they can take on leadership roles at all levels.

Climate-Resilient Health Workforce: Support Health authorities in training health workers on the specific risks climate change poses to groups at risk (e.g. refugees with and without disabilities) and women and men with disabilities (e.g., heat-related risks for those with thermoregulation impairments) and how to provide inclusive prevention and quality care.



A call for disability-inclusive climate action for the right to health for all

Adopting a **Planetary Health** approach means recognizing that the health of humans and the environment are inextricably linked. For this framework to be meaningful, it must confront ableism and sexism and centre the knowledge of those most affected. By following these recommendations, **global actors can move beyond rhetoric** and ensure a climate-just future where no woman with a disability is left behind in tackling the triple planetary crisis.

Climate change is not an abstract phenomenon but a daily reality that amplifies pre-existing health inequities and protection risks for women with disabilities in the Global South. To effectively address these challenges, global actors must adopt an **inclusive Planetary Health approach** that recognizes the deep interdependence between human well-being, ecosystems, and social equity.

This requires decolonizing global climate and health governance **by shifting power, resources, and decision-making to actors in the Global South**, including women with disabilities and their representative organizations. It also calls for moving the intersection of gender and disability from a neglected issue to the centre of policymaking through participatory, women-led and OPD-led research and action.

Ultimately, ensuring the **meaningful participation of women with disabilities** is not merely a matter of rights; it is a prerequisite for building climate-resilient health systems that are truly capable of serving the whole population. By centring these lived experiences, we can transition from reactive crisis management to a proactive agenda for climate justice and health equity.

Link to the complete study in English:

[Planetary Health and Women with Disabilities' lived experiences of climate impact on health equity in Kenya and Uganda](#), Lyon: Humanity & Inclusion, 2026.

ShortURL:

bit.ly/ClimateHealthWomenWithDisabilities

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