

COUNTED OUT

How 211 climate and health indicators across four global frameworks fail to see sex and gender

GLOBAL 50 50

Cover photograph:

Chilli Farm
Jodhpur, Rajasthan, India. 2019.
Photograph by Pinkesh Bhati.

Hundreds of thousands of dusty red chillies lie out in rows on the hot sand. Beneath the burning sun, a woman dressed in bright yellow tends to them. She, like many other women in Rajasthan, works on the chilli farm during the winter months. The work is arduous and the hours long, but for many families, the chilli farm is an invaluable source of income throughout the winter months. Pinkesh's image captures an often unseen side of female labour in the farming practices in India.

About the photographer:

Pinkesh Bhati is a freelance photographer from India.

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SUMMARY

A health ministry deciding where to send heat warnings, or a funder deciding which cooling programme to back, needs to know who is most at risk. Across four major global climate-health monitoring frameworks, just one of the 45 indicators that measure people's lives and the impact of climate change reports results separately by sex or gender; the rest do not measure how women and men are affected differently.

Four instruments define how the world monitors climate change and health: the Belém Adaptation Indicators, the WHO Health and Climate Change Global Survey, the GCHA Healthy NDCs Scorecard and the Lancet Countdown. Their findings shape where finance goes, which interventions are judged to work, and what governments are held to account for, and for whom.

We reviewed all 211 indicators in the four frameworks. Most of them (166) measure plans, systems and environments, and five of these refer to sex, gender, women or men. Of the 45 that measure people or population outcomes, only one – the Lancet Countdown's count of outdoor workers – reports results separately by sex/gender.

Where sex- or gender-disaggregated data can be found, they do not always confirm what is assumed about who is most at risk, nor do they follow a consistent pattern. Disaggregation does not settle who is most vulnerable; it is the starting point for asking who is exposed or affected, and why. The next step is gender analysis, to understand what is causing the differences. Whether a difference arises from exposure (who is out in the heat or over the stove), from susceptibility (how bodies respond) or from adaptive capacity (who can cool down, move or get care) matters, because each calls for a different adaptation measure. Understanding who is vulnerable, and why, also means combining sex/gender-disaggregated data with information on age, place, occupation and income, drawing on health, environmental, demographic and socioeconomic sources.

For many of the indicators that measure people's life experiences, some of the data needed to begin closing the gap already exist, although some are hard to access or combine. Where such data are missing, they are worth investing in. Instruments that steer the global response should and can be strengthened to show who is being reached and raise questions about whose lives are not being counted.

Our coding was completed in October 2026 and covers the versions then in force. Several frameworks have published updates in the run-up to COP31; these are not reflected in the counts below and will be assessed in the next round of this audit.

Looking forward, Global 50/50 will repeat this audit as each framework develops and publish what we find, so Parties, funders and the framework teams can see whether sex and gender are being written into the architecture or left out again. We will explore how to take forward several research questions set out below and share our methodology so actors can use it in the run-up to November 2027.

A note on categories. The frameworks reviewed here, and the data behind them, record sex/gender as binary where they record it at all. People with gender identities beyond a binary are among the least studied in climate-health research, and among the indicators we reviewed none mentions them.

FOUR MESSAGES FROM OUR REVIEW

1 Monitoring is almost entirely sex/gender-blind.

Of 45 indicators that measure people's lived experiences across the four frameworks we reviewed, one reports a result by sex/gender (the number of outdoor workers). None of the frameworks explores why results by sex/gender may differ, whether through exposure, susceptibility or the capacity to adapt, which is what the design of an adaptation measure depends on. Of 166 that measure plans, systems and environments, 161 do not consider sex or gender at all.

An instrument that reports a single population total cannot tell a government or a funder whether its programmes changed outcomes for the most vulnerable or most affected.

2 Where sex- or gender-disaggregated data exist, they can challenge the assumed narrative.

Sex/gender-disaggregated data may challenge established narratives about who is most at risk, or whose health is most affected. Yet policies on heat at work, cooling, protective equipment and indoor air quality are built on figures that are, almost without exception, population totals.

The few indicators where sex/gender-disaggregated data are available show what a total conceals. For example, disaggregated data from the Global Burden of Disease study show that men's heat-related mortality rates are about 2.1 times women's in Latin America and the Caribbean, while studies of individual heatwaves in Europe show women at higher risk. For household air pollution, more women than men die from it in total, yet in mid-life a man is more likely to die from it than a woman. Disaggregated data exist not to rank the sexes against each other but to show where the differences lie, so that analysis can explain why and interventions can be designed to address them.

3 Much of the gap can start to close with data that already exist.

Many of the 45 indicators that measure people's lived experiences likely draw on sources that already record sex/gender. The technical definitions of the 15 Belém indicators that count people are not yet agreed, but the obvious sources – household surveys, vital registration and workforce registers – already publish results by sex/gender. The Lancet Countdown's methods appendix shows that three indicators (heatwave exposure, dietary change and health co-benefits, economic losses from heat-impaired labour) use sex/gender-disaggregated inputs but then collapse them before publication.

For these indicators, the gap is a publishing decision rather than a data gap, and it could be closed in the next reporting cycle without additional primary data collection. For other indicators, the data may exist but remain inaccessible, fragmented, undigitised or hard to combine. Closing that gap is an investment, and it is where funders can make the biggest difference.

4 The window to write sex and gender into the architecture is open now.

Successive drafts of the Belém health indicators went from three sex-specific proposals in May 2025, to one in September, to none in the text adopted at COP30.[1] The technical task force that will define each indicator's data and methods has not yet been set up, as Parties could not agree how it should be composed in June 2026.

Whoever sits on the task force will shape whether expertise in sex/gender statistics informs the definitions, which are to be considered in November 2027 and around which national data systems will then be built. Parties have already committed, under the UAE Framework for Global Climate Resilience,[2] to gender-responsive national adaptation plans by 2030; showing progress on that commitment needs evidence of whether women and men are affected differently. Further delay also puts at risk the indicators' use in the second global stocktake.

RECOMMENDATIONS

To Parties and the UNFCCC adaptation process. At COP31, give the Belém technical task force two things: expertise in sex and gender statistics among its members, and a mandate that makes sex/gender a default reporting field for every indicator that counts people, wherever the source data already record it, starting with the eight health indicators. The metadata should also record which other variables each source holds, such as age, location and occupation, so that indicators can be combined.

Parties have already committed to this. The Belém Gender Action Plan asks them to collect and use gender- and age-disaggregated data to "better inform" gender-responsive climate policies, plans, strategies and actions,[3] and Target 10(b) commits them to gender-responsive adaptation plans by 2030. Reporting the adaptation indicators by sex/gender is how Parties can show they are keeping both promises.

To funders. Require every climate and health grant to report results by sex/gender wherever the source data record it. For household surveys, vital registration and workforce data this is already the norm, so the requirement costs little, is within funders' control and can start with the next grant round. Where it exposes data that are missing, fragmented or impossible to link, fund the fix as a shared public good: standards, stewardship, interoperability and national statistical capacity.

To health ministries. Require results by sex/gender from your own programmes and surveillance systems, and report them to WHO.

To WHO. Add one question to the next round of the Global Survey: do national climate-health surveillance systems collect and report sex/gender-disaggregated data? The survey does not currently ask this, nor whether vulnerability and adaptation assessments are gender-sensitive. The new "social, gender and equity" sub-component under governance in the 2025 survey is the place to put it.

To GCHA. Report the result of GCHA-7.1, which already records whether NDCs name women, and add a question on whether NDCs differentiate climate-health risk by sex/gender rather than listing women among vulnerable groups.

To the Lancet Countdown. Publish by sex/gender the indicators whose inputs already carry it, starting with the three the 2025 report itself identifies: heatwave exposure of vulnerable populations (1.1.1), dietary change and health co-benefits (3.3.2) and economic losses from heat-impaired labour (4.1.3). The Countdown has named the lack of disaggregated data as a limitation; for these three, the limitation is a publishing choice.

To Global 50/50. We will repeat this audit on the 2026 Countdown, the 2025 WHO survey results and the Belém metadata drafts, and publish what we find.



Any animal other than man. Amsterdam, The Netherlands, 2013. Jialu Pombo.

WHY EQUITY MATTERS IN CLIMATE AND HEALTH

The climate crisis is impacting who gets sick, who has to move, who has enough to eat and who is exposed to heat, smoke and floods. It does not affect everyone equally,[4] and the people it harms most are usually the people who did least to cause it.[4,5] Income, age, where you live, disability and migration status all shape the risk. So do sex and gender.

They do so in different ways. Sex affects how bodies respond: how they cope with heat, how pregnancy changes the risks, how the same dose of pollution acts on different physiologies. Gender affects daily life: who works outdoors and who cooks indoors, who looks after the sick, who controls the money and who can get to a clinic.[5] Climate risk becomes gendered through these everyday divisions of labour, resources and decisions between women and men. Which way the risk falls is not fixed. Women and girls often bear more of it, because they are more exposed, more vulnerable and less able to adapt. But in some settings men do, and sex and gender can even pull in opposite directions on the same hazard.[6] How these factors combine to produce illness is still poorly understood, and the evidence is thin.

Nor are women and men uniform groups.[7] Whether the people harmed by heat or smoke are rich or poor, rural or urban, migrants or citizens, old or young, disabled or not, can matter as much as whether they are women or men.

Disaggregating data by sex or gender is not about ranking the sexes against each other. It is the first step towards policies that reduce avoidable inequities and improve health for everyone (see Box 1). A gender-sensitive policy recognises that women and men face different risks; a gender-responsive policy acts on those risks and their causes.[5] Neither is possible without evidence of what the risks are, who faces them and why. And that evidence depends on what monitoring systems choose to measure.



The Veil of Silence. India, 2023. Abhijit Nag.

BOX 1

What a sex comparison reveals, and what it hides

Sex-difference comparisons identify inequities but not why those inequities exist. Knowing that men's heat mortality is twice women's in one region, or that women's household air pollution deaths outnumber men's, tells us the groups differ; it does not tell us which men and which women are dying, or why. To answer the "why" question, gender serves as an analytical tool: who is exposed, who is protected, and what structures of work, housing, income and care produce the difference. The two examples below use one of the sources that already records sex, the Global Burden of Disease study, to test the established narratives about who is most affected by heat and household air pollution, and to show what a sex comparison reveals, and what it hides, in each case.

Heat-related mortality

Global Burden of Disease estimates of deaths attributable to high temperature show a male excess in most countries: men's rate is about 2.1 times women's in Latin America and the Caribbean and 1.3 times in South Asia.[8] Women's rates of heat-related mortality exceed men's in six countries. However, these figures are context- and measurement-dependent. The GBD models death rates attributable to heat. Other studies may focus on a different dimension – for example the impact of heatwaves.[9] Overall, studies show that heat is not an evenly shared risk and the impact burden does not fall in one predictable and constant direction.

Household air pollution

Because cooking and fuel collection fall disproportionately to women and girls, the common assumption is that their greater exposure to household air pollution translates directly into higher death rates. The evidence is more complicated, and the answer depends on which measure is used. On exposure, the picture is as expected: the Global Burden of Disease study models men's exposure at around 64% of women's. On absolute numbers, more women die: 1.17 million in 2023, compared with 1.06 million men, and household air pollution accounts for a larger share of women's deaths than men's at almost every adult age. On age-specific rates, however, the ordering reverses for most of adult life: from the mid-30s to the late 70s, men die from household air pollution at higher rates than women, 26.2 per 100,000 against 20.3 at ages 50 to 54, and 101 against 87.4 at ages 65 to 69.[8,10]

Attributable deaths are the product of exposure and underlying risk, and men's underlying risk of the diseases that smoke causes, chiefly cardiovascular and chronic respiratory disease, is higher in mid-adulthood, so a smaller dose produces more deaths per man. Household air pollution makes up a larger share of women's deaths partly because women die of fewer other things at those ages. And the absolute count is higher among women partly because they live longer and are more numerous at the oldest ages, where these deaths concentrate.

BOX 1 (CONTINUED)

The point is not that one sex is the victim and the other is not. It is that a comparison of men with women, on any single measure, tells us little about who is dying. The men at highest risk are likely those whose smoke exposure compounds other exposures, while the women at highest risk are those in the poorest, most fuel-dependent households, cooking indoors for decades.

Those are not the same policy problem, and neither is visible in a ratio. As with heat, the comparison that matters is within each sex as well as between them: which men and which women, by income, fuel type, rurality, age and smoking, and whether the drivers are the same. Answering that requires sex to be combined with other variables, which depends on health, environmental, demographic and socioeconomic data that can be linked. Further, community-generated evidence can help explain why. GAGGA's participatory research on extreme heat (Box 2) is one example of what that adds.

BOX 2

GAGGA: Bringing gendered experiences and community knowledge into climate and health research

The Global Alliance for Green and Gender Action (GAGGA) is an alliance supporting women, intersex, nonbinary and trans people in their efforts to advance environmental and climate justice. Through its research, "The Sun is Angry – Women on the Frontlines of Extreme Heat: Local Solutions for Health, Livelihoods and Resilience" (2026), GAGGA explores how extreme heat affects health and livelihoods, with particular attention to the gendered dimensions of climate vulnerability. Drawing on feminist participatory action research with women-led organisations and communities, the research documents how structural inequalities, gendered divisions of labour, unequal access to resources and decision-making, and limited access to health services shape people's experiences of extreme heat. It also highlights the knowledge, agency and locally grounded solutions developed by women and their communities.

By bringing community-generated evidence into climate-health debates, the research complements efforts to strengthen sex/gender-disaggregated data with a deeper understanding of why risks differ, whose experiences remain overlooked, and what gender-transformative and locally led responses should look like.

MEASUREMENT MAKES ACCOUNTABILITY POSSIBLE

The systems that monitor the health effects of climate change, and what governments do about them, have become essential infrastructure. They shape where money goes, which interventions get evaluated and how governments are held to account. Without them, policy runs on assumptions, such as the idea that gender equality is a women's issue, or that all women are equally vulnerable.[7] A framework that reports one total for heat deaths, lost working hours or disease burden leaves a minister, a funder or a community health worker unable to know whether an intervention is reaching the people most exposed, or whether the gap between women and men is growing or shrinking as temperatures rise.

Three decades of attention to how many women sit in delegations and bodies have not been matched by attention to whether what those bodies decide responds to gender. Most national climate plans still treat gender as a matter of representation rather than of who faces which risks.[6]

In 2023 the Lancet Countdown's authors set out the constraints they work under: their indicators rely largely on data collected for other purposes; they disaggregate by the Human Development Index where they can; some indicators could be broken down by sex or gender; and the lack of standardised, disaggregated data on who is affected is a major barrier to seeing inequities between and within countries.[11] Their response, for Europe at least, was to commit to three things: breaking indicators down by susceptible group; explaining the equity context of each indicator; and naming the data gaps that keep inequities hidden.

The Lancet Planetary Health 2024 review of gender, climate and health is clear: gender-responsive commitments should include a commitment to collect sex- and gender-disaggregated data, beyond the binary, on the health impacts of climate change.[6] The Belém Gender Action Plan adopted at COP30 now contains a version of that commitment. This report asks whether the frameworks that monitor climate and health give Parties the means to keep it.



Sadza. Bulawayo, Zimbabwe, 2019. Jeremy "Remy" Kupfuwa.

IS SEX/GENDER VISIBLE?

Assessing four frameworks monitoring climate change and health

Four frameworks currently shape climate-health monitoring at global level:

- The **Belém Adaptation Indicators** monitor progress towards the Global Goal on Adaptation established under the Paris Agreement and were adopted by governments at COP30 in November 2025. Reporting on these 59 indicators is intended to inform national approaches to tracking adaptation action and progress (technical definitions are still to be published).[12]
- The **Global Climate and Health Alliance (GCHA) Healthy NDCs Scorecard** assesses how climate plans that countries submit under the Paris Agreement address health and air quality; its 2025 round covers 58 elements.[13]
- The **WHO Health and Climate Change Global Survey** is administered to ministries of health approximately every three years to assess how national health systems are preparing for the impacts of climate change. The 2021 survey comprised 28 questions covering governance, vulnerability and adaptation assessment, health surveillance, workforce, facilities, finance and mitigation.[14]
- The **Lancet Countdown on health and climate change** is an annual scientific synthesis, published in The Lancet since 2017, with 57 indicators from third-party datasets including the Global Burden of Disease study.[15] The Lancet Countdown's regional reports adapt its global indicators to regional contexts; we reviewed the global set from which they are derived.

Global 50/50 previously assessed the treatment of sex and gender in the programmatic work of global health institutions working to advance planetary health.[16] This report builds on that work by reviewing how the systems that measure the effects of climate change on health distinguish between men, women and gender-diverse people.

The four frameworks under review together yield 211 coded indicators (see Methods). We asked three questions of each indicator: (1) Is the result reported separately by sex/gender? (2) If not, does the data source the indicator is built from record sex/gender? (3) Where an indicator does not report on a population, does it incorporate a sex/gender lens in any other way?

Methods

We reviewed the version of each framework that was current when coding was completed, in October 2026: Belém Adaptation Indicators adopted at COP30; GCHA Healthy NDCs 3.0 Scorecard (2025); 2021 WHO Health and Climate Change Global Survey; and 2025 Lancet Countdown report and its methods appendix. We identified 202 indicators across these frameworks. Five WHO indicators and five Lancet Countdown indicators were subdivided and coded separately as each indicator measured two or more distinct elements, and one administrative WHO item (Q-28) was excluded. This gave a total of 211 coded indicators. Several frameworks have published updates since coding closed, in the run-up to COP31, including the GCHA 2026 report and the 2026 Lancet Countdown. These are not reflected in the coding and will be assessed in the next round of this audit. Each indicator was first classified as individual-level (measures people or population outcomes) or contextual (measures policies, systems, facilities or physical and economic aggregates). Individual-level indicators were coded by whether results are reported by sex/gender. Contextual indicators were coded by whether their content, methods or outputs mention sex, gender, women or men.



The Luncheon. Satkhira, Bangladesh, 2022. Mohammad Rakibul Hasan.

OUR FINDINGS IN DETAIL

Do frameworks show whether climate change affects women and men differently?

211 indicators across four frameworks, by whether they see sex or gender

45

individual-level indicators measure people or populations



1 reports a result separately by sex/gender **44** do not

166

contextual indicators report on non-populations (e.g. strategies, systems)

5 refer to gender, sex or women and men **161** do not

No mention was found of gender-diverse, transgender, or nonbinary people.

Of the five contextual indicators that refer to gender, sex or women and men, three simply list women or gender as one option among others (WHO Q-5.1, WHO Q-7.1, and GCHA-7.1). Two indicators assess gender: the Lancet Countdown's 5.4.1a counts gender keywords in UN General Debate speeches, and Belém's 10(b)(b) records whether a country has "gender-responsive" adaptation plans.

1. Belém Adaptation Indicators

Across the 59 Belém Adaptation Indicators adopted at COP30, none of the planned indicators will report results disaggregated by sex/gender.

Code	Indicator description	Count
Individual-level indicators		
1	Reported by sex/gender	**0**
2	Not reported by sex/gender	**15**
Contextual indicators		
3	References sex/gender/women/men	**1**
4	No mention of sex/gender/women/men	**43**
Total		**59**

None of the individual-level indicators mentions sex-disaggregation of data in reporting. Many of these indicators likely could be reported by sex/gender, including those under targets for health, water access and sanitation, poverty and livelihoods, early warning coverage and evacuation, and disaster mortality. Technical definitions for the indicators are not yet agreed, but some data sources (e.g. household surveys, ILO World Social Protection Report data, vital registration data, workforce registers) routinely collect and report data disaggregated by sex/gender, suggesting that many of these indicators could be reported by sex/gender without additional primary data collection.

Among the 44 contextual indicators, 43 make no mention of sex/gender/women/men. Two mention vulnerable groups, Indigenous Peoples or local communities, but none names women or men. One indicator (10(b)(b)) assesses whether gender-responsive adaptation plans, policy instruments, and planning processes and/or strategies are in place. Belém indicators are developed to measure progress under targets specified in CMA.5. Target 10(b): “by 2030 all Parties have in place country-driven, gender-responsive, participatory and fully transparent national adaptation plans…”

The Belém decision text also states that indicators "may be disaggregated, as appropriate, by social categories, which may include demographic and socioeconomic characteristics such as vulnerability, gender, age, disability."[12] This positions sex/gender-disaggregated reporting as an option rather than a requirement of the indicators.

This leaves a gap between the framework’s targets and its indicators. Target 10(b) commits Parties to gender-responsive adaptation plans, and indicator 10(b)(b) records whether such plans exist. But no indicator can show whether adaptation is reaching women and men according to their different risks.

Technical definitions on what data are collected and how are to be considered in November 2027. This is an opportunity to advocate for sex/gender-disaggregated reporting and influence how indicators are operationalised before national data collection systems are designed (Box 3).

BOX 3

Developing the Belém indicators: the road to November 2027

The Belém Adaptation Indicators are not finished. The COP30 decision on the Global Goal on Adaptation launched the Belém–Addis vision on adaptation, a two-year process for turning the 59 indicators into guidance (eight of which relate to health). The task force writing the indicators' metadata and methodologies was due to be agreed at SB64 in June 2026, but Parties could not agree its composition and negotiations restart at COP31 without draft text. If delays persist, the indicators may not be ready to inform the second global stocktake.[17] At present the decision treats disaggregation as optional: indicators "may be disaggregated, as appropriate", and "Parties may determine the categories for and extent of such disaggregation".[12]

What delegates can do

- **At COP31, under the Global Goal on Adaptation:** whatever form the technical task force takes, write into its mandate that the metadata for every indicator counting people state whether the source data record sex/gender. Where they do, sex/gender should be a default reporting field. Make sure the task force includes expertise in sex-disaggregated and gender statistics.
- **Through 2027, as the metadata are drafted (SB66 in June 2027, then CMA.9):** check the eight health indicators first. Many are likely to draw on household surveys, vital registration and workforce data that already record sex/gender, so reporting them by sex/gender should need little or no additional primary data collection. Where the data exist but are hard to access or combine, name the investment that would make them usable.
- **Through the gender mandates Parties hold:** the Belém Gender Action Plan (2026–2034), adopted alongside the adaptation decision at COP30, commits Parties to "building of institutional capacity to collect, manage and use gender- and age-disaggregated data".[3] It also schedules a global dialogue on gender and environment data at COP32 in 2027, the same session that will consider the Belém metadata. National gender and climate change focal points can bring this ask into their adaptation delegations, and Parties can raise it in their March 2027 submissions on national assessments.

2. WHO Health and Climate Change Global Survey

We reviewed all 28 questions in the 2021 survey and how they were reported in the 2021 report (see Box 4). Five sub-questions were coded on their own rows because they ask something different from the question they sit under. One administrative item (Q-28, acknowledging the WHO data policy) was excluded, leaving 32 coded rows.

Code	Indicator description	Count
Individual-level indicators		
1	Reported by sex/gender	**0**
2	Not reported by sex/gender	**3**
Contextual indicators		
3	References sex/gender/women/men	**2**
4	No mention of sex/gender/women/men	**27**
Total		**32**

The WHO survey primarily asks ministries of health about structures, plans, funding, facilities and policy processes (29/32 indicators).

Two of these indicators reference women or gender:

- Q-5.1 asks which health programmes take part in the national multi-stakeholder mechanism. “Gender” is one of the cross-cutting areas listed.
- Q-7.1 asks which population groups a vulnerability and adaptation assessment considered. “Women” is listed alongside children, older people, Indigenous groups and others.

Neither item is reported by the Global Health Observatory, the WHO database where the survey’s indicators are published.[18] The GHO publishes seven indicators drawn from the survey; their metadata record no disaggregation.

An additional three indicators count people, and all are about the ministry’s own workforce: total full-time staff (Q-14), staff dedicated to health and climate change (Q-15), and staff trained in the past two years (Q-16.2). The survey does not mention sex/gender-disaggregation of these indicators.



Mountain Flowers. Turkey, 2020. Hüseyin Can.

BOX 4

Country results

The 2021 WHO Health and Climate Change Global Survey report presents some data on its two gender-related questions: of 51 countries with a multi-stakeholder mechanism on health and climate change, 18 included gender programme participants – placing gender second-lowest out of 11 programmatic areas. Only equity fared worse (16 countries).

Beyond countries' survey responses, the report's authors reviewed the documents that respondents submitted – 43 vulnerability and adaptation assessments from 32 countries, and 31 national health and climate change plans from 30 countries. None of the 43 assessments included sex/gender-disaggregated data, and only 12 referred to gender differences in climate-sensitive health risks, while 11 of the 31 national plans mentioned gender considerations.

The 2025 WHO survey

The 2025 survey has been restructured into four domains, though the detailed questions are not publicly available: governance and multisectoral collaboration; integrated risk surveillance and early warning; climate-resilient and sustainable low-carbon health systems; and financing. "Social, gender, and equity considerations" appear as an explicit sub-component under governance – a more prominent positioning than in 2021. Whether this translates into published gender-specific indicators will depend on results not yet available.

3. GCHA Healthy NDCs Scorecard

The 58 elements of the GCHA Healthy NDCs 3.0 Scorecard (2025) are all contextual indicators: the instrument scores the content of national climate plans (nationally determined contributions, or NDCs, which countries submit every five years under the Paris Agreement) rather than measuring health outcomes directly.

Code	Indicator description	Count
Contextual indicators		
3	References sex/gender/women/men	**1**
4	No mention of sex/gender/women/men	**57**
Total		**58**

One indicator asks whether plans mention specific population groups. GCHA-7.1 names women explicitly – "Mentions of indigenous peoples, women, children, or rural communities in health adaptation strategies" under the participation and equity indicator.

The report GCHA published in 2026, however, does not report on this indicator in detail and does not say whether women are included in health adaptation strategies.[19] Our coding applies to the 2025 Scorecard itself.

4. Lancet Countdown on health and climate change

We assessed 62 indicators for sex/gender inclusion. Five composite indicators (1.1.3, 1.2.1, 1.3.5, 1.3.6 and 5.4.1) were split into two components each, because their components measure different things and warrant different codes.

The Lancet Countdown is the only framework to report a result disaggregated by sex/gender. Indicator 1.1.3b, on the number of outdoor workers, reports that approximately three in four outdoor workers are male, some 1.1 billion men.

Code	Indicator description	Count
Individual-level indicators		
1	Reported by sex/gender	**1**
2	Not reported by sex/gender	**26**
Contextual indicators		
3	References sex/gender/women/men	**1**
4	No mention of sex/gender/women/men	**34**
Total		**62**

The other 26 individual-level indicators publish totals, or splits by age and region only. The 2025 report appendix indicates that three indicators use sex/gender-disaggregated data as an input but collapse it before reporting: heatwave exposure of vulnerable populations (1.1.1), dietary change and health co-benefits (3.3.2), and economic losses from heat-impaired labour (4.1.3). No explanation for this gap is provided in the report.

For these indicators, reporting by sex/gender would be possible with available data. For others the source has no sex/gender variable. For example, 2.3.2 uses EM-DAT, which records only total deaths per disaster. Such indicators would need new data.

The 2025 report is explicit about this limitation: "The scarcity of data disaggregated by age, gender, indigeneity, ethnicity, sexual orientation, disability, socioeconomic status, or underlying health conditions obscures the disproportionate impact on minoritised, marginalised, or vulnerable populations."[15]

One contextual indicator mentions gender: 5.4.1a, the UN General Debate component of government engagement. The indicator checks each climate-and-health reference in UNGD speeches against a set of gender keywords (women, maternal, gender, sex, girls, reproductive and related terms). (In 2024, 23% of these references mentioned gender: up from 2023, but far below the 2005 peak of 67%.)

An additional 34 indicators measure places, plans, money or texts rather than people: climate suitability for disease vectors, coastline length, or national plans and assessments, for example. Their methods and outputs contain no mention of women, sex or gender.



Warmi Jilaqata. Peru, 2015. David Martín Huamaní Bedoya.

FOLLOW-UP RESEARCH QUESTIONS

This is a first-pass assessment of the current indicator landscape; it identifies where the gaps are but does not explain why they exist or what it would take to close them. Four questions arise from the findings that could anchor a full research programme.

- **Do national reporting systems go further than global frameworks?** Countries that submit national climate and health data may collect and report sex/gender-disaggregated results at national level. A comparison of national reports against the global indicators would establish whether data exist at national level that are lost in aggregation, and whether those that exist are accessible and usable enough to inform decisions.
- **Are country plans and data aligned?** The GCHA scorecard asks whether NDCs mention women among vulnerable groups (GCHA-7.1). A systematic reading of what countries write in those sections against health-outcome data would test whether policy intent in climate plans is connected to measurement practice.
- **Can Belém metadata be designed to require sex/gender-disaggregation?** The November 2027 deadline for Belém technical metadata definitions is a policy window that requires targeted engagement now. A prospective analysis of the metadata consultation process – mapping which actors influence the definitions, what the technical constraints are, and what precedents exist in comparable treaty frameworks – would support a practical engagement strategy.
- **Does the measurement gap affect intervention design?** If a programme to reduce heat mortality is designed in response to a total-population indicator rather than a sex-specific rate, does it reach the group bearing the excess in that setting – outdoor male workers in one, older women living alone in another – at the same intensity as it would if the excess were visible?

WHAT GLOBAL 50/50 WILL DO NEXT

Global 50/50 will repeat this audit as each framework develops: on the 2026 Lancet Countdown, on the results of the 2025 WHO Global Survey once they are published, on the GCHA 2026 scorecards, and on the Belém metadata drafts as the task force produces them through SB66 and CMA.9. We will publish what we find each time, so Parties, funders and the framework teams can see whether sex and gender are being written into the architecture or left out again.

Alongside the audit, we will explore how to take forward the research questions above. We will also share our indicator coding and broader methodology that guides our accountability mechanisms so negotiators, national gender and climate change focal points and the frameworks can use it in the run-up to November 2027.

ENDNOTES

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