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Presentación

Para el Instituto Interamericano de Derechos Humanos es motivo de gran satisfacción la salida a la luz pública de su Revista IIDH número 74, la más reciente de una tradición que comenzó en 1985, y que durante 36 años continúa difundiendo doctrina y debates especializados en materia de derechos humanos. En esta edición hay una serie de artículos que abordan situaciones contemporáneas. Por una parte, en continuación a la Revista número 73, se repasan los impactos de la pandemia COVID-19 en los derechos humanos. Por otro lado, se aborda el fenómeno del cambio climático y su influencia en la vigencia de los derechos. Asimismo, se incluyen contribuciones relacionadas con la protección de los derechos de las personas y grupos en especial situación de vulnerabilidad. El IIDH espera que esta publicación contribuya a ahondar en el debate en este campo y a propiciar el desarrollo de nuevos conocimientos.

Brevemente, a continuación se reseñan los artículos que contiene esta edición, comenzando con la contribución de Elisa Fiorini Beckhauser, Valeriana Augusta Broetto y Fernanda de Salles Cavedon-Capdeville, titulada *Direitos humanos intergeracionais na litigância climática latino-americana*. En esta se aborda la amenaza que significa el cambio climático para los derechos humanos, especialmente de la niñez, juventudes y las generaciones futuras del Sur Global. El artículo aborda la perspectiva intergeneracional de los derechos humanos en litigios de América Latina, a través del análisis de casos de la región. Al respecto, se identifica una tendencia hacia el reconocimiento

de los derechos de la naturaleza, destacando la vulnerabilidad conectada de la niñez y los ecosistemas latinoamericanos al cambio climático.

Por su parte, Juan Cruz Fanin, autor de *Restricción de la libertad de circulación en Argentina: “un país federal”*, estudia la suspensión de derechos fundamentales (particularmente, la libertad de circulación y tránsito) que tuvo lugar en Argentina a propósito del Decreto de Necesidad y Urgencia No. 297/20 con motivo de la pandemia. La falta de un criterio federal unificado y discrepancias entre las provincias sobre las medidas de emergencia se analiza no solo como un factor en las violaciones a los derechos antes mencionados, sino que también se cuestiona en sí un sistema político federal que, en la práctica, no parece resultar eficaz para la garantía de derechos en este escenario.

En *La dignidad humana como un eje rector en la interpretación normativa en la defensa y protección de los derechos humanos en México*, Juan Carlos Galicia López realiza un profundo repaso de la doctrina, de la norma constitucional, de relevante jurisprudencia nacional y de los instrumentos universales e interamericanos de derechos humanos más emblemáticos. El análisis visibiliza el contenido del concepto de la dignidad humana con el fin de destacar la importancia que tiene dicho principio como un eje rector en la interpretación normativa de los derechos humanos. La sólida argumentación se vincula con las posibilidades que ofrece la aplicación de los estándares de derechos humanos para el acceso a la justicia y garantía de los derechos humanos, pero también cuestiona desafíos pendientes, particularmente en cuanto a la protección de los pueblos indígenas en el país.

En el artículo *Aproximación al concepto y análisis de la “sistematicidad” en el marco del Sistema Interamericano de Derechos Humanos*, Javier A. Galindo realiza un profundo estudio de la doctrina y jurisprudencia de los órganos del Sistema Interamericano con la finalidad de conceptualizar la sistematicidad como un elemento de las violaciones de derechos humanos e, incluso, crímenes de lesa humanidad. El estudio facilita la identificación de las características de la sistematicidad, lo que resulta revelador y de gran utilidad para las personas litigantes y operadoras de justicia.

El artículo *La ciencia del derecho comparado. Notas introductorias para su comprensión a partir de algunas voces de ilustres iuscomparatistas*, de Marcos Geraldo Hernández Ruiz, presenta el Derecho Comparado como una ciencia jurídica moderna que posibilita a las personas juristas perfeccionar el Derecho en beneficio de la sociedad. El estudio da cuenta de una metodología que transita desde la definición del Derecho Comparado, su función, el objeto, el método y la finalidad. En definitiva, se presenta el Derecho Comparado como una herramienta de reflexión, toda vez que el derecho doméstico coexiste con otros órdenes, como lo es el Derecho Internacional de los Derechos Humanos.

En su artículo *Los Derechos Económicos, Sociales, Culturales y Ambientales (DESCA) en la jurisprudencia de la Corte IDH y la reinterpretación del artículo 26 de la CADH*, Juan Carlos Hitters estudia y repasa los principales estándares interamericanos para la protección de los DESCAs, incluyendo la transformación jurisprudencial de la Corte IDH sobre la justiciabilidad directa de artículo relacionado con el Desarrollo Progresivo de la Convención. La sistematización

de estándares que realiza el artículo visibiliza los desarrollos jurisprudenciales más emblemáticos en la materia, con el fin de evidenciar los cambios argumentativos del Tribunal y, con ello, la interdependencia, indivisibilidad, progresividad y exigibilidad inmediata de los derechos económicos, sociales, culturales y ambientales.

Camila Mies en su artículo denominado *Health, gender and climate change: towards a sustainable development*, analiza el derecho humano a la salud bajo una sólida perspectiva de género. El estudio revela como la garantía de este derecho se materializa de forma distinta para hombres y mujeres debido a las relaciones de poder y jerarquía que sustentan la inequidad de género en nuestra sociedad. Por ello, el artículo plantea la necesidad de identificar y estudiar la relación que existe entre salud, género y cambio climático y cómo ello afecta la consecución de un desarrollo sostenible.

En el artículo *Aproximación al derecho a la salud ambiental en Perú: ¿Es necesario su reconocimiento para proteger a los pueblos indígenas, en casos de contaminación por metales pesados?*, Sofía Diana Isabel Rodríguez Yupanqui hace referencia al concepto de salud ambiental. El análisis parte de un repaso a los antecedentes de la protección al medio ambiente en los casos de pueblos indígenas, desde el marco internacional y en el contexto normativo peruano. El estudio destaca la relevancia que tienen el derecho a la salud y el derecho al medio ambiente en los desarrollos normativos y jurisprudenciales actuales, pero también explica y argumenta la necesidad de que sea reconocido un derecho en específico a la salud ambientan con un enfoque desde el pluralismo jurídico.

Ana Claudia Santano, en *Los derechos del niño, el litigio estratégico en Derechos Humanos y el medio ambiente: un estudio de caso*, estudia un caso bajo la jurisdicción del Tribunal Europeo de Derechos Humanos relacionado con la responsabilidad de los Estados frente al cambio climático. Dos aspectos esenciales se destacan: por una parte, que la denuncia está dirigida a más de 30 países, por otro lado, que involucra los derechos de las juventudes e infancias. El artículo repasa los aspectos más emblemáticos del caso hasta sus más recientes instancias y destaca las posibilidades de una eventual sentencia con un fuerte enfoque de interseccionalidad en un caso relacionado con cuestiones medio ambientales. Sin duda, el análisis invita a permanecer con atención al desarrollo de este caso.

En *A apatridia de crianças no Sistema Interamericano de Direitos Humanos: análise da atuação da Corte Interamericana de Direitos Humanos*, Estela Cristina Vieira de Siqueira y Vinicius Villani Abrantes realizan un amplio estudio jurisprudencial de los criterios de la Corte IDH relacionados con el derecho a la nacionalidad. El estudio evidencia una construcción social excluyente que perpetúa el racismo estructural, y que a la fecha sostiene prácticas estatales en donde se priva a las personas de sus derechos más elementales con motivo de su origen étnico. La omisión de inscripción en registro nacionales y las expulsiones colectivas son algunas situaciones que se examinan, con el fin de evidenciar la dimensión *de facto* de la apatridia, especialmente en las infancias.

Concluyo esta presentación con el agradecimiento de siempre a la cooperación noruega, sin cuyo apoyo no sería posible la

producción y difusión de nuestra Revista IIDH, al Consejo Consultivo Editorial por sus valiosos aportes, y a las autoras y autores por sus relevantes contribuciones.

José Thompson J.

Director Ejecutivo, IIDH
Instituto Interamericano de Derechos Humanos

Health, gender and climate change: towards a sustainable development

*Camila Mies**

The right to health, throughout history, has always been presented as a necessary right, a fundamental right, and a basic right for all human beings. The recognition of this right can be found transversally in various international instruments and declarations, from the Universal Declaration of Human Rights to the more recent international commitments, such as the 2030 Agenda for Sustainable Development. However, the levels of health between men and women present significant discrepancies in such terms that it is possible to affirm that although women live longer (they have greater longevity), they live worse (they suffer more significant morbidity). This reality is aggravated by the climate change crisis that threatens to undermine collective efforts towards a more balanced development. From there, it is valid to ask whether climate change affects the health of men and women in the same way or whether, instead, there is a

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This paper is part of an ongoing investigation that is being carried out within the framework of the Human Rights doctoral program at the Gregorio Peces-Barba Human Rights Institute of the Carlos III University of Madrid, Spain.

different or disparate effect related to gender inequality and how this affects the path towards achieving sustainable development.

To answer these questions and understand how these categories or elements of health, gender, and climate change are intertwined, we will first analyze the concepts of the human right to health and gender. Secondly, the focus will shift to how climate change mainly affects women's health to analyze how these elements are cornerstones to construct a more just and equitable society.

I. Brief conceptual approach to the concept of the right to health and gender and how both elements interact with each other.

Although there is no single definition of what should be understood by human rights, it is possible to argue that human rights are universal legal guarantees that protect individuals and groups against actions and omissions that interfere with fundamental freedoms and rights and human dignity. In this sense, human rights are inherent to the person and are based on respect for the dignity and worth of every human being. They emanate from human values appreciated and common to all cultures and civilizations.¹ However, human rights are a cultural product, subject to historical processes, configuration, and definition of what aspects of life are to be considered rights. They must necessarily remain open and constantly changing. This continuous evolution of human rights is why the right to health is regarded as a “second-generation human right.”² Second-

1 United Nations, Human Rights Indicators. Guide to Measurement and Application, New York and Geneva, 2012, p. 12.

2 This, to differentiate them from “first-generation” rights. In first-generation

generation human rights are precisely those that give rise to economic, social, and cultural rights (CESR), which reach their gradual legal and political consecration in the replacement of the Liberal State of Law by the Social State of Law. The rights of this second generation will not be merely defensive but participatory and will require an active policy from the public powers aimed at guaranteeing their actual exercise.³ The foundation of CESR is that it is essential to provide human beings with adequate socio-economic and cultural conditions for their development and thus ensure their dignity, guaranteeing the full exercise of their first generation civil and political rights. In this sense, economic, social, and cultural rights are governed by principles of equity, justiciability, universality, and quality, which, when exercised, guarantee that there is no discrimination on any kind, in accordance with the provisions of the International Covenant on Economic, Social and Cultural Rights.⁴

rights, the realization of the State turns out to be negative. In other words, the State must simply refrain from any intervention against the freedoms granted, allowing human beings to make full use of them, thereby verifying compliance. (...) Second-generation rights contribute to the fulfillment of first-generation rights, since the State must find a way to guarantee the adoption of measures, not only at the country level but also in seeking international legal cooperation, in a timely manner, economic financing and the development of technical processes, which aim at the progressive achievement of the effectiveness of rights through social, economic and educational regulations that seek the development of science and culture. Cabrera Vélez Juan Pablo; Chacón Abarca María Concepción; Yáñez Olalla Telmo Elías, “Human rights of the first and second generation and their realization by the states” in *Magazine de las Ciencias: Revista de Investigación e Innovación*, Vol. 5, No. 7, 2020, pp.116-124, p. 120.

3 Pérez Luño Antonio, “The evolution of the social State and the transformations of fundamental rights” in Olivas Cabanillas Enrique (ed), *Problems of legitimation of the social State*, Madrid, Trotta, 1991, p.2

4 Idem.

Although the right to health is an integral part of CESR, there is an abundant doctrinal discussion about its concept and content.⁵ Thus, it has been possible to speak at least of a “right to health,” a “right to health care,” a “right to health protection,” “the right to enjoy an adequate level of health,” “high level of protection of human health,” or even, paradoxically, expressions that appear as contradictory as the “right to the highest possible level of health” or the “right to a decent minimum of health care.”⁶ For this paper, however, the term “right to health” and the concept of health provided by the World Health Organization will be used, as it is a widely recognized definition at the United Nations level and in international law.⁷

The definition provided by the World Health Organization (WHO) in its constitutional charter defines health as “a state of complete physical, mental and social well-being, and not only the absence of diseases or illnesses.”⁸ It can be argued that the right to health includes the right to a system of health protection, including health care and health determinants, that facilitates equal opportunities so that individuals can enjoy the highest

5 See, Lema Añón Carlos, *Salud, Justicia, Derechos*, Dykinson, Madrid, 2009

6 Lema Añón Carlos, *Salud, Justicia, Derechos*, p. 37.

7 Despite all its drawbacks, the WHO health concept has advantages and emphasizes certain aspects that should not be forgotten. Faced with previous conceptions of health, it presents the novelty of abandoning the purely mediated vision: protecting and promoting health is not only a medical issue or limited to health care, but there are other efforts and public policies that can contribute greatly to this goal. Thus, this conception integrates health protection into a general framework, reflecting its individual and social double face (that is, although ultimately health refers to the health of individuals, there are factors that are social- and what which is perhaps more important, modifiable -that affect it). Lema Añón Carlos, *Salud, Justicia, Derechos*, p. 49.

8 World Health Organization, Preamble to the Constitution of the World Health Organization, New York, July 22, 1946.

affordable level of health.⁹ In this sense, the right to health should be understood as a right to the enjoyment of a range of facilities, goods, services, and conditions necessary to achieve the highest possible level of health¹⁰ and, likewise, as a right that is made up of social, economic, and cultural factors, all of which decisively affect the standards of living and well-being of both men and women. The definition given by the WHO has the virtue of rescuing the need to address health from a multidisciplinary point of view, leaving behind the old strictly scientific or medical approaches and incorporating the wide range of social elements that, as will be analyzed, are factors that play a fundamental role when defining health levels both globally and individually.

The relevance of the human right to health is predicated both on a global level, that is, as a condition or requirement to achieve sustainable development, and on an individual level, as an essential condition to enjoy a good standard of living. Health should not be reduced only to an instrumental category through which other ends can be achieved but must be recognized as an end in itself: the well-being of the person must be the aspiration for social justice and human rights. Said well-being, likewise, must be the same for women as for men and from that standard arises the importance and significance of health in the achievement of many other purposes, such as sustainable development.

9 United Nations Special Rapporteur for the Right to Health, E/CN.4/2003/58, para. 23.

10 Committee on Economic, Social and Cultural Rights, General Comment No. 14, The right to the enjoyment of the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights), 22nd Session, UN Doc E / C.12 / 2000/4 (2000).

Despite the relevance of health, either as a good in and of itself or as an instrumental good to achieve other purposes, there is a substantial difference regarding the materialization and effective enjoyment and exercise of said right, depending on the gender of the individual. In other words, the scientific evidence presents gender as a structural determinant of the human right to health, where women worldwide find themselves in a disadvantaged and unequal situation when it comes to their health. Gender, for its part, can be defined as that social construction that alludes to the existence of certain categories or roles of an artificial nature that women and men must play, or as that set of social characteristics -cultural, economic, political, psychological- that have been assigned based on sex and that distinguish two categories: “feminine” and “masculine.” In this sense, gender refers to the roles and responsibilities of men and women created in our families, our societies, and our culture. Consequently, its content varies depending on a specific historical moment and a specific place or society. It is a constantly evolving concept whose content can be modified by systems of social differentiation, such as political status, class, ethnicity, physical and mental disability, and age, among others.

Consequently, the effective enforcement of the right to health does not materialize in an equitable or egalitarian way between both genders. On the contrary, it takes place in an unequal and discriminatory manner. The explanation of this situation is, however, complex: it attends to multiple factors, including social, political, economic, cultural, religious factors, among others, all of which are built from the unequal power relations that exist between men and women and which place women in a relationship of subordination and inferiority to men. The latter responds directly to how society has been built, constructing an androcentric and patriarchal character that places man at its center. That said, women’s health is deeply affected by the

way women are treated by society and the situation in which it places them. Hence, many of the leading causes of morbidity and mortality of women, both in rich and developing countries, have their origin in the attitudes of society towards them, which in turn is reflected in the structures and systems that establish policies, determine services and create opportunities.

Hence, the knowledge, analysis, and research on the right to health from both a human rights and gender perspective are imperative. A critical feminist position must be assumed that unravels and makes visible the relations of power and subordination resulting from the social constructions of gender, which place women in a position of inferiority and impairment compared to men, to reverse this situation and move towards equity in health. In this task, it will be possible to reveal how women’s health is also disproportionately affected by natural disasters as a result of climate change due to the situation of vulnerability in which they find themselves as a result of gender inequalities and inequities. There is an imperative need to reverse this situation if progress is to be made towards sustainable development.

II. Climate change and its impact on women’s health.

First, although there are different definitions of climate change, the one used in the United Nations Framework Convention on Climate Change will be followed, which defines climate change in the following way: “*Climate Change*’ means a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods.” In this sense, one must take into consideration that climate change can affect human health

in various ways, either through climatic phenomena such as floods, heatwaves, storms, etc., or through the spread of infectious diseases, ecosystem alterations, and even population displacements as a result of the depletion of natural resources in a given geographic location.

As climate change intensifies, its destructive effects on the right to health, the environment, and human rights, in general, are being felt around the world,¹¹ increasing, in turn, the vulnerability of those groups that were already marginalized by society. The degree of vulnerability of households to natural disasters is influenced by factors such as the economic structure of the household, the stage of local development, social and economic conditions, the mechanisms to cope with difficult situations, the exposure to risks and the frequency and intensity of disasters. Hence, it is necessary to stress that climate change tends to affect the most vulnerable populations, among which are women. Although it responds to various causes, the leading cause is that women — as a whole — are at a disadvantage compared to men in terms of the opportunities and resources available to them and their social and legal situation.¹²

Indeed, there is no doubt that climate change has universal impacts. It affects the entire world population; however, as mentioned, these effects have more serious consequences for the most vulnerable people, including women. Meanwhile, in addition to being an environmental problem, climate change exacerbates poverty and inequality.¹³ The poorest countries and populations

11 Human Rights Council, Right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 44th session, UN Doc. A/HRC/44/48 (2020).

12 Skinner Emmeline, *Gender and Climate Change - Overview Report*, BRIDGE, 2011, p.14.

13 Economic Commission for Latin America and the Caribbean, *The economics of*

generally suffer the worst cultural, social, economic, and health effects as with other environmental phenomena. Furthermore, it can be argued that natural disasters tend to have different effects on men and women in terms of risks and associated vulnerability due to gender inequality. Gender stereotypes and discrimination against women, including lack of equal access to appropriate information and economic opportunities, poverty and social exclusion, security and different family responsibilities,¹⁴ are all elements that contribute to the vulnerability of women and their overexposure to the risks and effects of disasters caused by climate change, in addition to aggravating existing gender inequalities and interrelated forms of discrimination.¹⁵

This can be attributed to gender inequalities as, by definition, they limit the decision-making capacity that women have concerning different aspects of their lives, as well as access to resources such as food, water, agricultural inputs, land, credit, energy, technologies, education, health services, adequate housing, social protection, and employment.¹⁶ All of this exacerbates how women experience natural disasters, compromising their physical and mental health and increasing the levels of mortality and morbidity of women in this context. In this sense, the Beijing Platform for Action is important since it explicitly states that it is possible to see how environmental degradation affects both urban and rural areas and harms the health, well-being, and quality of life of the general population,

climate change in Latin America and the Caribbean: paradoxes and challenges of sustainable development, ECLAC, 2014.

14 Commission on the Juridical and Social Condition of Women, *Gender equality and empowerment of women in natural disasters*, Resolution 56/2.

15 Committee on the Elimination of Discrimination against Women (CEDAW), *General Recommendation No. 37 on the gender dimensions of disaster risk reduction in the context of climate change*, 2018, CEDAW/C/GC/37.

16 Idem.

especially women and girls of all ages. Similarly, the Committee on the Elimination of All Forms of Discrimination against Women states that climate change and disasters, including pandemics, disproportionately impact women as a result of the aforementioned gender inequalities, especially when, as a result of social expectations, women are expected to act as the primary caregiver of their family and closest circle, exposing them to possible outbreaks of disease resulting from natural disasters.¹⁷

As previously mentioned, it is possible to argue that women suffer the adverse effects of climate change disproportionately due to vulnerability caused by gender inequalities. These effects, in turn, extend to health. Indeed, severe environmental changes profoundly affect the underlying social and environmental determinants of the right to health, such as clean air, safe water, adequate housing and food, economic security, social relationships, and community life. This contributes to raising the morbidity and mortality rates of women exposed to these environmental changes, affecting their well-being and quality of life. Due to disasters caused by climate change, this impact on women's health can be materialized in different ways. Some ways in which women's health is disproportionately affected by climate change are listed below.

First, among the possible consequences for women's health derived from the dangers related to disasters associated with climate change, it is possible to highlight those health problems related to malnutrition or the loss of income and means of subsistence in a natural disaster event.¹⁸ The impact of malnutrition on health and its relationship with climate change can be seen from at least two perspectives. On the one

17 *Idem.*, para. 66.

18 World Health Organization, *Gender, Climate Change and Health*, 2016, p. 15.

hand, women stand as the primary caregivers, gatherers, and providers of food and fuel for their homes, which positions them in a situation of greater vulnerability to the occurrence of floods or droughts, in addition to being the ones who must cope with the increased workload in agriculture, when such climatic catastrophes take place. All this exaggerates their health situation, precisely because of the work overload involved in the need to collect food and fuel in more remote areas and/or areas that have become dangerous due to natural disasters. On the other hand, the relationship between malnutrition in women and climate change may imply that they are in a worse condition or level of health to face natural disasters.¹⁹ This is interrelated with the fact that women and girls tend to have more nutritional deficiencies due to the incidence of gender roles from which there is a predilection for granting more food resources to men and boys over women and girls.²⁰

Similarly, in the event of drought, women have no option other than to move across vast territories in search of a source of water, which may be necessary several times a day.²¹ They

19 World Health Organization, *Gender, Climate Change and Health*, p. 19

20 See, Institute of Development Studies (IDS), *Gender and food security - Towards gender-just food and nutrition security*, General Report, Bridge, 2014.

21 In this regard, "Women and girls collect water in jars, buckets and in more modern containers with narrow necks, which they carry on the head or hip. A family of five needs about 100 liters of water a day. - weighing 100 kg - to meet your minimum needs... It is necessary to carry out more studies to determine the harmful consequences for health, derived from carrying and transporting water on a daily basis, since this is not foreseen in the conventional categories that include diseases related to water, diseases transmitted by water and diseases caused by lack of hygiene. Droughts increase the physiological water needs of families and force them to have to make longer and longer trips to a water source Available data indicate that the amount of water collected per inhabitant is drastically reduced when you have to walk for 30 minutes or more to a source. As a result, the amount of water collected often does not even meet basic human physiological needs." World Health Organization, *Gender, Climate Change and*

expose themselves to waterborne diseases and put their health, as well as that of their family, at risk when the scarcity of water forces them to bring home water from contaminated sources, such as streams or lagoons.²² Similarly, studies have shown that waterlogging seriously harms women's health in affected communities. Women are forced to stay close to the community and drink unhealthy water, as tube wells are often polluted, while men spend more time in cities or urban areas for work reasons.²³ Likewise, the shortage of water (and of basic hygiene and sanitation services) can also have severe consequences for women, especially concerning menstrual hygiene. Good menstrual hygiene is essential for the physical and mental health, education, and dignity of school-aged women and adolescents. Poor menstrual hygiene has been associated with serious health problems, including reproductive tract and urinary tract infections. Hence, inadequate water and sanitation facilities, as well as the availability of sanitary napkins or other personal hygiene supplies, are an essential and crucial factor in allowing women and girls to carry out their activities while safeguarding their dignity, all of which is affected by climatic events or when natural disasters occur.

Another harmful consequence to good health due to climate change is a special kind of forced migration called "disaster displacement," which can be either internal or cross-border. The 2030 Agenda for Sustainable Development is the first international framework to acknowledge that internal displacement because of climate change is a development and a humanitarian concern. Most people are aware that migration

Health, p. 17.

22 World Health Organization, *Gender, Climate Change and Health*, p. 16

23 An example of this is what happened in the Bangladesh region, where waterlogging affects the health of women and men differently. See, World Health Organization, *Gender, Climate Change and Health*, p. 15.

comes with plenty of challenges for both men and women. Still, women may be at risk of suffering even more significant challenges and barriers with the displacement itself due to women's vulnerability. This vulnerability, as previously stated, is primarily due to social-cultural norms, restricted livelihood options, lack of access to safety nets, and fewer possibilities to access education and formal work, all of which decrease women's capacities to integrate themselves in new environments within a context of disaster displacement. In fact, "(e)very year, millions of people are displaced by disasters caused by natural hazards such as floods, tropical storms, earthquakes, landslides, droughts, saltwater intrusion, glacial melting, glacial lake outburst floods, and melting permafrost. Between 2008 and 2014, a total of 184.4 million people were displaced by sudden-onset disasters, an average of 26.4 million people newly displaced each year."²⁴ Despite internal displacement being the norm, it may be that a natural disaster forces those affected to seek refuge outside their countries. In said scenario, to protect people who are forced into this situation and address the challenges that come with disaster displacement, the international community follows a specific agenda: The Agenda for the Protection of Cross-Border Displaced Persons in the Context of Disaster and Climate Change (2015).²⁵ The purpose of this Protection Agenda is to enhance

24 The Nansen Initiative, *Agenda for the Protection of Cross-Border Displaced Persons in the Context of Disasters and Climate Change*, 2015, Vol. I, p.6.

25 "The Agenda for the Protection of Cross-Border Displaced Persons in the Context of Disasters and Climate Change (hereinafter Protection Agenda), endorsed by a global intergovernmental consultation on 12-13 October 2015 in Geneva, Switzerland, consolidates the outcomes of a series of regional intergovernmental consultations and civil society meetings convened by the Nansen Initiative. Rather than calling for a new binding international convention on cross-border disaster- displacement, the Protection Agenda supports an approach that focuses on the integration of effective practices by States and (sub-) regional organizations into their own normative frameworks in accordance with their specific situations and challenges." The Nansen Initiative, *Agenda for the protection of cross-border*

understanding on how cross-border disasters take place, provide a conceptual framework, and identify effective practices for strengthening the protection of cross-border disaster-displaced persons.

Disaster displacement, whether internal or cross-border, harms people's health. Women and girls have specific health needs which might be more difficult to meet during displacement, which "may be the result of several factors including the limited availability of services and facilities, stigma related to sexual and reproductive health, a lack of child-friendly and gender-sensitive information, and financial capacity."²⁶ Furthermore, it is essential to take into consideration the needs that women and young girls might have regarding their sexual and reproductive rights, whether that means effective contraception to avoid unintended pregnancies or providing pregnant women with the healthcare needed during pregnancy, especially since pregnant women in displacement contexts receive less prenatal care and are more likely to be exposed to poor conditions; for example, poor hygiene, violence, malnutrition and communicable diseases than non-displaced women and girls. Moreover, women and girls are more prone to develop post-traumatic stress disorder that comes with forced displacement. Therefore, it is imperative to give them the mental healthcare they need to avoid any long-term effects of emotional trauma caused by the displacement. For all the aforementioned, it is necessary to orchestrate a uniform international response to protect the rights of people displaced by climate change, either within territories (internal displacement) or between border states. This response must consider the barriers and obstacles that women face and,

displaced persons in the context of disasters and climate change, Vol. I, 2015, p. 7.

26 Cazabat Christelle, *Women and girls in internal displacement*, Lenard Jeremy (ed), 2020, p.15.

therefore, must be created with a gender perspective that protects their human rights, especially health.

On the other hand, it is essential to underline that women and girls also face a greater risk of gender-based violence during and after disasters, especially when they lead to the displacement of the population to camps or temporary settlements because of the lack of security and social protection measures, which overexposes them to risks of abuse and physical and sexual violence. Indeed, it is generally recognized that women and girls are at greater risk of being victims of sexual violence, sexual exploitation, abuse, trafficking, and domestic violence in disaster situations. This overexposure to acts of violence in a context of displacement or due to natural disasters is closely related to isolation and loss of contact with relatives and the broader social circle resulting from natural disasters, which increases the vulnerability of women and girls in the face of their aggressors. Similarly, isolation, either as a direct consequence of the natural disaster or because women and girls are living in rural or unpopulated areas, has a direct consequence on educational and work opportunities, especially when the women must dedicate their time to their family, the collection of drinking water and/or subsistence farming tasks. In such cases, isolation facilitates and is a risk factor for acts of gender-based violence. It limits opportunities to access information and support systems or networks for victims of gender-based violence. Likewise, when the natural disaster is followed by forced displacement, this can also mean an increased risk of women and girls being victims of gender-based violence. Furthermore, it should be noted that, within the group of women, women and girls with disabilities are even more overexposed to run a particular risk of suffering gender-based violence and sexual exploitation during and after disasters due to discrimination due to physical limitations and

barriers to communication, and due to a lack of access to basic services and facilities.²⁷

Finally, it is essential to note that not all the effects of climate change are related to physical health, rather also the psychological or mental aspect. Indeed, the mental health of people, particularly women, affected by a natural disaster, forced displacement, food insecurity, lack of means of subsistence, and loss of housing, among others, is associated with increased stress. In traumatic situations caused by disaster, a psychological crisis may occur, called acute stress disorder, characterized by intense fear, helplessness, horror, a total absence of emotions, feelings of disconnection, a sense of unreality, and amnesia.²⁸ Furthermore, the stress levels of girls and women can also be overloaded due to stereotypes and gender roles that force them to take responsibility and take charge of the home and family, often even at the expense of their own physical and mental health.

III. About the relationship with sustainable development.

Based on the above, it is evident that climate change disproportionately affects women's health. At the same time, it is possible to see how gender and power relations place women in a position of greater vulnerability than men in the face of natural disasters, which negatively affect different aspects of their health and well-being.

²⁷ Committee on the Elimination of Discrimination against Women (CEDAW), *General Recommendation No. 37 on the gender dimensions of disaster risk reduction in the context of climate change*, para. 5.

²⁸ Bambarén Alatrística Celso, "Mental health in natural disasters" in *Psicol Magazine. Hered*, Vol. 6, 2011, pp. 20-25, p. 23.

Taking this statement as a starting point, it is also possible to analyze how these elements (health, gender and climate change) interrelate with sustainable development, the latter understood as meeting the needs of the present generation without compromising the capacity of the future generations to meet their own needs. Indeed, although climate change is often viewed as a purely scientific and technical phenomenon, it is also a social, economic, and political issue with profound implications for social justice and gender equality.²⁹ In this sense, climate change has harmful consequences for society in different areas, putting people's right to health at risk, as has been previously argued. The health levels of the population also directly affect development, both socially and economically; politics; productivity rates; the quality of life index; the index of gender inequality, among many others. It is a widely recognized issue at the international level and is widely noted for the interdependence of the abovementioned elements since one affects the other and vice versa. This interdependence of elements is precisely what the 2030 Agenda intends to propose through the establishment of its 17 different objectives (which include health and well-being, gender equality, and climate change) and 169 goals oriented towards an objective of a sustainable nature, which implies finding a balance between social, environmental and economic sustainability.

The interdependence of these elements requires the international community to address the needs and obstacles that women face, especially regarding health. First, it is necessary to develop policies, plans, and programs to reduce climate change risk with a clear and defined gender perspective to face this situation. These instruments should acknowledge and challenge the existing social hierarchy that places men

²⁹ Skinner Emmeline, *Gender and Climate Change - General Report*, p. 14.

above women, a long-lasting problem reflected in how women experience natural disasters and how they seriously affect their health. Said policies, plans and programs must be built from intersectionality, that is, taking into consideration the different sectors (e.g., housing, agriculture, health, planning and urban planning, energy, development, etc.) that are affected by climate change and natural disasters so that their strategies are coherent. Even when the difficulty of aligning the strategy of such broad and diverse sectors is recognized, coherence in public policies, drawn up from a gender and human rights perspective, seems to be the only way to guarantee the effective safeguarding of people's rights, particularly women and their health, given the ecological and social crisis that the world is facing as a result of climate change.³⁰

The need to address the specific disadvantages and barriers that women face concerning disasters or natural catastrophes resulting from climate change is also reflected in the obligation on States to take concrete measures to deal with intersectional discrimination against women, as well as the obligation that falls on them to direct efforts and resources towards the empowerment of women and girls so that they have the opportunity to intervene at all stages of the formulation, application and supervision of policies at all levels of government, that is, local, national, regional and international.³¹ The empowerment and political participation of women are essential for the elaboration of plans and policies that are aimed at satisfying the real and urgent needs of said group. For example, at the local level, the traditional knowledge that women possess in agricultural regions is particularly important in this regard, given that these women

30 Committee on the Elimination of Discrimination against Women (CEDAW), *General Recommendation No. 37 on the gender dimensions of disaster risk reduction in the context of climate change*, para. 42.

31 *Ibid.*, para. 26.

have a privileged position to observe changes in the environment and respond to them with different adaptive practices in crop selection, planting, harvesting, land conservation techniques, and careful management of water resources.³² The need for women's participation in policy-making is indisputable, especially if it is taken into consideration that the institutions that produce the main responses to climate change and sustainable development are intrinsically patriarchal, not only because the positions of power are dominated by men but also due to the institutions themselves having been shaped by men.³³ This affects how decisions and strategies are developed that can contribute to the lifting of the barriers, obstacles, and challenges faced by women.

To change this reality, some of the proposals made by the Committee for the Elimination of Discrimination against Women to ensure the political participation of women in this area are, among others: the adoption of specific policies, including temporary ones such as quotas (here quotas would be presented as an element of strategy to achieve equal participation of women in all decision-making processes); the development of programs to ensure the involvement and leadership of women in political life; guarantee their representation in conditions of equality with men in the forums and mechanisms for reducing risk and disasters on climate change at all levels (community, local, national, regional and international); strengthening of national institutions dealing with gender issues and women's rights; the allocation of sufficient resources to foster women's leadership; among others.³⁴ In this sense, the Declaration and

32 *Ibid.*, para. 32.

33 Skinner Emmeline, *Gender and Climate Change - General Report*, p. 26.

34 Committee on the Elimination of Discrimination against Women (CEDAW), *General Recommendation No. 37 on the gender dimensions of disaster risk reduction in the context of climate change*, para. 36.

Platform for Action of Beijing +5³⁵ refers to “women and the environment” and women’s vital role in advancing sustainable development. The Declaration recognizes, in turn, that natural events or disasters can bring disproportionate consequences for the health of women due to the situation of vulnerability in which they find themselves. The latter, insofar as there is evidence, as mentioned, that climate change can create a vicious cycle of poverty because the lack of adaptive capacity of poor people exposes them more to climate-related dangers, exacerbating their situation of vulnerability, for example, of women.³⁶

From all the above, it is possible to conclude that health is a human right and necessary to carry out life. However, the human right to health does not materialize in the same way for women because power relations and hierarchy affect how the human right to health is realized. Moreover, this right is at a greater risk of being violated in the context of climatic disasters, which contributes to increasing the vulnerability of women and disproportionately affecting their living conditions. Therefore, it is possible to sustain that there is a close relationship between gender, health, and climate change, in the sense that climate change affects women’s health disproportionately due to power relations that accentuate gender inequalities and increase women’s vulnerability to face natural disasters. As explained throughout this paper, some of the reasons women’s health deteriorates in the context of natural disasters are malnutrition, lack or shortage of essential resources (such as water), physical problems due to overexertion, physical and sexual violence (especially in the context of displacement), mental illnesses and many others. To prevent these and other problems associated

35 See, United Nations, *The Beijing Declaration and Platform for Action. Political declaration and outcome documents of Beijing + 5*, 2014.

36 Skinner Emmeline, *Gender and Climate Change - General Report*, p. 19.

with women’s health in the context of natural disasters, it is imperative to create solutions incorporating gender and human rights perspectives that make visible the barriers and obstacles that women face. The latter is especially true regarding the need to design plans, strategies, and programs from a human rights and gender perspective that has as its central point to address the inequalities and vulnerability women face due to prevailing gender roles in today’s society exacerbated by climate change. As a society, we should not miss this political opportunity to transform and advocate for social justice by questioning the asymmetric power relations associated with gender inequality. On the contrary, it is possible to advance correctly in constructing a society based on equity and justice by recognizing human rights and the dignity of women as the cornerstone of sustainable development. And it is precisely towards this purpose where we must focus all our efforts. Finally, it is imperative to highlight that although the connection between women’s health and sustainable development is accurate and indisputable, and hence the need to protect women’s health in the context of natural disasters, such efforts must not instrumentalize women. With the latter, we want to make visible that the end in itself of investing and protecting women’s health must be, first, the dignity of women framed in the fight for gender equality and, then, the repercussions and benefits that it brings with the investment in women’s health and its impact on sustainable development.

