

TOWARDS SBSTTA-27: POLICY BRIEF ITEM 10: BIODIVERSITY AND HEALTH GENDER-RESPONSIVENESS IN THE GLOBAL ACTION PLAN ON BIODIVERSITY AND HEALTH

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ALEJANDRA DUARTE, RESEARCH AND POLICY ASSOCIATE

Summary

Healthy ecosystems provide food, clean water, air purification, climate regulation, cultural and spiritual values. Yet, biodiversity loss exacerbates health risks, from malnutrition and zoonotic diseases to mental health challenges (WHO & CBD, 2015). The adoption of the Global Action Plan on Biodiversity and Health (<u>Decision 16/19</u>) represents an important step in mainstreaming these interlinkages across policies and actions, at various levels and different scales.

However, significant gaps remain: women, Indigenous Peoples, local communities, children, and youth continue to face disproportionate impacts, and remain underrepresented in decision-making (W4B, 2025; GYBN, 2025). Integrating gender-responsive, human-rights and intergenerational approaches, and robust differentiated indicators will be critical to ensuring the Plan's equitable and effective implementation.

Opportunities also exist to align biodiversity and health action with efforts under the Minamata Convention on Mercury, recognizing mercury pollution as both a biodiversity and public health threat (Secretariat of the Minamata Convention on Mercury (2024).

What is the issue?

Biodiversity underpins essential ecosystem services that sustain human

human health, including food and nutrition security, clean air and water, regulation of infectious diseases, and mental and cultural well-being; (<u>WHO & CBD</u>, <u>2015</u>). Yet accelerating biodiversity loss is eroding these life-support systems, heightening the risk of zoonotic spillovers, undermining nutrition, and intensifying vulnerabilities in marginalized communities (<u>Women4Biodiversity</u>, <u>2025</u>).

In COP16, Parties adopted the Global Action Plan on Biodiversity and Health (Decision 16/19) a voluntary framework to support the implementation of the Kunming-Montreal Global Biodiversity Framework (KM-GBF). The Plan promotes integrated, sciencebased indicators, cross-sectoral cooperation, and collaboration with the Quadripartite on One Health (WHO, FAO, UNEP, WOAH) (CBD/SBSTTA/27/9). While progress has been made, in the development of indicators, the gender. human-rights. and intergenerational dimensions need to be adequately addressed.

hold critical Women knowledge for managing biodiversity-health linkages but continue to face barriers to land rights, participation, and recognition. Similarly, youth and children are both disproportionately impacted — through nutrition deficits, exposure to pollutants, and mental health burdens and excluded from formal decision-making spaces 2025). Addressing these gaps is essential for a just and effective biodiversity-health agenda.

Why is it important?

The biodiversity and health nexus is increasingly recognized in global frameworks. <u>COP16</u> decisions also call for stress coherence with other frameworks, such as the Minamata Convention on Mercury, which explicitly links mercury reduction with biodiversity and health outcomes.

Despite these advances, biodiversity and health policies often fail to incorporate gender and youth perspectives. This risks deepening inequalities and undermining the ecological effectiveness of interventions. Embedding inclusive, human-rights, intergenerational and gender-responsive approaches will increase the policies effectiveness.

What should be done?

To ensure the Global Action Plan on Biodiversity and Health has equitable and transformative outcomes, the following actions, are recommended:

First, mainstream social disaggregated indicators, and gender-responsive metrics. Indicators should integrate sex- and age-disaggregated data to capture differentiated impacts and contributions. Differentiated health risks from biodiversity loss can illuminate inequities and guide targeted interventions.



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In addition, the adoption of a human-rights based approach, equitable benefit-sharing, and the protection of customary knowledge systems, is also needed. Indigenous and local community women should be recognized as key actors in maintaining the interlinkages between biodiversity and health, with their innovations and practices integrated into national biodiversity and health strategies.

Align the biodiversity-health strategies with pollution reduction frameworks, particularly mercury. Mercury pollution is a driver of biodiversity loss and a major public health threat, especially for women, children, and indigenous people and local communities that depend on fisheries. Coherent implementation of the KMGBF and the Minamata Convention can reduce health risks and restore ecosystems while advancing both biodiversity and chemical safety agendas.

Finally, strengthen participation, capacity building, and targeted funding for women, youth, and Indigenous People and local communities in biodiversity-health initiatives. Direct, accessible, and flexible funding should support women-led and youth-led projects, recognizing their critical role in biodiversity (GYBN, 2025).

By integrating these recommendations, Parties can ensure that biodiversity-health strategies do not replicate existing inequities, but instead advance a transformative change in biodiversity conservation.

References

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About this brief

This brief outlines Women4Biodiversity's key recommendations for Biodiversity and Health of the Convention on Biological Diversity (CBD), in alignment with the Kunming-Montreal Global Biodiversity Framework (KM-GBF).

For more information please contact:

Alejandra Duarte Research and Policy Associate Women4Biodiversity alejandra.duarte@women4biodiversity.org

> Women4Biodiversity 227/31, Baan Wang Tan Chiang Mai, 50230 Thailand info@women4biodiversity.org www.women4biodiversity.org

