Gender and Social Inclusion Checklist for One Health

Cities can use the checklist to **review existing plans, assess new projects,** or guide cross-sectoral discussions at any stage of strategy development. The checklist ensures that **gender equality and social inclusion are embedded** throughout the process.

Ideally, it should be **applied from the early stages** of the process, for example, when defining priorities, mapping stakeholders, or conducting a One Health diagnosis, and revisited regularly during co-design, implementation, and monitoring to ensure that actions remain equitable, inclusive, and aligned with One Health principles.

Vision and Commitment

- Equity and inclusion are explicitly stated in the city's One Health vision.
- Political leadership has publicly committed to integrating equity into all One Health actions.
- Dedicated resources and budget are allocated to support equity and inclusion within the One Health strategy.
- Relevant expertise has been identified and is actively involved in developing and implementing One Health actions.

Diagnosis and Analysis

- A gender and diversity analysis has been conducted to identify how social factors (e.g. gender, age, income, migration background, ability) shape exposure, access, and outcomes across health and environmental domains.
- Data informing the strategy is disaggregated by gender, age, socio-economic status, migration status, disability, and neighbourhood to enable intersectional analysis.
- Barriers to participation in health-promoting spaces, programmes, and decision-making (e.g. safety, cost, distance, norms, accessibility) have been identified and addressed.
- The diagnosis considers intersectional discrimination, recognising how overlapping identities can create compounded disadvantages in health and access.

Stakeholder Engagement

- Communication about the One Health strategy uses accessible, non-technical language for the general public.
- Stakeholder engagement reflects the diversity of the municipality as closely as possible.
- Stakeholder groups have real decision-making influence, not just advisory roles.

Design and Planning

- Potential trade-offs (e.g., safety vs. biodiversity, access vs. ecosystem protection) have been identified in the planning stage.
- Impacts of proposed actions have been assessed separately for different human and non-human groups.
- Design solutions aim for co-benefits, meeting equity goals while supporting biodiversity, climate resilience, and public health.

Targets and Implementation

- Clear, measurable equity targets are set (e.g., gender parity in sports facility use, 10-minute walk to an inclusive green space).
- Targets align with city, national, and EU equity and sustainability objectives.
- Funding and resources target underserved groups to reduce disparities.
- A communication and awareness plan for all target groups on all One Health aspects has been developed.

Monitoring and Adjustment

- Monitoring uses disaggregated data (by gender, age, income, migration background, ability, etc.) to track equity outcomes and identify which groups benefit or are left behind by One Health actions.
- Interventions are reviewed and adapted when gaps persist or new barriers emerge, ensuring that measures remain inclusive and responsive to the needs of diverse groups.
- Results and lessons learned are shared publicly in accessible formats to promote transparency, build trust, and encourage participation among groups that may have limited confidence in official institutions.

Municipal Leadership

- Gender and diversity criteria are included in procurement and contracting.
- Municipal teams, advisory boards, and panels reflect community diversity.
- City staff receive training on gender sensitivity, inclusion, and One Health.

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