ONE HEALTH FOR CITIES

THE ESSENTIAL GUIDEBOOK FOR CITY MAKERS

SECTION 5: INTEGRATING GENDER EQUITY AND SOCIAL INCLUSION IN ONE HEALTH

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INTRODUCTION

WHY DO GENDER EQUITY AND SOCIAL INCLUSION MATTER IN ONE HEALTH?

One Health in cities aims to improve human, animal, plant, and environmental health together. Yet health impacts, and **the burdens and benefits of city interventions, are not felt equally by all**. Gender, age, income, ethnicity, disability, migration status, and other factors shape **people's exposure to risks**, their access to health-promoting environments, and their ability to participate in shaping urban policies.

If these differences are neglected, One Health strategies risk undermining social determinants of health and being "gender blind" (designed for an assumed "average" citizen who doesn't actually exist) and may unintentionally widen inequalities. **Embedding gender and social inclusion into One Health is therefore both a fairness and an effectiveness issue**: interventions work better when they respond to real, diverse needs and incorporating equity into policy design ensures that new programmes do not unintentionally increase inequality. Equity-based planning ensures interventions reach and benefit those most at risk, thereby **improving overall public health outcomes and reducing social gaps.**

KEY INGREDIENTS: THE HEALTH GAP, INTERSECTIONALITY, AND PARTICIPATION

THE HEALTH GAP

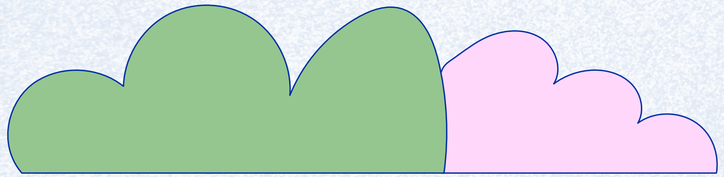
The health gap refers to the **differences in health outcomes between social groups**, for example, in life expectancy, chronic disease rates, or mental well-being. These disparities are not caused only by individual behaviour or biology, but by **structural factors** such as income, housing quality, working conditions, environmental exposure, and access to care.

In cities, **health gaps often reflect patterns of inequality**: people in low-income neighbourhoods or in marginalised groups tend to live shorter, less healthy lives due to poorer environmental quality, limited mobility options, or higher stress. Recognising and **addressing these systemic differences** is central to the One Health approach, which aims to improve health for all living beings and environnement by reducing the social and environmental conditions that **create unequal outcomes.**

INTERSECTIONALITY

Intersectionality is the understanding that people's experiences, needs, and barriers are shaped by the **interaction of multiple social identities** such as gender, age, disability, race or ethnicity, migration status, income, and sexual orientation. These **overlapping factors can create unique patterns of advantage or disadvantage.**

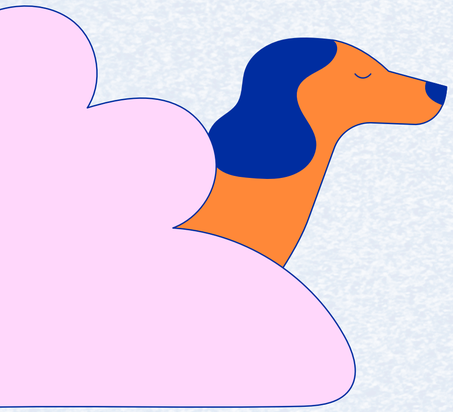
- A woman with a disability may face accessibility barriers and safety concerns in public spaces that are not experienced by women without disabilities or men with disabilities.
- A young migrant man may have different exposure to occupational hazards, environmental risks, and healthcare access than both non-migrant men and migrant women.



In a One Health context, intersectionality helps cities to:

- Identify **who is most exposed** to environmental hazards (e.g., heat islands, polluted air) and **least able to mitigate them.**
- **Avoid "one-size-fits-all" solutions**, for example, cycling infrastructure that works for fit adults but not for older riders, parents with children, or those using cargo bikes.
- **Reach different vulnerable groups and create synergy in designing measures** that address overlapping needs, such as shaded, accessible, and safe walking routes that also serve as biodiversity corridors.

By applying an **intersectional lens**, cities can better ensure that **health improvements reach all groups**, especially those experiencing multiple, compounding disadvantages.



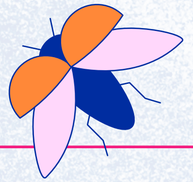
PARTICIPATION

Participation in One Health is more than public consultation; it is about a**ctively involving diverse residents and stakeholders** in shaping the policies and projects that affect them.

- **Who participates matters:** Without intentional outreach, processes often attract participants who are already engaged, have higher education levels, and have more free time, leaving out those with the greatest needs.
- **How participation is designed matters**: Meetings at city hall during working hours may exclude caregivers, shift workers, or people with mobility challenges.
- **What participation influences matters**: Involving people only after decisions are made erodes trust and fails to capture valuable lived experience. By involving people from the beginning in designing measures, participants feel they are being taken seriously, which increases their willingness to use and accept the measures.

In a One Health strategy, participation ensures that **diverse knowledge**, from scientific expertise to **everyday lived experience**, shapes interventions, making them more relevant, more accepted, and more effective.

ONE HEALTH TRADE-OFFS



Cities often encounter situations where desirable goals pull in different directions, forcing planners to balance benefits and risks. **These trade-offs** are not signs of failure; they **are an expected part of implementing One Health in complex, real-world settings**. The key is to **make them visible early**, weigh impacts across all healths (human, animal, plant and environmental), and design responses that minimise harm while maximising equity.

Here are some common trade-offs that cities may encounter:

— SAFETY VS. BIODIVERSITY

- **Example:** Adding lighting to parks and trails can improve women's and girls' sense of safety at night, increasing their access to physical activity and social spaces. However, artificial light can disrupt nocturnal animal species, affect plant growth cycles, and reduce dark-sky quality.
- **Equity lens:** Safety concerns are not equally distributed — women, LGBTQI people, and some migrant groups may experience higher risks or perceptions of danger. Balancing this with biodiversity protection may involve creative solutions like motion-activated lights, "dark zones" away from paths, or seasonal adjustments.

— ACCESS VS. ENVIRONNEMENT PROTECTION

- **Example:** Encouraging visits to rivers, wetlands, or urban forests can improve mental health, social connection, and awareness of nature. However, overuse can damage habitats, compact soils, or disturb wildlife.
- **Equity lens:** Those with less access to private gardens or safe public spaces may rely more heavily on shared natural areas. Management strategies might include timed entry, designated paths, a stilted walkway or rotating access to allow environnement to recover.

— POPULAR SPORTS VS. EQUAL ACCESS

- **Example:** New investments in sports facilities often favour already popular, male-coded activities such as football, leaving women's, girls', and non-mainstream sports under-resourced.
- **Equity lens:** Without targeted measures, funding can reinforce existing gender gaps in active recreation. Cities can promote parity by reserving training times for under-represented groups, adjusting booking rules to prioritise equitable access, diversifying the types of activities supported, and co-designing facilities with women, girls, and other under-represented groups to uncover and meet hidden demand.

— UNIVERSAL VS. TARGETED MEASURES

- **Example:** A city-wide cycling programme may improve infrastructure across the board but might not address the specific barriers faced by women, older adults, or people with disabilities such as fear of traffic, lack of safe bike storage, or need for wider lanes for cargo bikes.
- **Equity lens:** Universal measures create a common baseline, but they rarely reach those who face the highest practical, social, or safety-related barriers. An equity approach therefore, starts by identifying which groups are not benefiting from the universal offer and why. Complementary targeted actions can then close these gaps. In the context of cycling, this might mean tailored cycling lessons for women or older adults, improved lighting and visibility along routes used at off-peak times, adapted bikes for people with disabilities, or co-designed routes with local parents.

— SHORT-TERM VISIBILITY VS. LONG-TERM SUSTAINABILITY

- **Example:** Rapid greening projects with fast-growing, non-native plants can quickly cool urban areas but are often vulnerable to pests, require more water, and can trigger allergies. When these plantings fail to adapt, they waste resources and reduce long-term health and cooling benefits.
- **Equity lens:** Politically visible short-term wins should be weighed against long-term ecological resilience and community health needs, ensuring that urgent climate responses do not compromise future well-being.

— COMFORT VS. CLIMATE RESILIENCE

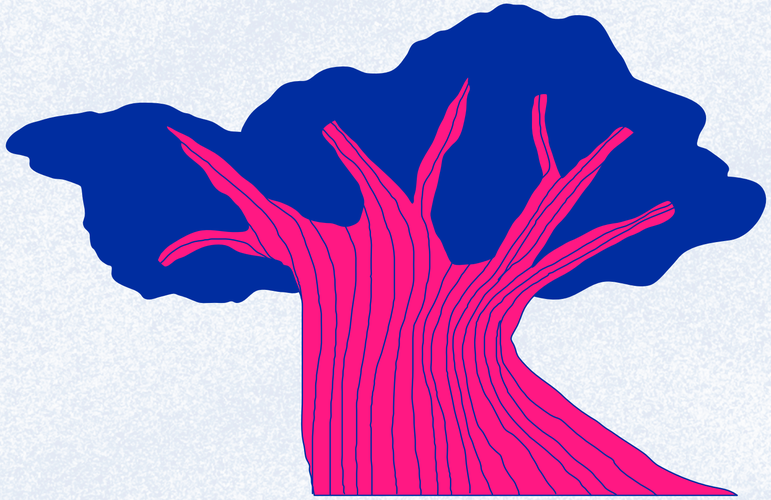
- **Example:** Installing extensive air conditioning in public buildings can protect vulnerable populations during heat waves but may increase greenhouse gas emissions and energy costs. In addition, the heat that these units emit may worsen heat waves in both the short and long runs.
- **Equity lens:** Prioritise passive cooling measures (e.g., shading, ventilation, reflective materials) where possible, while still ensuring immediate protection for at-risk groups like older adults and outdoor workers.

Trade-offs are an inevitable part of urban policy-making, and One Health is no exception. The goal is not to eliminate them entirely, but to **handle them** in ways that are **fair, evidence-based, and clearly explained.**

PRACTICAL TIPS FOR ONE HEALTH

Integrating gender and social inclusion into One Health is most effective when it is built in from the start, not added later as a separate activity. **Embedding equity** in vision, governance, design, implementation and monitoring ensures that all residents can benefit from and **contribute to healthy, resilient environments.**

In this section, we provide tips for One Health on gender equity and social inclusion that link to previous section of this publication, as gender is a cross-cutting topic for One Health.

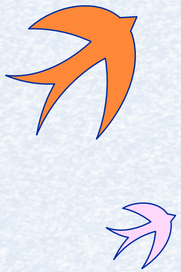


STRATEGY LEVEL (SECTION 1)

— ONE HEALTH TIPS

— INCLUDE EQUITY AND DIVERSITY IN THE ONE HEALTH VISION

- Make equity and inclusion **explicit principles** in the city's One Health vision, alongside commitments to human, animal, plant, and environmental health.
- **Frame inclusion as a core element of resilience:** a healthy city is one where everyone benefits from healthy environments.
- **Use clear, accessible language** so residents can identify with the vision and understand how it affects their daily lives.



— CONDUCT A GENDER AND DIVERSITY ANALYSIS IN THE DIAGNOSIS PHASE

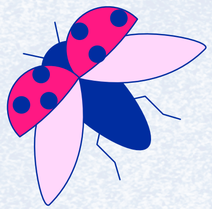
- **Map who benefits, who is left out, and why**, using both quantitative and qualitative data.
- **Analyse access** to health-promoting assets (green spaces, clean air, active mobility), **exposure to risks** (heat, pollution) **and the potential burdens** or unintended effects **of policies** and measures by gender, age, income, migration status, and ability.
- **Include under-represented perspectives** through focus groups, interviews, and participatory mapping.
- **Identify structural barriers** such as opening hours, location, cost, and cultural norms that limit participation.

GOVERNANCE (SECTION 2)

— ONE HEALTH TIPS

— LEAD BY EXAMPLE AS A MUNICIPALITY

- **Integrate gender and diversity criteria into budgeting, procurement and contracting.**
- Ensure staffing and advisory bodies reflect community diversity.
- **Provide training** on inclusion, gender sensitivity, and One Health principles across departments.
- **Encourage** private and non-profit **partners to adopt inclusive design and service** practices through guidance and recognition.



— ENGAGE DIVERSE STAKEHOLDERS IN PARTNERSHIPS

- **Proactive outreach to under-represented groups**. Include members of the community, women's organisations, disability advocates, youth, migrant associations, and community groups alongside traditional One Health stakeholders. **Treat all residents as experts for their own lived experience.**
- Designing processes that allow **community members to influence priorities and co-create** solutions, not just comment on pre-defined plans with symbolic participation.
- **Support engagement with accessible formats**, translation, and fair compensation for time and travel.
- **Removing participation barriers** by offering childcare, translation, stipends for time, or holding meetings in familiar neighbourhood spaces.

— ONE HEALTH TIPS

— MONITOR AND ADJUST USING DISAGGREGATED DATA

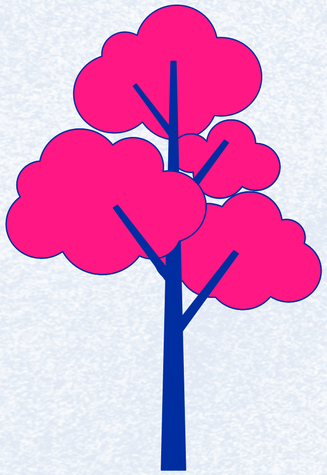
- **Track data disaggregated** by gender, age, income, migration status, and disability to measure progress.
- **Adjust interventions when disparities persist**, for instance, if cycling initiatives benefit men more than women, investigate and respond to barriers.
- Share results publicly to promote **transparency, accountability**, and trust among residents.

IMPLEMENTATION (SECTION 6)

— ONE HEALTH TIPS

— ADVANCE EQUITY IN HEALTH SERVICES

- **Identify service gaps in access and outcomes across groups.**
- Combine **universal measures with targeted outreach**, such as mobile clinics, community mediators, or social prescribing.
- **Address the digital divide** through alternative service channels and assisted digital access.
- **Foster cross-sector collaboration** between health, social, and community services to reach marginalised populations.



— ADDRESS ONE HEALTH TRADE-OFFS

- **Work with the community** to identify which trade-offs are most important to address, ensuring diverse voices are heard.
- **Assess impacts by group**, using data broken down by gender, socio-economic status, neighbourhood, and other relevant factors.
- **Seek "win–win" designs** that meet multiple needs at once for example, choosing low, non-allergenic plants that both improve visibility for safety and support local biodiversity.
- **Be transparent** about decisions: explain why a particular balance was chosen, and outline any measures in place to reduce negative impacts

— ONE HEALTH TIPS

— DESIGN INCLUSIVE AND EQUITABLE URBAN ENVIRONMENTS

- **Sports and recreation**: Audit facility use, identify hidden demand, and diversify offers beyond dominant male-coded sports.
- **Green spaces**: Combine safety, accessibility, and biodiversity in co-designed parks that respond to diverse needs.
- **Active mobility**: Design continuous, safe routes for walkers, cyclists, and users of mobility aids, addressing fear spaces and linking to public transport.
- **Age-friendly planning**: Provide shaded, barrier-free paths, benches, and toilets; promote intergenerational use of public space.

— SET MEASURABLE EQUITY TARGETS

- **Establish specific and trackable objectives**, such as:

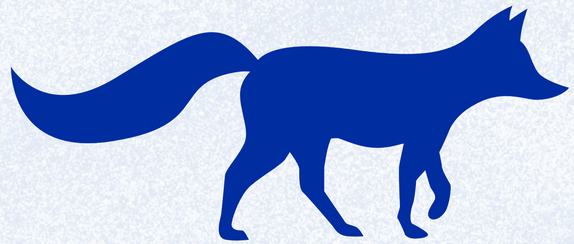
  - **Gender parity** in public sports facility use.
  - **Universal access** to an inclusive green space within a 10-minute walk.
  - **Increased representation of women and youth in One Health advisory boards**

TOOLBOX

TOOLS FOR COORDINATING CIVIL SOCIETY

- Gender and Social Inclusion Checklist for One Healt
- One Health Stakeholder Map

> *“Health policy becomes truly powerful only when it reflects the diversity of the people it serves. Recognising that risks and benefits are not shared equally is the first step toward creating systems that are.”*
>
> **– Dr. Mary Dellenbaugh-Losse**



CASE STUDY

DESIGN OF GENDER-SENSITIVE PLAYING ENVIRONMENTS IN MUNICH

CONTEXT

The City of Munich recognises that girls, boys, trans, non-binary and intersex young people do not enjoy equal access to public recreational spaces. Studies show that play behaviour is strongly shaped by gender stereotypes. Other studies show that variation in play behaviour within a gender group is even greater than between genders. Assertive or self-confident users have greater opportunities to use playgrounds than reserved users. At the same time, sedentary behaviour is increasing—particularly among girls—with negative consequences for physical and mental health, social participation and environmental interaction.

CHALLENGE

Traditional playgrounds privilege the most assertive user groups. This marginalises reserved users, and reduces their opportunity for free movement as well as social and environmental interaction. A missing wide range of playing opportunities, poorly structured spaces and an inadequate footpath network are the main reasons, that not all users can participate equally. Inadequate lighting, poorly visible corners, unsafe routes, and lack of toilets further reduce the use of outdoor spaces by girls and young women.

INTERVENTION

Munich’s planning guidelines, developed under the leadership of the gardening division of the building department, introduce gender-sensitive playing environments. Key components include:

- Gender-sensitive social space analysis in an early planning phase
- Spatial redesign to balance dominance and access
- Health-promoting multifunctionality with a mix of active, quiet, creative and nature zones
- Nature-integrated design and natural features to support environmental literacy
- Ongoing maintenance, safety and inclusive programming

OUTCOMES

Improved safety, increased use by girls and gender-diverse youth, higher levels of physical activity, greater interaction with nature and reduced dominance of single user groups.

LESSONS LEARNED

- Environment shapes behaviour
- Gender-sensitive data & participation are essential
- Intersectionality matters
- Cross-sector governance is key