**Response to Call for input: “Promotion and protection of human rights in the context of mitigation, adaptation, and financial actions to address climate change, with particular emphasis on loss and damage”**

**Issued by:** Special Rapporteur on the promotion and protection of human rights in the context of climate change

The responses to the questionnaire are submitted jointly by Women Deliver, the Women Deliver Young Leaders Program and Dr. Dagmawit Workagegnehu of Safer-SRHR. The responses incorporate evidence and recommendations from The Link Between Climate Change and Sexual and Reproductive Health and Rights: An Evidence Review.[[1]](#endnote-1)

1. **What experiences and examples are you aware of that are being faced by particularly individuals and communities in vulnerable situations (as identified above) that have suffered loss and damage due to the adverse impacts of climate change?**

The impacts of climate change adversely affect health, including sexual and reproductive health and rights (SRHR) The effects are both direct (e.g.,maternal health risks and damage to health infrastructure) and indirect (e.g., loss of livelihoods and reduced income to access SRH services). These impacts are exacerbated for people who are experiencing existing barriers to the realization of their SRHR,including girls, women and gender-diverse people and those living in humanitarian and emergency settings.

Extreme weather events, which are increasing in frequency and intensity because of climate change, damages essential health facilities and infrastructure and disrupts supply chains, contributing to a decrease in the quality, availability and accessibility of sexual and reproductive health services. This includes lack contraception which can lead to unintended pregnancy, as well as lack of post-exposure prophylaxis for HIV, HIV treatment, emergency contraception, and safe abortion services.[[2]](#endnote-2),[[3]](#endnote-3) Further, when safe abortion services are denied, women and pregnant people may resort to unsafe and potentially life-threatening methods to terminate their pregnancies. Unsafe abortion is the cause for at least nine percent of maternal deaths worldwide. The literature suggests that this rate is likely to be much higher in emergency settings.[[4]](#endnote-4) In the aftermath of a disaster, climate change-related human mobility can also lead to reduced access to these services.

* In Bangladesh, increasing incidences of flooding have led to low stocks of contraceptives at health facilities in rural and remote areas.[[5]](#endnote-5)
* In Thailand, pregnant women who were displaced due to flooding delivered infants with significant lower birth weights than infants born to women who were not displaced by a natural disaster. The study also found birth weight increased with perceived social support, which may be lost during displacement.[[6]](#endnote-6) In the aftermath of Hurricane Maria in 2017.
* A lack of female doctors in temporary camps in Pakistan prevented women from seeking health services post-flooding, due to the social stigma of engaging with, and a fear of sexual harassment from, male doctors.[[7]](#endnote-7)
* Puerto Rican health specialists reported not having the necessary water supply and sanitized surgical instruments needed for deliveries.[[8]](#endnote-8)
* The El Niño-induced drought has limited water supply for personal hygiene and limited supply of the traditionally used absorbent plant for menstrual blood for girls and women in Mozambique.[[9]](#endnote-9)

Girls, women and gender-diverse people are made vulnerable by cultural and social norms as well as structures and systems that regularly discriminate against them and interlock to oppress them. In communities experiencing loss and damage and food stress or water shortage, there is a risk that girls will be pulled from school to take care of the household and that they will marry younger, with a higher percentage of girls facing early, forced and child marriages. In Myanmar, dropout rates were 34.7 percent for boys and 42.3 percent for girls after Cyclone Nargis in 2008.94 In Nepal and Bangladesh, research found that young girls may be pulled out of school and into a marriage to alleviate financial hardship caused by extreme weather events.[[10]](#endnote-10),[[11]](#endnote-11) Early marriage and pregnancy can have serious adverse SRH impacts. Girls who become pregnant before the age of 15 are more susceptible to placental tears, obstruction at the time of delivery, and maternal mortality.[[12]](#endnote-12),[[13]](#endnote-13),[[14]](#endnote-14)

Climate change impacts also affect maternal health. Dehydration during pregnancy can be especially devastating to both mother and child, as it can affect fetal growth, release labor-inducing hormones, cause preterm births, and increase the maternal risk of anemia and eclampsia.[[15]](#endnote-15) Rising temperatures, incidents of heat waves and droughts, and rainfall variability can affect food and water security and impede women’s access to safe and reliable drinking water.[[16]](#endnote-16) Changes in temperature and precipitation increase the spread of vector-borne diseases, which can increase the risk of spontaneous abortion, premature delivery, stillbirth, low-weight births, eclampsia, and cesarean delivery for pregnant women.[[17]](#endnote-17),[[18]](#endnote-18) Additionally, evidence from the United States suggests that women with asthma and Black women could be at a greater risk for preterm births and low-weight births due to higher exposure to air pollution.[[19]](#endnote-19)

Girls and women contribute to the majority of care work, and rural women and girls are usually given the task of fetching water. With climate change, they have to travel further to collect it, increasing their already heavy workload and putting them at a greater risk for gender-based violence. Therefore, young women are more likely to experience the adverse effects of climate change than young men.

When healthcare is disrupted by erratic weather, it erodes the advancement of SRHR, making girls and women more vulnerable to the impacts of the climate crisis. Loss and damage also exacerbate pre-existing forms of gender-based discrimination, creating additional barriers particularly for groups who are facing intersecting forms of oppression. For example, LGBTQIA+ people face the risk of losing their limited safe physical spaces and support services, including healthcare, in the immediate aftermath of disasters and other climate-related events.[[20]](#endnote-20) Due to prejudice, LGBTQIA+ people can often be excluded from disaster preparedness, response, recovery, and relief efforts in the short- and long-term, including their access to emergency housing, medical care, and food.[[21]](#endnote-21) For example, in the aftermath of the floods in the Sindh province of Pakistan over various years, it was reported that transgender people were not allowed to enter relief camps because people were not comfortable sharing the space with them.[[22]](#endnote-22)

1. **What legislation, policies and practices do you think are necessary to provide redress for particularly individuals and communities in vulnerable situations that have suffered and will continue to suffer loss and damage due to the adverse impacts of climate change?**

Climate change, gender equality and SRHR are inextricably linked, yet they are rarely addressed in the same spaces despite the ever growing evidence showing that they should be integrated in our solutions to the climate emergency. SRHR must be considered as a key component of climate policy and redress for loss and damage.

Girls and women know best what solutions and redress are needed. Decision-makers should enhance collaboration between the climate change, health, and women’s rights advocacy and humanitarian communities.

Disaster plans for the community must be designed with and focus on women and marginalized groups in emergencies.

Policies must consider the immediate, short-term, and long-term impacts of climate related stresses and anticipate how the unexpected impacts of disasters impact access to health services and recovery, and the realization of human rights.

Individuals and communities in vulnerable situations, especially girls, women and gender-diverse people, must be leading and at the center of all strategies.

Commit to robust and feminist financing that includes funds directed to feminists, women’s rights, girl- and youth-led organizations.

Build resilient, integrated health systems that effectively deliver education, quality care, and treatment in support of SRHR, accessible to all.

Design, finance and implement universal health coverage that addresses the needs of girls, women, and individuals of underrepresented SOGIESC throughout the life course that ensures protection from high out of pocket costs and financial devastation, with a specific focus on often-overlooked components of SRHR such as safe abortion, youth-friendly services and comprehensive sexuality education.

Invest in health infrastructure that takes climate change into account, such as air conditioning in maternity wards and flood- and storm-proofing health facilities.

Collect and use disaggregated data for public health decision-making.

Capacity building, financial and technical support to girls, women and gender-diverse people for education and decent work in sustainable, regenerative economy, alongside gender-responsive labor policies.

1. **Please provide examples of policies and practices (including legal remedies) and concepts of how States, business enterprises, civil society and intergovernmental organisations can provide redress and remedies for individual and communities in vulnerable situations who have suffered loss and damage to the adverse impacts of climate change.**

Promote gender-transformative climate action by addressing the linkages between climate change and SRHR across climate action processes. Efforts should increase access to information, guidance, and experience available for governments and other actors to pursue SRHR-related interventions when providing remedies.

Participatory processes that include people in all their diversity are fundamental to ensuring that holistic needs are recognized and addressed and for the resulting analysis and messaging to adopt an intersectional lens. This is essential for a human rights-based approach to loss and damage and can also facilitate the identification of context specific needs and capacities in relation to climate change and SRHR.

More investment in research on the social and gender dimensions of loss and damage, including elements related to SRHR, is needed. This research must apply an intersectional lens, looking at gaps and opportunities related to SRHR and climate change for different groups based on gender, age, socioeconomic status, SOGIESC, race, and indigeneity, among other factors. Use of disaggregated data and intersectional analysis are essential to move away from generalizations — for example, about women’s vulnerability to climate change — and to ensure that the particular needs and concerns of specific groups, including adolescents and the LGBTQIA+ community, are understood and addressed. This analysis can provide useful insights to build the evidence base and strengthen the argument for these issues to be incorporated in policies, plans, and programs. Research initiatives that bring together climate, health, and gender experts can help to promote more integrated analysis by breaking down silos.

Engage and foster girls and women as leaders. For example, a project in Bangladesh established Women’s Committees to build disaster risk management capacities. It also addressed SRHR issues, including reproductive health and pregnancy. When the area was hit by a cyclone, the women responded to lessen the impact on lives and livelihoods. The project attributed much of its success to the leadership and capacities of the Women’s Committees.[[23]](#endnote-23)

Invest in health systems that address the underlying causes of vulnerability to climate change. This also requires investments in civil society organizations at the local level. Ensure funding for continuous delivery of the full range of comprehensive high quality SRHR services.

1. **What international, regional and national policies and legal approaches are necessary to protect current and future generations and achieve intergenerational justice for particularly for individuals and communities, from the adverse impacts of climate change?**

We highlight here the points raised by the *Women and Gender Constituency*[[24]](#endnote-24) regarding loss and damage ahead of COP26:

Parties must raise the quantity and quality of climate finance overall to achieve, at minimum, the US$100 billion per year goal, ensuring finance is gender-responsive, and that the proportion of grants-based funding for adaptation is significantly increased, with new, additional funds for loss and damage, as a matter of climate, social and gender justice. In light of the debt crisis in developing countries (SIDS and LDCs) worst affected by climate change, this includes:

* Honouring the existing pledge by developed countries to provide climate finance to developing countries in the amount of 100B$ per year from 2020 onwards. This means delivery of 100B$ for 2020 and another 100B$ for 2021 and preferably from COP26 a delivery plan for 500B$ over five years (2020 to 2024);
* Providing financing for loss and damage that is needs-based, new and additional to still unfulfilled climate finance commitments made by developed countries, including the US$100 billion per year goal and the balanced allocation between mitigation and adaptation, as well as the full operationalization of the Santiago Network for Loss & Damage;
* Guidance to the finance mechanisms of the COP and Paris Agreement to ensure enhanced direct access to finance for community, youth, feminist and women’s rights organizations and movements who adequately respond to the needs of their communities, and not only governments and UN agencies;
* A Ministerial declaration from COP26 towards the establishment of a sovereign debt workout mechanism under the auspices of the United Nations which can support states in restructuring or canceling their debts in an equitable manner with all creditors, recognized as a vital pillar of delivering on climate justice.
1. Women Deliver. [The Link Between Climate Change and Sexual and Reproductive Health and Rights](https://womendeliver.org/wp-content/uploads/2021/02/Climate-Change-Report.pdf)-an evidence review (2021). [↑](#endnote-ref-1)
2. Centers for Disease Control and Prevention. “PEP.” Centers for Disease Control and Prevention. Last reviewed August 6, 2019. https://www.cdc.gov/hiv/basics/pep.html. [↑](#endnote-ref-2)
3. Onyango, M. and S. Heidari. Care with dignity in humanitarian crises: Ensuring sexual and reproductive health and rights of displaced populations. Reproductive Health Matters 25, no. 51 (2017): 1–6. www.jstor.org/stable/26495946 (accessed June 29, 2020). [↑](#endnote-ref-3)
4. Chukwumalu, K., et al. Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia. Reproductive Health Matters 25, no. 51 (2017): 48–57. www.jstor.org/stable/26495951. [↑](#endnote-ref-4)
5. Asian-Pacific Resource & Research Centre for Women. Scoping Study: Identifying opportunities for action on climate change and sexual and reproductive health and rights in Bangladesh, Indonesia, and the Philippines. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women (ARROW), 2014.

https://arrow.org.my/wp-content/uploads/2015/04/Climate-Change-and-SRHR-Scoping-Study\_Working-Paper\_2014.pdf. [↑](#endnote-ref-5)
6. Sanguanklin, Natthananporn, Barbara L. McFarlin, Chang Gi Park, Carmen Giurgescu, Lorna Finnegan, Rosemary White-Traut, and Janet L. Engstrom. “Effects of the 2011 Flood in Thailand on Birth Outcomes and Perceived Social Support.” Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN 43, no. 4 (2014): 435–44. https://doi.org/10.1111/1552-6909.12466. [↑](#endnote-ref-6)
7. Varma, A. Sexual and Reproductive Health and Rights: Key to building disaster resilience. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women, 2017. https://arrow.org.my/publication/srhr-disaster/. [↑](#endnote-ref-7)
8. Hunter, Lori, M. “How Natural Disasters Can Influence Reproductive Health and Fertility – Population Reference Bureau,” 2018. https://www.prb.org/natural-disasters-can-influence-reproductive-health-and-fertility/. [↑](#endnote-ref-8)
9. Fischer, A. “Hope Dries up? Women and Girls Coping with Drought and Climate Change in Mozambique.” Care International, 2016. https://doi.org/10.1163/9789004322714\_cclc\_2016-0134-006. [↑](#endnote-ref-9)
10. ARROW, 2014 [↑](#endnote-ref-10)
11. Mian, L.H., and M. Namasivayam. Sex, rights, gender in the age of climate change. Kuala Lumpur: Asian-Pacific Resource & Research Centre for Women, 2017. https://arrow.org.my/publication/sex-rights-gender-ageclimate-change. [↑](#endnote-ref-11)
12. United Nations Population Fund. Girlhood, Not Motherhood: Preventing Adolescent Pregnancy. New York: United Nations Population Fund, 2015. https://www.unfpa.org/sites/default/files/pub-pdf/Girlhood\_not\_motherhood\_final\_web.pdf. [↑](#endnote-ref-12)
13. ARROW, 2014 [↑](#endnote-ref-13)
14. Bremner, J., K.P. Patterson, and R. Yavinsky. Building resilience through family planning: A transformative approach for women, families and communities. Population Reference Bureau Policy Brief. Washington, D.C.: Population Reference Bureau, 2015. https://www.prb.org/wp-content/uploads/2015/12/sahel-resilience-brief.pdf [↑](#endnote-ref-14)
15. Sorensen, C., et al. Climate change and women’s health: Impacts and policy directions. PLoS Med 15, no. 7 (2018): e1002603. https://doi.org/10.1371/journal.pmed.1002603. [↑](#endnote-ref-15)
16. Center for Climate Change and Health. Special Focus: Climate Change and Pregnant Women. 2016. Center for Climate Change and Health. http://climatehealthconnect.org/wp-content/uploads/2016/09/PregnantWomen.pdf. [↑](#endnote-ref-16)
17. Sorensen, C., et al. Climate change and women’s health: Impacts and policy directions. PLoS Med 15, no. 7 (2018): e1002603. https://doi.org/10.1371/journal.pmed.1002603 [↑](#endnote-ref-17)
18. Center for Climate Change and Health. 2016. [↑](#endnote-ref-18)
19. Bekkar, B., et al. Association of Air Pollution and Heat Exposure with Preterm Birth, Low Birth Weight and Stillbirth in the US: A Systematic Review. JAMA Network Open 3, no. 6 (2020): 1–13. doi:10.1001/jamanetworkopen.2020.8243 [↑](#endnote-ref-19)
20. Dominey-Howes, D. et al. “Queering disasters: On the need to account for LGBTI experiences in natural disaster contexts.” Gender, 21, (2014). [↑](#endnote-ref-20)
21. Dominey-Howes 2014 [↑](#endnote-ref-21)
22. Mian, L.H., and M. Namasivayam, 2017. [↑](#endnote-ref-22)
23. Asian-Pacific Resource & Research Centre for Women. (2017a). Sexual and reproductive health

and rights: Key to building disaster resilience. Asian-Pacific Resource & Research Centre for

Women. https://arrow.org.my/publication/srhr-disaster/ [↑](#endnote-ref-23)
24. Women and Gender Constituency. Key Demands. 2021. https://womengenderclimate.org/wp-content/uploads/2021/10/WGC\_KeyDemandsCOP26\_EN.pdf [↑](#endnote-ref-24)