

## Creating waves on the Sustainable Development Goals

### **Technical Experts and Ministerial Consultations** *on Strengthening Climate Change Resilience through Reproductive, Maternal, Newborn, Child and Adolescent Health*

***Sofitel Fiji Resort and Spa, Denarau Island, Nadi, Fiji: 26<sup>th</sup> to 28<sup>th</sup> October 2015***

#### CONCEPT NOTE

Launched by UN Secretary-General Ban Ki-moon during the United Nations Millennium Development Goals Summit in September 2010, *Every Woman Every Child* (EWEC) is an unprecedented global movement of governments, multilaterals, the private sector and civil society focused on the major health challenges facing women, adolescents, children and newborns around the world.

While the first EWEC Global Strategy galvanized action globally, it did not sufficiently address the impact of crises and humanitarian contexts, either emergency or protracted. However, five years later the EWEC Progress Report, and the next EWEC Global Strategy, reflect a new consensus on the need to better prioritize reproductive, maternal, newborn, children's and adolescents' health (RMNCAH) in humanitarian/fragile settings.

With humanitarian crisis and disasters a stark feature of the health and development landscape, integration of humanitarian and sustainable development action is needed: a *contiguum*<sup>1</sup> approach grounded locally and nationally in continuous preparedness, more systematic anticipation of, and adjustment to changing circumstances and investment in resilience efforts. Technical inputs to the renewed Global Strategy for Women's, Children's and Adolescent's Health and the associated *Abu Dhabi Declaration on Every Woman Every Child Everywhere*<sup>2</sup> sets out why this must translate into greater emphasis on risk assessment and mitigation, disaster planning and contingency funding as RMNCA health services are designed, financed, delivered and reviewed. Recognizing women and young people as essential partners for development action and as first responders in crises, ultimately the next Global Strategy's implementation must also be clearly accountable to them.

*60 per cent of preventable maternal death and 56 per cent of preventable under-5 deaths take place in settings of conflict and natural disasters. Worldwide, women and children are up to 14 times more likely than men to die in a disaster.*

<sup>1</sup> "Contiguum" means ... that development and change, all hazards and their impacts, all "disasters" of whatever magnitude, and all stages of post-disaster response, are operating at the same time in overlapping juxtaposition." Lewis, J. at <http://www.dccrn.org/cms/uploads/esa2001/lewies%20-%20continuum%20or%20contiguum.pdf>

<sup>2</sup> The *Abu Dhabi Declaration* was an outcome of the technical consultation for the EWEC Global Strategy 2.0 humanitarian work stream and it sets out the case as to why "context" is crucial in efforts to reduce preventable deaths to rates promised by the MDGs.

The 2015 Sendai Framework for Disaster Risk Reduction frames such development and humanitarian integration as both important and urgent:

*“Strengthen the design and implementation of inclusive policies and social safety-net mechanisms, including through community involvement, integrated with livelihood enhancement programmes, and access to basic health care services, including **maternal, newborn and child health, sexual and reproductive health**, food security and nutrition, housing and education, towards the eradication of poverty, to **find durable solutions in the post-disaster phase and to empower and assist people disproportionately affected by disasters.**”*

### **Why a focus on EWEC and Climate Change Impacts?**

Climate change is one of the gravest challenges facing humankind today. More frequent and more damaging “natural” disasters - landslides, droughts, floods and hurricanes - are its evidence as are rising sea levels and gradual environmental degradation. The UN Human Rights Council has recognized that:

*“...climate change-related impacts have a range of implications, both direct and indirect, for the effective enjoyment of human rights, including, inter alia, the right to life, the right to adequate food, the right to the highest attainable standard of health, the right to adequate housing, the right to self-determination and the right to safe drinking water and sanitation, and recalling that in no case may a people be deprived of its own means of subsistence.”<sup>3</sup>*

Evidence highlights that the consequences of climate change are devastating: loss of agricultural production and food insecurity; water scarcity and drought; changing ecosystems with loss of biodiversity; loss of access to traditional land, culture and livelihoods.

The populations whose life styles contribute the least to human causes of climate change figure large among those who suffer most from its consequences. The livelihoods of many of the poorest communities are directly under threat from climate change and their futures further undermined by a lack of access to either the resources or safety nets to support resilience and adaptation.

Furthermore, climate change is widely regarded as a serious threat to public health globally. It is already causing significant morbidity and mortality, with impacts predicted to increase markedly over coming decades. Leading health threats include water and food shortages, extreme weather events, changing patterns of infectious disease, and mental/psychological stress. Vulnerability to the health effects of climate change varies considerably between different populations, being influenced by gender, age, geographic location, demographics including socioeconomic status, background burden of climate-related health conditions, health system capability, and capacity to adapt. Adverse impacts will be disproportionately borne by the most disadvantaged populations, including indigenous peoples.

Yet, health is often missing from adaptation efforts even though studies show that, for example, when family planning services are increased alongside introduction of better agricultural land management practices, immediate improvements to the environment can be far better sustained rather than eroded by the demands of increasing populations.

Ground-breaking evidence shows that by meeting the demand for voluntary family planning, global emissions will be reduced by between 8 and 15 percent. An economic case is further made in

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<sup>3</sup> A/HRC/RES/18/22

a recent UK report, *Fewer Emitters, Lower Emissions, Less Cost*, which found that when it comes to combating climate change, family planning is five times cheaper than conventional green technologies. The report models the consequences of meeting the global unmet need for family planning to find that each US\$7 spent on basic family planning over the next four decades would reduce global carbon dioxide emissions by more than 1 tonne.

The overlap between climate change affected-populations and populations with the gravest rates of preventable maternal and child mortality is significant. Countries where RMNCA health outcomes are poor rank highly among those most directly impacted by climate change while climate change itself will drive further negative impacts on RMNCA health.

The further reality is that women and men experience aspects of climate change and its associated disasters differently. Research suggests, for example, that social and cultural dynamics including gender norms drive key differences in women's and men's experiences of disasters such as differences in death rates from large scale "natural" disasters:

*"... women and girls tend to have less access to or control over assets, including the resources necessary to cope with hazardous events, such as information, education, health and wealth, their vulnerability is in general relatively greater than men's. It is inequities in the everyday, and not just in times of disaster, that create greater risk and reduce life chances for women and girls. Thus, action across the gender-disaster-development nexus is key to creating lasting change and resilience."*<sup>4</sup>

The different roles and responsibilities of women, girls, boys, and men in families and communities may generate differences too in opportunities to adapt to change and in access to skills and knowledge to contribute to that adaptation. The additional sexual and reproductive health needs of women and girls as compared to men and boys are also a material point of difference which should be factored in given that to overlook gender difference can seriously weaken the outcomes of climate change and disaster risk management initiatives.

### **Why a focus on the Pacific?**

Climate change impacts threaten to negate the significant progress made by the small island developing States (SIDS) towards reaching the Millennium Development Goals (MDGs) and sustaining and building on that progress under the incoming Sustainable Development Goals (SDGs). The Sendai

Framework for Disaster Risk Reduction 2015 – 2030 highlighted this reality:

*"... the increasing frequency and intensity of the natural disasters we are experiencing in the Pacific are being attributed to climate change ... The time for prevarication is over. The time for action is now".*

Honorable Voreqe Bainimarama  
Prime Minister of Fiji

*"Disasters can disproportionately affect small island developing States, owing to their unique and particular vulnerabilities. The effects of disasters, some of which have increased in intensity and have been exacerbated by climate change, impede their progress towards sustainable development. Given the special case of small island developing States, there is a critical need to build resilience and to provide particular support through the implementation of the SIDS Accelerated Modalities of Action (SAMOA) Pathway<sup>11</sup> in the area of disaster risk reduction."*<sup>5</sup>

<sup>4</sup> Women, Girls and Disaster, A review for DFID, Sarah Bradshaw and Maureen Fordham, August 2013

<sup>5</sup> Paragraph 42, Sendai Framework for Disaster Risk Reduction 2015 – 2030

The impacts of climate change including rising sea levels<sup>6</sup> on the Pacific SIDs are already apparent:

- **Fiji** is the first Pacific Island country to relocate communities for whom coastal erosion and flooding have made their homes inhospitable and deprived them of access to the land that is an integral part of their culture, heritage and identity. This is particularly distressing for older women and men who have lived in those villages all their lives. Fiji is leading the way in the development of relocation guidelines for the Pacific and, over the coming decade, the Government intends to move more its own affected villages and has offered to help resettlement from other low-lying Pacific nations.
- **Solomon Islands:** Because of rising sea levels and more frequent tsunamis authorities of a provincial capital in the Solomon Islands have decided to relocate certain inhabitants.
- **Kiribati:** The Kiribati government, which sees relocation as an option of last resort, has decided to pursue a policy of "migration with dignity" including by planning both for the establishment of expatriate communities that can absorb and support future Kiribati, and for land purchase programmes. The Government has already involved purchased land for this purpose in Fiji.

In addition, the Pacific region's member states, which are scattered over an area equivalent to 15% of the globe's surface, are:

*"... highly exposed to severe natural disasters. Four of the top 10 countries listed on the 2014 World Risk Index are Pacific island nations. Eight are among the top 20 countries in the world experiencing the greatest average economic losses from disasters as a proportion of GDP."*<sup>7</sup>

Good RMNCA health is vital to the resilience of populations facing climate change impacts and slow or rapid onset disasters. When a population's sexual and reproductive health and rights are of good standing, when children's development is not undermined by conditions or circumstances leading to their poor health, if adolescents are supported appropriately as they pass through puberty into adulthood, everyone benefits. Communities are healthier, stronger, their rights better upheld and thus they also become more resilient.

Yet, across the Pacific, for a number of reasons, including both structural and social determinants, the health status of women, newborns, children and adolescents undermines rather than support their communities' resilience. Poor sanitation remains a big risk to children's health, education and development. With sanitation compromised, newborn children are at risk, growth stunting is more prevalent, vaccines are less effective, child mortality rates are higher and children miss more school due to sickness. Under nutrition co-exists with high rates of obesity while as many 8 in 10 children and 7 in 10 women in the Pacific experience violence or abuse at some point in their life.<sup>8</sup> Rates of sexual transmitted infections, unmet need for contraceptives, and unplanned pregnancies are high including among adolescents bringing particularly dire consequences for adolescent girls:

*A lack of understanding of the linkages between poverty reduction, sexual and reproductive health, and population has resulted in lower priority being given to*

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<sup>6</sup> According to [Intergovernmental Panel on Climate Change](#) (IPCC), sea levels are expected to rise between 28 to 61 cm by 2100, with tropical storms and cyclones becoming more frequent and intense.

<sup>7</sup> World Humanitarian Summit, Regional Consultation, Pacific Auckland, 30 June – 2 July 2015

<sup>8</sup> LOOKING BACK, MOVING FORWARD 2014-2015, A snapshot of UNICEF's work for Pacific Island children, 2014-2015

*sexual health in national development and sectoral plans and programmes and inadequate relevant resource allocations to the health systems.*

*Health systems in the Pacific suffer from human and financial resource shortage. Poor supply chain management and challenges with reaching remote facilities results in stock out of supplies at the facility level. Limited or non-existent health information systems often present challenges with respect to proper monitoring.*

*As a result people in the Pacific, particularly in remote outer islands, are not able to access comprehensive sexual and reproductive health services.<sup>9</sup>*

### **What is the call for RMNCAH in the Pacific?**

Leaders from across the Pacific have called for transformation in their countries' reproductive, maternal, newborn, child and adolescent health. For example:

- In **2012**, the **Pacific Islands Forum Leaders** committed to promote gender equality including by “ensuring reproductive health education, awareness and service programs receive adequate funding support”.
- In **2013**, **Pacific Islands parliamentarians**, in the **Moana Declaration**, committed to a rights based approach to RMNCA health and highlighted the importance of access to contraception and SRH information.
- In **2014**, youth advocates at the Youth **Pre-SIDS TALAVOU Conference**, called for greater access to youth-friendly SRH information and services for young girls and boys and for school curricula to incorporate both the social and biological aspects of human development at age-appropriate levels from preadolescence.
- The **2014 S.A.M.O.A. Pathway** commits to “strengthen and support contingency planning and provisions for disaster preparedness and response, emergency relief and population evacuation, in particular for people in vulnerable situations, women and girls, displaced persons, children, older persons and people with disabilities”.

### **So, why this consultation and why now?**

To date, the particular interface between climate change impacts on the Pacific, the Pacific populations' rights and resilience and the Pacific's RMNCA health has not been fully explored while the specific elements of disaster risk reduction and emergency planning are yet to be fully integrated into national and regional RMNCAH planning. Critical expertise is dispersed across technical communities that are not often brought together i.e. the development, humanitarian, DRR and climate change communities.

The Global Strategy for Women's, Children's and Adolescent's Health implementation process – with its focus on comprehensive planning and building of investment cases - offers an opportunity for PICs to profile their specific situations in the face of climate change and their specific RMNCAH needs including by for RMNCA health sensitive multi-hazard risk assessment processes, for disaster risk reduction, emergency preparedness, response, recovery and for “building back better”.

Focused attention in this way on RMNCA health in the context of climate change impacts on the Pacific – and the implications for women, children and adolescents - may also help identify key messages relevant to the upcoming 21st Session of the Conference of the Parties to the UNFCCC (the

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<sup>9</sup> Pacific sexual health and wellbeing shared agenda policy document, Version 4; the Secretariat of the Pacific Community; February, 2014

UN Climate Change Conference/COP21) to be held in Paris late November 2015 as well as to the World Humanitarian Summit and to Habitat III (on urbanization) which are to be held in 2016.

### **Purpose of the Consultation:**

HRH Princess Sarah Zeid is leading the humanitarian settings work stream for the EWEC's next Global Strategy, being tasked with developing the strategic framework for "Everywhere". Supported also by UNFPA and working in collaboration with the H4+ agencies, specific issues confronting women, newborns, children and adolescents in the context of disasters and emergencies are being highlighted. An experts meeting, held in February 2015 and hosted by the United Arab Emirates' Supreme Council on Motherhood and Childhood, provided the technical foundations for this now "Everywhere" work stream. Next steps for this work stream include the drafting of a 5-year implementation plan including proposals for how this will address such challenges as climate change.

In this context, the Government of Fiji have kindly agreed to host a Pacific experts meeting followed by a Ministerial meeting. The proposed three-day consultation would focus on the impacts of climate change – including slow and rapid onset disasters - in the context of EWEC implementation planning.

Leading technical experts from across the development, humanitarian and climate change communities would be convened to develop advice, to be confirmed at the Ministerial meeting, on:

- RMNACH issues, (support, information, services, engagement) critical for strengthening resilience for Pacific Islander women, children and adolescents and to consider associated strategic planning priorities
- Strategic positioning and mobilization of commitments from across and beyond the region for addressing critical issues identified
- Key promotion messages that supports the PICs' strategic positioning at key international forums such as the 2015 Climate Change Conference and the World Humanitarian Summit 2016, in particular.

### **Format:**

The consultation would take the form of a three-day forum comprised of:

- A two-day meeting of humanitarian, RMNCA health, development and climate change experts to further consider RMNCAH challenges and lessons given climate change impacts and to propose strategies on strengthening resilience for Pacific Islander women, children and adolescents
- A one-day Ministerial meeting, convened by the Government of Fiji, to consider the outcomes of the experts' meeting and establish a way forward, including for positioning of investments in the PICs in the context of EWEC.

### **Expected outcomes:**

- Days 1 & 2:
  - Key lessons from current resilience, humanitarian and development approaches including in the context of "natural disasters" and climate change.
  - Recommendations on **steps towards investments** and implementation of the new Global Strategy for Women's, Children's and Adolescent are Health and the 2030 Agenda for Sustainable Development.

- Day 3:
  - An outcome document on climate change implications on the health and wellbeing of women, adolescents and children, that supports the PICs' strategic positioning at key international forum:
    - The 21st Session of the Conference of the Parties to the UNFCCC (the UN Climate Change Conference/COP21), in Paris, France, November 2015
    - The first World Humanitarian Summit, in Istanbul, Turkey, May 2016
    - Habitat III - the United Nations Conference on Housing and Sustainable Urban Development in Quito, Ecuador, October 2016.

**Profile of participants:**

*Technical Experts Consultation (Days 1 & 2)*

- Pacific experts in development (health), humanitarian response and human impact-climate
- Relevant Civil Society Organizations including Faith Based Organizations
- Academic and research institutions
- Private Sector actors
- Donor agencies
- Global and regional technical institutions (such as the UN Agencies, SPC, GIZ, PCC)

*Ministerial Meeting (Day 3)*

- Ministers of Health from Pacific.
- Members of PIC Parliamentary Population Committee
- Dr. Jiko Luveni, Speaker of the Parliament of Fiji, and UNFPA's Pacific High-Level Champion

**Venue:**

Hotel Fiji Sofitel Resorts and Spa, Nadi, Fiji.

**Dates:**

26 - 28 October, 2015.