

- Honourable Ratu Inoke Kubuabola, Fiji Minister of Foreign Affairs,
- Honourable Ms Jiko Luveni, Speaker of the Fiji Parliament,
- Permanent Secretaries of Health from around the region,
- Senior government officials,
- Development partners,
- Regional organisations,
- Civil Society partners,
- UN colleagues,
- Friends.

It is my greatest privilege and pleasure to be here, and I would like to begin by offering my heartfelt appreciation and gratitude to the Government of Fiji for making this visit possible; for the warmth of your hospitality and generosity; and for your leadership.

And to all those who have helped prepare this forum – who have worked hard to bring us all here, thank you.

In September, we saw the end of the MDG era, and the start of a new one, the Sustainable Development Goals. This gathering is the very first of its kind to take place in the Global Goals era. Just as the sun rises on the new day first in the Pacific, so too do our

efforts to act and implement - globally and locally. They start right here. They start right now.

To be on the cutting edge is both an honor and a responsibility. Most importantly however, it is a great opportunity. The Pacific Island countries are setting the standard - bold and high! - demonstrating far beyond this region that the voice of the Pacific is a voice for urgent action.

Here we affirm – and I hope amplify - that voice as being for a peopled planet – and a call to action for and with women, young people, children – who are the heart of our progress and our strength – on and for a planet that needs us to act immediately and decisively to turn back the tide of human-induced climate change, and mitigate its impacts.

People must be at the heart of our efforts for a sustainable planet, and women, children and the young, at the heart of our people. It is why their health is so critical – their human right of course – but also as absolutely strategic for the future we want and need.

When this gathering was no more than a whisper of a dream, we knew we needed to draw global, regional and Pacific country experts together from the development and humanitarian communities, and the health and climate change communities.

I am immensely grateful to all of you who have travelled from near and very far to this most beautiful place to make that dream a reality.

There is such strength in our diversity. With our different view points and different roles – and because of the wonderful expertise you bring with you - we must use this remarkable and precious opportunity, at a key moment in the world's history - to set out a strong commitment to women, children and young people in the context of climate changes' impacts on countries, oceans, land and communities.

As the General Assembly unanimously agreed the 2030 Agenda – a universal plan of action for people, planet, prosperity and peace, the first implementing platform for that visionary global agenda was also launched - the Global Strategy for Women's, Children's and Adolescents' Health.

In 2010, recognizing that MDGs 4 and 5 - the reproductive, maternal and newborn health goals - lagged farthest behind, the Secretary General launched Every Woman Every Child. It evolved into a global movement through which decisive steps were taken to accelerate reduction in maternal and infant mortality, and better uphold the right of universal access to reproductive health. The results of those efforts are truly impressive. Even though many

countries are not going to reach the targets set for MDGs 4 and 5, the global under-five mortality rate has been cut by more than half, while the maternal mortality ratio has dropped by 45%.

The first EWEC Global Strategy for Women and Children's Health, however, had a blind spot, it did not reach everyone everywhere. It did not give strategic focus to the specific situation of women and children caught up in humanitarian crisis, whether rapid or slow in onset – whether the product of climate change, conflict or contagion.

The new EWEC Global Strategy for Women and Children's Health is substantially different. It has to be. After all OECD data shows that 60% of preventable maternal mortality, 53% of under-5 and 46% of newborn deaths are occurring in humanitarian and fragile settings.

The universal promise of Every Woman Every Child is an empty one, until and unless it delivers everywhere. And today we make sure that commitment extends into the Pacific.

The Pacific Islands are at the forefront of climate induced change - a fact you live with everyday – confronting rising sea levels and ocean acidification - bringing an unprecedented mix of slower-

onset irreversible changes in habitat, and rapid onset weather events.

These are life-critical challenges bringing devastating impacts.

Globally too, we see increases in extreme weather events — storms, floods, droughts. Earlier this year it was Vanuatu's storm, last week Philippines' floods, yesterday Mexico's monster hurricane — all driving profound impacts on economic development, human migration, conflict, resource distribution and constituting perhaps the biggest global health threats of this century.

Locally, the Pacific is one of the world's regions most exposed to the pernicious consequences of climate change with results for agriculture, water resources, fishery, forestry, tourism, and ultimately, dramatically, for people themselves.

The human cost and consequence of climate change requires that we factor people – women, men, young people and children - into both mitigation and adaptation. For that we need both a deeper understanding of the ways in which people too are affected, and a deeper valuing of how can people contribute to change.

The human face of climate change is as tangible as it is unaffordable. Injury, illness, and death from heat waves, wildfires,

intense storms, and floods are on the rise while changes in lifestyle and livelihoods also exact their price on health. But these health consequences are not born equally.

Everyone will be affected, but not equally so. The World Health Organization estimates that 99% of all deaths related to climate change occur in low- and middle-income countries, and most intensively so where poverty is at its gravest.

80% of these deaths occur among children, of which a significant percentage is attributable to the 30-fold increase in dengue fever, and the intensifying impacts of malaria.

Where women are the primary caregivers of the family, they also shoulder the greater burden of managing and cooking food, collecting drinking water, and taking care of livestock. Climate change disrupts every element of their tasks and daily lives.

When climates' impacts are rapid in onset, the outcomes for women and children are also exceptionally severe. Women and children are 14 times more likely than men to die during a disaster, and the graver the localized gender inequality, the greater the difference.

During the 1991 cyclone disaster in Bangladesh 90% of the 140,000 fatalities were women. 61% of Myanmar fatalities from

Hurricane Nargis, and in Banda Aceh, as a result of the Indian Ocean Tsunami, 67% were women.

These gendered differences in disasters' impacts and aftermath are often the result of the differences that we ourselves create – though the social roles we play and the social expectations of how we should behave.

In disasters women die because, under force of the social norm that when outside the home they be accompanied by a male family member, they do not flee early or fast or far enough.

The particular role women play in the care of children and the elderly further slow their escape. Their lack of opportunity or permission to practice such protection activities as the ability to swim or to climb a tree – all account for the extraordinary differences in survival rates.

In the face of a disaster's devastation, women and girls face additional barriers to accessing health-care services, with many humanitarians failing to prioritize provision of sexual and reproductive health services among disaster recovery interventions, even though these are essential to minimum dignity.

Women who were subjected to violence before a disaster, are more likely to experience increased violence after the disaster.

In short, women and men experience disasters differently. Inequities in the routines of their everyday lives drive profound differences in risks, exposure and survival - reducing the life chances for women and girls, and depriving communities of their contributions to recovery and regrowth.

Yet women and girls offer a wealth of capability for individual and communal survival before, during and after disasters. Still, time and again, we neglect or undermine the specificities of their needs and the value of their role in survival response, recovery and in rebuilding.

The Women's Refugee Commission and Save the Children have revealed that while relief agencies focus on providing food, water and shelter in emergencies, the sexual and reproductive health needs of women and young people, especially girls, often sit at the bottom of the checklist – or do not feature on the list at all.

Adolescent girls in particular fall through the gap between the humanitarian and development response, and are a priority target group of neither. Yet they have the capacity to be energetic and influential proponents of disaster risk reduction and climate change adaptation in their families, peers, schools and communities.



In a time of such adversity, in an era of increasing scarcity, when all around us are speaking of austerity, how can we possibly justify failure to take fullest benefit from that most precious of resources, namely human capability?

Last month, the UN General Assembly launched the SDGs, and the SG launched EWEC. Soon even more will gather in Paris for the UN Climate Negotiations, which are among the most complex ever attempted. Preparations for the World Humanitarian Summit in May of 2016 are well under way, and soon to be followed by Habitat Three, which will examine urbanization and the place of the city in sustainable development.

These forums are driving much of the global narrative about threats and opportunities, and they are directly influencing global, regional and national priorities and investment.

It is why we are meeting here and now in Nadi. Because we have to, and we must contribute our best thinking to the broader task of ensuring that the interests of the Pacific and its peoples are neither neglected nor sidelined in these critical global processes.

To this end, we ask only that over these next two days you be as frank and creative as you can. That you understand, respect and challenge each other. That you enter into unusual conversations not

only familiar ones, and that you look for new ways of thinking about even the most familiar of issues.

In our work today and tomorrow, our goal is to develop a set of recommendations for the honorable Ministers of Health who will join us on Wednesday – global recommendations that they can consider and, with their agreement, will carry into the messages your governments take onto these global processes and local priorities that they will agree to include into their country's national development and adaptation plans – priorities to uphold the rights and dignity of every woman, every child and every adolescent everywhere in the Pacific.

Dear friends, the answers to climate change will only come if we first change the climate particularly with regards to women and girls.

This demands from the international community, country leadership and technical experts a whole-hearted shift of course. The services and assets, policies and practices needed for dignity in health – particularly sexual and reproductive health - for every woman, every adolescent and every child in all circumstances - are not luxuries nor are they ideologies – they are universally life-saving, life-changing, life-enhancing dignifying human necessities. And they are the platform – high, firm and solid – on which we can

build policy responses and programme interventions that will help us rise above the unwelcome tides of climate change.