

A nation's key to resilience

by Ariela Zibah

A SURVEY of the nature of climate change adaptation planning and implementation that is rolling out in the Pacific region may well reflect the predominance of infrastructural and/or physical investment and related activities.

Mangrove-planting and the construction of sea walls are two examples of the propensity to focus on physical activities, apart from agriculture and land-use research for a response to crop destruction by rising salinised water tables.

These projects are undoubtedly crucial for survival but a judicious question we must all ask ourselves is: Can we really talk of a resilient population if we are not talking about the most basic of health vulnerabilities - reproductive, new-born, child and adolescents health (RMNCAH)?

Development commitment and frameworks

Global progress in the area of reproductive, maternal, newborn, child and adolescence health have been achieved, like the reduction of child mortality by 49 per cent and maternal mortality by 45 per cent, though 800 women continue to die daily from preventable pregnancy or childbirth complications.

There is political will in the Pacific leadership for decisive and urgent action to RMNCAH issues in the context of climate change including fundamentals as the 2015 Suva Declaration on Climate Change affirms in (16) i.e. "...addressing gender-based inequality and discrimination is essential for effective action on climate change."

The 2015 46th Pacific Islands Forum communique recognised climate change as the "single greatest threat" to the existence of Oceania peoples and the "disproportionate impact of climate change on women"; there is a separate climate change declaration from the meeting.

The 2015 Sustainable Development Goals (SDGs) urges "urgent action to combat climate change and its impacts." (SDG 13).

The 2014 3rd International Conference of Small Islands Developing States (SIDS) S.A.M.O.A Pathway affirm that human rights for all and gender equality are prerequisites to progress.

Pacific nations must recognise and value the benefits that flow from such commit-



The Pacific cannot afford the absence of reproductive, maternal, newborn, child and adolescents' health from climate change adaptation discussions: every woman, every child, every adolescent, everywhere must be considered, no one should be left behind.

Photo: UNFPA PSRO/Ariela Zibah.

ments but identify gaps (and solutions) within that could be detrimental to effective preparedness.

Of health vulnerabilities

The planet is working overtime to respond to increased atmospheric concentrations of carbon dioxide, methane and nitrous oxide which have reached unprecedented levels; if global population reaches 9.6 billion people by 2050, an equivalent of three planets will be required to sustain the current lifestyle.

Inaction against global warming will worsen what any one Pacific island country is already experiencing i.e sea-level rise; severe and increasingly intensified storms or cyclones; coral bleaching; ocean acidification; higher king tides; coastal erosion; and/or saltwater intrusion.

"The poorest and the most vulnerable are being affected by the impacts of climate change particularly when it comes to Pacific nations and its peoples," United Nations Population Fund (UNFPA) Pacific Sub-Regional Office (PSRO) Director and Representative Dr Laurent Zessler said.

"The question is if we are including in our adaptation plans provisions that will specifically address reproductive maternal, newborn, child and adolescence health because this is basic to a resilient people. We have to start talking about it because actions will have to be contextualised.

"The experience of women, children and adolescents in humanitarian crises are unique; broad approaches cannot effectively respond to their needs."

Are we doing enough?

A regional experts' consultation and a ministerial meeting this month (October, 2015) in Nadi (Fiji) hosted by Fiji's Ministry of Health and Medical Services will discuss the interplay between RMNCAH and climate change, in partnership with the UNFPA and the new Global Strategy for Women's, Children's and Adolescents' Health.

RMNCAH in the context of climate change or humanitarian situation is a crucial albeit missing narrative in climate change adaptation-speak. The gathering hopes to address this gap as the region prepares for the Conference of Parties 21st meeting in Paris (December, 2015), and as island communities prepare for climatic phenomenon with potential to develop into natural disasters.

Critical new evidence affirms that the development of national disaster preparedness or emergency response plans often leave women, children and adolescents out. Climate change will bring to the fore relatively unknown facets of humanitarian situations, it is imperative that essential healthcare services and lifesaving interventions are available at all times, to all persons.

Evidence affirms as well that health interventions which have been particularly effective include family planning, management of labour and delivery and care of pre-term births: health responses need to be better anticipated, planned and resourced.

Pacific nations must recognise that the health of women, young people and children is key to individual, family and community resilience.

Experience and knowledge about the interplay between climate change and reproductive, maternal, newborn, children and adolescents' health exists, Pacific nations need only to explore relevance for shaping their responses.

Investment in addressing women, children and adolescents' health vulnerabilities in the context of climate change is critical for resilient populations and as a game-changer for real, inclusive and effective adaptation to climate change.

We know what to do.

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