

**Comments Submission on the Draft General Recommendation on Gender-related Dimensions of
Disaster Risk Reduction in a Changing Climate to CEDAW
by the Asian-Pacific Resource and Research Centre for Women (ARROW)
Kuala Lumpur, Malaysia
Website: www.arrow.org.my**

ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, engagement, advocacy, and mobilisation. ARROW envisions an equal, just and equitable world where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the areas of health and sexuality, and to reaffirm their agency to claim these rights.

ARROW has recognised that as the world continues to experience incremental yet unpredictable climate change, the inter-linkages with sexual and reproductive health and rights is an emerging issue that needs to be addressed in the context of sustainable development. The links between sexual and reproductive health and climate change are complex.

Climate change is fast becoming an important challenge for the international community. Its effects go beyond the environment and have socio-economic and political consequences, exacerbating existing issues of poverty and inequities. It may have profound implications for social justice and gender equality, and could significantly impact on human health.

ARROW's partners from eight countries in Asia (Bangladesh, Indonesia, Lao PDR, Malaysia, Maldives, Nepal, Pakistan and the Philippines) were involved in a 3-year project to generate evidence for interlinkages in climate change and sexual and reproductive health and rights issues/solutions in the Asian region beyond the discourse of population dynamics and to identify areas of policy and programme interventions in climate change adaptation and advocacy work specifically related to improving women's sexual and reproductive health and rights. Based on the evidences generated from the above project and previous exploration on the interlinkages of sexual and reproductive health and rights, ARROW would like to present the following comments to CEDAW for consideration:

General Comment

ARROW appreciates CEDAW Committee's action to develop the General Recommendation No. 35 on the Gender-related dimensions of Disaster Risk Reduction in a Changing Climate. It is timely in view of the increasing frequency and intensity of extreme weather events that are occurring particularly in the Asia-Pacific region. We think that the draft is comprehensive as it covers thoroughly the general principles (Section IV), key convention provisions (Section V), and thematic areas of concerns (Section VI) that are related in disaster risk reduction in climate change context. We support the Committee's focus on the coherence between Sendai Framework of Disaster Risk Reductionⁱ, UN Sustainable Development Goalsⁱⁱ and the Paris Agreementⁱⁱⁱ.

We welcome the recommendation in Section VII, paragraph 71.(c) on regularly report on the legal framework, strategies, policies, budgets and programmes that they have implemented to ensure the human rights of women are promoted and protected within disaster risk reduction and climate resilience interventions. We hope that State parties would abide to the reporting schedule and views/feedback from women from the grass roots incorporated into the reports.

Specific Comments

Below are three specific comments from ARROW to improve the mentioned paragraphs:

1) Comment no.1

Section VI. Thematic areas of concern

Paragraph 46.

We would like to propose the inclusion of “basic emergency obstetric care, referral and medical supply”

Proposed sentence:

State parties should ensure that detailed guidelines and budget allocations are made to promote and protect women’s right to health, including sexual and reproductive health, mental and psychological health, hygiene and sanitation, and that provision for pre and post-natal care, **emergency obstetric care, referral and medical supply and equipments**, are included in strategies, plans and programmes for disaster risk reduction and response.

Rationale:

Access to basic emergency obstetric care for pregnant women with complications is one of the three pillars of reducing MMR.^{iv} Basic emergency obstetric care include “administering antibiotics, uterotonic drugs, and anti-convulsants for pre-eclampsia and eclampsia, as well as performing manual placenta removal, removal of retained products, assisted vaginal delivery, and basic neonatal resuscitation.”^v This is particularly important for the Asian context. This will contribute to achieving SDG 3 for Target 3.1: By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births. Emergency obstetric care services are inadequate in Asia and not fully functional due to factors such as financial barrier, non-functional referral system, distance, limited human resources, lack of transport facilities, and lack of blood transfusion.^{vi}

We are agreeable to the inclusion of hygiene and sanitation in Paragraph 46. From Huvadhoon Aid’s (our Maldives partner) evidence generation the findings show that at the outlying islands, rising sea level due to climate change has resulted in increase in diseases caused by polluted water in the community. Pregnant women are especially vulnerable as contaminated water has been causing serious health issues including disabilities and miscarriages.^{vii} From the research by the University of Health Sciences (our Lao PDR partner), the findings show that in times of disaster the workload of women increases as they have to care for the young, sick and the elderly.^{viii} The study highlighted that women did not have enough time for sanitation which in turn deteriorated their health. It further highlighted that women do not prioritise water collected by them for their own hygiene needs instead they would save the water as clean water supply is limited during disaster time and they have to walk further to collect water.

2) Comment no.2

Section VI. Thematic areas of concern

Paragraph 47.(d)

We would like to propose the inclusion of “information”

Proposed sentence:

Prioritize the provision of family planning and reproductive health **information and** services, including access to emergency contraception and safe abortion and reduce maternal mortality rates through safe motherhood services and prenatal assistance;

Rationale:

In some Asian countries, though the services are available to the women at public health care facilities in rural areas, the women did not utilise the services. This is because they lack the awareness and information on what services are available to them. ARROW affirms that right of

every women to decide on the number, spacing and timing of children is a critical element of women's reproductive autonomy and is an important element of women's sexual and reproductive health and rights.^{ix} Hence, as much as it is important that women have access to modern contraceptive methods and reproductive health services, it is equally important that they are provided with the advantages and disadvantages of different methods and reproductive health services available. Without providing information related to contraceptive methods and reproductive health services to the women would result in the women being unable to make informed choice as well as continue to remain ignorant of what their sexual and reproductive rights are.

3) Comment no.3

Section VI. Thematic areas of concern

Paragraph 47.(h)

We would like to propose the inclusion of "emerging new diseases and re-emergence of diseases"

Proposed sentence:

Gender-based differences on vulnerability to infectious and non-infectious diseases, **including emerging new diseases and re-emergence of diseases**, occurring in situations of disaster and as a result of climate change should be identified and steps taken to develop timely and rights-based prevention, response and monitoring strategies.

Rationale:

The scare of Zika virus in 2015 and 2016 is one concrete evidence where WHO on 1st February 2016 declared a public health emergency of international concern on Zika virus.^x Though there are evidences of "congenital abnormalities probably associated with the acquisition of Zika virus infection in utero", however, there is much gap regarding information and knowledge on Zika virus and its impact on pregnant women and their new born.^{xi,xii} WHO stated that Zika virus is "distinct because of its long-term health consequences and social impact."^{xiii}

ⁱ United Nations. (2015). Sendai Framework for Disaster Risk Reduction 2015-2030. Retrieved from http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf

ⁱⁱ <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

ⁱⁱⁱ <https://unfccc.int/resource/docs/2015/cop21/eng/l09r01.pdf>

^{iv} WHO, UNFPA, UNICEF and AMDD. (2009). Monitoring Emergency Obstetric Care. A Handbook. Retrieved from http://www.unfpa.org/sites/default/files/pub-pdf/obstetric_monitoring.pdf

^v ARROW. (2016). Universal Access to Sexual and Reproductive Health and Rights. Regional Profile: Asia. Retrieved from <http://arrow.org.my/publication/regional-profile-srhr-asia/>

^{vi} Ibid.

^{vii} http://arrow.org.my/wp-content/uploads/2016/11/Climate-Change-and-SRHR-Scoping-Study_Maldives.pdf

^{viii} http://arrow.org.my/wp-content/uploads/2016/05/Climate-Change-and-SRHR-Scoping-Study_Lao-PDR-1.pdf

^{ix} Ibid.

^x WHO. (2016). Defining the Syndrome Associated with Congenital Zika Virus Infection. Retrieved from <http://www.eho.int/bulletin/volumes/94/6/16-176990/en/>

^{xi} Ibid.

^{xii} WHO. (2016). *Keynote Address at the Human Rights Council Panel Discussion on Climate Change and the Right to Health* on 3 March 2016. WHO: Geneva. Retrieved from <http://www.who.int/dg/speeches/2016/human-rights-council/en/>

^{xiii} WHO. (2016). Defining the Syndrome Associated with Congenital Zika Virus Infection. Retrieved from <http://www.eho.int/bulletin/volumes/94/6/16-176990/en/>