



## **Linking Climate Change and Sexual and Reproductive Health and Rights: Implication for Public Health Policy Approach in Lao PDR**

### **Introduction**

Climate change is the biggest global health threat of the 21st century with impacts that are already being experienced both directly and indirectly on a human level particularly affects human health (Costello et al. 2009; Intergovernmental Panel on Climate Change, 2001a). Women, children and elderly are particularly vulnerable to climate change. In particular, marginalised women and girls are more likely to experience the greatest impacts, and are in the greatest need of adaptation strategies in the face of shifts in weather patterns and resulting environmental phenomena (WHO, 2011a). While the health impact of climate change is still not fully understood, an emerging body of scientific evidence and empirical data indicate a strong association between climate change and human health (McMichael et al, 2008).

Lao PDR is not a major contributor to climate change and it is likely to be disproportionately affected (WREA, 2009). Study on climate change indicated that Lao PDR is one of the most vulnerable countries in the region due to its geographical location and its high dependence on climate-sensitive natural resources and low adaptive capacity (Yusuf & Francisco, 2009). According to the assessment report from the Ministry of Labor and Social Welfare (2012), ethnic minority groups including Hmong-Lu and Mien, who live in the high mountainous and upland areas in the Northern part of Lao PDR have a poverty rate of almost 43%, and make up 39% of the poor in the country, while lowland areas only have a poverty rate of 20.4%. Given that 75% of Lao population who work in the agricultural sector are already relatively poor, the impact of climate change on production is likely to have a significant effect on poverty vulnerability (ADB, 1999). Further, the majority of the poorest populations live in the most disaster-prone areas where flood, drought, storm, landslide and earthquake have been occurring and damaging not only agriculture production but also lives of people and animals. Areas that are particularly disaster prone include provinces in the northern-Xayaboury and Hauphan, central-Khammoun and the southern province of Xekong.

In 2009, the Committee on the Elimination of Discrimination against Women (CEDAW) globally expresses its concern about the absence of a gender perspective in the United Nations Framework Convention on Climate Change (UNFCCC) and other global and national policies and initiatives on climate change. As CEDAW at the global level mentioned that gender equality is essential to the successful initiation, implementation, monitoring and evaluation of climate change policies (Statement of the CEDAW Committee on Gender and Climate Change, 2009). The SRHR agenda has been signed and mentioned in a range of international documents especially the 1994 International Conference on Population and Development Programme of Action (ICPD POA), which firmly puts SRHR on national

agendas. SRHR are interlinked with all key development agendas: gender equality, poverty, inequality, health, migration, climate change, conflicts, and food and nutritional security.

Most countries, including Lao PDR have signed the treaties of the United Nations Framework Convention on Climate Change (UNFCCC). The main purpose of the UNFCCC is to consider what can be done to reduce global warming, and to cope with whatever temperature increases are inevitable. Adaptive actions to reduce health impacts can be considered in terms of the conventional public health categories of primary, secondary, and tertiary prevention (Kovats et al., 2000; McMichael & Kovats, 2000). Primary prevention refers to an intervention implemented before there is evidence of disease or injury: avoiding hazardous exposure, removing causative risk factors or protecting individuals so that exposure to the hazard is of no consequence. The National Adaptation Plan of Action (NAPA) in Lao PDR was released in May 2009 and contains 45 priority projects and totals US\$ 85 million within four identified sectors of priority for climate change adaptation, namely agriculture, forestry, water resources and health. The National Capacity Self-Assessment (NCSA) also identifies the needs and assesses the capacity of the country in the implementation of the Rio Conventions, which the Government has ratified (e.g., UN Convention on Biological Diversity, UN Framework Convention on Climate Change, UN Convention on Combating Desertification). For the public health sector, the program only focused on burden of diseases as reflected in high infant and maternal mortality rates, as well as high prevalence of diarrheal diseases, food poisoning, typhoid fever and hepatitis A, particularly in many areas where potable water supply and environmental sanitation conditions remain a problem; however, this lacked of gender and SRHR perspectives (The Climate Change Office, 2010).

## **Purpose**

The purpose of the current policy brief is to share the brief outcome of the study that links climate change and women's sexual and reproductive health and rights (SRHR) with policy makers, stakeholders, and general audience. The objectives of this policy brief are to convince the target policy makers and audience of the impact of climate change to women's health particularly SRHR, the need to address this issue at the national and local levels via various government sectors, and integrate women's SRHR into the national policy on climate change and public health outcome. The other purpose is to gather support and raise awareness on the impact of climate change and women's SRHR among marginalised women and stakeholders in Lao PDR.

## **Approach and Findings**

The research study on linking climate change and women's SRHR utilised qualitative methods which include review of secondary data and existing literature, focus group discussions and in-depth interviews with 63 participants from marginalised women, stakeholders, and key informants from government, non-governmental organisations (NGOs) from national to village levels.

The study found that knowledge and awareness of climate change and women's SRHR in the country is very limited in the national to village levels. In addition, there is very limited information on climate change and health outcomes in Lao PDR. Although staff at many national agencies interviewed for this study has attended workshops, conferences and training courses on climate change topics, much of knowledge they gained are about adaptation relevant projects specific to climate change impact on agriculture productions, economic loss, and public health issues. Reviewing of existing documents found that climate change related public health policy has been focusing on preventing malaria, diarrhea, malnutrition, and maternal and child health, which are priorities of the Millennium Development Goals set forth by the government and Ministry of Health. Staff from Maternal and Child Center was more aware of the effect of climate change on communicable diseases (diarrhea, malaria, Leptospirosis), problems of water and sanitation, and unavailability of food, but not women's SRHR.

There was a poor understanding of the impact of climate change on women's SRHR at all levels. Several participants in the study can identify that climate change affect could health due to exposure to climatic extremes, such as high temperatures that cause dehydration, heat stroke and indirect impacts

related to warmer, drought, irregular rainfall and can potentially increase malaria, dengue, diarrhea and infectious disease. However, none of them are aware of climate change and women's SRHR. In addition, climate change and women's SRHR was never mentioned in the national policy on climate change and public health outcome. The policy emphasised more on infectious diseases, hygiene and sanitation occurring during climate change. There was no focus on maternal and child health and women's SRHR during disasters, for example, being prepared in assisting in deliveries or birth preparedness during disasters. Pregnant women might not be able to access health facilities for antenatal care and delivery, and newborns may be as affected through low birth weight, neonatal death and malnutrition. Much of the public health and primary health care work in the community are focused on addressing vaccination, maternal and child health, diarrhea, family planning (for both married and none married women) and prenatal and post-partum care.

The result of this study found that the impact of climate change and women's SRHR particularly in marginalised communities has never been discussed at the national and village levels. Marginalised women from Khamu village in Oudomxay province shared that accessing care in health centers during the rainy season was impossible due to inaccessible roads or bridges being damaged by flood. In addition, health facilities are far away from the villages. Women have to walk at least 12-20 km by foot under heat to access care at the health center. Low utilisation of reproductive health service was likely to be further exacerbated during climatic disasters, especially in rural areas, which already have some of the highest maternal and neonatal mortality rates in the country and many households live in fragile circumstances.

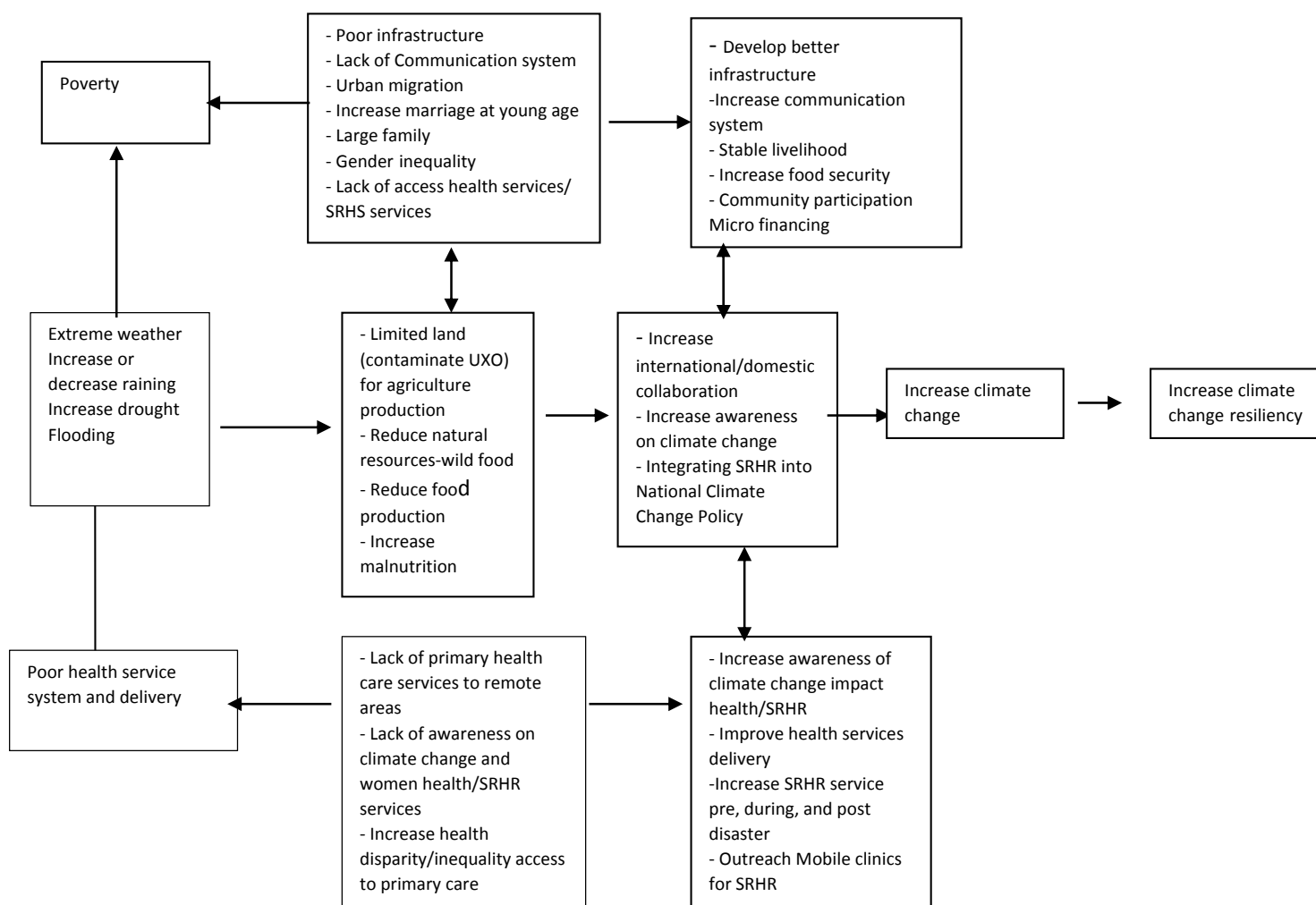
Climate change has also contributed to natural food deficiency in the forests surrounding remote villages. Many participants from marginalised villages shared that they have to go further to look for food during the summer time and they have no time to care for their children. While improved access to family planning education and outreach from the government has contributed to their choice of having fewer children in the family, the extent of these services during disasters, when roads are inaccessible are considerably reduced. Even in normal times, families and communities in remote areas and particularly ethnic minority groups have limited access to adequate and appropriate women's SRHR services. In addition, in remote rural areas, many villages still lack access to clean water and sanitation and food insecurity and suboptimal nutrition continues to be a pressing problem.

## **Conclusion**

The study is the first exploratory research on the interlinkages of climate change and women's SRHR in Lao PDR. There was some evidence on the impact of climate change on marginalised women in areas that are most likely to be affected. The study indicates that knowledge of climate change and awareness of, and the need for, women's SRHR to be included in disaster planning is very limited in Lao PDR. Climate change policy makers from national to local government organisations and marginalised women demonstrated limited knowledge and understanding of how climate change impacts health and SRHR.

The climate change policy has largely focused on the adaptation and prevention of economic losses from disaster related climate change with little emphasis on public health. To date the draft public health strategy policy on climate change and health related outcome has focused on environmental health related concerns related to safe water reservoir to prevent spreading outbreaks of malaria, dengue fever, and diarrhea. There has also been a focus on improving nutrition, maternal and child mortality, and other communicable disease largely driven by the Millennium Development Goals. Despite its vital role in economic growth and contributing to the aforementioned targets, women's SRHR has not been mentioned in public health or climate change adaptation at the national or local levels. Health care providers from national to village levels have no awareness and are unprepared for changes as a result of climatic changes. The disaster respond committee at the national level is not fully developed to minimise negative health outcomes as a result of climate change. The following framework is a summary of the findings and mapping for climate change resiliency in Lao PDR.

## Framework of the Interlinkage of Population, Health, Environment and Climate Change and SRHR, in the Lao context<sup>1</sup>



### Key Recommendations

#### *Recommendations for policy makers*

- There is a need to develop a communication system for policy makers from different ministries to integrate climate change intervention strategies to national climate change policy to reduce existing vulnerabilities related to food security, nutrition, water and sanitation, maternal and child health, women’s SRHR, preventive health measures, livelihood strengthening and gender equity.
- Increase media involvement and advocacy for raising public awareness on the importance of strengthening access to women’s SRHR services in non-disaster times and providing services prior, during, and after disaster events.

<sup>1</sup> Source: Scoping Study on Climate Change and SRHR in Lao PDR

- There is a need to strengthen the community level climate change adaptation and mitigation measures to prepare communities for enhanced and efficient natural resources management particularly food security and access primary healthcare services.
- Build the capacity of communities to prevent, prepare, respond to and recover from emergencies related to climatic events, particularly addressing SRHR of women and girls, are critical in order to reduce vulnerabilities and improve overall access to public health information and services.
- Reduce discrimination and inequality in accessing care of women and girls particularly SRHR and other needs in non-emergency times by strengthening access to skilled birth attendants and emergency obstetric care plans during and after natural disasters.
- Health facilities and road access need to be investigated if they are accessible prior to a disaster to withstand natural disasters and to ensure that facilities remain functional to provide women's SRHR during disasters, and this includes maintaining vehicles to be used for referral of complication cases.

***Recommendation for future researches***

- Provide scientific evidence related to climate change and women's SRHR to policy makers and this also needs to be conducted with different groups of women from diverse cultural and ethnical background including those with disabilities and young people to better understand existing vulnerabilities.
- Study on climate change, gender and women's SRHR is limited in Lao PDR. Therefore, there's a need to increase research on women's SRHR & CC among marginalised groups, as well as comprehensive studies on gender-differentiated impacts of climate change with particular focus on gender difference in capabilities to cope with climate change adaptation and mitigation strategies.
- There should be more workshops or training courses on climate change and women's SRHR for general public health care professionals that provide linkages between women's SRHR and health outcome, as well as education to the women of reproductive age and assisting them to see the importance of women's SRHR during disasters.
- The MOH should consider using science base evidence and integrating climate change into their activities including establishing support and advocacy committees to assist them in making the government's climate change policies, publications and reports readily available on the internet both in Lao and English.
- Increase collaboration and networking with regional and global networks to increase opportunities for research, knowledge exchange, and raise awareness on climate change and its impacts on health outcomes and women's SRHR.

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