

# Protecting Sexual and Reproductive Health and Rights amid Climate Change

in Eastern Europe and Central Asia



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## Executive summary

Over the past two decades, Eastern Europe and Central Asia have made significant progress in reducing maternal mortality, unmet family planning needs and teenage pregnancies. However, challenges remain,<sup>1</sup> including relatively high maternal mortality in Central Asia, high abortion rates, low modern contraceptive use and high rates of cervical and breast cancers. These health challenges are often linked to factors such as poverty, age, gender, geography and marital status.<sup>2</sup> Climate change exacerbates these issues by disrupting access to sexual and reproductive health and rights services, increasing the risk of gender-based violence and intensifying health risks, particularly for pregnant women. Rising temperatures, the spread of disease and the loss of health-care infrastructure during natural disasters leave vulnerable populations without critical support.

Integrating sexual and reproductive health and rights into national climate policies, such as the nationally determined contributions (NDCs), is essential. However, of the 12 countries in Eastern Europe and Central Asia with NDCs, only Albania and the Republic of Moldova have included sexual and reproductive health and rights in their climate policies, addressing women's vulnerabilities to climate impacts, such as gender-based violence and health risks for pregnant women. Expanding the integration of sexual and reproductive health and rights into NDCs across the region is vital to protecting sexual and reproductive health and rights and strengthening health systems against the consequences of climate change.

This brief highlights global evidence and lessons for addressing sexual and reproductive health and rights amid climate change in Eastern Europe and Central Asia, emphasizing timely, multisectoral and intersectional approaches. The annual United Nations Climate Change Conferences<sup>3</sup> present an opportunity to strengthen the link between climate change and sexual and reproductive health and rights, renew commitments and enhance nationally determined contributions to support women, young people and vulnerable groups by ensuring resilience to climate-related challenges.

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1 United Nations Department of Economic and Social Affairs, "3: Ensure healthy lives and promote well-being for all at all ages". Available at <https://sdgs.un.org/goals/goal3> (accessed on 6 December 2024).

2 UNFPA Eastern Europe and Central Asia Regional Office, "Sexual and reproductive health". Available at <https://eeca.unfpa.org/en/topics/sexual-and-reproductive-health-23> (accessed on 6 December 2024).

3 United Nations Framework Convention on Climate Change, "UN Climate Change Conference Baku – November 2024", n.d. Available at <https://unfccc.int/cop29> (accessed on 30 January 2025).

# Introduction

Climate change is increasingly harming global health, with extreme heat, droughts and rising temperatures amplifying health risks. Vulnerable populations, such as infants and older adults, face heightened threats, including an 85 per cent rise in heat-related deaths since 1990. Prolonged droughts worsen water scarcity, food insecurity and malnutrition, while diseases such as malaria and dengue spread more rapidly. Economic losses from climate-related events limit the adaptation of health systems, especially in low-income countries. As health systems face increasing strain, global health inequities become more profound, disproportionately affecting those nations that are least responsible for climate change.<sup>4</sup>

Climate change impacts are most severe in places with pre-existing vulnerabilities, such as humanitarian settings and areas of conflict.<sup>5</sup> Humanitarian and conflict-related crises particularly affect those facing discrimination related to their sexual and reproductive health and rights, including LGBTQIA+ communities, indigenous people and racial minorities, who are at great risk of repression and rights violations after climate-related disasters.<sup>6</sup>

A recent study predicted that climate-induced migration on the part of men and boys, leading to an increase in commercial sex work, could cause 10 million additional HIV infections in sub-Saharan Africa, adding to the vulnerability of already at-risk populations.<sup>7</sup>

This trend is a warning for Eastern Europe and Central Asia, where the incidence of HIV has been rising over the past decade.<sup>8</sup> Prompt, intersectional intervention is crucial to mitigating such outcomes.

Climate change and sexual and reproductive health and rights are interconnected in two ways. First, climate change intensifies health risks related to sexual and reproductive health and rights through various mechanisms. For instance, heatwaves are linked to poor maternal and newborn health, while rising temperatures increase the spread of vector-borne diseases.<sup>9</sup> Climate emergencies destabilize regions, worsening poverty, food and water insecurity, and job loss, which in turn fuels gender-based violence and deepens inequalities.<sup>10</sup> The destruction of infrastructure during extreme weather events

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4 Marina Romanello and others, "The 2023 report of the Lancet Countdown on health and climate change: the imperative for a health-centred response in a world facing irreversible harms", *The Lancet*, vol. 402, No. 10419 (2023), pp. 2346–2394.

5 Shirin Heidari, Monica A. Onyango and Sarah Chynoweth, "Sexual and reproductive health and rights in humanitarian crises at ICPD25+ and beyond: consolidating gains to ensure access to services for all", *Sexual and Reproductive Health Matters*, vol. 27, No. 1 (2019), pp. 343–345.

6 Barry S. Levy and Jonathan A. Patz, "Climate change, human rights, and social justice", *Annals of Global Health*, vol. 81, No. 3 (2015), pp. 310–322.

7 Rachel E. Baker, "Climate change drives increase in modelled HIV prevalence", *Climatic Change*, vol. 163, No. 4 (2020).

8 Miłosz Parczewski and Deniz Gökengin, "The HIV epidemic in Eastern Europe and Central Asia in difficult times: a story of resilience and change", *Journal of the International AIDS Society*, vol. 27, Suppl. 3 (2024).

9 Matthew Francis Chersich and others, "Associations between high temperatures in pregnancy and risk of preterm birth, low birth weight, and stillbirths: systematic review and meta-analysis", *The BMJ*, vol. 371 (2020).

10 Asian-Pacific Resource & Research Centre for Women, "Scoping study: identifying opportunities for action on climate change and sexual and reproductive health and rights in Bangladesh, Indonesia, and the Philippines", ARROW Working Papers (Kuala Lumpur, Asian-Pacific Resource & Research Centre for Women, 2014).

can limit access to essential health facilities and services relating to sexual and reproductive health and rights, including maternal care and family planning.<sup>11</sup>

Second, enhancing reproductive health empowers individuals to make informed family-planning decisions, thereby improving health outcomes and quality of life. When given the choice, women across diverse cultures and religions in high-fertility countries overwhelmingly seek to transition towards smaller families.<sup>12</sup> This preference influences fertility trends, contributing to a reduction in population growth. However, it is important to note that the wealthiest nations – with some of the lowest fertility rates – are the highest per capita emitters of greenhouse gases. This underscores that climate change is more significantly driven by consumption patterns and emission levels than by population size alone.<sup>13</sup>

Thus, integrating sexual and reproductive health and rights into climate policies is crucial for building resilient health systems, particularly for marginalized groups. Addressing climate change and sexual and reproductive health and rights together fosters policies that promote health, rights and environmental sustainability in order to tackle these interconnected challenges.

NDCs are climate action plans submitted every five years under the Paris Agreement, adopted under the United Nations Framework Convention on Climate Change in 2016. These documents outline national strategies for reducing emissions and adapting to climate change impacts.<sup>14</sup>

For NDCs to fully address climate change, they must include sexual and reproductive health and rights. Integrating sexual and reproductive health and rights into national climate policies ensures that the specific needs of women, young people and vulnerable groups are considered in order to strengthen their resilience to climate-related challenges. Without this focus, gender, health and spatial inequalities could be overlooked, leaving the sexual and reproductive health and rights of vulnerable populations unprotected against climate change.

This position statement provides a scientific foundation for understanding the critical link between climate change and sexual and reproductive health and rights. By highlighting the evidence-based importance of integrating sexual and reproductive health and rights into climate policies, it aims to support negotiations at global platforms such as the annual United Nations Climate Change Conferences (COPs). These conferences offer a vital opportunity to strengthen this linkage, renew commitments, and enhance nationally determined contributions that prioritize the needs of women, young people and vulnerable groups. This alignment is essential for building resilience to climate-related challenges and ensuring that no one is left behind in the face of a changing climate.

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11 Georges C. Benjamin, "Shelter in the storm: health care systems and climate change", *The Milbank Quarterly*, vol. 94, No. 1 (2016), pp. 18–22; Levy and Patz, "Climate change, human rights, and social justice"; Kingsley Chukwumalu and others, "Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia", *Reproductive Health Matters*, vol. 25, No. 51 (2017), pp. 48–57.

12 Frank Götmark and Malte Andersson, "Human fertility in relation to education, economy, religion, contraception, and family planning programs", *BMC Public Health*, vol. 20 (2020).

13 UNFPA, "Climate Change". Available at <https://www.unfpa.org/climate-change#summery105882> (accessed on 7 March 2025).

14 United Nations, *Treaty Series*, vol. 1771, No. 30822.

## Unique challenges in Eastern Europe and Central Asia

Despite progress and commitments to improve access to sexual and reproductive health and rights in Eastern Europe and Central Asia, the region still faces significant challenges in achieving the 2030 goals to end preventable maternal deaths, unmet family planning needs and gender-based violence, including harmful practices.<sup>15</sup>

The maternal mortality ratio in Eastern Europe decreased by nearly 70 per cent between 2000 and 2020, and Central Asia saw an almost 50 per cent reduction in the same period. However, further effort is needed to keep the maternal mortality ratio below the target set in the Sustainable Development Goals in parts of the region.<sup>16</sup>

In Eastern Europe and Central Asia, less than 40 per cent of women use modern contraception, with disparities between countries, ranging from 4 per cent in Albania to 52 per cent in Belarus. Migration, challenges in rural areas and ethnic differences create a barrier to access.<sup>17</sup> Special attention is needed for vulnerable populations such as internally displaced people, refugees and the Roma in South-Eastern Europe.<sup>18</sup>

Inequalities in contraceptive access in Eastern Europe and Central Asia are linked to gender, location, wealth, education and ethnicity. As UNFPA, the United Nations sexual and reproductive health agency, highlights, assessments with disaggregated data are needed to address these disparities.<sup>19</sup> Since 2016, UNFPA assessments in 17 countries and territories in Eastern Europe and Central Asia have shown some progress in collecting such data focusing on rural–urban demographics, employment, sex, ethnicity, wealth, disability and age.<sup>20</sup>

Traditional gender norms persist in the region, with men often seen as breadwinners and women as primary carers, limiting women's options with respect to their sexual and reproductive health and rights. These norms also contribute to inadequate responses to sexual violence and safe abortion options.<sup>21</sup> Men's roles, in industries such as coal and fossil fuels, contribute to economic challenges and resistance to climate policies.<sup>22</sup> Early marriage remains an issue in Eastern Europe and Central

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15 UNFPA Eastern Europe and Central Asia Regional Office, *Roadmap for Ending the Unmet Need for Family Planning in Eastern Europe and Central Asia* (Istanbul, 2024).

16 World Health Organization (WHO) and others, *Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division* (Geneva, 2023). Available at <https://www.who.int/publications/i/item/9789240068759> (accessed on 6 December 2024).

17 UNFPA Eastern Europe and Central Asia Regional Office, *Getting to Zero Unmet Need for Family Planning in Eastern Europe and Central Asia: Thematic Briefs on Family Planning and Reproductive Health Commodity Security* (Istanbul, 2022).

18 Manuela Colombini, Susannah H. Mayhew and Bernd Rechel, *Sexual and Reproductive Health Needs and Access to Services for Vulnerable Groups in Eastern Europe and Central Asia* (London, UNFPA and London School of Hygiene & Tropical Medicine, 2011).

19 UNFPA Eastern Europe and Central Asia Regional Office, *Advancing contraceptive choices and supplies for universal access to family planning in Eastern Europe and Central Asia: UNFPA regional contraceptive security strategic framework 2017-2021* (Istanbul, 2017).

20 UNFPA, "Strategic partnerships". Available at <https://www.unfpa.org/strategic-partnerships> (accessed on 6 December 2024).

21 UNFPA Eastern Europe and Central Asia Regional Office, *Focusing on gender equality and women's empowerment in Eastern Europe and Central Asia* (Istanbul, 2015).

22 Statista, "Fossil fuels in Europe - statistics & facts", 10 January 2024. Available at <https://www.statista.com/topics/6388/fossil-fuel-industry-in-europe/> (accessed on 6 December 2024).

Asia, with nearly 10 per cent of girls married by the age of 18 and 1 per cent by 15, though teenage pregnancy rates have declined slowly over the years.<sup>23</sup>

Fragile health systems in Eastern Europe and Central Asia hinder sexual and reproductive health services due to competing priorities, inadequate funding and limited health education, research and monitoring,<sup>24</sup> leading to insecure contraceptive supplies,<sup>25</sup> unreliable abortion data and insufficient prenatal and antenatal services.<sup>26</sup> Economically, the region faces structural vulnerabilities, with many countries dependent on agriculture, particularly low-productivity crops that are vulnerable to climate change, risking livelihoods and food insecurity. Outdated factories and unplanned urban areas also need intervention to reduce climate risks.<sup>27</sup>

A 2024 review by UNFPA and Queen Mary University of London examined the nationally determined contributions in 12 out of the 17 countries and territories in Eastern Europe and Central Asia. Only Albania and the Republic of Moldova addressed sexual and reproductive health and rights, highlighting climate impacts on women. Albania noted increased gender-based violence and health risks for pregnant women, such as bronchitis and infections, during extreme weather. Similarly, the Republic of Moldova emphasized higher costs for pregnant women during climate-related emergencies, underscoring the need for greater integration of sexual and reproductive health and rights into climate policies.<sup>28</sup>



23 UNICEF, "Child marriage", June 2024. Available at <https://data.unicef.org/topic/child-protection/child-marriage/> (accessed on 6 December 2024).

24 Piotr Romaniuk and Adam R. Szromek, "The evolution of the health system outcomes in Central and Eastern Europe and their association with social, economic, and political factors: an analysis of 25 years of transition", *BMC Health Services Research*, vol. 16, No. 1 (2016).

25 UNFPA Eastern Europe and Central Asia Regional Office and International Planned Parenthood Federation European Network, *Key factors influencing contraceptive use in Eastern Europe and Central Asia* (Istanbul, UNFPA Eastern Europe and Central Asia Regional Office, 2012).

26 ASTRA Network, *The Fight Hidden in Plain Sight: Sexual and Reproductive Health and Rights in Central and Eastern Europe and Central Asia* (Warsaw, 2020).

27 Organization for Security and Co-operation in Europe, "Climate change and security in Eastern Europe, Central Asia and the Southern Caucasus". Available at <https://www.osce.org/projects/climate-change-and-security> (accessed on 6 December 2024).

28 UNFPA and Queen Mary University of London, *Taking Stock: Sexual and Reproductive Health and Rights in Climate Commitments* (New York, UNFPA, 2023).

# How climate change affects sexual and reproductive health and rights

## Maternal and newborn health

Over the past two decades, the Eastern Europe and Central Asia region has achieved significant progress in reducing maternal mortality, with rates currently at 15.5 maternal deaths per 100,000 live births in Eastern Europe and 23 per 100,000 in Central Asia.<sup>29</sup> These improvements put most countries and territories in the region on track to meet Sustainable Development Goal 3, target 3.1, which aims to reduce the maternal mortality ratio to below 70 per 100,000 live births.<sup>30</sup> However, these gains are at risk without strong climate mitigation and adaptation efforts, as climate change is increasingly linked to maternal and child health risks.

A 2020 meta-analysis of 70 studies from 27 countries, including seven low- and middle-income countries, highlights the impact of extreme heat – exacerbated by climate change – on pregnancy outcomes, such as preterm birth, low birth weight and stillbirth. While the average effect may be modest, widespread heat exposure and the seriousness of these outcomes pose substantial risks.<sup>31</sup> Recent studies also link heat exposure to higher risks of pre-eclampsia, eclampsia and gestational hypertension.<sup>32</sup> Rising temperatures can cause dehydration, especially in areas with limited access to safe drinking water. Similarly, food insecurity may lead to undernutrition and deficiencies, impacting pregnancies, childbirth and breastfeeding.<sup>33</sup>

A recent US study found that, in addition to heat, poor air quality during pregnancy is associated with worse birth outcomes and higher rates of respiratory illnesses in pregnant women.<sup>34</sup> In Central Europe, changing weather patterns are expected to increase pollen allergies, potentially affecting respiratory health.<sup>35</sup>

Socioeconomic factors may further exacerbate these maternal and child health risks, making not only low- but also middle-income countries more vulnerable.<sup>36</sup> Since the Eastern Europe and Central Asia region comprises both upper-middle- and lower-middle-income countries, it could face additional risks. Furthermore, disparities within countries, particularly for vulnerable groups such as Roma and migrant

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29 UNICEF, "Maternal mortality". Available at <https://data.unicef.org/topic/maternal-health/maternal-mortality/> (accessed on 6 December 2024).

30 WHO and others, *Trends in Maternal Mortality 2000 to 2020*.

31 Chersich and others, "Associations between high temperatures in pregnancy and risk of preterm birth, low birth weight, and stillbirths".

32 Yanxia Mao and others, "Associations between extreme temperature exposure and hypertensive disorders in pregnancy: a systematic review and meta-analysis", *Hypertension in Pregnancy*, vol. 42, No. 1 (2023).

33 Public Health Institute and Center for Climate Change and Health, *Special focus: climate change and pregnant women* (2016); WHO, *Protecting maternal, newborn and child health from the impacts of climate change: a call for action* (Geneva, 2023).

34 Bruce Bekkar and others, "Association of air pollution and heat exposure with preterm birth, low birth weight, and stillbirth in the US: a systematic review", *JAMA Network Open*, vol. 3, No. 6 (2020), pp. 1–13.

35 UNFPA and Queen Mary University of London, *Taking Stock*.

36 Chersich and others, "Associations between high temperatures in pregnancy and risk of preterm birth, low birth weight, and stillbirths".

communities, create a “double vulnerability” due to both increased climate risk and limited access to qualitative maternal and child health care.<sup>37</sup>

## Family planning

The intersection of climate change and reproductive health presents complex challenges that impact access to family planning and fertility choices, affecting individuals’ ability to plan family size and timing.

Climate-related natural disasters such as floods can disrupt health infrastructure and lead to closed or resource-strained health facilities. Such disruptions can make family planning services less accessible and reduce access to contraceptives, directly limiting reproductive autonomy and leading to more unplanned pregnancies. Disasters also disrupt communities, damaging homes and livelihoods. This loss of stability can reshape family planning dynamics. Some may delay childbearing due to financial and social strain, while, in other cases, disasters can lead to increased fertility rates as a response to miscarriages or loss during climate events.<sup>38</sup>

On an individual level, climate anxiety or the fear of the expected consequences of climate change can affect family planning decisions and reproductive autonomy. While specific research on climate change’s impact on fertility preferences is limited,<sup>39</sup> studies show high levels of climate anxiety among young people. In a survey of 10,000 young people (ages 16–25) in 10 countries across Asia, Australia, Europe, Latin America and North America, 40 per cent of respondents expressed hesitation about having children due to climate change.<sup>40</sup>

## Gender-based violence

The link between climate change and gender-based violence is increasingly evident, though often overlooked. Climate-induced disasters such as floods, droughts and storms can devastate communities, forcing displacement and creating resource scarcity and socioeconomic instability. In these situations, disrupted social structures and limited resources place women and girls at heightened risk of gender-based violence. Socioeconomic instability, weakened safety measures and law enforcement leave those affected with fewer protections, while increased stress in affected communities often drives spikes in gender-based violence and sexual assault.<sup>41</sup>

Displaced individuals, particularly women and girls, often end up in temporary shelters lacking privacy and security, which increases the risk of sexual violence. Moreover, resource scarcity places an

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37 Friends, Families and Travellers, *Guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities* (Brighton, UK, 2023).

38 Simone Domingue, “How natural disasters can influence reproductive health and fertility”, Population Reference Bureau, 30 April 2018.

39 J. Brusselmans, “The impact of climate change on fertility preferences: a scoping review and qualitative research study”, master’s dissertation, Ghent University, 2023.

40 Caroline Hickman and others, “Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey”, *The Lancet Planetary Health*, vol. 5, No. 12 (2021), pp. e863–e873.

41 Kim Robin van Daalen and others, “Extreme events and gender-based violence: a mixed-methods systematic review”, *The Lancet Planetary Health*, vol. 6, No. 6 (2022), pp. e504–e523.

additional burden on women and girls, who are typically responsible for caregiving tasks such as collecting food, water and firewood. As resources dwindle, women and girls may be forced to travel further from home, increasing their vulnerability to violence and harassment.<sup>42</sup>

Economic hardship due to climate events also pushes some families to consider child marriages as a means to secure resources. These gender-differentiated impacts of climate change create serious obstacles to achieving gender equality and sustainable development.<sup>43</sup>

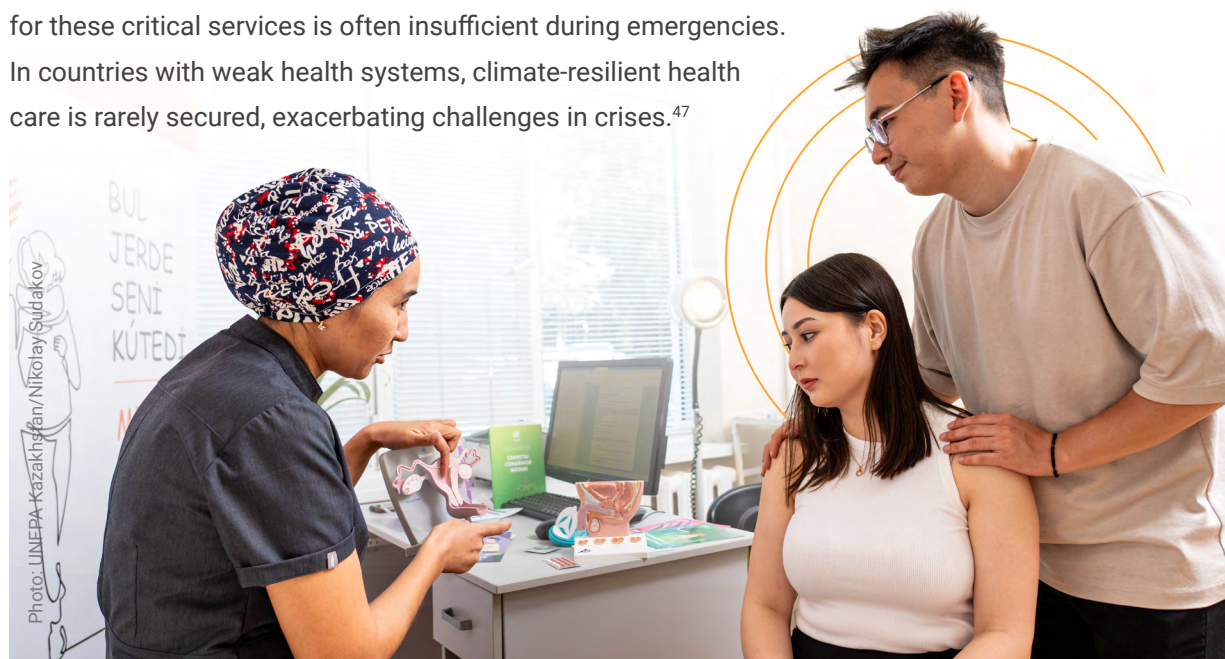
## Service accessibility

Climate-related disasters strain health systems and hinder access to sexual and reproductive health services and essential supplies. Migration following natural disasters can disrupt reproductive health services due to inaccessible roads, damaged infrastructure or limited access to health facilities.<sup>44</sup>

Research shows that access to HIV treatment, contraception and safe abortion decreases in the wake of climate disasters, while complications in emergency settings rise.<sup>45</sup> In Albania, for example, pregnant women faced greater difficulty accessing health care after a natural disaster.<sup>46</sup>

When sexual and reproductive health and rights are overlooked in disaster management plans, funding for these critical services is often insufficient during emergencies.

In countries with weak health systems, climate-resilient health care is rarely secured, exacerbating challenges in crises.<sup>47</sup>



42 Bharat H. Desai and Moumita Mandal, "Role of climate change in exacerbating sexual and gender-based violence against women: a new challenge for international law", *Environmental Policy and Law*, vol. 51, No. 3 (2021), pp. 155–170.

43 Robert W. Blum and William H. Gates, *Girlhood, Not Motherhood: Preventing Adolescent Pregnancy* (New York, UNFPA, 2015); Jason Bremner, Kristen P. Patterson and Rachel Yavinsky, "Building resilience through family planning: a transformative approach for women, families, and communities", Population Reference Bureau Policy Brief (Washington, D.C., Population Reference Bureau, 2015); Desai and Mandal, "Role of climate change in exacerbating sexual and gender-based violence against women".

44 Benjamin, "Shelter in the storm"; Health Care Without Harm, *Safe haven in the storm: protecting lives and margins with climate-smart health care* (Reston, VA, 2024).

45 Chukwumalu and others, "Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia".

46 UNFPA and Queen Mary University of London, *Taking Stock*.

47 Women Deliver, *The link between climate change and sexual and reproductive rights: an evidence review* (New York, 2021).

# How sexual and reproductive health and rights can contribute to climate resilience

## Reducing the ecological footprint

Enabling individuals to achieve their desired family size can influence fertility levels. Currently, 270 million women and girls have an unmet need for modern contraception. UNFPA's *State of World Population Report 2022* highlighted that nearly half of all pregnancies are unintended, primarily due to early marriage, limited access to family planning services and the inadequacy of those services.<sup>48</sup> Projections suggest that if the SDG targets for contraceptive use and education are met, the global population could decline from today's 8.2 billion to 6.29 billion by 2100, compared with the 10.2 billion projected by the UN under current trends.<sup>49</sup>

Population growth is a significant factor in environmental and climate impact. The Intergovernmental Panel on Climate Change identifies population growth and gross domestic product per capita as major drivers of CO2 emissions. However, it is important to keep in mind that population size and environmental impact do not have a simple linear relationship, as greenhouse gas emissions are unevenly distributed worldwide. The relationship is complex, influenced by consumption, inequality and technology, illustrating why it is unfair to attribute environmental damage to high-fertility populations. Low-income countries, which tend to have higher fertility rates, have a smaller ecological footprint compared with high-income countries, which, despite lower fertility, have unsustainable consumption patterns.<sup>50</sup>

Recognizing – and harnessing – the role of reproductive autonomy in environmental sustainability creates important opportunities to strengthen reproductive rights, as well as improve sustainability. However, it is essential that demographic objectives always remain secondary to the fundamental right of individuals to make autonomous reproductive choices.

Additionally, engaging men and boys is crucial for supporting both women's and men's family planning needs. Studies show that programmes involving men and boys in family planning and addressing gender inequality are more effective in meeting those needs.<sup>51</sup>

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48 UNFPA, *State of World Population 2022: Seeing the Unseen – The Case for Action in the Neglected Crisis of Unwanted Pregnancy* (New York, 2022).

49 Stein Emil Vollset and others, "Projecting global fertility to 2100 and the implications for population growth", *Science*, vol. 370, No. 6518 (2020), pp. 1478–1483.

50 Intergovernmental Panel on Climate Change, *Climate Change 2023: Synthesis Report* (Geneva, 2023); Christoph Deuster and others, *Demography and Climate Change* (Luxembourg, Publications Office of the European Union, 2023).

51 Eimear Ruane-McAteer and others, "Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews", *BMJ Global Health*, vol. 4, No. 5 (2019); Áine Aventin and others, "Involving men and boys in family planning: a systematic review of the effective components and characteristics of complex interventions in low- and middle-income countries", *Campbell Systematic Reviews*, vol. 19, No. 1 (2023).

## Environmental impact of menstrual products

The environmental impact of waste from menstruation products should be addressed through a local approach. Research shows that disposable menstrual pads have the highest environmental footprint throughout their production chain.<sup>52</sup> Meanwhile, many regions, including Eastern Europe and Central Asia, experience menstrual poverty, with limited access to affordable products. In low- and middle-income countries, availability and cost are key factors influencing menstrual product choices.<sup>53</sup>

In this context, reusable menstrual products are gaining attention as a cost-effective and sustainable alternative, even in low- to middle-income countries. Some argue that improving access to family planning could indirectly reduce menstrual waste, as many contraceptives also suppress menstruation, although this is not their primary purpose.<sup>54</sup>



52 Elizabeth Peberdy, Aled Jones and Dannielle Green, "A study into public awareness of the environmental impact of menstrual products and product choice", *Sustainability*, vol. 11, No. 2 (2019), p. 473.

53 Megan E. Harrison and Nichole Tyson, "Menstruation: environmental impact and need for global health equity", *International Journal of Gynecology and Obstetrics*, vol. 160, No. 2 (2023), pp. 378–382.

54 Anna Maria van Eijk and others, "Menstrual cup use, leakage, acceptability, safety, and availability: a systematic review and meta-analysis", *The Lancet Public Health*, vol. 4, No. 8 (2019), pp. e376–e393.

# POLICY RECOMMENDATIONS

Integrate costed sexual and reproductive health and rights interventions into the NDCs and climate policies, ensuring that adaptation and resilience efforts recognize that populations already facing barriers to services related to sexual and reproductive health and rights and the realization of their reproductive rights are likely to be disproportionately affected by climate change.

Implement the agenda of the 1994 International Conference on Population and Development and its Programme of Action by adopting a women-centred approach that prioritizes women's reproductive rights, autonomy and agency within the context of climate resilience.

Develop national targeted, evidence-based plans for disaster risk reduction, early-warning systems and emergency response strategies, and include measures to adapt and deliver essential sexual and reproductive health services in climate-resilient facilities.

Strengthen national and local data collection on climate change and sexual and reproductive health and rights by improving data systems to forecast climate change impacts on sexual and reproductive health and rights, conducting gender-responsive climate vulnerability and risk assessments and detailed, locally led research.

Scale up gender- and age-disaggregated data collection to map the populations that are most vulnerable to climate change and enable more targeted and effective climate action.

Establish a national gender and climate change focal point within relevant ministries, as recommended by the 25th Conference of the Parties to the United Nations Framework Convention on Climate Change (COP25), in 2019, to review gender-related climate policies and monitor and evaluate approaches to tackle the impact of climate change on sexual and reproductive health and rights.



Photo: UNFPA Kazakhstan/Andrey Pachevsky

Promote research on the implications of climate change on young people's fertility aspirations, economic prospects and outlook on the future.

Set minimum standards to guarantee the meaningful participation of vulnerable groups such as women; young people; people with diverse sexual orientation, gender identity and expression, and sex characteristics; indigenous people; refugees and displaced people; older people; and people with disabilities in the development of climate policies that take sexual and reproductive health and rights into account.

Launch strong awareness and local engagement campaigns to educate communities about the risks that climate change poses to sexual and reproductive health, with a special focus on vulnerable groups.

Promote policies and local programmes on sexual and reproductive health and gender equality that empower women and girls economically, socially and educationally, enhancing their resilience to climate challenges and their ability to advocate for their sexual and reproductive rights.

Provide ongoing training for health-care professionals and emergency responders to equip them with skills to handle climate-related challenges, including sexual and reproductive health and rights, and to ensure equitable access to care for vulnerable populations.



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