

Sexual and Reproductive Health and Rights (SRHR) in National Adaptation Plan (NAP) Processes

Exploring a pathway for realizing rights and resilience to climate change



This report was developed by the National Adaptation Plan (NAP) Global Network, in collaboration with Women Deliver. This research was possible thanks to the financial contributions of the Swiss Agency for Development and Cooperation.

CORRECT CITATION

NAP Global Network & Women Deliver. (2020). *Sexual and reproductive health and rights in National Adaptation Plan (NAP) Processes: Exploring a pathway for realizing rights and resilience*. Dazé, A. (lead author). International Institute for Sustainable Development. <https://napglobalnetwork.org/resource/srhr-in-nap-processes>

ACKNOWLEDGEMENTS

The author is grateful to Darcy Allen (Women Deliver), Lippi Doshi (Women Deliver), Rachel Fowler (Women Deliver), Anne Hammill (International Institute for Sustainable Development [IISD]), Divya Mathew (Women Deliver), Susan Papp (Women Deliver), and Elena Villalobos Prats (World Health Organization [WHO]) for useful feedback on this report. The contribution of Clare Church (IISD), Patrick Guerdat (IISD), David Hoffman (IISD), Cameron Hunter (IISD), and Daniel Morchain (IISD) to the literature review and analysis of NAP documents is appreciated.

Design by Elise Epp (IISD) and illustrations by Wabes Digital Marketing.

CREATIVE COMMONS LICENSE

This report is licensed under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](https://creativecommons.org/licenses/by-nc-sa/4.0/). This publication may be freely quoted and reproduced provided that i) the source is acknowledged, ii) the material is not used for commercial purposes, and iii) any adaptations of the material are distributed under the same licence.

© 2021 International Institute for Sustainable Development (IISD) and Women Deliver

All images remain the sole property of their source and may not be used for any purpose without the written permission of the source.

Any opinions stated herein do not necessarily reflect the policies or opinions of the NAP Global Network funders or Network participants.

Sexual and Reproductive Health and Rights (SRHR) in National Adaptation Plan (NAP) Processes

Exploring a pathway for realizing
rights and resilience to climate change

January 2021

ABOUT THE NAP GLOBAL NETWORK

The NAP Global Network was created in 2014 to support developing countries in advancing their NAP processes and help accelerate adaptation efforts around the world. To achieve this, the Network facilitates sustained South–South peer learning and exchange, supports national-level action on NAP development and implementation, and enhances bilateral support for adaptation and climate-sensitive sectors through donor coordination. Financial support for the Network has been provided by Austria, Canada, Germany, and the United States. The Secretariat is hosted by the International Institute for Sustainable Development. For more information, visit www.napglobalnetwork.org.

ABOUT WOMEN DELIVER

Women Deliver is a leading global advocate that champions gender equality and the health and rights of girls and women. Our advocacy drives investment—political and financial—in the lives of girls and women worldwide. We harness evidence and unite diverse voices to spark commitment to gender equality. And we get results. Anchored in sexual and reproductive health, we advocate for the rights of girls and women across every aspect of their lives. We know that investing in girls and women will deliver progress for all. For more information, visit www.womendeliver.org.

CONTACT INFORMATION

NAP Global Network Secretariat

c/o International Institute for Sustainable
Development (IISD)
111 Lombard Avenue, Suite 325
Winnipeg, Manitoba, Canada R3B 0T4
Phone: +1 (204) 958-7700
Email: info@napglobalnetwork.org

Women Deliver

588 Broadway, Suite 905
New York, NY 10012 USA
Phone: +1 (646) 695-9100
Email: info@womendeliver.org

Executive Summary

Climate resilience and gender equality are inextricably linked (Masson-Delmotte et al., 2018; NAP Global Network & United Nations Framework Convention on Climate Change [UNFCCC], 2019; Vincent et al., 2014), and sexual and reproductive health and rights (SRHR) are an essential element of gender equality (International Planned Parenthood Federation [IPPF], 2015; Starrs et al., 2018). Emerging evidence suggests that climate change will negatively affect SRHR (Women Deliver, 2020). At the same time, denial of SRHR represents a barrier to engagement in climate action by limiting educational and livelihood opportunities, reducing access to information and services, and inhibiting participation in politics and community affairs (IPPF, 2015; Le Masson et al., 2019). It is important that these interlinkages are recognized in the context of efforts to adapt to climate change.

Governments around the world are advancing their NAP processes in an effort to build resilience to the negative impacts of climate change. These processes will guide investments in climate change adaptation in low- and medium-income countries (LMICs) over the coming years. With increased attention to gender issues in adaptation action comes an opportunity to ensure that NAP processes take SRHR issues into consideration, both to avoid missed opportunities for synergies and to ensure that adaptation actions do not negatively affect SRHR.

Informed by a review of the literature on climate change, adaptation, and SRHR, this report explores the extent to which NAP processes recognize the linkages between climate change adaptation and the realization of SRHR, including maternal and newborn health, voluntary modern contraception, and gender-based violence (GBV). It draws on analysis of 19 NAP documents submitted to the UNFCCC by LMICs, a sample of sector-specific NAPs for the health sector, and a selection of funding proposals for adaptation planning support from the Green Climate Fund (GCF).

The analysis presented in this report explores the extent to which NAP processes recognize the impacts of climate change on SRHR, as well as how gaps in realization of SRHR exacerbate vulnerability to climate change. It also identifies where SRHR-related actions are included in adaptation plans. This report builds on previous analyses of integration of gender considerations in NAP processes, applying a specific SRHR lens. The analysis is targeted at actors that are coordinating NAP processes, as well as SRHR-focused stakeholders, including non-governmental organizations (NGOs) and advocates, who aim to engage in adaptation action. It aims to promote an integrated and inclusive approach that moves countries forward on the mutually supportive objectives of resilience to climate change and realization of SRHR.

The **key findings** from this analysis are:

1. **Governments are prioritizing adaptation in the health sector in their NAP processes.** All of the NAP documents identify health as a priority sector for adaptation and, though the degree of detail differs from country to country, all identify specific adaptation actions for the health sector.
2. **There is some attention to gender considerations in the health sector in adaptation planning documents.** Though we are not yet seeing systematic analysis of gender considerations across NAP documents, we do find some instances where gender issues are considered in relation to health.
3. **There is limited attention to SRHR in overarching NAP documents.** The review of NAP documents found that there are few references to SRHR-related issues—only 10 of the 19 documents reviewed contain any specific references to the components of SRHR included in the analysis.
4. **Where health sector NAPs do address SRHR, this may not be reflected in the overarching NAP documents.** Among the health sector NAPs reviewed, there are some cases where specific details on SRHR-related issues are included; however, these have not translated into concrete actions in the overarching NAP documents.
5. **Gender-responsive approaches present an entry point for consideration of SRHR issues in NAP processes.** By integrating gender considerations in an intersectional approach that addresses other factors such as age, race, and sexual orientation, we can emphasize the role that SRHR can play as a basis for climate action.
6. **Investments in health sector adaptation may have indirect benefits for SRHR.** Although there are limited actions directly targeting SRHR, there are a number of actions identified in NAPs and health sector NAPs that could provide indirect benefits, such as investments in health facilities—but only if implemented in a gender-responsive and inclusive manner.
7. **Finance for adaptation action in the health sector falls short of the needs.** There remain considerable gaps in the finance allocated for adaptation, and the amount dedicated to adaptation in the health sector is minimal. Greater investment in the resilience of health systems is sorely needed, particularly in the aftermath of the COVID-19 pandemic.

Though SRHR issues have not received significant attention in NAP processes to date, they represent an important consideration in building resilience to climate change. The following are recommendations for improving the consideration of SRHR issues, from a rights-based perspective, in NAP processes:

Recommendation #1: Use the existing guidance on gender and health as a basis for integrating SRHR in NAP processes. Though not specifically focused on SRHR, existing guidance from the UNFCCC and other actors on integrating gender and health in NAP processes provides a strong framework for consideration of SRHR issues in the NAP process, if supported by the appropriate data, analysis, and expertise.

Recommendation #2: Incorporate SRHR-related issues in vulnerability assessments and gender analyses to inform adaptation planning. Vulnerability assessments and gender analyses conducted to inform adaptation planning processes provide opportunities to explore the linkages between climate change and SRHR, building the evidence base and providing a basis for identifying relevant actions.

Recommendation #3: Promote collaboration among the government entities responsible for the NAP process, gender equality, and health. It is important that both gender and health actors are included in coordination mechanisms for adaptation to ensure the right mix of expertise across the decision-making process.

Recommendation #4: Facilitate involvement of gender and women's health actors, including women-led civil society organizations (CSOs), as stakeholders in the NAP process. Efforts to engage stakeholders in the NAP process should be inclusive of diverse stakeholders and should encourage involvement of women-led CSOs, SRHR advocates, and researchers working on women's health issues, who are well-placed to bring forward SRHR issues.

Recommendation #5: Support systemic approaches to adaptation in the health sector. It is expected that adaptation in the health sector will receive increased attention and investment in the coming years. This creates an opportunity to work toward more integrated approaches that address broader health system resilience, including sexual and reproductive health services. This is particularly important in the aftermath of the COVID-19 pandemic.

Recommendation #6: Align NAP processes with other gender and health-related policies and plans. Promoting greater alignment of NAP processes with gender and health policies can help ensure that adaptation actions connect with and build on efforts to promote SRHR.

Recommendation #7: Strategically combine different sources of finance to promote integrated approaches to resilience that address the linkages between SRHR and climate change. To maximize the impact of adaptation finance, it must be strategically combined with and

supported by other sources of finance—for example, health funding—that address the underlying causes of vulnerability, including gender inequality and the denial of SRHR.

Recommendation #8: Integrate gender and SRHR in monitoring and evaluation (M&E) systems for adaptation. The establishment of gender-responsive M&E systems for adaptation presents an opportunity to capture differential impacts of adaptation actions for different groups, applying an SRHR lens where relevant and possible. This will help build the evidence base on the linkages between SRHR and climate resilience.

The integration of gender issues, including SRHR, in adaptation action is essential to ensure equitable benefits for girls, women, and people of underrepresented sexual orientations, gender identities, and/or expression and sex characteristics (SOGIESC). Realization of SRHR provides a foundation for resilience to climate change, enabling people to engage in climate action and improving their well-being over time.

Table of Contents

1.0 Introduction1

2.0 The NAP Process: An overview..... 3

3.0 Why Should NAP Processes Consider SRHR? 6

4.0 SRHR in NAP Processes: Current status 9

 4.1 Methods..... 9

 4.2 Findings 11

5.0 Key Opportunities for Consideration of SRHR in NAP Processes 17

6.0 Recommendations for Improving the Consideration of SRHR in NAP Processes 18

7.0 Conclusions 22

References..... 23

Annex 1. Overview of NAP Document Reviews30

Acronyms

ARROW	Asian-Pacific Resource and Research Centre for Women
CIFOR	Center for International Forestry Research
CSO	civil society organization
GBV	gender-based violence
HIV/AIDS	human immunodeficiency virus/acquired immune deficiency syndrome
IISD	International Institute for Sustainable Development
IPCC	Intergovernmental Panel on Climate Change
IPPF	International Planned Parenthood Federation
LGBTQIA+	lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse sexual orientations and gender identities
LMIC	low- and medium-income countries
M&E	monitoring and evaluation
NAP	National Adaptation Plan
SDG	Sustainable Development Goal
SOGIESC	sexual orientations, gender identities, and/or expression and sex characteristics
SRHR	sexual and reproductive health and rights
STI	sexually transmitted infection
UN	United Nations
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
WHO	World Health Organization

Concepts

Key climate change concepts

Climate change is defined as “a change of climate which is attributed directly or indirectly to human activity that alters the composition of the global atmosphere and which is in addition to natural climate variability observed over comparable time periods” (United Nations [UN], 1992, p. 7).

The **causes** of climate change are increases in the concentration of greenhouse gases in the atmosphere. The main drivers of climate change are economic and population growth, leading to emissions of greenhouse gases from fossil fuel combustion, industrial activities, energy production, and destruction of forests, among other sources (Intergovernmental Panel on Climate Change [IPCC], 2014).

The **impacts** of climate change include rising temperatures, sea-level rise, more frequent and severe extreme weather events, and changing weather patterns. These impacts have implications for both natural and human systems (IPCC, 2014).

Adaptation to climate change is a “process of adjustment to actual or expected climate and its effects, in order to moderate harm or exploit beneficial opportunities” (IPCC, 2018, p. 542). In practical terms, this involves efforts to build resilience to climate-related shocks, stresses, and uncertainty, by increasing people’s ability to manage risks and adjust to changes over time.

Mitigation involves actions to address the causes of climate change by reducing emissions or enhancing sinks of greenhouse gases (IPCC, 2018). Sinks are processes, activities, or mechanisms that remove greenhouse gas emissions from the atmosphere (IPCC, 2014). Mitigation actions may include the adoption of new technologies that reduce emissions, forest conservation and management, and efforts to promote renewable energy.

Vulnerability to climate change is “the propensity or predisposition to be adversely affected” (IPCC, 2018, p. 560) by the impacts of climate change. Vulnerability is determined by sensitivity and susceptibility to harm and by adaptive capacity, among other factors (IPCC, 2018). Vulnerability can be assessed at multiple levels, including individuals, communities, ecosystems, sectors, and countries, recognizing the interlinkages between these different scales.

Resilience to climate change is the capacity of social, economic, and environmental systems to cope with a hazardous event or trend or disturbance, responding or reorganizing in ways that maintain their essential function, identity, and structure, while also maintaining the capacity for adaptation, learning, and transformation” (IPCC, 2018, p. 557). Resilience can be thought of as a set of interlinked capacities that enable people to adapt to, anticipate, and absorb climate-related shocks and stresses. These capacities can be enhanced through individual and collective actions (Bahadur et al., 2015).

The term **climate action** is used to refer to efforts to address both the causes (mitigation) and the effects (adaptation) of climate change. This report focuses on adaptation.

Key SRHR concepts

Reproductive health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes” (UN, 1995). Reproductive health involves: access to information about the reproductive system and health; the means to safely manage menstruation with privacy and dignity; and, access to health services, including those related to contraception, pregnancy and childbirth, safe abortion, infertility, and GBV (Starrs et al., 2018).

Reproductive rights are also human rights, in terms of the right of all couples and individuals to attain the highest standard of reproductive health. This includes the right to make decisions on the number, spacing, and timing of children and to have the information and means to do make these decisions freely and responsibly (Starrs et al., 2018).

Sexual health is “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity” (World Health Organization [WHO], 2017, p. 3). Sexual health involves: a positive and respectful approach to sexuality and sexual relationships; the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence; and, access to counselling and care, health services, and treatment in support of sexual health (Starrs et al., 2018).

Sexual rights “are human rights and include the right of all persons, free of discrimination, coercion, and violence” (Starrs et al., 2018, p. 2645) to, among other aspects: maintain sexual health and bodily integrity; make decisions about sexual orientation, gender identity, sexual relations and marriage; and pursue a satisfying, safe and pleasurable sexual life (Starrs et al., 2018).

The **components of SRHR**, for the purposes of this particular analysis, include: HIV/AIDs and other sexually transmitted infections (STIs); contraceptive services; maternal and newborn health, abortion, infertility, and GBV (Starrs et al., 2018).

1.0 Introduction

The international community is increasingly recognizing that gender is an important dimension of climate change. For example, recent reports from the Intergovernmental Panel on Climate Change (IPCC) highlight the many ways in which gender intersects with other factors, including age, race, socioeconomic status, and sexuality, to influence people's experiences with climate change (Hurlbert, et al., 2019; Vincent et al., 2014). With this recognition comes an understanding that responses to climate change must take gender into consideration, while actively promoting gender equality, both overall and through climate action (Masson-Delmotte et al., 2018; National Adaptation Plan [NAP] Global Network and UNFCCC, 2019; Vincent et al., 2014). This is enshrined in recent decisions under the United Nations Framework Convention on Climate Change (UNFCCC), including the Paris Agreement, which calls for climate action to be gender responsive (UNFCCC, 2015). This has created a mandate for governments, funders, civil society organizations (CSOs), and other actors engaged in climate action to address gender considerations.

The evidence base on the linkages between gender and climate change is growing. However, because there remain considerable gaps in sex-disaggregated data and gender analyses to inform decision making, building the evidence base is a key focus of activities under the UNFCCC's Gender Action Plan (UNFCCC, 2019b). One area that has received little attention to date is the nexus between climate change adaptation and sexual and reproductive health and rights (SRHR), which comprises issues such as maternal and newborn health, contraceptives, and gender-based violence (GBV). Recognizing the important interlinkages between SRHR and gender equality (International Planned Parenthood Federation [IPPF], 2015; Starrs et al., 2018), these issues require further exploration in the context of climate change adaptation.

Governments around the world are advancing their NAP processes in an effort to build resilience to the negative impacts of climate change. These processes will guide investments in climate change adaptation in low- and medium-income countries (LMICs) over the coming years. With increased attention to gender issues in adaptation action comes an opportunity to ensure that NAP processes take SRHR issues into consideration, both to avoid missed opportunities for synergies and to ensure that adaptation actions do not negatively affect SRHR.

To better understand how SRHR-related issues have been addressed in country-level climate change adaptation planning processes to date, the NAP Global Network—in collaboration with Women Deliver—has analyzed a sample of the available information on NAP processes in LMICs. The documents reviewed include NAP documents submitted to the UNFCCC, health sector NAPs, and funding proposals for adaptation planning support from the Green Climate Fund (GCF). The analysis is also informed by a review of the literature on climate change, adaptation, and SRHR.

The analysis presented in this report explores the extent to which NAP processes recognize the impacts of climate change on SRHR, as well as how gaps in realization of SRHR exacerbate vulnerability to climate change. It also identifies where SRHR-related actions are included in adaptation plans. This report builds on previous analyses of integration of gender considerations in NAP processes, applying a specific SRHR lens. The analysis is targeted at actors that are coordinating NAP processes, as well as SRHR-focused stakeholders, including NGOs and advocates, who aim to engage in adaptation action. It aims to promote an integrated and inclusive approach that moves countries forward on the mutually supportive objectives of resilience to climate change and realization of SRHR.

2.0 The NAP Process: An overview

The NAP process is a key mechanism for advancing adaptation to climate change under the UNFCCC. First established in 2010 (UNFCCC, 2010), its importance was reiterated in the 2015 Paris Agreement as a means of achieving the global adaptation goal to foster climate resilience and increase the ability to adapt to the adverse impacts of climate change (UNFCCC, 2015). The NAP process is a “strategic process that enables [LMICs] to identify and address their medium- and long-term priorities for adapting to climate change” (Hammill et al., 2019, p. 1). The NAP process is led by national governments and involves coordination across sectors and levels of government, as well as with stakeholders, including CSOs, the private sector, and academia. In broad terms, the process involves analyzing current and future impacts of climate change and assessing vulnerabilities to these impacts. On this basis, adaptation options are identified, prioritized, and implemented, and progress and results are tracked (Hammill et al., 2019; UNFCCC, 2012). Figure 1 presents an overview of the key phases of the NAP process, which occur in a continuous cycle, allowing for learning and adjustment over time. The figure also shows the enabling factors, which involve activities throughout all of the phases. The outputs of the NAP process may include overarching NAP documents and sector-specific NAPs, as well as other strategic documents such as resource mobilization strategies.

The ultimate aim of the NAP process is to build resilience to climate change for people, places, ecosystems, and economies. It endeavours to embed adaptation into standard development practice by integrating climate change considerations in plans, budgets, and actions across different sectors and levels. It establishes systems and builds capacities in order to integrate adaptation in development planning, decision making, and budgeting (Hammill et al., 2019). The NAP process is intended to be multi-sectoral, participatory, and gender responsive, as well as inclusive of vulnerable groups, communities, and ecosystems (Hammill et al., 2019; UNFCCC, 2010, 2012). The NAP process represents a shift from an ad hoc and project-based approach toward a more strategic, programmatic approach that is oriented toward the medium and longer terms (Hammill et al., 2019).

The NAP process can contribute to achieving multiple objectives:

- It can enable countries to realize the adaptation-related commitments they make in their Nationally Determined Contributions (NDCs), which are the pledges countries make to the international community toward achievement of the goals of the Paris Agreement (Hammill et al., 2019; UNFCCC, 2020).

- Implementation of adaptation actions through the NAP process also contributes to the achievement of the Sustainable Development Goals (SDGs), notably SDG 13 on climate action (UN, 2015a), as well as the Sendai Framework for Disaster Risk Reduction (UN, 2015b).
- By integrating climate risks in decision making, the NAP process can improve countries' development efforts, so that outcomes can be achieved and sustained in the face of climate change.
- It also helps countries to access finance for adaptation and to use it effectively (Hammill et al., 2019).

The UNFCCC has recognized that each country must pursue an approach to the NAP process that works in their particular context, so there is no set timeline or required steps beyond the flexible guidance provided by the UNFCCC in 2012 (UNFCCC, 2012). Progress on adaptation may be communicated through NAP-specific progress reports, National Communications and Adaptation Communications to the UNFCCC, or NDC reports. It is expected that NAPs will be reviewed and updated over time (UNFCCC, 2012).

In its annual update in December 2019, the UNFCCC reported that 120 LMICs had initiated their NAP processes. These countries have engaged in a range of activities, including the establishment of institutional arrangements for adaptation, undertaking stakeholder consultations, and analyzing vulnerabilities of economies, ecosystems, and people to the impacts of climate change. Countries also reported progress on implementation strategies (16 countries) and establishment of monitoring and evaluation systems (17 countries).¹ Further, 81 countries had submitted proposals to the GCF to support their adaptation planning processes (UNFCCC, 2019a). Governments, with the support of development partners, are investing in these processes, making them a key entry point for addressing climate-related vulnerabilities.

¹ This assessment is based on a range of sources, including an online questionnaire, documents submitted to the UNFCCC, and presentations at events such as NAP Expo—it may not capture the full scope of progress made.

Figure 1. The NAP Process



Source: Hammill et al., 2019

3.0 Why Should NAP Processes Consider SRHR?

The realization of SRHR is an essential foundation for health, well-being, the enjoyment of human rights, and the manifestation of individual agency. Though the linkages between climate change adaptation and the realization of SRHR may not be immediately clear, there are a number of ways in which these two objectives are mutually supportive.

First, there is evidence that the impacts of climate change will negatively affect SRHR, both directly and indirectly. Direct effects include the impacts of extreme weather events on health facilities and infrastructure and medical supply chains, which can disrupt access to sexual and reproductive health services (Benjamin, 2016; Health Care Without Harm, 2018), which can lead to unwanted pregnancies, complications and death during childbirth, and increases in STIs, among other effects (Behrman & Weitzman, 2016; National Institute of Allergy and Infectious Diseases [NIAID], 2015). Indirect impacts may include the consequences of climate-related shocks and stresses for household finances, which can reduce the resources available for health care (J.R. Castro, personal communication, July 26, 2020) and increased incidences of GBV, including early marriage, sexual violence, and sex trafficking (Asian-Pacific Resource & Research Centre for Women [ARROW], 2014, 2017b; Le Masson, 2016; Sorensen et al., 2018).

These impacts are felt particularly strongly in places where access to services may be limited, such as in fragile states, conflict-affected areas, and humanitarian settings (Heidari et al., 2019; Starrs et al., 2018; United Nations Population Fund [UNFPA], 2015b). They are exacerbated for people who face discrimination in relation to SRHR, including LGBTQIA+ people—hereafter referred to as people of underrepresented sexual orientations, gender identities and/or expression and sex characteristics (SOGIESC)—as well as Indigenous peoples, people with disabilities, racial and ethnic minority groups, and adolescents, among others (Starrs et al., 2018; UNFPA, 2019). The importance of building resilient health systems has also been underlined by the COVID-19 pandemic (Colombo, 2020; Hammill, 2020). The ongoing pandemic has further highlighted the gender dimensions of such a crisis, in terms of women's unpaid care burden, exposure to the disease, and risks of GBV (UN, 2020). Efforts to build resilient and inclusive health systems that effectively deliver education, care, and treatment can serve to reduce these impacts toward the mutually supportive outcomes of increased resilience and realization of SRHR.

Second, when women and girls are not able to realize their SRHR, it can limit their ability to engage in climate action by hindering their opportunities to pursue education, improve their livelihoods, and access resources and services (IPPF, 2015; Le Masson et al., 2019).

This has implications for their vulnerability to the impacts of climate change. For example, if girls are forced to marry before they complete their education and achieve literacy, this may affect their ability to receive and act on climate information and early warnings for disasters. These barriers are particularly high for girls and women who face discrimination due to race, Indigeneity, class or disability status, among other factors, and for people of underrepresented SOGIESC (Center for International Forestry Research & CGIAR, 2015; ARROW, 2017a; Starrs et al., 2018; UNFPA, 2019).

Gaps in realization of SRHR also affect women's participation in politics and community affairs (IPPF, 2015; Le Masson et al., 2019). While not the only barrier to participation by women, this is one factor that leads to gender imbalances in decision-making power. These imbalances, which are exacerbated for those who face other forms of discrimination, represent an ongoing barrier to ensuring that adaptation decision-making processes are gender responsive and inclusive (Hurlbert et al., 2019; Mbow et al., 2019; Vincent et al., 2014). When given equitable opportunities, women are effective agents of change in their families, countries, and communities, so their meaningful participation and influence in decision making, through a rights-based approach, is essential (Vincent et al., 2014). Similarly, the involvement of people of underrepresented SOGIESC and other marginalized people helps ensure that their needs and priorities are addressed in adaptation investments.

On the other hand, there is emerging evidence that suggests that the realization of SRHR can help increase the resilience of women, their families, and communities to climate change. For example, an analysis focusing on sub-Saharan Africa highlighted the ways in which voluntary family planning can help build climate resilience, highlighting the reduced strain on climate-sensitive natural resources such as land and water that results from smaller family sizes; the health, education, and economic benefits; and the positive effects on food security, which is under threat from climate change (Population Reference Bureau, 2016). In another example, a project in Bangladesh established Women's Committees to build disaster risk management capacities. It also addressed SRHR issues, including reproductive health and pregnancy. When the area was hit by a cyclone, the women responded to lessen the impact on lives and livelihoods. The project attributed much of its success to the leadership and capacities of the Women's Committees (ARROW, 2017a).

Further, **there are close linkages between the achievement of gender equality and the realization of SRHR, making this an important element of gender-responsive adaptation to climate change.** Denial of SRHR "can be viewed as both a cause and a consequence of gender inequality" (IPPF, 2015, p. 10). The realization of SRHR is essential for girls, women, and people of diverse genders and sexual orientations to exercise their agency, to make choices about their bodies and their lives, to access services and opportunities, and to participate in political life – all essential elements of gender equality (IPPF, 2015). At the same time, many

of the barriers to the realization of SRHR are grounded in social norms and unequal power relations that derive from gender inequality (IPPF, 2015; UN Women, 2019). Given that the Paris Agreement and other key decisions under the UNFCCC call for climate action to recognize human rights and to be gender responsive (UNFCCC, 2015, 2019b), there is an argument for integrated approaches that recognize the essential nature of SRHR for building resilience in a gender-equitable manner. Box 1 provides an overview of what a gender-responsive approach to the NAP process looks like.

For a more detailed overview of the linkages between climate change and SRHR, please see [Women Deliver's brief](#).

Box 1. A Gender-Responsive Approach to the NAP Process

Though there is no agreed-upon definition of gender-responsive climate action at the international level, a recent document produced by the Least Developed Countries Expert Group and the Adaptation Committee under the UNFCCC (in collaboration with the NAP Global Network) highlights three key elements of gender-responsive adaptation to climate change (NAP Global Network & UNFCCC, 2019). These elements provide important entry points for addressing SRHR-related issues.

Figure 2. Elements of a gender-responsive NAP process



Adapted from: NAP Global Network & UNFCCC, 2019.

4.0 SRHR in NAP Processes: Current status

In this section, we present a review of the current status of consideration of SRHR in NAP processes, based on available information.

4.1 Methods

We used three key sources of information for this assessment:

- **NAP documents:** All of the NAP documents available on [NAP Central](#) as of December 31, 2020 were systematically reviewed to identify references to SRHR and related issues. An overview of these 19 reviews is presented in Annex 1.
- **Health sector NAPs:** A sample of five health-specific NAPs was also reviewed to assess the consideration of SRHR-related aspects—these were the documents that could be found online at the time of the analysis.
- **NAP readiness proposals to the Green Climate Fund (GCF):** We also reviewed a sample of five NAP readiness proposals to the Green Climate Fund in an effort to identify references to and entry points for SRHR issues. Due to limited references in this initial sample, we did not review additional documents.

Table 1 lists the documents that were reviewed and their timeframes.

Table 1. Documents reviewed

NAP documents and year of submission to the UNFCCC²		Health sector NAPs	
Brazil	2016	Ethiopia	2018–2020
Burkina Faso	2015	Fiji	2016–2020
Cameroon	2015	South Africa	2014–2019
Chile	2017	Tanzania	2018–2023
Colombia	2018	Zambia	2019
Ethiopia	2019		
Fiji	2018	NAP readiness proposals to the GCF and year of approval	
Grenada	2019	Azerbaijan	2019
Guatemala	2019	Costa Rica	2019
Kenya	2017	Iraq	2019
Kiribati	2020	Mongolia	2018
Paraguay	2020	Niger	2018
Saint Lucia	2018		
Saint Vincent and the Grenadines	2019		
Sri Lanka	2016		
State of Palestine	2016		
Sudan	2016		
Suriname	2020		
Togo	2018		

² This includes the NAP documents for the 19 countries with overarching NAP documents. Uruguay's NAP for the agricultural sector was not included in the review as it is focused on a single sector.

The components of SRHR that were considered in the review are presented in Box 2. References to these issues were identified through word searches and review of key sections in the documents. The level of detail provided in the reviewed planning documents varies—in some cases, the vulnerabilities and adaptation actions are described at a broad level. However, an absence from a NAP document may not mean that the issue was not considered or that it will not be considered in the implementation of adaptation actions—it may just not have been documented in the concise descriptions provided in the planning documents. This is a limitation of the analysis.

Box 2. Components of SRHR

The components of SRHR considered in this review were (Starrs et al., 2018):

- Contraceptive services
- Maternal and newborn health
- Abortion
- Infertility
- Gender-based violence
- HIV/AIDS and other STIs

4.2 Findings

The following are the key findings from this analysis. In some cases, these are also informed by a literature review and/or key informant interviews.

Finding #1: Governments are prioritizing adaptation in the health sector in their NAP processes.

Many countries are taking a sector-based approach to their NAP processes, by identifying adaptation options for the sectors that are most affected by the impacts of climate change. The aim is to integrate adaptation in the core business of these sectors over time. **All of the NAP documents submitted to the UNFCCC identify health as a priority sector for adaptation**, alongside other vulnerable sectors including agriculture, water, and infrastructure. This is generally based on a discussion of specific vulnerabilities in the health sector in the context-setting sections. The most frequently identified issue is vector-borne diseases, such as malaria, which may be exacerbated by the impacts of climate change. This issue is highlighted in the context section of all of the documents except one (though it is addressed later in the document). Other health issues identified in the

majority of documents include water-borne diseases (16 documents) and hunger/malnutrition (11 documents)—see Annex 1 for details. Fewer than half of the documents mention weaknesses in health systems as a source of vulnerability.

Though the degree of detail differs from country to country, **all of the NAP documents identify specific adaptation actions for the health sector.** Unsurprisingly, these tend to focus on the issues that are identified as key areas of vulnerability. Many countries aim to implement actions that address the spread of vector-borne diseases. For example, in Paraguay, the NAP will support investments in epidemiological surveillance and treatment (Secretaría del Ambiente de Paraguay, 2017), while in Saint Lucia, activities include the establishment and enforcement of guidelines to control mosquito breeding in water infrastructure (Government of Saint Lucia, 2018). More than half of the documents also include activities related to public awareness raising, capacity development for health care providers, and/or research and assessment on climate change and health. Available information indicates that the health sector is included in the coordination mechanism for the NAP process in most countries. Further, in all of the GCF proposals reviewed, health is identified as a priority sector, though details are not provided on specific activities in this area.

Finding #2: There is some attention to gender considerations in the health sector in adaptation planning documents.

Previous assessments of integration of gender considerations in NAP processes have found that some progress has been made in the last couple of years (Dazé, 2020). **Though we are not yet seeing systematic analysis of gender considerations across NAP documents, we do find some instances where gender issues are considered in relation to health.** Specifically, four of the reviewed NAP documents identify women as a target group for adaptation actions in the health sector. For example, the health-related adaptation actions in Fiji's NAP—including efforts to build climate-resilient health facilities—target women, along with people living in rural areas and low-income and disadvantaged groups (Government of the Republic of Fiji, 2018).

Similarly, **when looking at NAPs for the health sector, there is some consideration of gender issues in each of the documents reviewed.** For example, South Africa's health sector NAP identifies gender, equity, and other social determinants of health as a cross-cutting issue for the plan (Department of Health, Republic of South Africa, 2014), while in Zambia, the gender imbalance in adaptation planning processes is highlighted as a challenge (Republic of Zambia Ministry of Health, 2019). Ethiopia's health sector NAP notes that women and children are most affected by malnutrition (Federal Ministry of Health, Ethiopia, 2018). Though not all of the references are specifically focused on SRHR, consideration of gender issues creates opportunities for more attention to be paid to the ways in which gaps in the realization of SRHR

interact with vulnerability to climate change. In some cases, there are also linkages made between health sector NAPs and existing policies that address gender. For example, Tanzania's health sector NAP aligns with the National Health Policy, which includes gender equality and empowerment in all health parameters as one of its three goals (United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children, 2018).

Finding #3: There is limited attention to SRHR in overarching NAP documents.

The review of NAP documents found that there are few references to SRHR-related issues. Only 10 of the 19 documents contain any specific references to the components of SRHR mentioned in Box 2. Among those that do refer to SRHR, the most common issues mentioned are pregnancy and infant care, and specifically the vulnerabilities related to these stages of life—these issues are mentioned in seven of the documents, primarily in the context sections. For example, Brazil's NAP document highlights the vulnerability of pregnant women and children in the event of droughts and floods (Ministry of Environment, Brazil, 2016). The NAP document from Kenya notes that the impacts of climate change are a threat to progress on reducing infant mortality (Republic of Kenya Ministry of Environment and Natural Resources, 2016). Burkina Faso's NAP includes actions oriented toward protecting pregnant women from malaria (Ministère de l'Environnement et des Ressources Halieutiques, 2015), recognizing the increased risk they face, both in terms of exposure (Center for Climate Change and Health, 2016; Selby, 2015; Sorensen et al., 2018) and in terms of the consequences if they are infected, which may include premature delivery, stillbirth, and eclampsia (ARROW, 2014; Center for Climate Change and Health, 2016; Sorensen et al., 2018).

The next most commonly cited issue is GBV, which is cited in four documents, generally focusing on the risks of increased GBV after disasters. Suriname's NAP document, for example, highlights this issue, calling for training on GBV for volunteers in disaster areas (Government of Suriname, 2019). In another example, the State of Palestine's NAP document notes that high fertility rates are leading to rapid urbanization in the West Bank, which is increasing vulnerability to climate change in cities (State of Palestine Environment Quality Authority, 2016). The review of GCF adaptation planning proposals did not reveal any references to SRHR issues; however, this may be due to the process-oriented nature and governance focus of these documents.

Finding #4: Where health sector NAPs do address SRHR, this may not be reflected in the overarching NAP documents.

Among the health sector NAPs reviewed, there are some cases where specific details on SRHR-related issues are included. For example, Fiji's health sector NAP highlights "KAILA Pacific Voice for Action on Agenda 2030 to strengthen climate change resilience through reproductive maternal newborn child and adolescent health," a political commitment adopted by

14 Health Ministers in the lead up to the UN Climate Change Conference in 2015 (Government of the Republic of Fiji, 2018). The KAILA declaration called for action in areas such as increasing support for girls and young women to access sexual and reproductive health information and services, enhancing access to contraception, and eliminating all forms of GBV, in a rights-based approach (Fiji Ministry of Health and Medical Services, 2015). It is not clear, however, how this declaration has been put into practice. For example, it is not referenced in Fiji's NAP document, which was developed in 2018 (Government of the Republic of Fiji, 2018).

In another example, Ethiopia's health sector NAP notes that GBV may increase with the impacts of climate change. It also includes promoting family planning as one of 10 intervention areas, citing population pressure on climate-sensitive natural resources as the rationale. The document calls for a particular focus on areas that are vulnerable to drought and land degradation (Federal Ministry of Health, Ethiopia, 2018). Again, however, this action does not explicitly appear in the 2019 NAP document, though it does refer to the need to balance high population growth rate with economic growth (Federal Democratic Republic of Ethiopia, 2019). These inconsistencies illustrate a disconnect between the health sector adaptation plans and the overarching NAPs in this first iteration. As well, it is not clear from the documents whether a rights-based approach has been adopted.

Finding #5: Gender-responsive approaches present an entry point for consideration of SRHR issues in NAP processes.

The logical entry point for addressing SRHR and climate change issues is through the ongoing efforts to promote gender-responsive climate action (see Box 1 for more details). **By integrating gender considerations in an intersectional approach, we can emphasize the role that SRHR can play in climate action.** What this means is that the entry points are there—it is about finding ways to bring SRHR issues to the forefront in discussions about gender-responsive adaptation. For example, gender-disaggregated vulnerability assessments should consider sub-groups, including pregnant women, people living with HIV/AIDS, adolescents, and people of diverse genders and sexual orientations. Analysis of vulnerabilities should consider how gaps in the realization of SRHR represent a barrier to adaptation. This provides a basis for identifying actions that address these gaps.

The case of Kiribati illustrates this opportunity. Before undertaking an update to their NAP document, a gender analysis was completed to inform the process. The gender analysis explored gender and climate change linkages, looking at policies and institutions as well as the framing of the issues. It presented recommendations for addressing gender issues in the NAP process (Dekens, 2017). As a result, the updated NAP document systematically integrates gender considerations, including a number of references to SRHR-related issues. For example, high

fertility and low rates of contraceptive use are identified as contributing to population growth on the islands of South Tarawa and Kiritimati, and are described as a factor contributing to vulnerability to climate change. Further, the NAP strategy to strengthen health service delivery to address the impacts of climate change includes activities focused on women's health, specifically to improve the evidence base on the linkages between climate change, mental health, and GBV and to provide training for staff of family health clinics (Government of Kiribati, 2019). This example demonstrates both the value of undertaking gender analysis to inform the NAP process and the ways in which this analysis can support increased attention to SRHR issues.

Finding #6: Investments in health sector adaptation may have indirect benefits for SRHR.

Although the majority of the available NAP documents do not include actions directly targeting SRHR, there are a number of actions identified in NAPs and health sector NAPs that could provide indirect benefits. These include investments in health facilities, infrastructure, and services, as well as efforts to better prepare the health system to respond to emergencies. For example, the NAP document for Saint Vincent and the Grenadines aims to establish "small resilient hospitals" (Government of Saint Vincent and the Grenadines, 2019, p. 127). In another example, Sri Lanka's NAP aims to strengthen information sharing between the agencies responsible for health and disaster management (Ministry of Mahaweli Development and Environment, Sri Lanka, 2016). The health sector NAPs from Zambia and Tanzania both include actions aimed at strengthening the health workforce and establishing climate-resilient infrastructure (Republic of Zambia Ministry of Health, 2019; United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children, 2018). The impacts of climate change on SRHR can be reduced by improving the resilience of health systems to shocks and stresses. However, such actions must be implemented in a gender-responsive and inclusive manner to be effective (Women Deliver, 2020). Planning for disasters is an essential component of this to ensure that sexual and reproductive health services can be provided during and after a crisis.

Finding #7: Finance for adaptation action in the health sector falls short of the needs.

One of the major factors determining the success of NAP processes is the allocation of finance, both to establish the systems and capacities needed to coordinate and facilitate the process, and to implement concrete adaptation action on the ground. A number of the NAP documents provide estimates of the costs of implementing the adaptation actions identified for the health sector: Burkina Faso, for example, provides an estimate of approximately USD 330 million for the health sector in its NAP document (Ministère de l'Environnement et des Ressources Halieutiques, 2015).

However, no details on the methodology for developing these estimates are provided, making it difficult to assess what is and isn't costed and how realistic the budgets are.

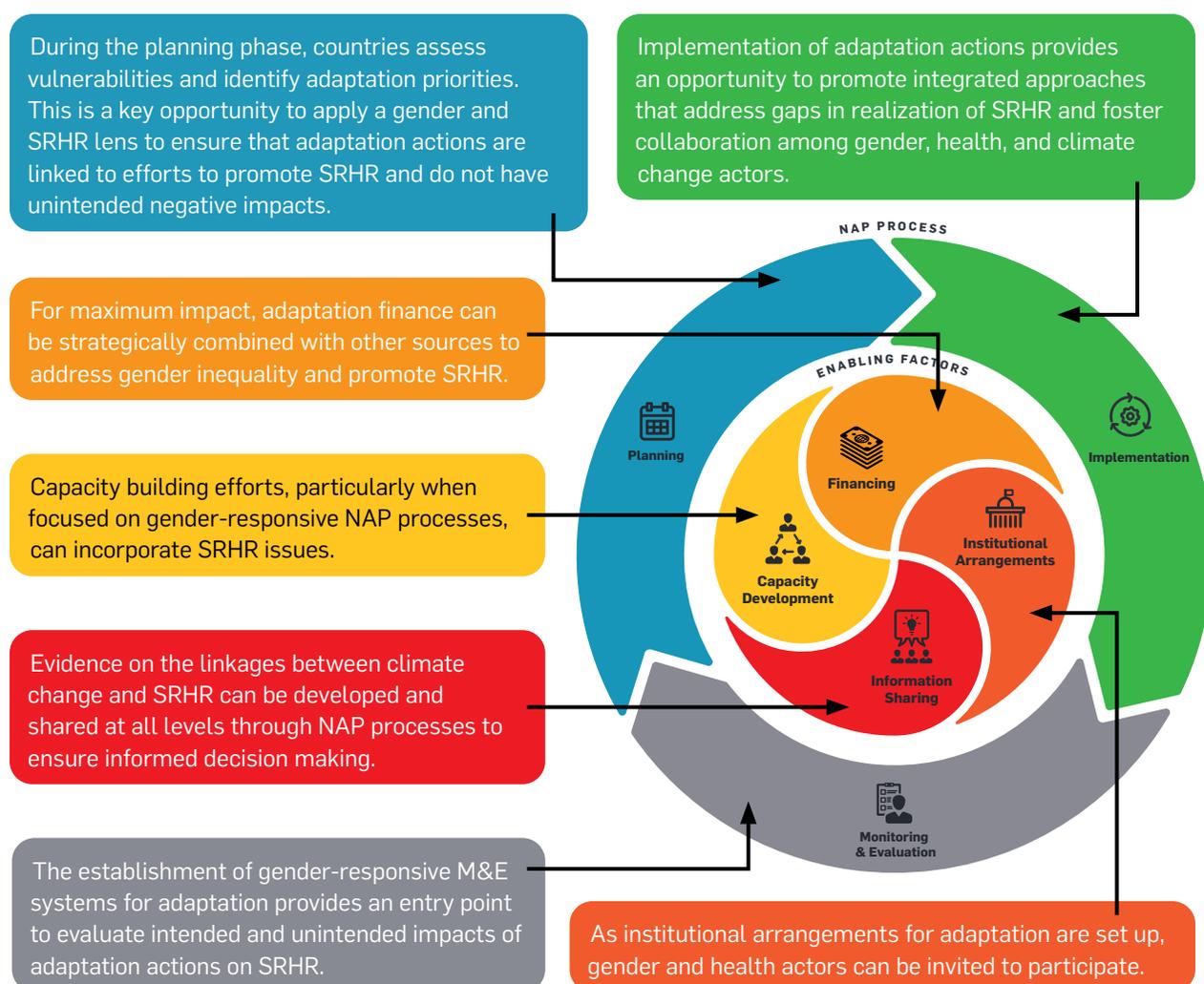
Globally, the annual costs of adaptation are estimated to be USD 140–USD 300 billion by 2030 and up to USD 500 billion by 2050 (United Nations Environment Programme [UNEP], 2018). There remain considerable gaps in the finance allocated for adaptation—in 2017–2018, the estimated amount of adaptation finance allocated globally from public and private sources was USD 30 billion (Climate Policy Initiative, 2019). Within this envelope, the amount of finance dedicated to adaptation in the health sector is minimal, estimated at less than 1% (UNEP, 2018; WHO, 2018). Though some analysis suggests that national-level spending on adaptation in the health sector has increased in recent years, it still represented only 5% of the total adaptation spend in 2017–2018 (Watts et al., 2019).³ **Greater investment in the resilience of health systems is sorely needed** (UNEP, 2018), particularly in the aftermath of the COVID-19 pandemic, which has highlighted both the weaknesses in the systems and the gendered impacts of such a health crisis (United Nations, 2020).

³ Details are not provided on the types of activities that were implemented with this funding, nor the extent to which they integrated gender considerations.

5.0 Key Opportunities for Consideration of SRHR in NAP Processes

Although there has been limited consideration of SRHR issues in NAP processes to date, this does not mean that there are not important linkages to advance. There are opportunities at various points in the process to increase the attention to these issues, as shown in Figure 3. Countries can use these opportunities to address SRHR-related issues in adaptation planning and action through a gender-responsive approach.

Figure 3. Opportunities for Consideration of SRHR in NAP Processes



Source: Adapted from Hammill et al., 2019

6.0 Recommendations for Improving the Consideration of SRHR in NAP Processes

The following are recommendations for improving the consideration of SRHR issues, from a rights-based perspective, in NAP processes. These are priority actions to capitalize on the opportunities outlined in the previous section. They are oriented toward the actors that are coordinating NAP processes, as well as SRHR-focused stakeholders, including NGOs and advocates, who aim to engage in adaptation action. It is important to note that a number of these recommendations have already been highlighted in previous reports on the integration of gender in NAP processes (see, for example, Dazé & Dekens, 2018). They are reiterated here because the application of the SRHR lens makes an even more compelling case for a gender-responsive approach.

Recommendation #1: Use the existing guidance on gender and health as a basis for integrating SRHR in NAP processes.

As countries advance their NAP processes, they are further elaborating implementation strategies, developing funding proposals, and allocating resources to put priority actions in place. These processes provide additional opportunities to delve deeper into issues that may not have received adequate attention in NAP documents. The WHO has developed [guidance for adaptation planning in the health sector](#) (WHO, 2014a), as well as specific [guidance on gender, climate change and health](#) (WHO, 2014b), while the NAP Global Network and the UNFCCC recently developed a [toolkit to guide countries in taking a gender-responsive approach to the NAP process](#) (NAP Global Network & UNFCCC, 2019). Though these documents are not specifically focused on SRHR, together they provide a strong framework for consideration of SRHR issues in the NAP process, if supported by the appropriate data, analysis, and expertise. Further, it is essential that any integration of actions related to family planning in the context of NAP processes explicitly adopt a rights-based approach—this should be reflected in planning documents and implementation strategies.

Recommendation #2: Incorporate SRHR-related issues in vulnerability assessments and gender analyses to inform adaptation planning.

As countries undertake vulnerability assessments and—in some cases—gender analyses to inform adaptation planning processes, there are important opportunities to explore the linkages between climate change and SRHR. This can provide a basis for integrating relevant actions among the adaptation options identified. Vulnerability assessments of the health sector, for example, could explore gaps in relation to sexual and reproductive health services that may be exacerbated by

the impacts of climate change. Similarly, efforts to identify particularly vulnerable groups could explore how pregnancy, STIs, and GBV affect women's ability to proactively manage climate risks, as well as to protect themselves during and after an extreme weather event. Gender analyses could explore the impacts of climate change on SRHR, as well as the ways in which gaps in realization of SRHR impede resilience to climate change, taking an intersectional approach. By including these issues in the analyses which will inform adaptation planning, we can build the evidence base and raise awareness of the linkages, thereby strengthening the argument for these issues to be addressed as a basis for adaptation action. This will increase the likelihood that SRHR will be considered and addressed in efforts to manage climate risks while also avoiding unintended negative impacts on SRHR from adaptation actions. Actors involved in NAP processes may require targeted guidance for vulnerability assessments and gender analyses to ensure that the appropriate lines of inquiry on SRHR are pursued.

Recommendation #3: Promote collaboration among the government entities responsible for the NAP process, gender equality, and health.

Another key step in NAP processes is the establishment of institutional arrangements for coordination of adaptation action across government structures and levels. The makeup of these central coordination mechanisms has a strong influence over the framing of adaptation issues and the priorities identified, so it is important that both gender and health actors are included to ensure the right mix of expertise across the decision-making process. By coming to a common understanding of the challenges and identifying solutions together, collaborative approaches can be pursued that address multiple objectives. Given the limited attention to SRHR issues in the various adaptation plans reviewed, a concerted effort is needed to include the right actors in such a group to ensure that these issues are brought forward. This may include, for example, the government entities responsible for gender equality and for sexual and reproductive health services.

Recommendation #4: Facilitate involvement of gender and women's health actors, including women-led CSOs, as stakeholders in the NAP process.

NAP processes are participatory, involving cross-government coordination as well as engagement of stakeholders from civil society, the private sector, and academia. These stakeholder engagement processes are essential in ensuring that the issues of concern to different groups are addressed in adaptation decision making. For stakeholder engagement processes to be effective, they should be guided by the principles of gender equity and inclusion (NAP Global Network & UNFCCC, 2019). This has implications for how opportunities to participate are organized and communicated, where dialogues are organized, and how they are facilitated. Efforts to engage stakeholders in the NAP process should encourage the involvement of women-led CSOs, SRHR advocates, and researchers working on women's health issues, who are well-placed to bring

forward SRHR issues in discussions about climate change. Further, these processes must be inclusive of diverse stakeholders, including different age groups and people of underrepresented SOGIESC, to ensure that specific needs and priorities are addressed in decision making.

Recommendation #5: Support systemic approaches to adaptation in the health sector.

Given the high degree of priority placed on the health sector in NAP processes—as well as the COVID-19 pandemic, which is highlighting the weaknesses in health systems—we can expect that adaptation in the health sector will receive increased attention in the coming years. With increased investment in adaptation in the sector comes an opportunity to work toward more integrated approaches that address broader health system resilience, including sexual and reproductive health services. The WHO guidance for adaptation planning in the health sector identifies the key components for building climate resilience in health systems, focusing on foundational components, information, and risk management (WHO, 2014a). These include a number of areas where SRHR issues could be addressed. For example, the assessment and research components could consider sexual and reproductive health issues alongside other health concerns to better understand systemic barriers to the realization of SRHR and how these exacerbate vulnerability to climate change. Efforts to strengthen public health services and systems, one of the foundational components, should address gaps in sexual and reproductive health information and services. The emergency preparedness and management component must ensure support for SRHR during and after climate-related disasters (see Recommendation #6 for more details). These are just a few examples, but they highlight how a systemic approach to adaptation in the health sector can support SRHR, while also directly confronting climate risks to health.

Recommendation #6: Align NAP processes with other gender and health-related policies and plans.

Though we are not yet seeing many specific examples of alignment of NAPs with SRHR-related policies, the links to the SDGs and to existing gender and health policies provide a potential opening for this. This is particularly true in cases where the gender and/or health policies specifically address SRHR issues. As countries move into the implementation of adaptation actions in the health sector, these linkages become increasingly important, to maximize synergies and reduce duplication of efforts. Promoting greater alignment of NAP processes with gender and health policies, for example, will help ensure that existing analysis on GBV and gaps in sexual and reproductive health services can inform adaptation planning efforts. Similarly, some priority actions to address SRHR identified in health plans may help build the resilience of health systems to climate change, thereby advancing the objectives of the NAP process. Recognizing the observed disconnect between health sector NAPs and overarching NAPs, greater integration of sector-

specific planning processes with broader NAP processes would help ensure coherence. Overall, ensuring alignment of relevant policies and plans can help ensure that adaptation actions connect with and build on efforts to promote SRHR.

Recommendation #7: Strategically combine different sources of finance to promote integrated approaches to resilience that address the linkages between SRHR and climate change.

Adaptation finance will not be sufficient to address all of the factors that undermine resilience to climate change. Consequently, to maximize the impact of adaptation finance, it must be strategically combined with and supported by other sources of finance—for example, health funding—that address the underlying causes of vulnerability, including gender inequality and the denial of SRHR. For example, an adaptation initiative that aims to support climate-resilient livelihoods at the community level could be implemented in conjunction with a program that is promoting female literacy and voluntary use of contraceptives. The latter activities would help remove barriers to women's participation in the livelihoods program, toward more gender-equitable outcomes. As highlighted in Recommendation #2, intersectional vulnerability assessments and gender analysis are essential to identify opportunities for this type of integrated approach. Better tracking of finance oriented toward different objectives is needed, both for accountability and to assess where synergies can be maximized toward increased impact.

Recommendation #8: Integrate gender and SRHR in M&E systems for adaptation.

The NAP process offers an unprecedented opportunity to establish a coordinated system to track progress in implementing adaptation actions and reducing vulnerability to climate change over time. Governments are at varying stages of establishing M&E systems for their NAP processes. While there are some examples of efforts to integrate gender considerations in these systems, these efforts are nascent, and more work is needed (Dazé, 2020a). The establishment of gender-responsive M&E systems for adaptation presents an opening to ensure that these systems capture differential impacts of adaptation actions for different groups, applying an SRHR lens where relevant and possible. Tracking gendered impacts of adaptation actions in the health sector, including those related to SRHR, will help build the evidence base on the linkages between SRHR and climate resilience, as well as to identify any unintended negative impacts of adaptation actions on SRHR.

7.0 Conclusions

Though SRHR issues have not received significant attention in NAP processes to date, they represent an important consideration in building resilience to climate change, particularly to ensuring equitable benefits for girls, women, and people of diverse genders and sexual orientations. The impacts of climate change will negatively affect SRHR, making investments in this area even more essential. At the same time, denial of SRHR represents a barrier to engagement in climate action, by limiting educational and livelihood opportunities, reducing access to information and services, and inhibiting participation in politics and community affairs. These barriers are highest for girls and women, as well as for people who face other forms of discrimination, based on age, disability, Indigeneity, race, sexual orientation, or other factors. Given the close linkages between SRHR and advancing gender equality, these issues should be considered in a gender-responsive approach to the NAP process.

With increased investment in adaptation in the health sector, there is an opportunity to take a systemic approach that addresses SRHR alongside other concerns related to climate change and health, utilizing existing guidance on gender and health in NAP processes. This requires increased analysis of the linkages between SRHR and climate change, as well as more attention to monitoring & evaluation, to build the evidence base for better informed decision making in this area. NAP processes can bring the right actors together to identify integrated solutions that link adaptation actions with investments in SRHR and gender equality to promote more equitable outcomes. Actions to increase the resilience of health systems—if implemented in an inclusive and gender-responsive manner—can help ensure access to sexual and reproductive health information and services, including during crises. The realization of SRHR provides a foundation for resilience to climate change, enabling people to engage in climate action and improve their well-being over time.

References

- Asian-Pacific Resource & Research Centre for Women (ARROW). (2014). *Scoping study: Identifying opportunities for action on climate change and sexual and reproductive health and rights in Bangladesh, Indonesia, and the Philippines*. Asian-Pacific Resource & Research Centre for Women. <https://arrow.org.my/wp-content/uploads/2015/04/Climate-Change-and-SRHR-Scoping-Study-Working-Paper-2014.pdf>
- Asian-Pacific Resource & Research Centre for Women. (2017a). *Sexual and reproductive health and rights: Key to building disaster resilience*. Asian-Pacific Resource & Research Centre for Women. <https://arrow.org.my/publication/srhr-disaster/>
- Asian-Pacific Resource & Research Centre for Women. (2017b). *Sex, rights, gender in the age of climate change*. Asian-Pacific Resource & Research Centre for Women. <https://arrow.org.my/publication/sex-rights-gender-age-climate-change/>
- Bahadur, A., Peters, K., Wilkinson, E., Pichon, F., Gray, K. & Tanner, T. (2015). *The 3As: Tracking resilience across BRACED*. Working and discussion papers. Overseas Development Institute. <https://www.odi.org/publications/9840-3as-tracking-resilience-across-braced>
- Behrman, J., & Weitzman, A. (2016). Effects of the 2010 Haiti earthquake on women's reproductive health. *Studies in Family Planning*, 47(1), 3–17. <https://doi.org/10.1111/j.1728-4465.2016.00045.x>
- Benjamin, G. (2016). Shelter in the storm: Health care systems and climate change. *The Milbank Quarterly*, 94(1), 18–22. Retrieved June 28, 2020, from www.jstor.org/stable/24869148
- Center for Climate Change and Health. (2016). *Special focus: Climate change and pregnant women*. <http://climatehealthconnect.org/wp-content/uploads/2016/09/PregnantWomen.pdf>
- Center for International Forestry Research (CIFOR) & CGIAR. (2015). *Gender and climate change: Evidence and experience*. www.jstor.org/stable/resrep01985
- Colombo, F. (2020). *Resilient health systems: What are we learning from the COVID-19 crisis*. The OECD Forum Network. <https://www.oecd-forum.org/posts/64973-resilient-health-systems-what-we-are-learning-from-the-covid-19-crisis>
- Dazé, A. (2020a). *Advancing gender-responsive climate action through National Adaptation Plan (NAP) processes (NAP Global Network synthesis report 2019–2020)*. International Institute for Sustainable Development. <http://napglobalnetwork.org/resource/gender-responsive-nap-processes-synthesis-report-2019-2020/>
- Dazé, A. (2020b). *Unpacking gender-responsive adaptation finance: Key issues and the way forward*. NAP Global Network Blog. <http://napglobalnetwork.org/2020/03/unpacking-gender-responsive-adaptation-finance-key-issues-and-the-way-forward/>

- Dazé, A. & Dekens, J. (2018). *Towards gender-responsive NAP processes: Progress and recommendations for the way forward* (NAP Global Network Synthesis Report, 2017–2018). <http://napglobalnetwork.org/resource/towards-gender-responsive-nap-processes-progress-recommendations-way-forward/>
- Dekens, J. (2017, December). *Strengthening gender considerations in Kiribati's National Adaptation Plan (NAP) process*. NAP Global Network. <http://napglobalnetwork.org/wp-content/uploads/2017/12/napgn-en-2017-strengthening-gender-considerations-kiribatis-nap-process.pdf>
- Department of Health, Republic of South Africa (2014). *National Climate Change and Health Adaptation Plan 2014-2019*. <https://www.health.gov.za/>
- Federal Democratic Republic of Ethiopia. (2019). *Ethiopia's climate resilient green economy: National Adaptation Plan*. <https://www4.unfccc.int/sites/NAPC/Documents/Parties/Final%20Ethiopia-national-adaptation-plan%20%281%29.pdf>
- Federal Ministry of Health, Ethiopia. (2018). *National Health Adaptation Plan to Climate Change*. <https://www.who.int/globalchange/resources/wash-toolkit/national-health-adaptation-plan-to-climate-change.pdf>
- Fiji Ministry of Health (2015). *KAILA! Pacific Voice for Action on Agenda 2030: Strengthening climate change resilience through women's, children's and adolescent health*. https://asiapacific.unfpa.org/sites/default/files/pub-pdf/Kaila%20Book_AZ.pdf
- Government of Grenada. (2018). *National Climate Change Adaptation Plan (NAP) for Grenada, Carriacou and Petite Martinique 2017-2021*. Ministry of Climate Resilience, the Environment, Forestry, Fisheries, Disaster Management and Information. https://www4.unfccc.int/sites/NAPC/Documents/Parties/Grenada_National%20Adaptation%20Plan_%202017-2021.pdf
- Government of Kiribati. (2019). *Kiribati Joint Implementation Plan for Climate Change and Disaster Risk Management*. <http://napglobalnetwork.org/wp-content/uploads/2019/09/Kiribati-Joint-Implementation-Plan-for-Climate-Change-and-Disaster-Risk-Management-2019-2028.pdf>
- Government of the Republic of Fiji. (2018). *Republic of Fiji National Adaptation Plan: A pathway towards climate resilience*. https://www4.unfccc.int/sites/NAPC/Documents/Parties/National%20Adaptation%20Plan_Fiji.pdf
- Government of Saint Lucia. (2018). *Saint Lucia's National Adaptation Plan (NAP): 2018–2028*. Department of Sustainable Development, Ministry of Education, Innovation, Gender Relations and Sustainable Development. <https://www4.unfccc.int/sites/NAPC/Documents/Parties/SLU-NAP-May-2018.pdf>
- Government of Saint Vincent and the Grenadines (2019). *National Adaptation Plan for Saint Vincent and the Grenadines*. https://www4.unfccc.int/sites/NAPC/Documents/Parties/FINAL%20NAP_SVG_Approved.pdf

- Government of Suriname. (2019). *Suriname National Adaptation Plan*. https://www4.unfccc.int/sites/NAPC/Documents/Parties/Suriname%20Final%20NAP_apr%202020.pdf
- Hammill, A. (2020). *Resilient Recovery: Using climate adaptation plans to build back better*. International Institute for Sustainable Development. <https://www.iisd.org/blog/climate-adaptation-stimulus>
- Hammill, A., Dazé, A., & Dekens, J. (2019). *The National Adaptation Plan (NAP) process: Frequently asked questions*. International Institute for Sustainable Development. <http://napglobalnetwork.org/resource/the-national-adaptation-plan-nap-process-frequently-asked-questions/>
- Health Care Without Harm. (2018). *Safe haven in the storm: Protecting lives and margins with climate-smart health care*. Health Care Without Harm. <https://noharm-uscanada.org/sites/default/files/documents-files/5146/Safe%20Haven.pdf>
- Heidari, S., Onyango, M.A., & Chynoweth, S. (2019). 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* 27(1), 343–345. <https://doi.org/10.1080/26410397.2019.1676513>
- Hurlbert, M., Krishnaswamy, J., Davin, E., Johnson, F. X., Mena, C. F., Morton, J., ... Zommers, Z. (2019). Chapter 7: Risk management and decision making in relation to sustainable development. In R. Rodrigues & B. L. Turner II (Eds.), *IPCC special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems*. https://www.ipcc.ch/site/assets/uploads/sites/4/2019/11/10_Chapter-7.pdf
- Inter-Agency Working Group on Reproductive Health in Crises (2019). *Quick reference for the minimum initial service package (MISP) for sexual and reproductive health (SRH)*. <https://iawg.net/resources/misp-reference>
- Intergovernmental Panel on Climate Change (IPCC). (2014). *Climate change 2014: Synthesis report. Contribution of Working Groups I, II and III to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change* [Core Writing Team, R.K. Pachauri and L.A. Meyer (eds.)]. IPCC.
- Intergovernmental Panel on Climate Change. (2018). Annex I: Glossary. Matthews, J.B.R. (Ed.). In *Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty* [V. Masson-Delmotte, P. Zhai, H.-O. Pörtner, D. Roberts, J. Skea, P.R. Shukla, A. Pirani, W. Moufouma-Okia, C. Péan, R. Pidcock, S. Connors, J.B.R. Matthews, Y. Chen, X. Zhou, M.I. Gomis, E. Lonnoy, T. Maycock, M. Tignor, and T. Waterfield (Eds.)].

- International Planned Parenthood Federation (IPPF). (2015). *Sexual and reproductive health and rights – the key to gender equality and women's empowerment*. <https://www.ippfen.org/sites/ippfen/files/2016-12/Vision%202020%20Gender%20Report.pdf>
- Le Masson, V. (2016). *Gender and resilience: From theory to practice* (BRACED working paper). Overseas Development Institute. <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/10224.pdf>
- Le Masson, V., Benoudji, C., Sotelo Reyes, S. & Bernard, G. (2019). How violence against women and girls undermines resilience to climate risks in Chad. *Disasters*, 43(S3), S245–S270. <https://doi.org/10.1111/disa.12343>
- Mbow, C., Rosenzweig, C., Barioni, L.G., Benton, T.G., Herrero, M., Krishnapillai, M., Liwenga, E., Pradhan, P., Rivera-Ferre, M.G., Sapkota, T., Tubiello, F.N., & Xu, Y. (2019). Chapter 5: Food security. In: *IPCC Special report on climate change, desertification, land degradation, sustainable land management, food security, and greenhouse gas fluxes in terrestrial ecosystems* (N. Benkeblia, A. Challinor, A. Khan, & J. Porter (Eds.)).
- Ministère de l'Environnement et des Ressources Halieutiques, Burkina Faso (2015). *Plan National d'Adaptation (PNA) aux Changements Climatiques de Burkina Faso: Volume principal*. https://www4.unfccc.int/sites/NAPC/Documents/Parties/PNA_Version_version%20francaise%20finale%20BF.pdf
- Ministerio del Ambiente, Peru. (2015). *Plan de acción en género y cambio climático* [in Spanish]. <http://www.minam.gob.pe/cambioclimatico/wp-content/uploads/sites/11/2015/12/PLAN-G%C3%A9nero-y-CC-16-de-JunioMINAM+MIMP.pdf>
- Ministry of Environment, Brazil. (2016). *National Adaptation Plan to Climate Change. Volume I: General Strategy*. <https://www4.unfccc.int/sites/NAPC/Documents/Parties/Brazil%20NAP%20English.pdf>
- Ministry of Health and Medical Services, Fiji. (2016). *Climate Change and Health Strategic Action Plan 2016-2020: Building climate resilient health system in Fiji*.
- Ministry of Mahaweli Development and Environment, Sri Lanka. (2016). *National Action Plan for Climate Change Impacts in Sri Lanka*. <https://www4.unfccc.int/sites/NAPC/Documents%20NAP/National%20Reports/National%20Adaptation%20Plan%20of%20Sri%20Lanka.pdf>
- NAP Global Network & United Nations Framework Convention on Climate Change. (2019). *Toolkit for a gender-responsive process to formulate and implement National Adaptation Plans (NAPs)*. Dazé, A., & Church, C. (lead authors). International Institute for Sustainable Development. www.napglobalnetwork.org
- National Institute of Allergy and Infectious Diseases (NIAID). (2015). *Sexually transmitted diseases*. National Institutes of Health, National Institute of Allergy and Infectious Diseases. <https://www.niaid.nih.gov/diseases-conditions/sexually-transmitted-diseases#:~:text=In%20addition%2C%20STDs%20can%20cause,infants%20born%20to%20infected%20mothers.>

- Organisation for Economic Co-operation and Development (OECD). (2020). *Common ground between the Paris Agreement and the Sendai Framework: Climate change adaptation and disaster risk reduction*. OECD Publishing. <https://doi.org/10.1787/3edc8d09-en>
- Ospina, A. (2018). *Monitoring and evaluation in the NAP process: Opportunities, challenges and emerging solutions* (Overview brief). NAP Global Network. <http://napglobalnetwork.org/resource/snapshot-monitoring-evaluation-nap-process-opportunities-challenges-emerging-solutions/>
- Population Reference Bureau (2016). *Fostering economic growth, equity and resilience in Sub-Saharan Africa: The Role of Family Planning*. Written by Husain, I., Patierno, K., Zosa-Feranil, I. & Smith, R. <https://www.prb.org/economic-growth-equity-ishrat/>
- Price-Kelly, H., Hammill, A., Dekens, J., Leiter, T. & Olivier, J. (2015). *Developing national adaptation monitoring & evaluation systems: A guidebook*. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and IISD. <http://napglobalnetwork.org/resource/developing-national-adaptation-monitoring-and-evaluation-systems-a-guidebook/>
- Republic of Kenya Ministry of Environment and Natural Resources (2016). *Kenya National Adaptation Plan 2015–2030: Enhanced climate resilience towards the attainment of Vision 2030 and beyond*. https://www4.unfccc.int/sites/NAPC/Documents%20NAP/Kenya_NAP_Final.pdf
- Republic of Zambia Ministry of Health. (2019). *Health National Adaptation Plan to Climate Change*. https://www.zm.undp.org/content/zambia/en/home/library/environment_energy/health-national-adaptation-plan-to-climate-change.html
- Secretaría del Ambiente de Paraguay. (2017). *Plan Nacional de Adaptación al Cambio Climático*. Proyecto TCN e IBA. https://www4.unfccc.int/sites/NAPC/Documents/Parties/Plan%20Nacional%20de%20Adaptaci%c3%b3n%20al%20Cambio%20Clim%c3%a1tico_Paraguay_final.pdf
- Selby, D. (2015). Climate change: Reorienting the development agenda. In G. McCann & S. McCloskey (Eds.), *From the local to the global (3rd edition): Key issues in development studies* (pp. 113–131). Pluto Press. <http://doi:10.2307/j.ctt183p5fn.11>
- Sorensen, C., Murray, V., Lemery, J., & Balbus, J. (2018). Climate change and women's health: Impacts and policy directions. *PLoS Med* 15(7): e1002603. <https://doi.org/10.1371/journal.pmed.1002603>
- Starrs, A.M., Ezeh, A.C., Barker, G., Basu, A., Bertrand, J.T., Blum, R., Coll-Seck, A.M., Grover, A., Laski, L., Roa, M., Sathar, Z.A., Say, L., Serour, G.I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C. & Ashford, L.S. (2018). Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher-Lancet Commission. *Lancet* 2018; 391: 2642-92. [http://dx.doi.org/10.1016/S0140-6736\(18\)30293-9](http://dx.doi.org/10.1016/S0140-6736(18)30293-9)

- State of Palestine Environment Quality Authority. (2016). *National Adaptation Plan (NAP) to climate change*. <https://www4.unfccc.int/sites/NAPC/Documents%20NAP/National%20Reports/State%20of%20Palestine%20NAP.pdf>
- United Nations. (1992). *United Nations Framework Convention on Climate Change*. <https://unfccc.int/process-and-meetings/the-convention/what-is-the-united-nations-framework-convention-on-climate-change>
- United Nations. (1995). *Report of the International Conference on Population and Development*. https://www.unfpa.org/sites/default/files/event-pdf/icpd_eng_2.pdf
- United Nations. (2015a). *Transforming our world: The 2030 Agenda for Sustainable Development*. United Nations General Assembly, Seventieth Session, 21 October 2015. https://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E
- United Nations. (2015b). *Sendai Framework for Disaster Risk Reduction 2015-2030*. <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>
- United Nations. (2020). *Policy brief: The impact of COVID-19 on women*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>
- United Nations Environment Program (2018). *The adaptation gap report 2018*. <https://www.unenvironment.org/resources/adaptation-gap-report>
- United Nations Framework Convention on Climate Change (UNFCCC). (2010). *The Cancun Agreements: Outcome of the work of the Ad Hoc Working Group on Long-term Cooperative Action under the Convention (1/CP.16)*. <https://unfccc.int/sites/default/files/resource/docs/2010/cop16/eng/07a01.pdf?download>
- United Nations Framework Convention on Climate Change. (2012). *National adaptation plans: Technical guidelines for the national adaptation plan process* (FCCC/GEN/288 E). UNFCCC. http://unfccc.int/resource/docs/publications/publication_ldc_nap_techguidelines.pdf
- United Nations Framework Convention on Climate Change. (2015). *Paris Agreement*. http://unfccc.int/files/essential_background/convention/application/pdf/english_paris_agreement.pdf
- United Nations Framework Convention on Climate Change. (2019a). *Progress in the process to formulate and implement national adaptation plans: Note by the secretariat* (FCCC/SBI/2019/INF.15). <https://unfccc.int/documents/201852>
- United Nations Framework Convention on Climate Change. (2019b). *Gender and climate change: Enhanced Lima work programme on gender and its gender action plan* (FCCC/CP/2019/L.3). https://unfccc.int/sites/default/files/resource/cp2019_L03E.pdf
- United Nations Framework Convention on Climate Change. (2020). *Nationally Determined Contributions: The Paris Agreement and NDCs*. <https://unfccc.int/process-and-meetings/the-paris-agreement/the-paris-agreement/nationally-determined-contributions-ndcs>

- United Nations Population Fund. (UNFPA). (2015). *Shelter from the storm: A transformative agenda for women and girls in a crisis-prone world*. United Nations Population Fund. https://www.un-ilibrary.org/population-and-demography/state-of-world-population-2015_b793d926-en
- United Nations Population Fund. (2019). *Unfinished business: The pursuit of rights and choices for all*. State of World Population 2019. <https://www.unfpa.org/swop-2019>
- United Republic of Tanzania Ministry of Health, Community Development, Gender, Elderly and Children. (2018). *Health – National Adaptation Plan (H-NAP) to Climate Change in Tanzania 2018-2023*. <https://www.lse.ac.uk/GranthamInstitute/wp-content/uploads/2018/F09/8715.pdf>
- UN Women. (2019). *Promoting gender equality in sexual, reproductive, maternal, newborn, child and adolescent health: Programming guide*. <https://www.unwomen.org/en/digital-library/publications/2019/06/promoting-gender-equality-in-srmncah>
- Vincent, K. E., Tschakert, P., Barnett, J., Rivera-Ferre, M. G., & Woodward, A. (2014). Cross-chapter box on gender and climate change. In C. B. Field et al., *Climate Change 2014: Impacts, adaptation, and vulnerability. Part A: Global and sectoral aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change* (pp. 105–107). Cambridge University Press. https://www.ipcc.ch/site/assets/uploads/2018/02/WGIAR5-PartA_FINAL.pdf
- Watts, N. Amann, M., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Boykoff, M., Byass, P., Cai, W., Campbell-Lendrum, D., Capstick, S., Chambers, J., Dalin, C., Daly, M., Dasandi, N., Davies, M., Drummond, P., Dubrow, R., Ebi, K.L., Eckelman, M.,...Montgomery, H. (2019). The 2019 report of the Lancet Countdown on health and climate change: ensuring that the health of a child born today is not defined by a changing climate. *Lancet* 2019; 394: 1836–78 [https://doi.org/10.1016/S0140-6736\(19\)32596-6](https://doi.org/10.1016/S0140-6736(19)32596-6)
- World Health Organization (WHO). (2014a). *WHO guidance to protect health from climate change through health adaptation planning*. <https://www4.unfccc.int/sites/NAPC/Documents/Supplements/WHO%20H-NAP%202014.pdf>
- World Health Organization. (2014b). *Gender, climate change and health*. https://www.who.int/globalchange/publications/reports/gender_climate_change/en/
- World Health Organization. (2017). *Sexual health and its linkages to reproductive health: An operational approach*. Licence: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf?sequence=1>
- World Health Organization. (2018). *COP24 special report: health and climate change*. <https://www.who.int/globalchange/publications/COP24-report-health-climate-change/en/>
- Women Deliver (2020). *The link between Climate Change and Sexual and Reproductive Health and Rights: An Evidence Review*. <https://womendeliver.org/climate-change-and-srhr>

Annex 1. Overview of NAP Document Reviews

The graphic below presents an overview of the reviews of the 19 overarching NAP documents for Brazil, Burkina Faso, Cameroon, Chile, Colombia, Ethiopia, Fiji, Grenada, Guatemala, Kenya, Kiribati, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Sri Lanka, State of Palestine, Sudan, Suriname, and Togo.

Issue	No. of NAP documents	Countries where the NAP document mentions the issue
Framing of health issues		
Health issues discussed in context sections	19	Brazil, Burkina Faso, Cameroon, Chile, Colombia, Ethiopia, Fiji, Guatemala, Kenya, Kiribati, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Sri Lanka, State of Palestine, Sudan, Suriname, Togo
Health identified as a priority sector for the NAP	19	All
Specific adaptation actions for the health sector identified	19	All
Ministry of Health or its equivalent mentioned	19	All
References to health issues in context section*		
Vector-borne diseases	19	Brazil, Burkina Faso, Cameroon, Chile, Colombia, Ethiopia, Fiji, Guatemala, Kenya, Kiribati, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, Sri Lanka, State of Palestine, Sudan, Suriname, Togo
Water-borne diseases	16	Brazil, Burkina Faso, Cameroon, Chile, Ethiopia, Fiji, Guatemala, Kenya, Kiribati, Paraguay, Saint Lucia, Saint Vincent and the Grenadines, State of Palestine, Sudan, Suriname, Togo
Hunger/malnutrition	11	Brazil, Cameroon, Chile, Ethiopia, Fiji, Guatemala, Kenya, Kiribati, Saint Lucia, State of Palestine, Sudan
	0 5 10 15 20	

Issue	No. of NAP documents	Countries where the NAP document mentions the issue
Injury due to extreme events	8	Brazil, Cameroon, Chile, Ethiopia, Fiji, Kenya, Saint Lucia, Sri Lanka, Suriname
Strengths and weaknesses in the health system	7	Brazil, Chile, Ethiopia, Fiji, Kiribati, Saint Lucia, State of Palestine, Suriname
Heat stress	5	Cameroon, Chile, Saint Lucia, Saint Vincent and the Grenadines, Sri Lanka, Suriname
Mental health issues	5	Brazil, Chile, Fiji, Kiribati, State of Palestine
Non-communicable diseases	5	Brazil, Burkina Faso, Chile, Ethiopia, Fiji
References to SRHR-related issues		
Women identified as a target group for health-related adaptation actions	4	Burkina Faso, Fiji, Kiribati, State of Palestine
Pregnancy, maternal health, or infant care	6	Brazil, Burkina Faso, Kenya, Kiribati, State of Palestine, Sudan, Suriname
Gender-based violence	4	Fiji, Guatemala, Kiribati, Suriname
Contraception and/or family planning	2	Ethiopia, Kiribati
HIV/AIDS	1	Burkina Faso
<p>0 5 10 15 20</p>		

* Only issues identified in more than 25% of the reviewed NAP documents are included.



**NAP
Global
Network**

**Coordinating Climate-Resilient
Development**

www.napglobalnetwork.org

info@napglobalnetwork.org

[@NAP_Network](https://twitter.com/NAP_Network)

[@NAPGlobalNetwork](https://www.facebook.com/NAPGlobalNetwork)



www.womendeliver.org

info@womendeliver.org

[@womendeliver](https://twitter.com/womendeliver)

[@womendeliver](https://www.facebook.com/womendeliver)

[@women_deliver](https://www.instagram.com/women_deliver)



International Institute for
Sustainable Development