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Abstracts

Setting the global scene: Why climate change is a SRHR crisis
by Pernille Fenger (UNFPA)

Climate change is not only an environmental emergency – it is a profound and escalating crisis for sexual and reproductive health and rights (SRHR). As climate-related shocks intensify, they are amplifying existing inequalities and placing the greatest burden on those least responsible: women, girls, and marginalized communities. UNFPA highlights that climate change acts as a "threat multiplier," deepening vulnerabilities across health systems, livelihoods, and human rights. From rising temperatures that increase risks of maternal and neonatal complications, to extreme weather events that disrupt access to essential health services, the climate crisis is already undermining the ability of millions to exercise their reproductive rights safely and with dignity. Displacement, food and water insecurity, and weakened infrastructure further expose women and girls to gender-based violence, child marriage, and unintended pregnancies. Yet, despite clear evidence, SRHR remains insufficiently integrated into global climate policies and financing. This keynote will set the global scene by unpacking the critical intersections between climate change, gender equality, and SRHR, and by making the case for a rights-based, gender-responsive approach to climate action. Placing women and girls at the centre of climate solutions is not only a matter of justice – it is essential for building resilient communities and achieving sustainable development. The time to act is now: addressing climate change without addressing SRHR is not only ineffective, but unjust.

Research and research gaps in climate change and SRHR
by Vanessa Brizuela (WHO)

Climate change is one of the most serious threats to global health and its effects on sexual and reproductive health and rights (SRHR) are wide-ranging from adverse maternal and perinatal outcomes linked to extreme heat and flooding, to increased incidence of gender-based violence in the aftermath of climate shocks, to disrupted access to contraceptive and abortion care when health systems are overwhelmed. Evidence from a scoping review we completed in 2024 confirming the breadth of these associations while also documented critical evidence gaps, particularly for abortion care, contraception and broader sexual health issues. Evidence is especially sparse for studies applying an intersectional lens that accounts for how gender, age, disability, poverty and migration status interact with climate exposure to shape SRHR outcomes. In particular, evidence portraying people's lived experiences in these contexts. Based on these findings, and an expert consultation completed in 2023, a research prioritization exercise was conducted in 2024 leading to a list of ten priority research questions at the intersection of climate-related events and SRHR. In that process, experts identified participatory and mixed methods as the most appropriate approaches for generating the evidence needed. Evidence has also shown that while some National Adaptation Plans (NAP) and Health National Adaptation Plans (HNAP) include SRHR components, none addresses SRHR comprehensively. The above is the basis for research we are initiating in this space.

Effect of heat on maternal, newborn and child health: from research to interventions
by Jeroen de Bont, (Karolinska Institute) (online)

Extreme heat is an increasing threat to the health of pregnant women, newborns, and children, and this risk is expected to grow as climate change accelerates. While research linking high temperatures to adverse health outcomes is rapidly expanding, differences in study methods and data make it challenging to compare findings across regions. At the same time, women particularly during pregnancy and after birth have often been overlooked in climate adaptation efforts, despite their increased vulnerability. In this talk, I will provide an overview of what we currently know about how heat affects maternal and child health, drawing on findings from the HIGH Horizon study. This international research examines both short- and long-term impacts of heat exposure across diverse regions, including Africa, Europe, and Latin America and the Caribbean. I will also share key insights on

practical interventions and adaptation strategies that can help reduce heat-related risks and protect mothers and children, informed by a comprehensive evidence review conducted by the World Health Organization.

Climate Change, Gender and SRHR in The Gambia: Local Realities and Challenges
by Fatou Jeng (Plant-for-the-Planet, UNFPA Youth Representative)

The Gambia sits at the crossroads of two of the most pressing global challenges of our time: climate change and gender inequality. As one of the 100 most vulnerable countries to climate change and among the 10 most at-risk nations for coastal erosion and sea-level rise, The Gambia faces mounting environmental threats that disproportionately affect women, girls, and marginalized groups. This presentation examines the intersecting vulnerabilities of climate change, gender, and Sexual and Reproductive Health and Rights (SRHR) within the Gambian context. Drawing on The Gambia Climate Change and Gender Country Profile research work that was conducted by Fatou Jeng and submitted to the UNFPA, it analyses policy frameworks including the National Gender Policy (2010–2020) and the updated Nationally Determined Contribution (NDC2, 2021), revealing critical gaps in addressing gender-specific climate impacts. Key themes include gender-based violence, child/early marriage, maternal mortality, food insecurity, and water scarcity as climate-amplified risks. The presentation calls for gender-responsive, rights-based climate adaptation and accountability mechanisms in national policy and implementation.

Missing from the Evidence, Missing from the Response: Disability in Climate-SRHR Programming
by Alessandra Aresu (Handicap International)

The triple planetary crisis—climate change, biodiversity loss, and pollution—poses growing and interconnected threats to sexual and reproductive health and rights (SRHR). Climate-related shocks and slow-onset changes disrupt access to essential SRHR services, particularly in disaster- and crisis-affected settings where health systems are already fragile. Rising temperatures and heat exposure increase risks to maternal health, including preeclampsia and preterm birth, while humanitarian crises and displacement heighten exposure to sexual and gender-based violence. These impacts disproportionately affect populations who already face structural barriers to SRHR, including women and girls with disabilities. Beyond direct health impacts of climate change, climate adaptation and mitigation strategies also shape SRHR outcomes for vulnerable populations. While some approaches, such as those that promote gender equality, disability inclusion and access to SRHR, can strengthen resilience and enable participation in climate action, others risk exacerbating vulnerabilities when gender equality, SRHR and disability inclusion are overlooked. Gaps in the realization of SRHR increase susceptibility to climate impacts and limit individuals' ability to adapt and contribute to sustainable solutions. Ensuring gender responsive and inclusive SRHR, particularly for women and girls with disabilities, is therefore both a rights-based imperative and a resilience-building strategy. Humanity & Inclusion (HI) conducted a study desk review to explore the intersection between SRHR and the triple planetary crisis, with a specific focus on women and girls with disabilities, to orient evidence-based interventions. The review was not intended as a comprehensive academic analysis, but rather as a starting point for a broader, practitioner-led reflection, helping to structure and validate concerns regarding the persistent invisibility of women and girls with disabilities in climate-related SRHR evidence and programming. Building on this initial reflection, HI has initiated an action-oriented process to work towards closing this gap, including convening a multidisciplinary group of experts and undertaking qualitative explorations of access to health services, including SRHR, among women with disabilities in Kenya and Uganda. While these steps are critical, significant evidence and practice gaps remain. This abstract therefore aims to both share about the paucity of research at this intersection and about on-the-ground experience and invite collective action to advance climate-resilient, gender-responsive, and disability-inclusive SRHR.

Bar Talk: Climate change, water insecurity and women's sexual and reproductive health in rural Nepal: insights from an anthropological study
by Nicole Guillaume (University of Lausanne) and Mouna Al Amine (Enfants du Monde)

Climate change is increasingly recognized as a major determinant of health, yet its impacts on sexual and reproductive health and rights (SRHR) remain insufficiently understood. Nepal is highly vulnerable to climate change, particularly in its mountainous regions, where irregular rainfall, landslides, and environmental degradation are becoming more frequent. These changes disproportionately affect women, who carry primary

responsibility for water collection, household care, and agricultural work, exposing them to heightened health risks. To better understand these dynamics, a qualitative anthropological study was conducted in Dolakha district by the University of Lausanne in collaboration with Enfants du Monde and Green Tara Nepal. The study explored how climate-related environmental changes, especially water insecurity, affect the daily lives and health of young women. Findings show that climate variability is primarily experienced through disruptions in water availability and quality, which interact with existing structural inequalities such as poverty, caste hierarchies, and limited infrastructure. These combined factors contribute to a range of SRHR-related health risks, including infections, difficulties in menstrual hygiene, skin diseases, increased workload, and barriers to accessing health services. Women described multiple coping strategies, but also a lack of preparedness for increasingly unpredictable rainfall patterns. Overall, the study highlights that climate change affects SRHR through complex, indirect pathways and underscores the importance of integrating lived experiences into climate adaptation and health policies. It also informs an ongoing pilot project aimed at strengthening community–municipality dialogue, improving preparedness, and reinforcing health system responses to climate-related health risks affecting women and girls.

SRHR risks in climate- vulnerable settings – an example from Bangladesh
by Tanzila Ahmed Zisa (Swiss Red Cross Bangladesh) (online)

Climate change poses an escalating threat to sexual and reproductive health (SRH), particularly in low-lying and disaster-prone regions such as Bangladesh. Women and girls in marginalized and remote communities are disproportionately affected by recurrent floods, cyclones, river erosion, and seasonal displacement, which severely disrupt access to essential health services. Under the JAMUNA project, supported by the Swiss Red Cross and implemented with local partners, an assessment was conducted across 24 community clinics along the Jamuna River Basin. The study examined how climate change affects reproductive health service delivery, with a focus on infrastructure, accessibility, human resources, and Water, Sanitation and Hygiene (WASH) conditions. Findings show that climate shocks frequently render community clinics inaccessible or non-functional during emergencies, making it particularly difficult for pregnant women and other vulnerable groups to access timely care. Transportation barriers, fragile clinic infrastructure, staffing shortages, and limited training in skilled birth attendance further weaken service provision. In addition, inadequate WASH facilities and frequent disruptions in electricity and medical supplies increase health risks, including infections and unsafe delivery conditions. These challenges are compounded during disasters, when referrals are delayed and many women are forced to rely on home births or traditional care. Overall, the assessment highlights that climate change is not only a health risk but a systemic stressor on already fragile reproductive health systems. It underscores the urgent need for climate-resilient, inclusive, and well-resourced health services that ensure continuous access to SRH care, particularly for women and girls in climate-vulnerable settings.

From Waste to Dignity: Rethinking Menstrual Health in a Changing Climate
by Emily Au-Young, Reemi (online)

Efforts to improve sustainability in menstrual health have often focused on material innovation, prioritising biodegradable or compostable products. However, evidence from humanitarian and resource constrained settings suggests that this approach alone is insufficient. This presentation draws on Reemi's experience designing reusable menstrual health solutions across diverse contexts, alongside emerging sector evidence, to challenge material centric definitions of sustainability. Initial product development prioritised low impact materials, but feedback from community and local design partners highlighted different priorities. Fast drying, durability and discretion were critical to whether a product could be consistently used. Life cycle assessment provides a useful lens to understand this shift. While reusable products may have a higher upfront environmental footprint, their impact per use decreases significantly when used over time. By contrast, disposable products generate repeated waste streams, particularly in settings with limited waste management infrastructure. These benefits depend entirely on sustained adoption. Evidence from Reemi's programmes reinforces this. In Somalia, 89 percent of users continued using the product after 12 months, while evaluations in Gaza show adoption increasing to near universal use over time. The presentation argues for a broader framing of sustainability that prioritises real world use, longevity and context appropriate design.

Gender, disability and climate justice
by Pascal Frischknecht (CBM Schweiz)

Climate change not only causes environmental emergencies but also intensifies existing inequalities. Women with disabilities are among those most severely affected. Evidence from the study Climate Inclusion Through Our Lens, co-created with organizations of persons with disabilities (OPDs) in Nepal, shows how discrimination based on factors like gender, disability, indigeneity, and poverty intersect to heighten risks. Extreme events linked to climate change deepen daily barriers: inaccessible warning systems, evacuation routes, and health services limit preparedness and safe recovery. Disrupted infrastructure affects SRHR, while a lack of accessible water points and long travel distances raise the risk of gender-based violence. Structural discrimination further undermines autonomy and long-term resilience. Despite this, women with disabilities show strong agency and contribute practical solutions for inclusive adaptation. The recommendations resulting from the study call for shifting power toward meaningful participation and co-decision-making by women with disabilities and their representative organizations in climate action. CBM's approach puts this into practice through close cooperation with OPDs. In Nepal, OPDs identify affected individuals, shape policies, advise on inclusive Disaster Risk Reduction (DRR), and strengthen local governance. CBM supports capacity building of Persons with Disabilities in advocacy skills, accessibility audits, public awareness work, and collaboration with authorities to ensure that climate adaptation and recovery efforts integrate disability inclusion and gender perspectives from the start.

SRHR as a Climate Adaptation & Justice Strategy
by Meghna Joshi-von Heyden & Bárbara Battistotti Vieira (Women in Global Health Switzerland Core Group)

Climate change increasingly affects sexual and reproductive health and rights (SRHR), contributing to a wide range of health challenges, including poor menstrual hygiene, unintended pregnancies, maternal and newborn complications, gender-based violence, and increased vulnerability to HIV and other infections. These impacts are amplified by existing gender inequalities and barriers to health services. While women and girls are often seen primarily as those most affected, their role as actors and leaders particularly female health care providers—remains underrecognized in climate and health decision-making. Yet, they are often on the frontline of climate-related crises, ensuring continuity of SRHR and maternal care, and drawing on strong community trust and contextual knowledge. However, their participation in formal climate governance and adaptation planning remains limited due to structural barriers, including gender norms and lack of institutional recognition. Overall, the evidence highlights the importance of strengthening women's leadership in health systems as a key strategy for building resilient, gender-responsive, and climate-adaptive SRHR services.
