



**WOMEN'S MAJOR GROUP
STATEMENT TO THE 3RD GLOBAL SIDS CONFERENCE PREP-COM 2*
AFTERNOON SESSION 26 JUNE, 2013, UNHQ, New York
*IN RESPONSE TO NEGOTIATIONS, ON REQUEST OF CHAIR/STATES**

Distinguished Co-chairs, delegates, Major Groups, CSOs and friends,

At this point and focused on specific input as requested by the Co-chairs, WMG are raising just three key issues as discussed in open plenary this afternoon, with fuller comments on state of the text tomorrow afternoon at the Closing.

As concerns para pre 35 and 35, on the issue of causality links between disasters and climate change we call for the full retention of the pre-para, as is, with no qualifiers.

The latest IPCC report does not say that there are NO causality links established between disasters and climate change. It says that it is still early to scientifically confirm DIRECT causality because these are complex systems and there is still longterm work to be done for scientific certainty, as for many aspects of climate change even while having full clarity on the major elements of anthropogenic origins and causality. But this is nowhere near the position heard earlier today, from one State.

Additionally, and more important than even direct causality being established, this para affirms that SIDS, by virtue of their recognised complex and vulnerable characteristics, and already long-observed and agreed current experience of climate change impacts, thereby experience exacerbated disaster risks.

The **EMDAT Disaster Database**, for example, shows a clear increase in the number of natural disasters occurring in the SIDS between 1970 and 2010. Over 110 and 187 disasters affected the Pacific and Caribbean regions, respectively, between 2000 and 2011 (UNISDR 2013). The World Risk Index presented in the 2012 World Risk Report (UNU 2012) also identifies global disaster risk hotspots where high exposure to natural hazards and climate change coincides with very vulnerable societies. So among the 15 countries with the highest risk worldwide, eight are small island states. Moreover, the impacts of these events are intensified in SIDS, due to negative synergies between population increase, environmental degradation, inappropriate environmental engineering and construction, climate change and sea level rise (Thaman 2013).

So the Women's Major Group urges States to agree to paragraph #pre 35 unchanged, and to ensure clear formulation of this section linking DRR and climate change.

Secondly, on questions from the floor on definitions of 'universal health coverage', this is defined by the World Health Organisation as 'ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardship when paying for these services.'¹

Further though, we clearly affirm that women's health is critical for core agency and all human rights, and overall community wellbeing. The condition of subordination and inequality experienced by girls and women can place them in situations where their overall ability to claim their rights to universal healthcare systems and services, and their ability to exercise their sexual and reproductive rights are drastically compromised. Despite some progress in SIDS, girls and women still lack the information and means to realize our personal and bodily autonomy.

For these reasons alone, the international community has, as a moral imperative, to measure better the effectiveness, accessibility and quality of health programs,

¹ http://www.who.int/healthsystems/universal_health_coverage/en/

with specific attention to sexual and reproductive health and rights (SRHR), with no qualifications. This also necessitates participatory and social accountability approaches, so that women are able to influence those areas that require sustained political, social and financial investments. We therefore also see it as critical to include UNFPA and UNWomen in the list of organisations in sub-para b of para 56. And we thank Norway for raising this issue.

In closing, we acknowledge both G77 and EU for raising in this afternoon session that it is important both to specifically make reference to gender equality and human rights through a dedicated section, and mainstreamed through the text. We therefore call for this to be clearly reflected in the 'S.A.M.O.A Pathway' Outcome document through the specific inclusion of references to gender equality normative agreements of Beijing Platform for Action and ICPD Programme of actions and follow-up agreements, including the ICPD Plus Five Key Actions, Beijing Plus Five, ICPD Plus Ten, CPD and CSW resolutions, etc – All this long agreed by States, including SIDS. As you know, this is important for SIDS women in order to ensure non-regression, and we look forward to seeing this reflected in the text.

In another important gender reference, we recall the suggestion to make reference to unpaid care work, including from agreed language. So noting that the most recent CSW58 agreed conclusion referred to the need to, “Recognize, reduce and redistribute unpaid care and domestic work through shared responsibility between women and men in households and between households and the state through the provision of social services and infrastructure.”

Thank you for your attention.

Contact: noelenen@gmail.com