30 October 2015

OHCHR
52 rue des Pâquis
CH-1201 Geneva
Switzerland

Response to request for input to the Human Rights Council Resolution on Human Rights and Climate Change via questionnaire

1. Please describe, in your view, the relationship between climate change and the enjoyment of the right to health and any human rights obligations to mitigate and adapt to climate change that can be derived therefrom

The Committee on the Rights of the Child, in its General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health (17 April 2013, U.N. Doc. CRC/C/GC/15), identified climate change as one of the biggest threats to children’s health, stating that it exacerbates health disparities.

Climate change impacts, as the increase in frequency and magnitude of climate related disasters, but also gradually occurring impacts such as spreading of vector borne diseases, water scarcity and sea level rise are already taking place. Through these impacts, climate change undermines children’s basic rights to health (e.g. Art 24 Convention on the Rights of the Child (CRC)), and their right to life, survival and development (Art 6 CRC). In order to respect, protect and fulfill children’s right to health as enshrined in the CRC, governments and development partners therefore need to urgently both act to address the root causes of climate change as well as prioritize children in their adaptation efforts.

In its 2009 General Comment on indigenous children and their rights under the Convention on the Rights of the Child, the Committee on the Rights of the Child urged that “States parties should closely consider the cultural significance of traditional land and the quality of the natural environment while ensuring the children’s right to life, survival and development to the maximum extent possible.”

The adverse impacts of climate change on children’s health is likely to escalate in the coming years and decades. Many of the countries that are highly vulnerable to climate change are also the ones that have the highest number of children as a share of their overall population. In addition, children from the poorest families, including those with disabilities, are affected the most and most likely to live in poor and continually degrading environments which can severely impact their health. Therefore, we are likely to see increasing health disparities as an effect of climate change.
Some examples of how children’s rights to health are particularly affected by climate change:

- Children are especially exposed to the adverse impacts of climate change as they are more susceptible to air and water quality, temperature, humidity and vector-, water-, and food-borne infections due to their less-developed physiology and immune system. (Akachi et al., 2009)
- The vast majority of the existing global burden of disease due to climate change occurs in children (e.g. Sheffield; Landrigan: 2010). Many of the main causes of death of children are likely to increase with climate change impacts (diarrhea, malaria, malnutrition).
- Children are more likely to die in natural hazards than adults or succumb to malnutrition, injuries or disease in the aftermath (UNICEF, 2007).
- Climate change has a disproportionate effect on particularly marginalized and excluded individuals and groups, including those whose ways of life are inextricably linked to the environment. Indigenous children and their communities form part of this group. Indigenous peoples are at particular risk of facing the direct consequences of climate change due to their dependence upon and close relationship with the environment and its resources. Indigenous peoples’ vulnerability to the impacts of climate change is further exacerbated by the fact that they are estimated to constitute 15 percent of the world’s poor, and one third of the 900 million people living in extreme poverty in rural areas.

Researchers have found that, while particularly in poorer regions of the world, population-specific data are lacking, it is “possible to infer significant sensitivity to climate change because of pronounced health inequality among indigenous populations, which experience some of the highest rates of infant mortality, nutritional deficiency, and rates of infectious and parasitic disease globally. Particularly in frontier zones being affected by rapid resource development, health systems are under significant stress associated with land expropriation, introduction of new diseases, erosion of traditional institutions, marginalization, and exposure to social and political violence.” (James D. Ford, “Indigenous Health and Climate Change”, Framing Health Matters, American Journal of Public Health, July 2012, Vol 102, No. 7, p. 1262).

---

2. Please share a summary of any relevant data on the impacts of climate change on the enjoyment of the human right to health including its underlying determinants (education, water and sanitation, food, housing, etc.) disaggregated to the extent possible

N/A

3. Please describe existing national commitments, legislation and policy frameworks related to climate change mitigation and adaptation including any specific measures intended to prevent the worst impacts of climate change on the right to health; to ensure access to information, transparency, participation and other procedural rights of persons affected by climate actions; to promote, protect and fulfil all human rights particularly those closely linked to the underlying determinants of health such as food, water and sanitation, housing etc. and to ensure that climate related actions respect, promote, protect and fulfil human rights. Please share any relevant information on the implementation of existing commitments to address climate change and its impacts.

- **Zimbabwe**’s national climate policy explicitly reflects the needs and priorities of children and youth. The strategy requires a child- and youth sensitive response to climate change including in the finance and education/training sectors. It also foresees additional research on climate change impacts on children in the country to inform future interventions in response to climate change.
- **Vietnam**’s Law on Environmental Protection includes new principles, respecting the priorities of children in climate change actions.

4. Please describe any relevant national accountability and oversight mechanisms designed to ensure access to remedy for those who suffer human rights harms as a result of climate change. Please highlight any relevant jurisprudence on this subject and indicate what measures, regulatory or otherwise (i.e. impact assessments) are in place to prevent harms caused by third parties

National Human Rights Institutions for children have also emerged over the years as important actors for the implementation of the CRC. A UNICEF global study\(^4\) shows independent institutions address complaints across the entire spectrum of children’s rights, including the right to health. For example, in 2009 complaints related to the rights to health ranked third among the types of complaints received by the **Comisionado Nacional de los Derechos Humanos**.

5. Please describe any concrete mitigation and adaptation measures being taken to address the impacts of climate change in the human right to health and good practices in this regard including those related to: international cooperation; local and community-based initiatives; private sector initiatives; development, application and diffusion of

---

technologies, practices, and processes that control, reduce or prevent anthropogenic emissions of greenhouse gases, and the exchange of relevant scientific, technological, technical, socio-economic and legal information related to the climate system and climate change and the economic and social consequences of various response strategies.

- **In Burundi**, UNICEF enables community groups to purchase a pedal-powered generator and fast-charging LED lights. The LED lights reduce the burden of disease from indoor air pollution and help families to save money by reducing the amount of kerosene and other energy sources needed. The reduction in exposure to contaminated air improves the health and wellbeing of Burundi children and has improved children’s living standard.

- **In Bangladesh**, jointly with Marks and Spencer, UNICEF UK provided more efficient and clean cookstoves to 40,000 low-income families to address indoor air pollution. The stoves are locally produced and purchased through Gold Standard carbon credits (VERs).

- **In Uganda**, UNICEF has helped to improve access to safe drinking water through the use of sustainable technologies in underserved, rural communities, health centers and schools. 20 solar powered piped water system projects in the Karamoja Region and West Nile Region in the country, including refugee settlement areas like Rwamwanja, have been providing 40,000 people with access to clean and safe drinking water since 2012. In collaboration with local government, partners and communities, UNICEF has launched training and awareness campaigns in partner communities to ensure long-term sustainability of the systems and build capacity to maintain them.

- **UNICEF’s work on the rights of indigenous children and climate change** has thus far mainly focused on the Latin America and Caribbean region, where it has engaged indigenous children in global policy events, education and communication campaigns. In terms of mitigation and adaptation measures, UNICEF Nicaragua has since 2013 supported the vocational training of out-of-school adolescents in the Northern Atlantic Autonomous Region in the construction of water and sanitation systems, with a focus on adaptation to climate change and life skills. Graduates of the course are providing their services to the community and replicating the training in schools.