



Asia Regional Dialogue ahead of the 6th APPC Midterm Review - 24-25 November 2018

Recommendations for the Midterm Review of the Asian and Pacific Declaration on Population and Development

We, a group of Sexual and Reproductive Health and Rights (SRHR) champions and practitioners from the Asian-Pacific region, gathered in Bangkok, Thailand, on 24 & 25 November 2018, ahead of the mid-term review of the 6th Asia Pacific Population Conference (APPC), strongly call upon governments in the region, to uphold their commitments to fully implement the priority actions of the APPC outcome document and Ministerial Declaration, underscoring the need for effective implementation of the Programme of Action of the International Conference on Population and Development (ICPD), the key actions for its further implementation and recommendations arising from their subsequent reviews, as well as the 2030 Agenda for Sustainable Development

CONTEXT

1. The Asia Pacific region hosts 60 per cent of the world's population and manifests two predominant population structures with some countries exhibiting relatively young populations and some countries with significantly ageing populations. Effective policies and programmes need to be in place to harness these evolving population dynamics to ensure sustainable development and optimize human potential.

2. Poverty in all its forms and dimensions, structural and systemic barriers including patriarchy, harmful traditional practices and disabling conditions that exacerbate women's

vulnerability continue to hamper the achievement of APPC priority outcomes. Circumstantial inequalities such as unequal access to opportunities and services, including employment, education, health, water, sanitation and energy services, affect mostly women, people living in urban slums, rural areas, hard to reach places, persons with disabilities, migrants, stateless and sexual and gender diversities, and ethnic minorities further manifest poverty. This is further exacerbated by weak, inefficient and under-resourced (financial, human and infrastructure) health systems and gender machineries at national and sub-national levels that do not prioritise acceptable, available, accessible and quality SRHR. High out-of-pocket expenditure, unregulated privatisation of health, including unaffordable health insurance result in a denial of services to the most marginalised.

3. Existing legal frameworks in many countries are limiting and do not ensure gender equality and universal access to SRHR in a comprehensive manner. In some instances, laws and/or policies are absent/ or discriminatory, and/or existing laws and/or policies are not effectively implemented to ensure gender equality and SRHR. In many countries plural legal systems also discriminate the access to existing SRHR provisions and further marginalise women and girls.

4. Right to health and universal access to SRHR policies, programmes, interventions and services

continue to have critical groups falling through the cracks. Many women, young women including adolescent girls, ageing persons, trans persons including from marginalised communities facing multiple discrimination—from poor, lower wealth quintiles, from rural areas and hard to reach places, minority and indigenous communities facing ethnic and caste-based violence; LGBTIQ communities; women and trans people in stigmatised and informal labour; refugees; internally displaced; women and trans people with disabilities; from conflict-affected areas in the region, indigenous; stateless refugees – continue to be left behind and marginalised from the development process. Their marginalisation manifests through the lack of participation, decision-making, access to services including information that lead to the denial and violation of their right to health. Universal access to sexual and reproductive health and rights agenda should be guided by the principle of reaching the furthest first and leaving no one behind.

5. We recognise that Asia will be among the hardest hit in regards to effects of climate change. Low lying and crowded coastal cities in many South and Southeast Asian countries are most at risk, and the hundreds of millions of people who live there are particularly vulnerable. Building resilience of communities to the impacts of climate change will be key. Impacts of climate change and disasters exacerbate gender inequalities, while climate mitigation and adaptation efforts and disaster risk reduction measure are mostly based on technology and market approach puts more burden on those affected rather than building resilience. A gender equality approach has to be mainstreamed at policies and practices of climate measures and disaster risk reduction measures.

RECOMMENDATIONS

Gender Equality

- Protect and promote women's human rights, and commit to advance gender equality in all its diversity, identity and expressions and ensure substantive equality of women. Address root causes of gender inequality and fully recognise and affirm women's rights as human rights, including for lesbian, bisexual, transgender, intersex and gender non-conforming persons, women living with disabilities, sex workers, women in informal and precarious work, women living with and affected by HIV and AIDS, urban poor, those

living in informal settlements, farmers, fisher folks, rural and remote women, indigenous women, migrants, widows, the girl child, young women, older women, heterosexual women, and women who head households, at all stages of their lives.

- Ensure women and girls in all their diversity have access to, agency and autonomy over decisions in public, and personal spheres.
- Ensure women's economic rights, recognise care work, value both paid and unpaid work including fair wages and equal remuneration for work of equal value, safe and healthy working conditions, equal opportunities and non-discrimination, including in relation to hiring, promotion and training, social security, including social protections such as paid leave and adequate benefits for women before and after childbirth.
- Eliminate all forms of multiple intersecting sexual and gender based discrimination and violence including intimate partner and non-partner violence. Recognise violence perpetuated by state and non-state actors especially in situations of conflict over land and natural resources.
- Eliminate harmful and traditional practices by influencing all formal and informal institutions and discriminatory patriarchal socio-cultural norms and practices.
- Engage with men and boys to advance gender equality and universal access to SRHR.

Universal Access to Sexual and Reproductive Health and Rights

- Enact legislation, formulate and implement policies to ensure universal access to sexual and reproductive health information and services through publicly funded health systems including social health insurance. This includes access to the full range of contraceptives services, maternal health services including emergency obstetric care, safe abortion and post-abortion care, HIV, STIs and reproductive cancers for all.
- Ensure respect for women, informed decision making, autonomy, confidentiality and privacy in the provision of safe abortion services. Expand laws and policies to reduce unsafe abortions and increase access to safe abortion as well as provide post abortion care.
- Eliminate all punitive measures for women and girls seeking abortion, and health care providers performing abortions. Enable change in attitudes and perceptions that result in stigmatisation within health institutions and communities.

- Ensure that all women, including young women, have access to free contraception information and services based on informed choice and consent.
- Ensure full integration of comprehensive SRHR information and services, delivered through strengthened health systems, with focus on primary health care and referrals. Such services need to be provided through public financing, regulated public-private partnership models to complement public health services with a focus on patient centeredness, efficiency, accountability, and sustainability.
- Address data gaps and ensure disaggregated data on SRHR information and services indicators. Strengthen civil registration and vital statistics systems at the country level, including health management information system, capacities of national statistical structures to develop methodologies that capture disaggregated data.
- Create and strengthen mechanisms to empower communities to demand the accountability of governments in the implementation of the Programme of Action of the International Conference on Population and Development and the recommendations of the present Declaration, as well as the accountability of health and social service providers.
- Ensure gender responsive budgetary allocation and expenditure tracking for SRHR information and services in the national health and development plans. Ensure governments increase financial and human resources for health systems strengthening and gender equality.
- Ensure existing gender-responsive standard operating procedures, checklists, guidelines for disaster risk reduction, relief and rehabilitation and report for accountability (including IASC gender handbook, Inter-Agency Field Manual on reproductive health in Crisis, SPHERE, national guidelines)
- Highlight interlinkages between climate change, food security and gender-differentiated impact on SRHR, and generate evidence-based policy and programme in climate action for mitigation and adaptation.
- Ensure that climate change policy and action guarantees the fulfilment of and universal access to SRHR and elimination of sexual and gender based violence.

Lastly, we call for a rigorous and regular monitoring framework on the follow-up and review of 6th APPC priority actions, reiterating the APPC Ministerial Declaration of 2013.

This statement is endorsed by ARROW, Bandhu Social Welfare Society, SERAC Bangladesh, Haus of Khameleon (HK), The YP Foundation, SAHAJ, Population Foundation of India, Asia-Pacific Women's Alliance for Peace and Security (APWAPS), Aksi! for Gender, Social and Ecological Justice, Indonesia, Indonesian Planned Parenthood Federation, United Nations University - International Institute for Global Health (UNU-IIGH), YUWA Nepal, WOREC Nepal, Beyond Beijing Committee (BBC) Nepal, PATH Foundation Philippines, Center for Creative Initiatives in Health and Population (CCIHP) and ASEAN SOGIE Caucus.

Climate Change (CC) and Disasters Risk Reduction (DRR)

- Institutionalize intersectional and synergistic approaches such as Population, Health and Environment (PHE) in climate change policies (international, national, sub-national levels), financing mechanisms and commitments.
- Ensure gender equality and SRHR in climate change policies, programmes (e.g., NAPs, NAPAs, LAPAs), and action.
- Include expert/s in gender and SRHR in the National Disaster Management Authorities (NDMAs)/National Designated Authorities (NDAs). Ensure effective coordination between the NDMA/NDA and the gender focal points (e.g. Ministry of Women). In addition, ensure representation and engagement of women's CSOs within these structures and processes.

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